



# Modern healthcare is about the care of older adults

Older adults are the highest per capita users of healthcare



- Older adults attend their GP an average 8 times a year



- Over half of National Ambulance Service emergency conveyances are for older adults



- 90% of older adults who attend Emergency Department are triaged as needing Immediate, Very Urgent or Urgent Care



- 57% of acute hospital bed days are utilised by Older Adults



- Older adults use most of the 22 million Home Support hours
- Over 30,000 older adults live in residential care

The case mix of adults using our acute services has changed & transcends the traditional specialities, disciplines & design of our health system

The average age for the following diagnoses are:



- Myocardial Infarction or 'heart attack' (63)



- Stroke (72)



- Cancer



- Hip Fracture (81)



- Major Trauma (61 – 55% are aged over 65)

- 55.5% of patients having emergency abdominal surgery were over the age of 65, 17.7% were over the age of 80

# The health system is not designed for older adults

- The health system was originally designed to assess and treat people with an emergent illness or injury.
- As we age, our care needs often become more complex which is associated with increased risk of healthcare utilisation, harm and cost.
- Current health systems are not adequately prepared or ready for this complexity and older adults are at greatest risk for preventable harms and death as a consequence.

# The health system is not designed for older adults

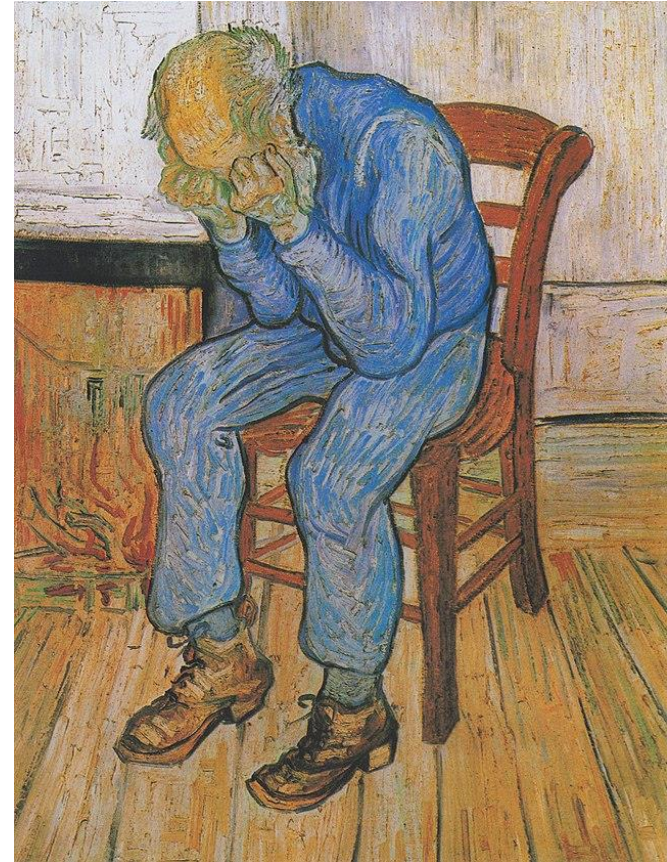
*Because older adults are not simply adults who have celebrated more birthdays: they are a cohort with unique & specific needs*

- They present differently when sick
- Their bodies & minds react differently when sick
- They need bespoke assessments & treatments to get better
- They can be harmed by the very medications & treatments given to make them better
- They need staff who are skilled to recognise these differences
- They need age-friendly environments to ensure dignity & reduce harm
- They need time & access to rehabilitation to recover
- They need their families & friends



# Harm is increasing

- Longest LoS in ED
- Longest LoS in hospital
- 30% get sicker in hospital
- Delayed Transfers of Care
- Highest institutionalisation rate
- Highest mortality rate
- Highest readmission rate



# Ageism is pervasive

- Less likely to be involved and supported in decisions about their health & life
- Less likely to be prioritised for health promotion & disease prevention
- More likely to be mis-, under and over treated.
- Less likely to be included in research and education curricula



