

Aged Care Inpatient Specialty Services Model of Care (MOC) – Expansion of WWBH Aged Care Services Phase 1

Topic	Phased expansion of Aged Care Services within Wagga Wagga Base Hospital (WWBH) utilising existing bed capacity
Analysis	The re-allocation of acute medical beds to enable the expansion of Aged Care Specialty Services within the Wagga Wagga Base Hospital (WWBH) acute setting, coupled with an increase in Aged Care Speciality outpatient clinics within the WWBH Health Services Hub.

Recommendations

- 1) **Establish a 16 bed aged care unit at WWBH** within the specifically designed Health Services Hub (HSH) – these 16 beds will include the 8 existing GEM beds and 8 beds reallocated from the General Medical bed base. Nil change to overall WWBH bed base
- 2) **Classify beds within the GEM (Aged Care) unit as flexible bed types**, allowing them to be utilised as delirium specific, acute aged care or sub-acute aged care beds as demand requires
- 3) **Implementation of a criteria led admission process** to the Geriatric Medicine team direct from WWBH ED for appropriate patients aged >65 years with a focus on >85 year-old patient cohort
- 4) **Reduced Medical Inpatient Unit bed number to 22**, with 8 bed spaced renamed to Medical Surge on iPM
- 5) An **Expression of Interest** for nursing staff to nominate area of preference (Medical Inpatient Unit, Short Stay Surgical Unit, Nurse Relievers)
- 6) **Expression of Interest** for Nursing Unit Manager whilst permanent recruitment undertaken
- 7) **Close 8 surge beds** located on Level 4 Short Stay Surgical Unit
- 8) **Rename 8 GEM beds** located with Rehabilitation Unit to Rehabilitation surge
- 9) The **Short Stay Surgical Unit** will return to accommodating short stay surgical patient and in response to an increase in elective surgery

1.0 Case for Change

- There is much evidence over the last 20+ years for the effectiveness of comprehensive geriatric assessment. Comprehensive geriatric assessment is the process by which Geriatricians assess frail older patients, and the bulk of our specialist training aims to hone our skills at carrying out these assessments. It's a multidimensional, interdisciplinary diagnostic process to determine the medical, psychological, and functional capabilities of a frail elderly person in order to develop a coordinated and integrated plan for treatment and long-term follow-up
- In Australia, life expectancy at birth is currently 84.5 years for females and 80.4 years for males; which compares with 50 years and 47 years respectively at the beginning of the 20th century. Australian society is now facing the socioeconomic challenges related to the health and social needs of the 5.6 million strong 'baby boomer' generation (those born between the mid-1940s and the mid-1960s). This generation comes with a higher expectation of health and social care provision, creating greater pressures on services, funding and governments. With the identified increase of the ageing population, better models of care and management within the hospital setting and linkages to services in the community need to be identified and established. *Source: MLHD Aged Care Strategic Plan 2018-21*
- In response to this growth, MLHD Aged Care Strategic Plan 2018-21 indicates 'WWBH will prioritise the expansion of Aged Care infrastructure within MLHD. This development will include the following Aged Care facilities: A 28 bed Aged Care Ward (including a 4 bed Delirium Unit)'. Further, Action Points (4) & (5) remain outstanding.

Specifically;

- (4) Participate in development of a new 28-bed Aged Care Ward (incorporating ACE & GEM Units) within Stage 3 of the WWBH development.
- (5) Participate in development of a 4-bed Delirium Unit within WWBH, to be relocated to Stage 3 of the WWBH development. Geriatric Evaluation and Management (GEM) models of care must adapt to manage this growing and changing cohort of patients
- There is currently limited opportunities for specialist outpatient geriatric services. Patients who would otherwise present to an outpatient geriatric service, present to WWBH ED and due to possible preventable progression of their clinical condition, may even then necessitate a hospital admission.
- We are faced with a situation where acute inpatient services are being utilised to provide care which would be best suited to community based models. Community based care also provides a better patient experience which is an important consideration when providing health services.
- Limited outpatient follow up capacity in both primary care and geriatric medicine increases the risk of representations and readmissions.

2.0 Other key benefits

- Comprehensive Geriatric Assessment. There is much evidence over the last 20+ years for the effectiveness of Comprehensive Geriatric assessment. This is the process by which Geriatricians assess frail older patients and the bulk of their specialist training aims to hone their skills at carrying out these assessments. It's 'a multidimensional, interdisciplinary diagnostic process to determine the medical, psychological, and functional capabilities of a frail elderly person in order to develop a coordinated and integrated plan for treatment and long-term follow-up. "The modern general hospital is complex and expensive and has proved harmful to many people, and so simpler, cheaper and safer care alternatives have been sought, particularly for older people who are now the predominant users of hospital care". *Young J, Gladman JR, Forsyth DR, Holditch C. The second national audit of intermediate care. Age Aging: 2015;44:182-4*
- Surge bed capacity is a key cost driver as it is highly reliant on premium labour costs. Reduction in ALOS will ultimately lead to a reduction in bed day requirement which alleviates the pressure for surge bed utilisation. Alleviating bed block will also have a positive influence on ETP which is currently a priority MLHD KPI.
- Improved management of delirium for Geriatric patients. At present delirium patients are treated across the facility where appropriate beds become available. The opening of the Delirium pod provides both an efficient and effective model of care in terms of both patient clinical outcomes and workforce management
- Reduced lengths of stay provide an opportunity to improve hospital acquired complications
- WWBH currently operates 2 outpatient Geriatric Clinics (1 afternoon per week – (Geriatrician lead) and 1 afternoon per fortnight Memory Clinic (Nurse/Allied Health lead). Additional outpatient GEM clinics and improved patient bed capacity create opportunity to improve patient flow and divert care for diversion out of the WWBH Emergency Department which in turn assist improvement opportunity for Admitted ETP.

3.0 Feedback Requirements

- Please distribute to your teams and collate feedback to be submitted to the MLHD-WWBH-EAtoGeneralManager MLHD-WWBH-EAtoGeneralManager@health.nsw.gov.au by Close of Business 23 December 2022.