**GRACE Project - Needs identification, issues and proposed strategy**

### Driving factors

**General Practice**
- Time and availability
- Remuneration
- Access to specialist care/advice
- Access to diagnostics

**Older People**
- Increasing no's, higher incidence of complex disease & co-morbidity
- Susceptibility to adverse events
- Immobility & reduced function
- Dementia
- Self care/social supports/financial issues

**Systemic Issues**
- Multiple providers
- Limited resources
- Community- hospital divide
- "Negotiating" the system
- Limited case management

**Hospital**
- Access through established conduits
- Established elderly unfriendly systems
- Limited resources
- Competing service priorities

### Key Issues

**Streamline Care**
- Fast track access to specialist care & diagnostics
- Facilitate integrated care

**Communication/data sharing**
- Support General Practice & RACFs

**Streamline care**
- Facilitate Evidence Based Management
- Facilitate Elder Friendly Care

### Service features needed

**GP Support**

**Resource management Communication strategy**

### Proposed strategy

**GRACE CNC/Triage & referral systems**
- Increased resources such as access to hospital specialist, diagnostics and CNC’s
- Systems approach

**GRACE residents prioritised in hospital**
- Rapid response/assessment/care plan/resources
- Increased communication
- Fast Track diagnostics & Referral

**Increase awareness of HKHS staff of the needs of aged pts**
- GRACE Linkage established with RACFs, ED and hospital services eg ASET, RDT, APAC

**Single point of contact (in hosp)**
- GRACE - Support to RACFs, GPs through front end access to acute services
- GRACE patients prioritise in hospital
- Resource support eg Geriatric & specialist review and CNC’s