

Geriatric outreach to residential aged care: Embracing a dynamic approach in the COVID-19 era

Dear Editor,

In Australia, we have exceeded 7000 confirmed cases of COVID-19 and over 100 deaths (median age of death: 80 years; range:42--96).¹ Approximately 13% of people aged ≥ 70 live in residential aged care facilities (RACFs).² RACFs may become hotbeds of COVID-19 infection,³ and associated high case fatality is high—to date, 20% of Australian RACF residents with COVID-19 have died.¹ In the context of a pandemic, the risks of hospitalisation to the older individual (delirium, falls, hospital-acquired infection) may increase. Specialists elsewhere have highlighted the need for a shift to community-based COVID-19 care where safe and feasible.⁴ In addition, acute hospital admission may not align with the patient's own values and preferences.

Our Department of Geriatric Medicine, in South Western Sydney, admits shy of 2000 patients each year. Prior to the implementation of our outreach service (September 2016), one in three admissions to geriatric medicine hailed from RACFs.⁵ Thus far, the service has delivered >3000 interventions across 25 facilities (home to 3080 residents), with 91% of these resulting in 'hospital avoidance' (Geriatric Outreach Service database). To date, the outreach team comprised a consultant in geriatric medicine, clinical nurse specialist and advanced trainee, operating Monday to Friday, 08.00-17.00 hours.

As we prepare for a potential surge of patients with COVID-19, and in order to minimise hospital-associated risks to RACF residents, we have upscaled and adapted our outreach model to meet the needs of this population. With the support of hospital executive and the local health district, the enhancements include expanded hours both on weekdays and on weekends, additional staffing (geriatrician and clinical nurse consultant) and improved technology to facilitate virtual consultation. Working closely with general practitioners and nursing home staff, the outreach team is poised to play a key role in the management of RACF residents with COVID-19, minimisation of potentially avoidable hospitalisation and advance care planning to ensure that individual goals and values are identified in advance of any acute deteriorations. Clinical services will be complemented by the outreach team's role in education and capacity-building for RACFs.

As we meet the COVID-19 challenge, those of us working in aged care are in a unique position to advocate and care for the most vulnerable older persons in our society. Working together, we can optimise care for frail older persons, ensuring that the best care is delivered in the right place, at the right time and in alignment with the individual's own values and goals.


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