**Flowchart for the Deteriorating RACF Resident Under the AGES Model of Care**

1. GP contacted
2. GP assessment and care
3. Is special treatment required?
   - Yes
     - OPTION ONE: Geriatrician consultation of resident
     1. Acute response to Geriatric, Aged Rehabilitation and Stroke Service (GARSS Ward) under the AGES team for acute management and discharge planning
     2. Patient discharged back to RACF with support including education to RACF staff, Geriatrician follow up via TeleHealth
     - Patient care in RACF supported by AGES team who liaise with GP and RACF staff
   - No
     - OPTION TWO: Medical admission
     1. Admission to Geriatric, Adult Rehabilitation and Stroke Service (GARSS Ward) under the AGES team for acute management and discharge planning
     2. Patient discharged back to RACF with support including education to RACF staff, Geriatrician follow up via TeleHealth

**In Darling Downs region, 16.0% are aged over 65 years. This is higher than the Queensland rate of 13.6%.**

By 2031, one fifth of the Darling Downs’ population will be aged 65 or above.

By 2036, Darling Downs is projected to have the third largest proportion of its population aged 65 years in all of Queensland (24.8%) – Toowoomba is the fourth highest. Source: ABS 3235.0 and Queensland Government population projections, 2013 edition, medium series

- Older people require emergency care more often than other populations, and generally have longer Emergency Department (ED) length of stay and higher admission and readmission rates.
- Acute care for people with complex needs is more expensive than trying to keep people well in their own homes or in the community. The spectrum of services available to older people is often fragmented and difficult for both patients and clinicians to navigate and coordinate.
- Aged care partners have limited support to manage deteriorating care recipients with non-life threatening needs within the facility to avoid an ED presentation.

**Education packages and clinical pathways for RACF nursing staff on topics including:**

- Clinical assessment and management of Delirium;
- Behaviour and Psychological Symptoms of Dementia (BPSD);
- Falls prevention;
- Medication management/Poly pharmacy;
- Common community acquired infections (UTIs), pneumonia, cellulitis);
- Palliative Care with special emphasis on pain management;
- Skin rashes/Wound Care;
- Heart Failure/Chest Pain Management;
- Diabetes Management; Hypoglycaemia; hyperglycaemia;
- Management of allergies.