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.

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. 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 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.

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.

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