



# Emergency and Unscheduled Care for Older Adults: *Expanding Options and Activating the Community*



ST. VINCENT'S  
UNIVERSITY HOSPITAL  
Elm Park

# How we Think in ED



**Prioritise  
Immediate  
needs**

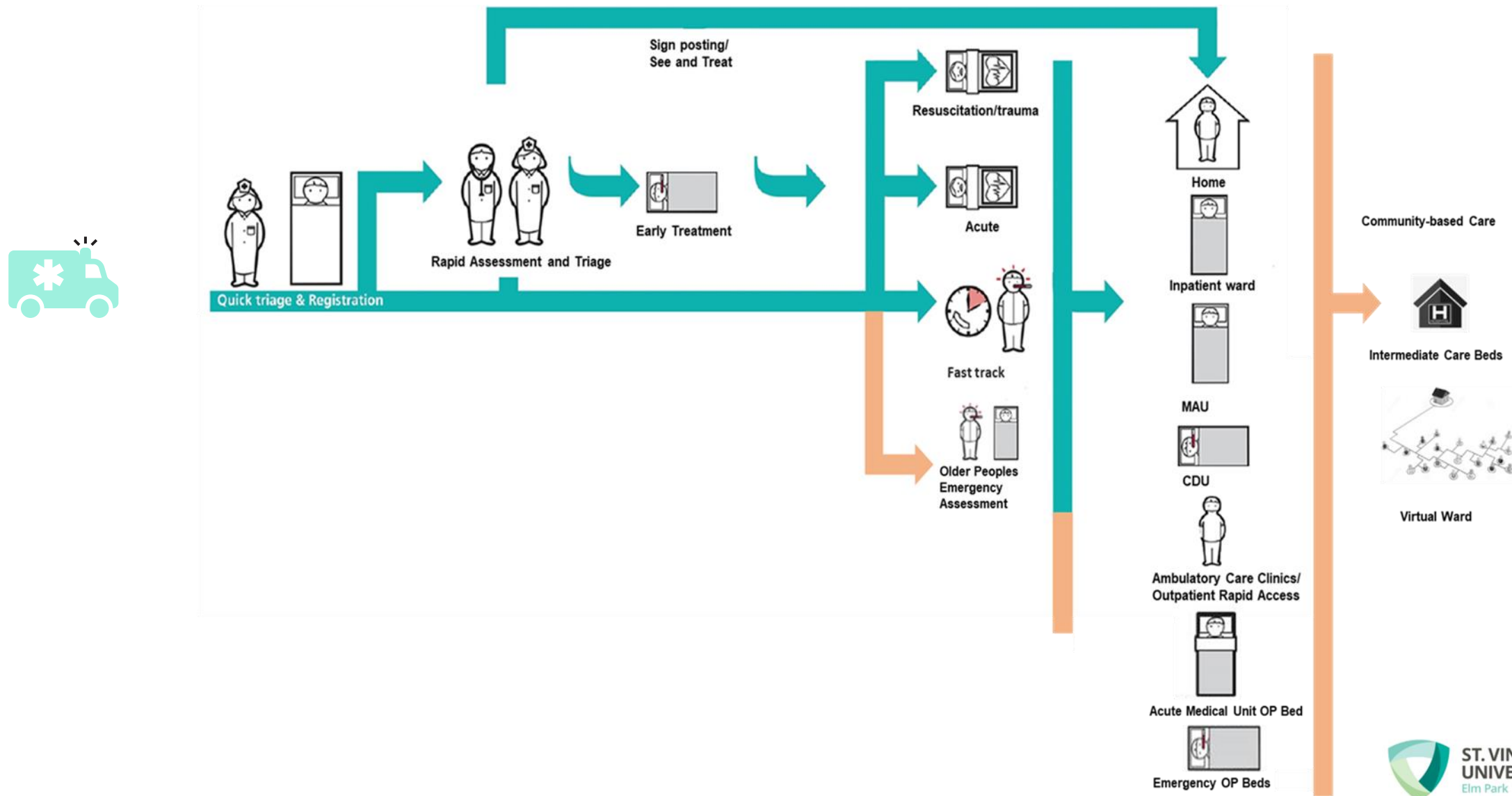


**What can be  
deferred?**

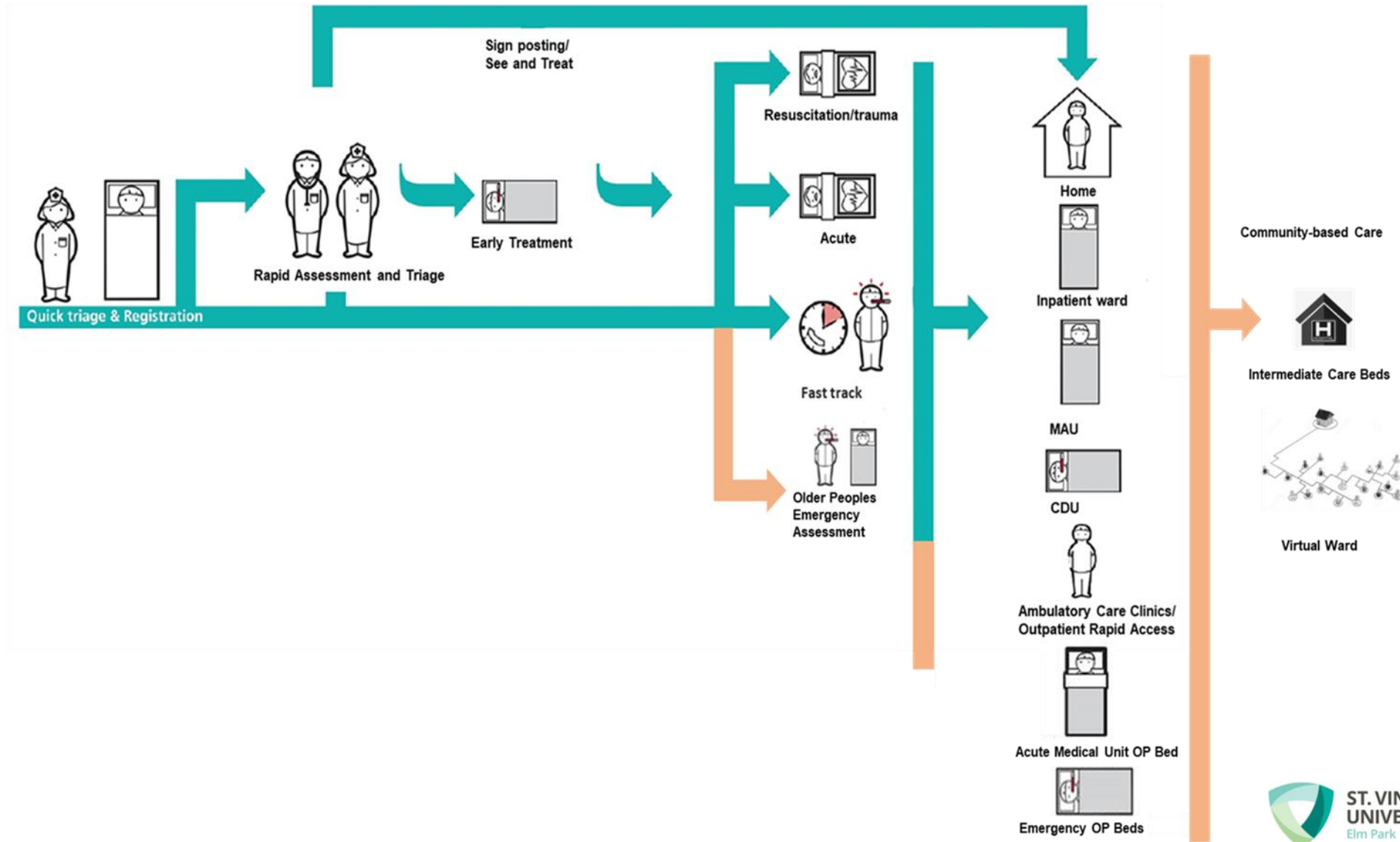


**What is the  
benefit/harm of  
any treatment  
decision?**

# Movement of Patients through the ED



# Movement of Patients through the ED



# Prehospital: Real Alternatives to ED



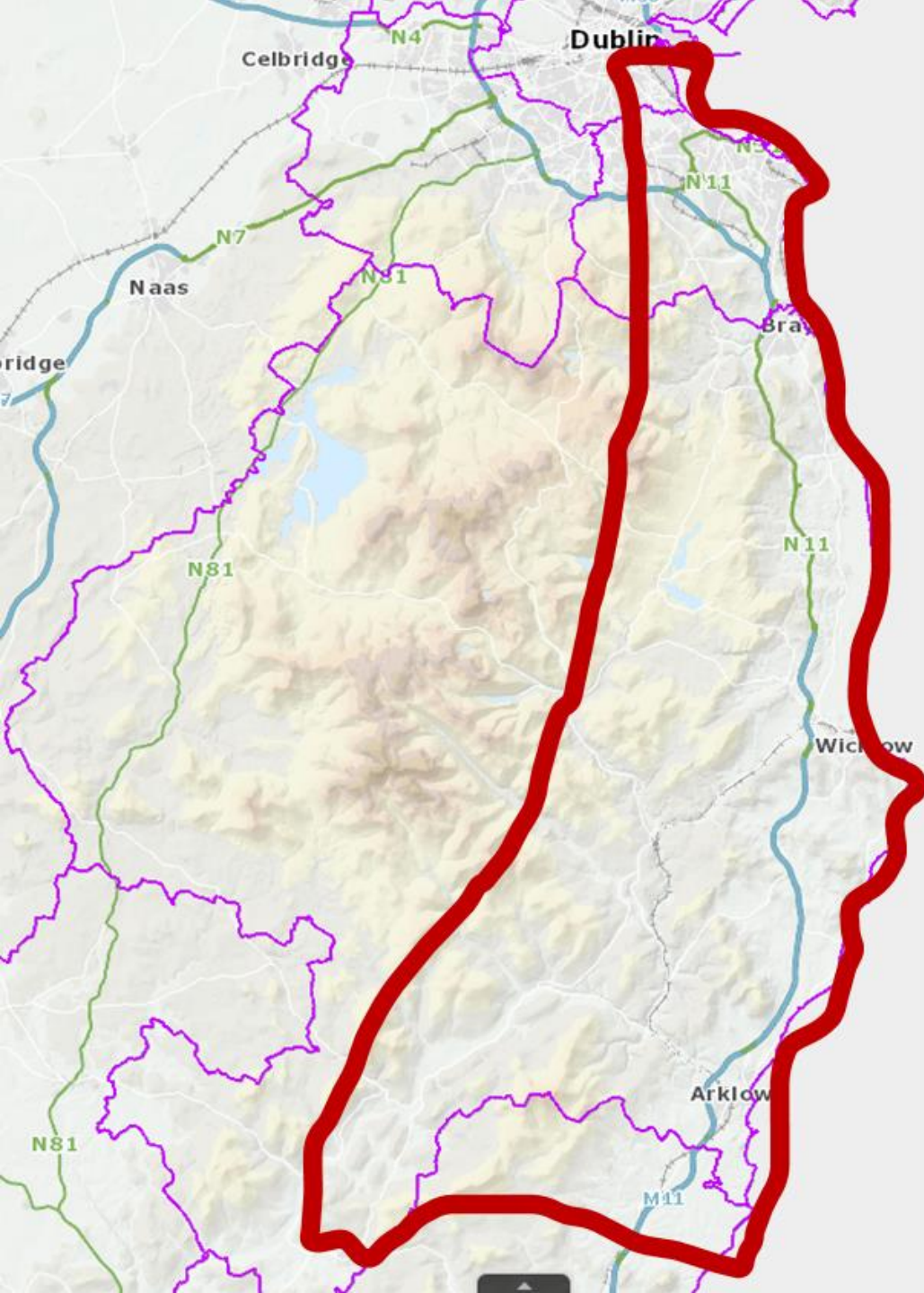
Lowcode Desk  
Pathfinder



AP Car  
EDITH







# Catchment Area

# REFERRALS

Ambulance Services – 999, 112, teams at a call

Geriatricians

General Practitioners

Nursing Homes

Local Emergency Departments/Injury Unit

Community Integrated Care Teams

Community Palliative Medicine

Public Health Nurses

ICPOPs

Psychiatry of Older Age

Other community teams





## Service to Date

Over 10,000 Patient Reviews

>90% remained in usual place of residence

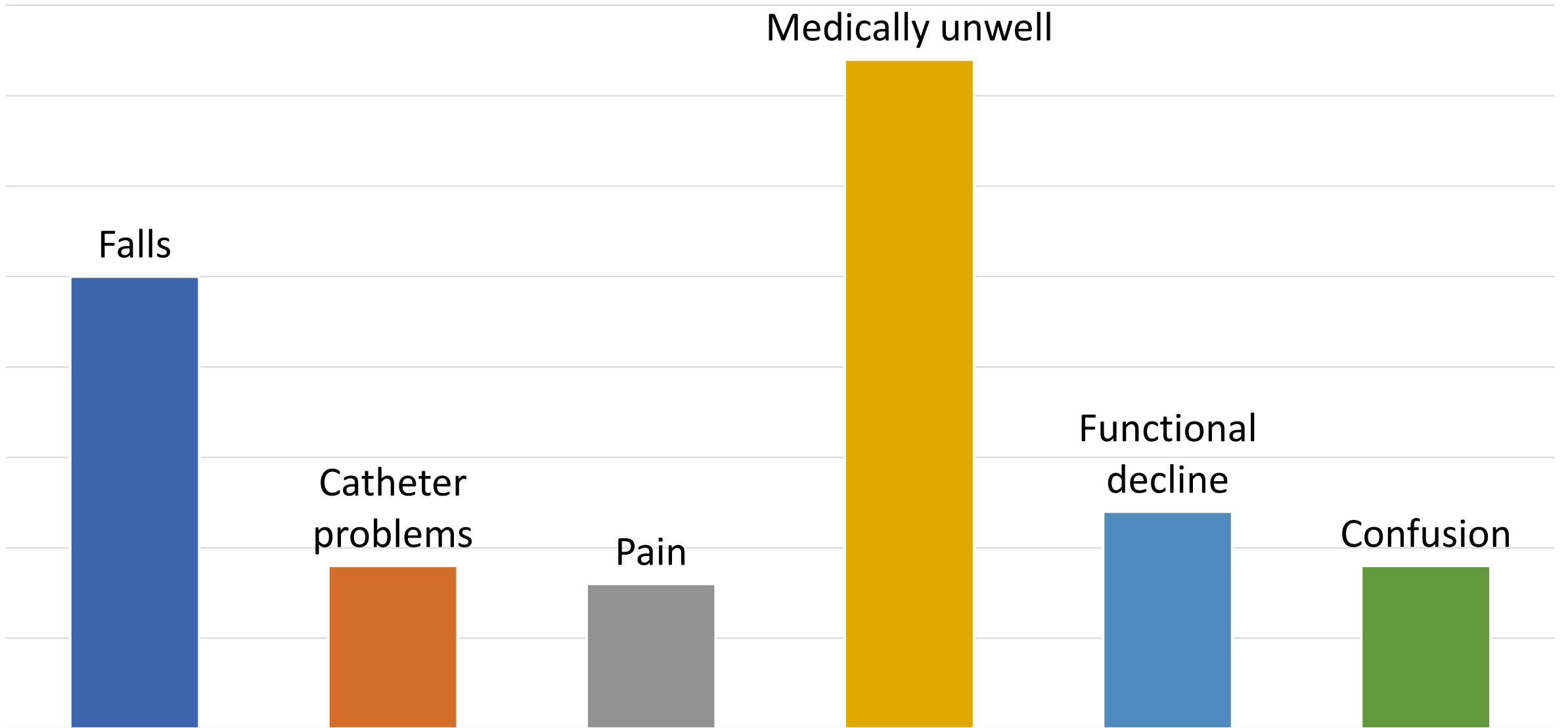
Referrals to Hospital

(40% SCH; 30% SVUH; 20% SMH)

Average age 82.9

(range 32-104)

# Call Types



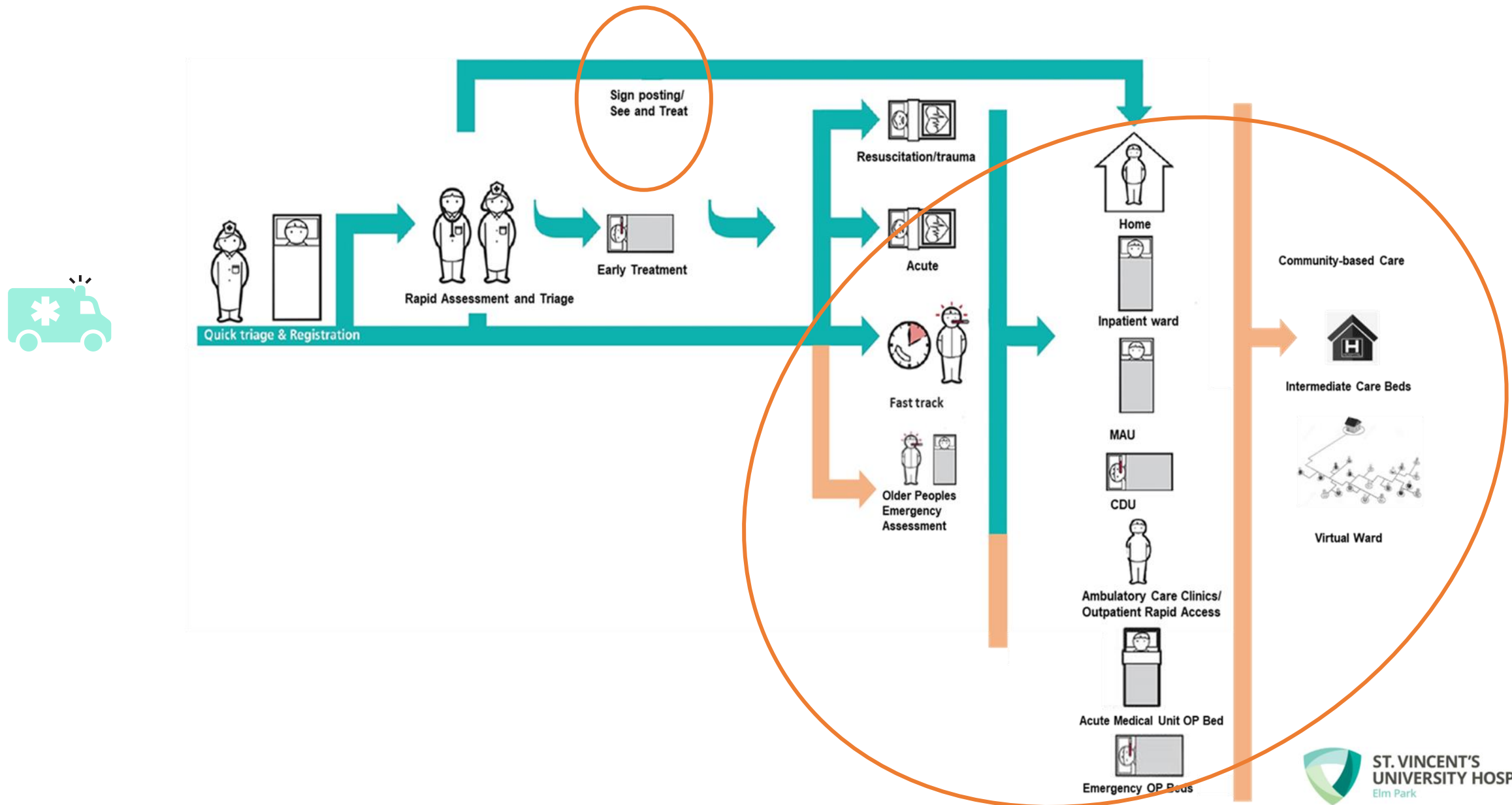
# In the ED: Real Alternatives to Admission

# In the ED: Real Alternatives to Admission

# Process People Place



# Movement of Patients through the ED





Admission Diversion

Focused Clinical and  
Functional Assessment

Focused Discharge  
Planning



# Service to Date

Over 9,500 Patient Reviews

*>70% Discharged*

Admissions to Hospital

(40% SCH; 30% SVUH; 20% SMH; 8% RHD)

Average age 82

(range 24-105)

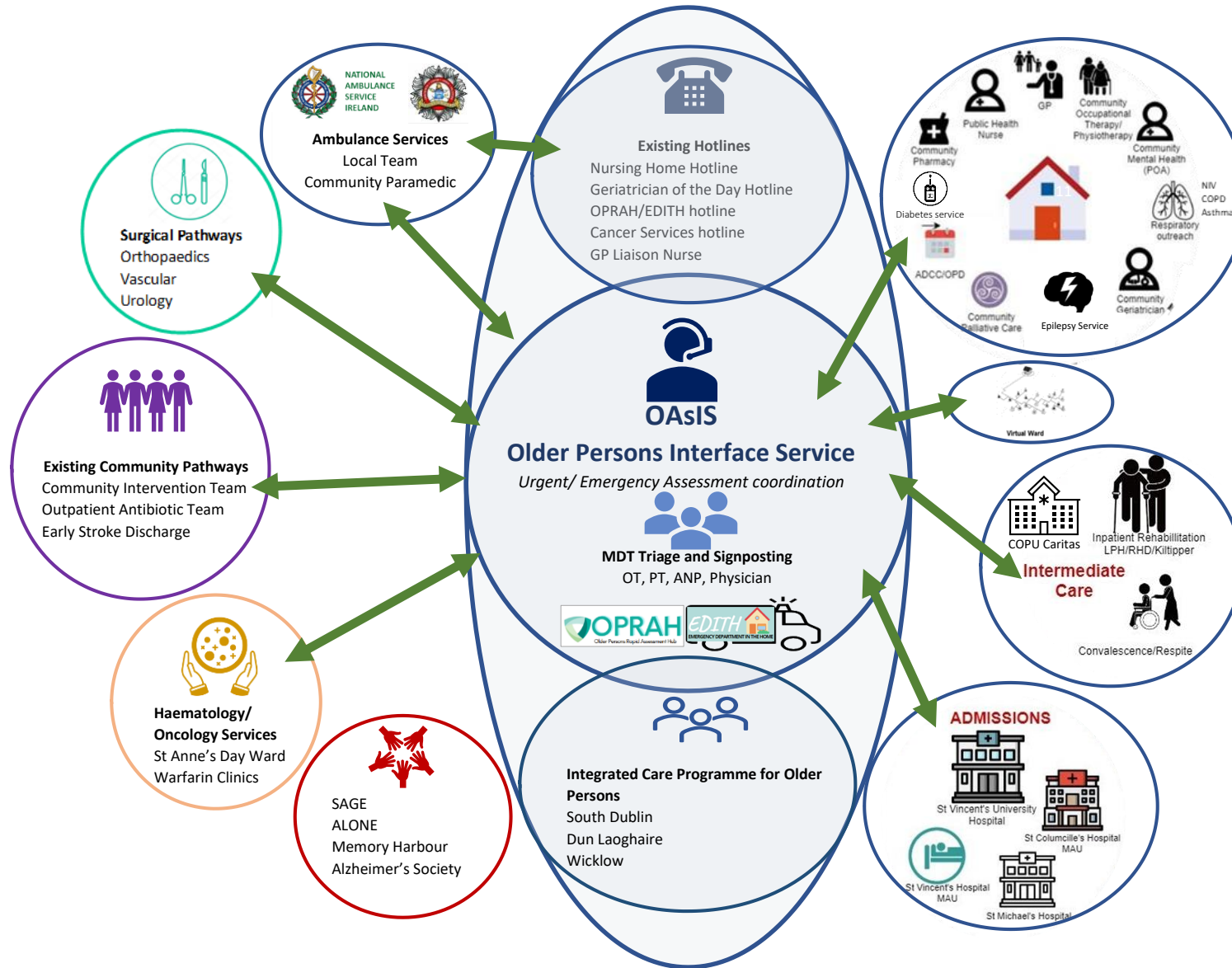


After ED: Real Alternatives to Admission

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Need to know what is in your healthcare community and how you can use it







# Key Points

- ✓ Get everyone involved
- ✓ Move assessment to earliest point in patient journey
- ✓ Activate community resources
- ✓ Utilise local healthcare network
- ✓ Justify every admission!