Current Service Provision
In 2010/11 people over 70 represented 34% of all patients admitted to SCHHS facilities. The HHS has a range of services specifically to care for older people.

Acute Inpatient Services:
- Medical assessment planning unit (NGH)
- Acute geriatric service (NGH)
- Ortho-geriatrics (NGH)
- General medicine (CHS, NGH, GHS)
- Hospital based acute care service (HBACS)
- Geriatric telehealth services (based at NGH)

Subacute Inpatient Units:
- Rehabilitation unit (GHS)
- Mixed geriatric and evaluation management (NGH) a rehabilitation unit (GHS)
- Geriatric subacute service (MSMH)
- Glenbrook Residential Aged Care

Community and Extended Care Services
- Aged care assessment team (ACAT)
- Home and Community Care (HACC) services

Outpatient Services:
- General geriatrics, falls clinic, stroke, neurology, rehabilitation

Older Persons Mental Health Services
- Older persons mental health inpatient and community services

Relative Utilisation
RU’s that are below 85 in 09/10 for older SCHHS residents:
- Rehabilitation (RU 45)
- Plastic and reconstructive surgery (RU 68)
- Endocrinology (RU 70)
- Palliative care (RU 77)
- Respiratory medicine (RU 81)
- Ophthalmology (RU 83)

Self Sufficiency
In 09/10 SCHHS cared for 91% of the public admitted patient demand for older persons.

Historical Activity
In 10/11, there were 25,251 acute and 1,287 sub-acute older person’s separations from SCHHS facilities, 33% of all acute, and 63% of all sub and non-acute separations.

Total older person’s separations have increased by 52% since 06/07 and exceed the rate of growth for all inpatient separations at 31%.

Older person’s separations were greatest in 10/11 for renal dialysis (27%), cardiology (11%), non-subspecialty medicine (8%) and orthopaedics (6%).

Projected SCHHS Resident Demand

Service Transition Priorities 2012 – 2016
2012-2014
- Implement rapid response teams utilising the comprehensive geriatric assessment as the base for interdisciplinary management of complex elderly patients.
- Strengthen assessment capability for older persons at ED “front door” with multi-disciplinary, evidence based team for rapid assessment.
- Enhance the MAPU model of care to have a focus on rapid assessment and management of the older person.
- Develop a process, in partnership with GPs and HHS specialists, for the care of the elderly (older person friendly health service) with care of the elderly as a subset of all specialty staff training and ensuring all services focus care planning on areas such as functional decline of the elderly.
- Investigate expanding the ortho-geriatric model of care (NGH) to other specialties.
- Increase service provision and access to services for older persons to GHS and hinterland areas.
- Trial ACE and GEM units at CHS (for transfer to NGH in 2016).

2014-2016
- Investigate purpose built environments for the assessment and management of older persons in EDs and inpatient units (including MH).
- Plan for the rehabilitation (GEM) service at NGH in 2016.
- Expand community based services (including transition care and rehabilitation services) to support early discharge and hospital avoidance.
- Increase services at GHS through use of telehealth within acute and community sector.
- Enhance hospital in the home/nursing home services as a means of keeping older persons out of hospital where possible. This will include developing an inreach service for RACF.

Beyond 2016/17
NGH – Establish ACE, GEM and MDTs at NGH to manage older persons (transfer from CHS to NGH).