

## Evidence Based Medical Care of Hospitalised Older People – How this might be implemented in Sub-Saharan Africa

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### Abstract

The health needs of frail older people are often complex. Models of hospital care that are designed to manage a single problem often fare poorly when faced with patients with multiple problems and functional limitations. The way that hospitals are structured and care is organised can result in significant improvements in the care of older people, with regards to managing illness, improving disability and maximizing independence at discharge. Hospitalisation can have particular risks for older patients and well-organised systems of care can help to mitigate these risks. (see Australian and New Zealand Society of Geriatric Medicine Position Statement on Geriatric Medicine services in and around General Hospitals at <https://anzsgm.org/policy-advocacy/position-statements/>).

There is high level evidence that Comprehensive Geriatric Assessment and Management (CGA) by multidisciplinary teams leads to better outcomes for hospitalised older people. In this presentation, Professor Vasi Naganathan will provide a summary of this evidence and then talk about how this evidence is applied in the day-to-day clinical care of older hospitalised patients in countries such as Australia and the UK. He will talk about some of the key features of CGA and show how it leads to better outcomes for older patients and has more

wider benefits for the hospital system. Some of the features of the various inpatient models of care that have been developed to care for older people will be discussed. He will talk about how CGA models of care have been extended to not only patients under medical teams but also to older patients admitted under surgical teams. Specifically, he will discuss geriatrician liaison services to patients under the care of orthopaedic surgeons and a new model of care established at the hospital he works at where physician input has led to a decrease in hospital acquired complications in older patients under the care of vascular surgeons.

Dr Michael Ssonko (Geriatrician based in Uganda) will then talk about how CGA could be implemented and operationalised in the local environment. It is possible for CGA to be delivered by a physician with expertise in Geriatric Medicine and a nurse with expertise in acute care of older people and Geriatric Medicine Syndromes such as delirium, polypharmacy, falls and multimorbidity. The role of the nurse would include linking patients appropriately with other health professionals from other disciplines such as physiotherapy, occupational therapy and social work to achieve more integrated care. He will also discuss potential inpatient integrated models of care to deliver CGA in the local setting.