

INTERNAL ONLY
ISLHD PROCEDURE
COVER SHEET



Health
Illawarra Shoalhaven
Local Health District

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AUTHOR	Co-Director Division Aged Care, Rehabilitation and Palliative Care
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FUNCTIONAL GROUP OR HUB	Aged Care
NSQHS STANDARD	Standard 1 and 5
SUMMARY	This procedure has been developed to ensure older patients receive care under the most appropriate specialty.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

Guidelines for Admission to Geriatric Medicine

Admission criteria are based on geriatric syndromes and identification of patients who would most benefit from multidisciplinary geriatric care. As criteria have been interpreted quite broadly, this procedure has been developed to ensure older patients receive care under the most appropriate specialty.

2. BACKGROUND

Whilst this procedure assists in directing patients to the most appropriate service, a flexible approach may be required.

2.1 Comprehensive Geriatric Assessment

The cornerstone of Geriatric Medicine is a comprehensive multidisciplinary assessment. This model of care has been shown in numerous studies to improve most outcomes. Initial assessment in the Emergency Department (ED) by discussion with the receiving Geriatrician will determine what tests are required prior to sending to the ward for admissions. This is determined on an individual basis there is no routine set of investigations required.

2.2 Inpatient care

Illawarra - Geriatric Medicine operates on a hub and spoke model with acute beds at Wollongong and Shellharbour Hospitals – supported by Bulli, and Coledale Hospitals

- Wollongong Hospital (WH) - The acute inpatient Geriatric Medicine service at WH will receive patients 24 hours over 7 days from WH ED to Acute Geriatrics Unit. The aim is to have a short stay there to facilitate early discharge to subacute units in the district to make the most appropriate use of the limited beds in WH.
- Shellharbour Hospital (SHH) – SHH has an acute geriatric service on weekdays and can admit direct from WH or SHH ED Sunday to Thursday. Weekend admissions (Friday through to Sunday morning) will be direct to the Wollongong Geriatric Unit. All calls on Sunday will be considered for admission to SHH and the on-call geriatrician will hand over on Monday morning.

Shoalhaven – Geriatric Medicine operates under a criteria led admission.

2.3 Outpatient Care

The Aged Care Service has several ED and admission avoidance services which are coordinated by our Aged Care Services Emergency Team (ASET). These include urgent outpatient appointments, ehealth domiciliary visits to Residential Aged Care Facilities (RACF)

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2.4 General Recommendations

Age

Age alone is not a factor in determining admission to Geriatric Medicine. Older patients with single system disease may be more appropriate under a general medical team while younger patients with aged related disease may benefit from admission under Geriatric Medicine. For simplicity of clearing ED however in general younger patients would go under the relevant medical specialist and a consult can be made to the Geriatric Service the next day.

Medically unstable older patients

A key principle of this document is to avoid inadequate acute interventions simply on the basis of age. Unstable older patients should be considered for admission to the Critical Care Unit (CCU) or Intensive Care Unit (ICU) or any other acute unit. Individual patients, where previous discussions have occurred around end of life care where patients their family and their other treating specialists do not wish life prolonging treatments, may be appropriate for Geriatric admission but this should not be considered the default only due to age.

Generally, many patients from nursing homes will be appropriate for Geriatric admission however they may be appropriate for acute interventions as above and should be considered on an individual basis.

3. RESPONSIBILITIES

3.1 Employees will:

- follow the procedure to ensure patients receive care under the most appropriate specialty.

4. PROCEDURE

4.1 Admission Criteria

Patients generally appropriate for admission under care of a geriatrician are frail elderly patients who do not have a single pathology for active management with one or more of the following syndromes:

- Falls where no trauma has been sustained. The threshold for suspecting trauma in the elderly must be very low. No trauma patient should be admitted under geriatric care until they have been seen and cleared by surgical trauma team in ED and tertiary survey done.
- Acute Delirium not requiring high level medical/surgical input e.g. NIPPV, cardiac monitoring.
- Behavioural challenges in Dementia patients not requiring psychogeriatric care in mental health unit.
- Falls with injury who have been cleared by the surgical team. All trauma patients must first be cleared by the surgical team.
- Deconditioning/functional decline with no identified acute untreated medical illness
- Neurodegenerative conditions with functional decline e.g. Parkinson's disease.

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Patients generally *not suitable* for admission under the care of geriatrician:

- Acute Mental Health issue where specialist mental health intervention is required (consult services are available to psychogeriatric unit)
- Elderly patients where a single treatable pathology is main reason for presentation.

4.2 Direct Admissions from Geriatric Clinic

1. Geriatrician informs the Aged Care CNC of patients need for admission
2. CNC liaises with patient flow manager and admits patient direct to ward, if bed is available
3. The patient may be directed to ED by patient flow if there is no immediate bed available Direct admissions cannot be accepted to the ward after 1630hrs as there is no admitting team to review the patient.

5. DOCUMENTATION

None required

6. AUDIT

Not required

7. REFERENCES

Not required

8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval / Date
April 2014	0	Author: Clinical Director – Division of Aged Care, Rehabilitation and Palliative Care
		Approval by Executive Clinical Leadership Committee
July 2017	1	Author: Clinical Director, Division of Aged Care, Rehabilitation and Palliative Care Minimal changes - Addition of Shoalhaven in Background section and Direct admission criteria added from obsolete document AGED CARE BR01.
		Approval: Co-Director ACRPC July 2017 Approved ACRPC Divisional Business Committee July 2017
July 2020	1.1	Author: minor update to admission criteria Under 4.1 Admission Criteria
		Approval: Medical and Nursing Co-Directors Aged Care, Rehabilitation and Palliative Care
August 2023	2	Author: Clinical Director, Division of Aged Care, Rehabilitation and Palliative Care Draft for comment May 2023
		Approved Medical Co-Director, Division of Aged Care, Rehabilitation and Palliative Care