

AGED CARE SERVICES

CHAPTER 40

Aged Care services provide healthcare for older people with problems in more than one body system. A person is considered 'older' when they turn 65 years of age; however, in general, increased need for healthcare services is from age 75 years onwards.

Aged Care aims to provide services across the continuum of care, usually comprising one or more of the following: community services including Aged Care Assessment Team (ACAT), acute inpatient services (beds and consultations), subacute services, Nursing Home Liaison, Day Care and respite services.

As much as possible, services are delivered by multidisciplinary teams: in the community, providing assessment, intervention and education, either in the client's home, in the outpatient setting or in a group situation. Cross-cultural education programs are delivered across SWSAHS with the assistance of the Reslink Program (Dementia) and a bilingual worker. A limited pickup and drop off transport service is available to community clients.

In SWSAHS there is an integrated service model combining Aged Care and Rehabilitation, with formal collaboration with Aged Care Psychiatry.

Aged Care inpatient services in SWSAHS see predominantly local residents, admitted largely from the local Emergency Department. Other sources are other inpatient wards, residential facilities, community services and private hospitals.

There are four aged care sectors in SWSAHS: Bankstown, Liverpool/Fairfield, Macarthur and Wingecarribee. As outlined in the Area Aged Care Plan¹, a population-based 'district' model requires approximately 25,000 residents aged 65+years to warrant a full range of multidisciplinary aged care services. That number is met by Bankstown and Liverpool / Fairfield and if Macarthur and Wingecarribee combined the target 'district' population would be met again. This catchment population is congruent with the recently released service delivery model from Greater Metropolitan Transition Taskforce (GMTT).

It is not possible to adequately describe aged care services from NSW Health statistics, as Diagnosis Related Groups do not reflect the complexity of clients of aged care services. Projections specific to aged care services are not possible also, however it should be noted that the SWSAHS population age 75+years will grow significantly in the next two to seven years: by 21% between 2001 and by 2006, and by a further 12% for 2006 to 2011.

Current Services

Bankstown Hospital

As there is no General Medicine department, the integrated Aged Care and Rehabilitation service sees all older people who present with conditions including more than one body system involved. The service includes 20 acute aged care beds, an Aged Care Service Assessment Team (ASET) linking to Emergency, an outpatient team and an ACAT. All acute aged care patients at Bankstown Hospital are admitted via Emergency Department; there are few direct admissions for geriatric assessment. In 2002/03 for the 20-bed Ward 2C, there were 638 separations and 6,877 beddays at an average LOS of 10.8 days, at an occupancy rate of 94%.

¹ SWSAHS
'Aged Health
Services
Plan' 1996

Fairfield Hospital

A consultative service to inpatients is provided from Liverpool aged care physicians. Fairfield/Liverpool ACAT provides multidisciplinary assessment of the elderly, manages their problems when appropriate, recommends an appropriate level of support and provides a consultative service both to hospital staff and specialist and primary care practitioners in the community.

Liverpool Hospital

At Liverpool Hospital approximately 60% of aged care patients come from Emergency, 30% from consultation from other inpatient services and 9% directly from community. Patients under the care of geriatricians are managed on the 20-bed aged care unit (ACU) or as outliers in other wards. In 2002/03, ACU had 633 separations and 7,123 beddays, at an average LOS of 11.3 days and an occupancy rate of 98%. A consultative service to other departments in the hospital sees approximately 700 patients per annum, with the ACU taking on patients with a high level of functional impairment and multiple medical problems. To assist with care in the home or residential facility (hostel or nursing home) the service manages a variety of care package options, including ComPacks (NSW Health trial) and Community Aged Care packages (CACPs). In addition, the Aged Care Service Emergency team (ASET) assesses targeted elderly in Emergency and there is a Nursing Home/Hostel liaison and information service and an Area Commonwealth Carer Respite Centre (CCRC) plus a Dementia Advisory Service for Liverpool, Fairfield and Bankstown.

Campbelltown Hospital

Services are organised as a continuum of Aged Care and Rehabilitation. Across Campbelltown and Camden Hospitals clinicians based at Camden Hospital provide aged care consults at Campbelltown Hospital. In 2005, it is planned to open a 34-bed aged care and psychogeriatric unit at Campbelltown, comprising 26 aged care beds and 8 psychogeriatric beds. There is funding for an ASET CNC to be based in the Emergency Department.

Camden Hospital

A 20-bed unit at Camden is part of the Aged Care and Rehabilitation continuum, provides sub acute combined aged care and rehabilitation and is linked to outpatient clinics, Day Hospital and respite.

Bowral Hospital

The ACAT team is involved in the review of long-stay patients in Bowral Hospital. Wingecarribee has a GP with a special interest in geriatrics, who takes consults on referral from other GPs.

Non-inpatient

The ACAT is a fundamental component of an aged care service. It provides multidisciplinary assessment of the elderly, manages their problems when appropriate, recommends an appropriate level of support and provides a consultative service both to hospital staff and specialist and primary care practitioners in the community. The team operates across the spectrum of acute, sub-acute and community services, and includes carer support, advocacy, advice with guardianship issues, dementia support, education for community, health staff, aged care facility staff and community services. There are four ACATs in SWSAHS: Wingecarribee, Macarthur, Liverpool / Fairfield and Bankstown.

PADP for long-term equipment needs and Equipment Loan Pool for short term needs operate in each of the four aged care sectors for aged care and rehabilitation patients. Various allied health outpatient services, including podiatry, are provided across the Area.

Table 40.1 Inpatient Activity Acute Geriatrics Bankstown Hospital: Ward 2C

(NB 20 beds of total 28 are acute aged care beds)

	2000/01	2001/02	2002/03
Seps	641	708	638
Beddays	6,289	6,959	6,877
Average LOS [days]	9.8	9.8	10.8
Occupancy rate	93.0%	95.3%	+94.2%

Table 40.2 Inpatient Activity Acute Geriatrics Liverpool Hospital: Aged Care Unit (20 beds)

	2000/01	2001/02	2002/03
Seps	658	642	633
Beddays	7,153	7,095	7,123
Average LOS [days]	10.9	11.1	11.3
Occupancy rate	98.0%	97.2%	97.6%

RECOMMENDATIONS

- Aged Care services be an Area-wide service with an Area Clinical Leader.
- An Academic Chair be appointed.
- Acute inpatient aged care services be provided at Bankstown, Liverpool, and Campbelltown with appropriate links to ACAT services.
- Fairfield Hospital and Camden Hospitals provide non-acute aged care beds and the majority of transitional care beds. Geriatric medical cover at Fairfield will be provided in collaboration with Liverpool. Development of a number of transitional care beds at Liverpool will be considered, to facilitate appropriate patient flow out of the acute beds located at Liverpool.
- Aged care services be progressively enhanced in acute, sub-acute and transitional beds.