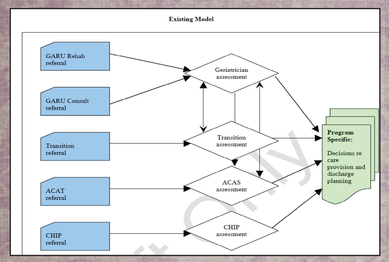
Geriatric Assessment Through E-Health: Princess Alexandra Hospital GATE Program

Maria Draper & Bonnie Pimm
Princess Alexandra Hospital, Brisbane

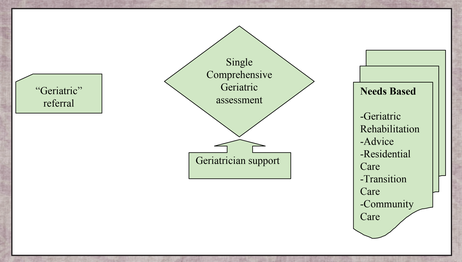
The Princess Alexandra Hospital (PAH) is a tertiary teaching hospital in Brisbane, Australia. The Geriatric Assessment Through E-Health (GATE) team have developed an innovative partnership in care delivery of aged care services using an integrated approach to geriatric evaluation and management through the use of a simplified referral and geriatric assessment process. The service now provides a single point of contact for all geriatric services, rapid triage and timely, comprehensive assessment. It was identified that the lack of a clear referral pathway for the older person in PAH had resulted in a number of inefficiencies created through delays in contacting the correct referral point, duplication of assessment and the need for cross referral from one agency to another, which in turn resulted in increased length of stay and further deconditioning of the elderly patient. The previous referral process was largely historical and reflected the development of health programs over time with the acute care setting and community services working in silos. Now a comprehensive geriatric assessment and formal geriatrician review occurs in any case referred for rehabilitation, residential care or transitional care and also on others on a needs basis (dependent on case complexity). An initial electronic report is produced within 24 hours of referral. The separations in GARU have increased by twenty five percent in two years and inappropriate referrals to ACAT are now non existent. The GATE program facilitates a smoother care path for the elderly patient and improved continuity of care.

The GATE program is an aged care assessment and liaison program that advocates for elderly patients admitted to Princess Alexandra Hospital. It addresses timely review for patients referred to geriatric rehabilitation, and for approval to residential care, and/or Transition care programs.

Previous referral pathway



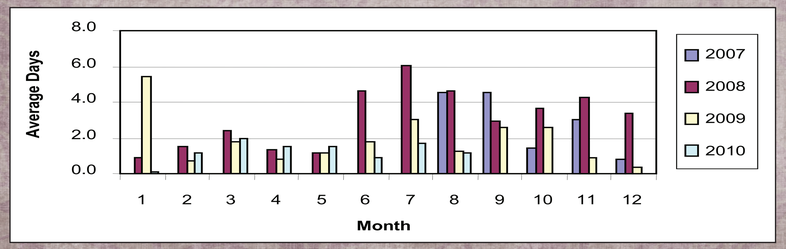
Proposed Model



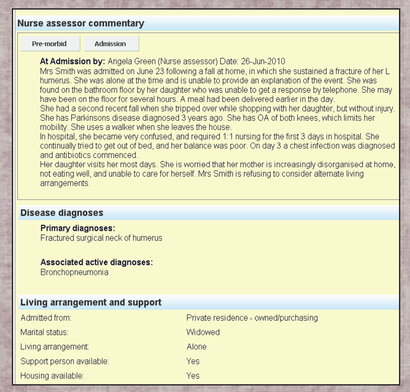
Poor referral pathways for elderly patients had resulted in delays in referrals and duplication of assessments. This resulted in increased length of stay and decline of the elderly patient. GATE has streamlined referrals and uses a comprehensive and integrated geriatric assessment for patients over sixty five to improve patient outcomes.

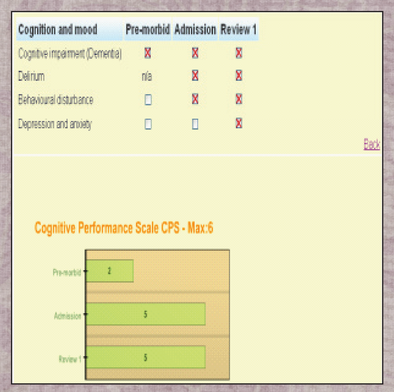
Attention is paid to geriatric syndrome and rehabilitation potential is explored. Elderly patients are put in right service first time and when ready. The average wait for patients on the GARU waiting list is < 2 days.

Days Awaiting GARU



The implementation in July 2007 focused on single point of referral, Comprehensive Geriatric Assessment (CGA) of elderly patients by gerontic nurses, data entry into an electronic patient record, geriatrician review and a formal report produced for the patient records.

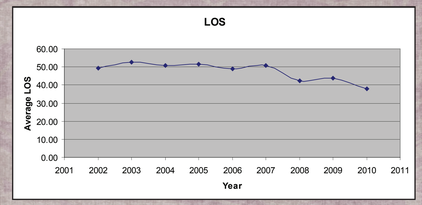




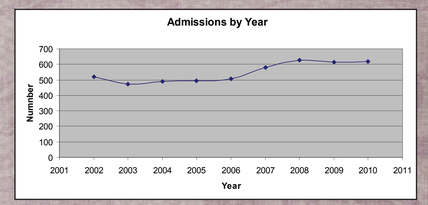
The use of technology and management of GARU waiting list by the GATE team has significantly improved outcomes for the elderly patients

The clear referral pathway and early comprehensive geriatric assessment has resulted in greater than 95% of patients assessed within 2 working days of referral, an increase in patient throughput in GARU by 25% and a decrease in median LOS by 4 days while the acuity and complexity of the patients increases.

LOS

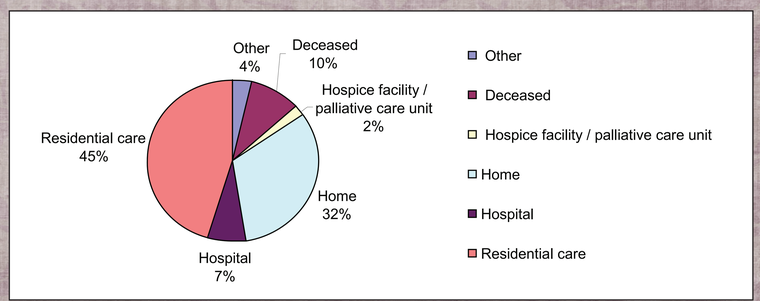


Admissions by Year



Waiting time for ACAT assessment is now minimal. At time of this report there were only five age appropriate patients (65 years and greater) in the 600 bed acute care hospital waiting for ACAT assessment or nursing home placement.
Prior to the commencement of GATE these patients caused significant bed block. 32 % of patients referred to GATE for ACAT assessment have returned to their home.

Destination of ACAT referrals to GATE



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