Prince of Wales
Geriatric Medical
Admissions Unit

Business Rules
November 2009
Background

In April 2008 eight existing beds in Geriatric Medicine became a 48 hour GMAU to provide early targeted comprehensive multidisciplinary assessment at the point of admission to hospital. On the GMAU, all patients have a comprehensive nursing, medical (physical and cognitive) and physiotherapy assessment. Selected patients are also reviewed by occupational therapy, social work, speech pathology and dietician. The multi-disciplinary team have a daily white board meeting to discuss individual patients and identify potential discharges and discharge destinations. The aim is for a length of stay of 48 hours following which time patients are discharged to their place of residence, rehabilitation or transferred to the acute ward.

A daily GMAU white board and ward round are carried out in the am. Patients are reviewed and potential discharges identified. In order to keep within a 48 hour length of stay there should be 4 discharges from the unit daily. Once the discharges are identified and in process including transfers to Acute Aged Care Ward (AAC) then the medical team attend ED to identify patients for admission.
Admission Process from ED

On a daily basis once the number of potentially available beds in the GMAU is identified, the Staff Specialist and Advanced trainee attended the ED to identify suitable patients requiring admission or to help facilitate discharge home or to another facility.

Referrals are accepted from any member of staff in ED including the senior nursing staff, ASET team and ED physicians. All patients in the ED are reviewed to determine if input is needed. If patients are identified as requiring admission they can either admitted directly to GMAU or reviewed in the ED department depending on the both the patient and bed availability.

The MAU team has been identified to ED staff as the single point of contact for admissions from 8.30 am to 5.00pm for all potential aged care admissions. Following the morning ward round referrals can be made by contacting the GMAU Staff Specialist or Advanced trainee until 5pm. From 5pm to 8am the Geriatrician on call will accept admissions.
GMAU Admission and Exclusion Criteria from ED

Admission Criteria

Patients over 70 years

Suitable for general ward care

- Patent airway intact
- Respiratory rate between 8-30
- Heart rate between 45- 130
- Systolic BP between 90-200
- Blood glucose greater than 3

Geriatric Syndrome requiring admission

- Falls
- Non-surgical fracture following orthopaedic review
- Multisystem disease.
- Delirium
- Complications of Dementia

Exclusion Criteria

- Patients not admitted under a geriatrician
- Patients not suitable for general ward care- see above
- Patients requiring isolation- including gastroenteritis, MRSA, VRE and ESBL
- Patients transferred from other wards
Direct Admissions from Community

We are happy to accept direct referrals from the Community including Hospital in the Home, ACAT, War Memorial Hospital and General Practitioners.

Criteria

1. Sub-acute exacerbation of chronic illness leading to functional deterioration
2. No infection requiring isolation (MRSA/ ESBL/ VRE/ infective diarrhoea)
3. Availability of a GMAU bed
4. GMAU staff available to admit pt (8.30-16:00 Mon- Friday)
5. Medically stable- triage category 5
6. Discussed GMAU Consultant or Advanced trainee
Procedure of Management of the GMAU Patient

Within first 4hrs of Patient Arrival (within 8am- 6pm for allied health)

- Clinical assessments to be completed by nursing
- Clinical assessment to be completed by medical staff
- Commencement of medical management plan
- Commencement of nursing management plan
- Order and initiate diagnostic services (Medical staff)
- All Assessments completed (inc. Allied Health)
- Care management plans completed and communicated to patient (family / carer within visiting hours)
- Estimated date and time of discharge allocated and communicated to multidisciplinary team
- Estimated date and time of discharge allocated and communicated to patient (incl. carer / family)
- Commence discharge planning

Within first 24hrs of Patient Arrival

- A Multidisciplinary team co-ordination of care will be facilitated by the CNC
- Multidisciplinary team to consult patient/family/carers re: discharge arrangements
- CNC & Social Worker to review the required community services and initiate assessment referral as required
- Follow up on completion of diagnostic tests

If patient to be discharged home

- Commence the discharge process (e.g. discharge letter, pharmacy, equipment, transport)
- CNC & Social Worker to review the required community services and initiate assessment referral as required
- Referral to Outpatient clinics to be organised

Within first 48hrs of Patient Arrival

- Confirm and execute all care management plans
- Commence/continue the discharge process (e.g. discharge letter, pharmacy, equipment, transport)
- Enable transition out of GMAU (e.g. discharge home or to alternative inpatient unit)
Patient Flow ED/ GMAU

Patient >70 years presents to ED

Triage

ASET assessment ➔ ED Medical Assessment

Patient identified for potential Aged Care Admission
MAU Registrar contacted

GMAU
8 Beds
Higher Staff patient ratio
Priority Access to investigations and assessment
48 hour admission

If behaviour is primary reason for admission in setting of delirium or dementia. AACE Reg to review re admission

AACE

Home / RAC

Rehab- P5/ WMH/ Private/ PACS Rehab

Other- HITH, Hospice, other teams

If no MAU beds available or patient identified as Infection Control Risk. AAC Reg will review re admission

Patient Discharged

Acute Aged Care/ Outlier