



Professor Len Gray
Hanoi Teleconference 2010

Our strategies to improve access to geriatric specialists...

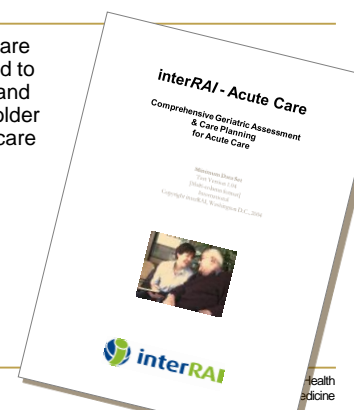
- Structured pre-assessment performed by trained nurses
- Clinical decision support systems
- Case review online
- Bedside consultation by video-conference



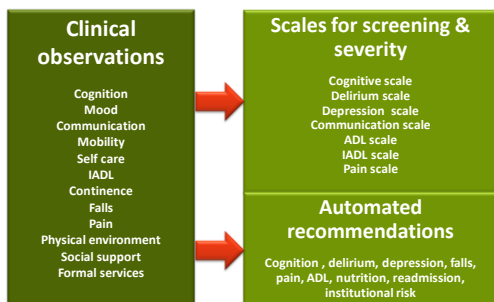
STRUCTURED ASSESSMENT SYSTEMS: THE INTERRAI ACUTE CARE



The interRAI Acute Care instrument is designed to support assessment and management of frail older patients in the acute care setting



Second generation assessment systems

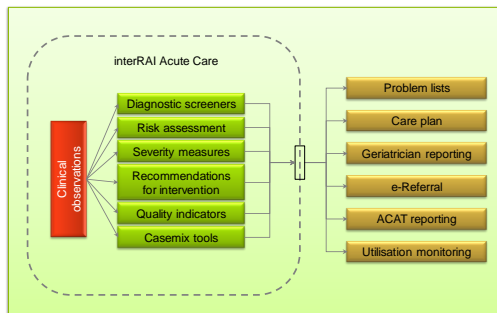


What does it deliver?

- Improved quality of documentation
- An ability to create electronic information
- Consistency & reliability of decision-making
- Reduced cost of assessment
- Potential to:
 - Monitor quality
 - Enhance casemix systems



Clinical Decision Support System (Acute)



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ONLINE ASSESSMENT...



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The Online Process



Nurse interviews patient, family, staff

Records observations online (www)

Software interprets & reorganises information

Geriatrician reads & reports online

Referrals dispatched for ongoing care



Assessment Summary generated at 12:59 on 27-Mar-2010

CeGA ONLINE

Version 4.04

Consultation Report

(Place patient label here if available)

Patient ID: 824785294 Gender: Male
 Name: Mr Nicol James Dickfos UR number: TD45674
 Age: 74 years
 Hospital: Toowoomba Hospital Ward: MU2
 Treating doctor: Mikhail Admitted: 23-Feb-2010

ASSESSMENT DATES	Key
A: 10-Mar-2010	R=Revised A=Admission R=Review C=Discharge

ASSESSOR COMMENTARY

At Admission: Mr Dickfos was readmitted following sustaining 2 collapses/falls due to weakness and deconditioning at home. Lives in his own home with wife and son. Evan. Mr Dickfos was discharged with TCP following hospitalisation for B cell lymphoma and perforation of transverse colon (including ICU stay for sepsis) and colostomy formation. Pt currently on monthly Octagam infusions. Mr Dickfos has been reviewed by Consultation Liaison Psychiatry for depression as he has stated that he wants to die and was refusing diet, fluids and medication. Mr Dickfos was specialised for meal times for same last week. His mood continues to be very low, although presents with slightly more reactive affect with this interview. Pt does not see the benefit in coming to ACAR. Currently mobilising with 4w unsteady and fine. BPT not attended to (referral). Mr Dickfos

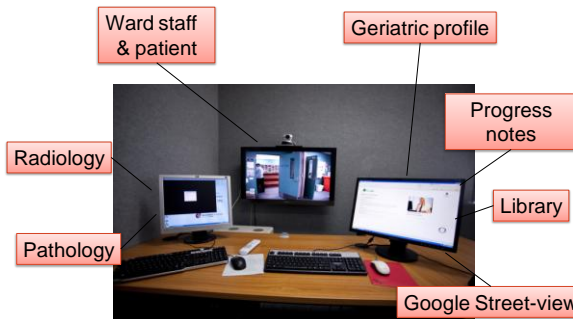
PROBLEM LIST	P	A
Cognition and mood	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Communication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mobility, balance and endurance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Continence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Activities of daily living	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Instrumental ADLs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nutrition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pressure ulcer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pain	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advance directives	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SCALES	P	A
Cognitive performance i6	1	1
Communication i8	0	0
Delirium i4	na	0
Short Depression i6	0	4
Short ADL i16	0	11
Instrumental ADL i48	37	45
Pain i4	5	7

Desktop consultation



VIDEO-CONSULTATION



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