
Frail Older Persons Project

Initiative Type

Redesign

Status

Plan

Added

09 August 2019

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25 July 2023

URL

<https://clinicaexcellence.qld.gov.au/improvement-exchange/frail-older-persons-project>

Summary

Across Queensland's public health system, teams and individuals work every day to get better health outcomes for their older patients. The Frail Older Persons Project has been established to support a coordinated approach to [improving the quality, safety and care of older Queenslanders](#). This statewide project was established during a workshop in November 2018 to identify and prioritise opportunities to improve the care provided to frail older people attending Queensland hospitals.

Participants at the workshop included, consumers, general practitioners, geriatricians, emergency and general physicians and representative from residential aged care facilities (RACFs), non-government organisations, statewide clinical networks, nursing, allied health and the department of health. The key priority areas identified to enhance the care provided were;

- [Identification of Frailty.](#)
- [Residential Aged Care Facility \(RACF\) Support Service \(RaSS\).](#)
- [Geriatric Emergency Department Intervention \(GEDI\).](#)
- [Inpatient Care - Eat Walk Engage.](#)
- [Advance Care Planning - Care at End of Life.](#)

To support these priorities three models of care, which have been proven in the Queensland were scaled across Queensland. The models of care are:

1. **RACF acute care support services (RaSS)** – partnering with RACFs to increase choice of care locations for residents and improve the quality and safety of care provided across the care continuum.
2. **Geriatric Emergency Department Intervention (GEDI)** – front load frailty assessment, prioritise care needs and fast track frail older persons through the emergency department.
3. **Inpatient Geriatric Model – expanding the “Eat Walk Engage”** model of care into two wards at ten hospitals, to reduce complications like delirium and deconditioning and increasing discharge back to patient’s homes.

Key dates

Jul 2018

Jun 2020

Implementation sites

Older Person models of care are being implemented at 25 sites across Queensland, including 16 in the southeast corner and Cairns, Rockhampton, Gladstone, Mackay, Mount Isa, Townsville, Maryborough, Hervey Bay and Bundaberg.

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Aim

To explore innovative ways at a statewide level to increase patient choice of care setting and improve the quality and safety of care provided to older people attending Queensland Health hospitals.

Benefits

- focus on specific needs of the frail elderly in our hospitals.
- fast-tracking care for frail elderly at point of arrival at emergency departments.
- emphasis on listening to patients, families and carers.
- development and sharing of innovative models of care.
- improved patient choice of care setting.
- increased patient and clinician satisfaction of care.
- partnering with providers across the care continuum to improve the quality and safety of care provided.
- reducing complications like delirium and deconditioning and increasing discharge back to patient's home.

Background

Older persons who have an extended period of time within an ED and/or admitted to inpatient wards are at risk of having poorer health outcomes than younger people with the same severity of illness.

Geriatric focused specialist models are known to improve care across a multitude of indicators and also increase patient and clinician satisfaction of care. People are living longer, with a growing number experiencing multiple co-morbid conditions, resulting in an increasing demand for health services, all within a constrained fiscal environment. The older person cohort has unique anatomical, physiological and pharmacological differences that are important in health assessment and healthcare provision.

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