

Clinical Services Capability Framework

Geriatric Medicine

Module Overview

Please note: This module must be read in conjunction with the [Fundamentals of the Framework](#) and [Rehabilitation Services](#) module.

This module should also be read in conjunction with the SA Health *Health Service Framework for Older People 2009 -2016*.

Geriatric Medicine services provide care for older people with complex medical conditions which result in a functional impairment. Patients of geriatric medicine typically have a range of complex chronic conditions overlaid by functional decline/ frailty, frequent falls, dementia, delirium and incontinence. Geriatric services aim to improve an older person's health status, improve their ability to function in the community and promote the overall wellbeing of the older person.

Geriatric care is multidisciplinary care delivered by coordinated medical, nursing and allied health services. Geriatric care integrates the physical, psychological, social and cultural aspects of care.

Management and care within Geriatric services are provided by multidisciplinary teams with expertise in geriatric syndromes. They work in various settings including inpatient facilities, ambulatory clinics and within the community. Programs include:

- > hospital-based services, including inpatient, outpatient and day programs
- > transitional programs from hospital to home
- > community-based services supporting older people in their home
- > group programs addressing areas such as mobility, falls and balance and nutrition.

Geriatric services may be short-term, long-term or episodic depending upon the nature of the patient's condition/ needs. Central to the provision of geriatric services is the collaboration between multidisciplinary teams, patients and carers. Quality geriatric services are patient-focused, educating and enabling patient self-management and taking into account the experiences of patients and those who care for them.

This module focuses on the provision of dedicated geriatric services addressing specific functional limitations across multiple physical and psychological domains.

Geriatric services range from Level 1, which may be delivered by a single practitioner to ambulatory clients in their local areas, to Levels 5 and 6, which treat patients with highly complex or specialised needs, and include outreach and state-wide services.

The capability level of each geriatric service is based on:

- > availability of supporting clinical services required to diagnose, treat and manage presenting conditions
- > established processes and infrastructure to ensure effective communication and collaboration between health services at each level
- > skills, knowledge and experience of staff
- > clinical decision-making processes within the service
- > established processes to facilitate appropriate patient referral and transfers.

Service Requirements

In addition to the requirements outlined in the [Fundamentals of the Framework](#), specific service requirements include:

- > providing patient and carer information about the service and other support services
- > assisting patients to achieve their goals
- > addressing the needs of carers and family
- > providing relevant clinical indicator data to satisfy accreditation and other statutory reporting obligations
- > compliance with SA Health policy directives and guidelines that are referenced at:
 - > [SA Health Policy Directives](#)
 - > [SA Health Policy Guidelines](#)
 - > [SA Health Clinical Directives and Guidelines](#)

Workforce Requirements

The CSCF does not prescribe staffing ratios, absolute skill mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments. Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this module should be considered as a guide only. All staffing requirements should be read in conjunction with the *Health Care Act 2008*, Awards and relevant Enterprise Agreements including, but not limited to:

- > SA Health Salaried Medical Officers Enterprise Agreement 2013
- > SA Health Visiting Medical Specialists Enterprise Agreement 2012
- > SA Health Clinical Academics Enterprise Agreement 2014
- > Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013
- > SA Ambulance Service Enterprise Agreement 2011
- > SA Public Sector Wages Parity Enterprise Agreement Salaried 2014

In addition to the requirements outlined in the [Fundamentals of the Framework](#), specific workforce requirements include:

- > access to a multidisciplinary mix of staff with competency-based skill levels and defined roles in order to deliver safe and effective care, including, but not limited to allied health assistants, dietitians, medical staff, nurses, occupational therapists, pharmacists, physiotherapists, podiatrists, psychologists, social workers and speech pathologists, as required
- > all health professionals involved in the care of geriatric patients are educated about the management and support of patients with geriatric syndromes

Geriatric Medicine	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> > Ambulatory care for clients who are medically stable and live in the community. > Care predominantly focuses on identifying functional decline, providing opportunities for early intervention and promoting client's independence in activities of daily living. > While care required is of low complexity, it may address short-term, post-acute needs. > May be provided in the home, ambulatory or community setting by individual members of a multidisciplinary or transdisciplinary team who have general knowledge and skills in their discipline services or cross disciplinary skills. 	<ul style="list-style-type: none"> > Ambulatory and/or inpatient care to clients who are medically stable and who generally require low complexity care. > Care may be provided in home or community settings and/or in healthcare facilities, including multipurpose health centres. > Delivered by nurses and/or allied health professionals in partnership or liaison with higher level service. > Capacity to deliver limited multidisciplinary interventions. > May have outreach services from higher level services and could include visiting services and services accessed through telehealth facilities. 	<ul style="list-style-type: none"> > Ambulatory and/or inpatient care to low-risk clients whose needs are not complex ambulatory care will include outpatient specialist clinics (medical, nursing or allied health) for ongoing treatment or review and may be by visiting arrangement. > Clients may include those in acute or post-acute phases. > May provide secondary prevention services, and/or consultation and support to primary care providers. > May be linked with local community-based geriatric teams or similar ambulatory programs. 	<ul style="list-style-type: none"> > Ambulatory and/or inpatient geriatric services to clients with moderately complex care needs in acute or post-acute phases. > Provided in general geriatric clinics and through multidisciplinary day programs. > Inpatient care provided within a designated unit. > Coordinated by health professional with experience, knowledge and skills in geriatrics. > Geriatrics team caring for adult patients includes geriatricians and/or general physicians with skills in geriatrics. > May provide care for clients who no longer require higher level or subspecialty interventions. > May provide outreach services to lower level services, as well as clinical and professional support and advice through established networks. > May provide access to leisure and/or diversional therapy programs. 	<ul style="list-style-type: none"> > Specialty and subspecialty ambulatory and/or inpatient geriatric services. > Ambulatory services may include subspecialty geriatric outpatient clinics and multidisciplinary clinics/ programs. > Inpatient care is provided in designated specialty units for clients with complex care needs. > Multidisciplinary team also functions as an interdisciplinary team to provide integrated team based care 	<ul style="list-style-type: none"> > Specialist and subspecialist services for clients with care needs of highest complexity. > Provided in designated unit/s with dedicated multidisciplinary teams. > Ambulatory services include complex multidisciplinary day-only treatment, subspecialist outpatient clinics and specialist community outreach programs. > May be statewide or superspecialty service.

Geriatric Medicine	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> > Services for clients either referred, transferred or returned from higher level service to continue treatment in their local environment following subacute or acute episode during which more complex care was required. > Partnership arrangements with local general practitioner/s and other local care providers who may include community health staff or Aboriginal and Torres Strait Islander health workers > Care delivered on-site, and/or remotely in partnership with higher level service. > Documented processes with higher level services enabling clients to have access to other members of wider multidisciplinary team. 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> > Inpatient care managed by medical practitioner (general practitioner). > Clear intervention plan developed ensuring care is coordinated if multi-disciplinary care is required. > Service is networked with higher level services to ensure clients have access to other members of multidisciplinary team and to facilitate patient transfer, if needed. 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> > Service accepts clients referred and transferred from higher level services for continuing or less complex care. > Coordinated and documented patient care plan and treatment program—formulated through multidisciplinary consultation—is in place. > Multidisciplinary team members have experience, knowledge and skills in general geriatric care principles and practice. > Documented processes exist with multidisciplinary geriatric specialists (including geriatricians and/or general physicians with skills in geriatrics) through defined networks with higher level services. > Documented processes exist to access medications and clinical advice / services outside business hours. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> > Patient care plans developed collaboratively by multidisciplinary team and include structured ward rounds and multidisciplinary case conferencing arrangements. > Multidisciplinary team with demonstrated experience, and specific knowledge and skills, in delivery of geriatric services. > Provides internal consultancy services. > Established partnerships with local community-based geriatric teams or similar ambulatory programs to facilitate referral and admission processes. > Affiliations with local, state and/or national professional associations. > Documented process to ensure clients have access to acute and critical care 24 hour/s. > Access to acute or chronic pain service. > Access to orthotic, prosthetic and podiatry services. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> > Service has wide geographic catchment, which may include statewide and/or cross border referrals. > Multidisciplinary team has demonstrated experience, and advanced knowledge and skills, in delivery of geriatric services pertaining to specialty / subspecialty area. > Geriatricians with skills in care of older people across key geriatric syndrome areas, and speciality areas such as ortho-geriatrics, challenging behaviour, guardianship.. > Staff engaged with local, state and/or national professional associations. > Access to leisure therapy and outdoor space and/or diversional therapy programs. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > Extensive range of allied health professionals on-site. > Range of diagnostic services relating to individual specialty and/or subspecialty on-site. > May provide specialist and subspecialty statewide consultancy services, and subspecialty outreach services. > Evidence of statewide consultation and leadership role within relevant specialty and/or subspecialty. > Has representation in state, national and/or international professional associations. > Access to pool of specialty equipment pertaining to subspecialty area.

Geriatric Medicine	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements	<p>As per module overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access to medical practitioner (general practitioner) who may have advanced rural generalist training. <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Access to suitably qualified and experienced nurses including qualifications and/or experienced in rural and remote community nursing, where appropriate. <p>Allied Health</p> <ul style="list-style-type: none"> > Access to relevant allied health professionals within 1 week. > Access to social worker or psychologist (by referral) if required. > Provide routine assessment and treatment commensurate with experience, and may provide general services and clinical supervision. 	<p>As per Level 1, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access—24 hours—to medical practitioner (general practitioner) who may have advanced rural generalist training. > Access to a consultant in geriatrics or physician with experience in the care of older people, either for direct consultation or remotely via telemedicine. <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Suitably qualified and experienced registered nurse in charge of inpatient facilities appropriate to service being provided. <p>Allied Health</p> <ul style="list-style-type: none"> > Access – during business hours - to relevant allied health professionals. 	<p>As per Level 2, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access during business hours within inpatient units to medical practitioner (may be visiting arrangement), via telemedicine and / or site visit > Access—during business hours—to a consultant in geriatrics or physician with experience in the care of older people. > Access—24 hours—to medical practitioner (general practitioner), who may have advanced rural generalist training. > Access—24 hours—to registered medical specialist, with credentials in internal medicine. > Access—24 hours—to registered medical specialist with credentials in general surgery. <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Suitably qualified and experienced registered nurses in charge of shifts appropriate to service being provided. <p>Allied Health</p> <ul style="list-style-type: none"> > Access – during business hours - to allied health professionals, including physiotherapist, occupational therapist, speech pathologist, social worker and dietician. > Access – during business hours – to Allied Health Assistant <p>Other</p> <ul style="list-style-type: none"> > Senior Lead Clinician (allied health or nursing) with geriatrics experience to program manage and lead service, and link to metro service. 	<p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access during business hour/s to medical practitioner or advanced or basic trainee in geriatric medicine. > Access 24 hour/s to medical practitioner in advanced training or registered medical specialist. > Access—24 hours—to registered medical specialists with credentials in general surgery and orthopaedic surgery. > Access to registered medical specialist with credentials in geriatric medicine. <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Suitably qualified and experienced nurse manager (however titled) for the service. > Suitably qualified and experienced nurses on staff in the unit. <p>Allied Health</p> <ul style="list-style-type: none"> > Suitably qualified and experienced range of allied health professionals to reflect casemix of service. 	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > 24-hour access to registered medical specialists, with credentials in rehabilitation and geriatric medicine. > May have lead clinician with qualifications and credentials relevant to specific specialty area with responsibility for clinical governance of individual specialty and/or subspecialty units. > Access to registered medical specialists with credentials in cardiology, neurology, endocrinology, gastroenterology and rheumatology within 1 week. > Access to registered medical specialists with credentials in neurosurgery, vascular surgery and urology within 1 week. <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Nursing staff may include geriatric specialist nurses. <p>Allied Health</p> <ul style="list-style-type: none"> > Allied health professionals with demonstrated advanced level of knowledge and skills. > Range of allied health professionals reflects case-mix of specialty and/or subspecialty. > Access - during business hours - to relevant allied health professionals. > Access – during business hours – to Allied Health Assistant. > Access to psychologists with skills appropriate to casemix within 1 week. > Access to podiatry services within 2 weeks. > Access to audiology services within 1 month 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > Multidisciplinary team has experience, and advanced knowledge and skills, in delivery of geriatric services pertaining to specific specialty and/or subspecialty area/s, and may have postgraduate qualifications. <p>Medical</p> <ul style="list-style-type: none"> > Registered medical specialist with credentials in practice of geriatric medicine pertaining to subspecialty area. <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Advance practice roles desirable. <p>Allied Health</p> <ul style="list-style-type: none"> > Allied health professionals include staff with demonstrated specialist-level knowledge and skills pertaining to casemix. > Access - during business hours - to physiotherapist, occupational therapist, speech pathologist, dietitian and social worker 7 days per week.

Geriatric Medicine	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Specific risk considerations	> Nil	> Reliance on telemedicine for critical decision-making support – reliable mechanisms need to be in place	> Reliance on telemedicine for critical decision-making support – reliable mechanisms need to be in place	> Nil	> Nil	> Nil

Support service requirements for Geriatric Medicine services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetic						3		3		4		5
Medical						3		3		4		5
Medical imaging		1		1		3		3		4		5
Mental health (relevant section/s)						4		4		5		5
Nuclear medicine								4		4		4
Pathology				1		2		2		4		4
Perioperative (acute pain)								5		5		5
Pharmacy		1		2		3		3		4		
Surgical						2		3		4		5

Legislation, regulations and legislative standards	Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF)
Refer to the Fundamentals of the Framework for details.	<p>In addition to what is outlined in the Fundamentals of the Framework, the following are relevant to palliative care services:</p> <ul style="list-style-type: none"> > Australasian Faculty of Rehabilitation Medicine. Standards 2005: Adult Rehabilitation Medicine Services in Public and Private Hospitals. www.racp.edu.au/ > Australasian Faculty of Rehabilitation Medicine. Standards 2011: Inpatient Adult Rehabilitation Medicine Services for specialist Rehabilitation Units www.racp.edu.au/ > Australian Government. Australasian Rehabilitation Outcomes Centre Inpatient Data Set Specification. AROC; nd. www.meteor.aihw.gov.au/content/index.phtml/itemId/339513 > Australian Health Ministers Advisory Council, Care of Older Australians Working Group. Age-friendly Principles and Practices: Managing older people in the health services environment. www.health.gov.au/ > South Australian Government, Health Service Framework for Older People 2009-2016

For more information

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