

# REFERRAL GUIDE

## Gerontology

Gerontology provides specialist consultation for patients predominantly over 65 years old, aiming to provide a comprehensive assessment incorporating physical and psychosocial factors into the review and management plan.

## Clinical Lead

**Name Dr Renee Kelsell**

Role: Director of Geriatrics

## How to Refer

All new referrals for Specialist Outpatient Clinics require a **medical referral**.

All new referrals are processed by the Bayside Health - Regional Care Group (Bass Coast) Access Department.

The **preferred mode** for external referrals to the Access Department is Fax (03) 9102 5307.

Internal referrals from within the Bayside Health – Regional Care Group can be sent via email ([Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au))

For further information on new referrals and services provided via the Access Team on (03) 5671 3175 or by email to [Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au)

### Relevant referral form

[Outpatient specialist clinic referral \(MR-309\)](#)

### Referrer guidance

Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

## Eligibility

Prior to referral, please check and ensure all referrals for Specialist Outpatient Clinics **meet**;

- [Minimal Referral Criteria](#)
- [State-wide Referral Criteria](#) (where applicable),
- Local Bass Coast service eligibility
- [Anaesthesia and Surgical Services – Patient Suitability Framework](#)

Please note, the [Managing referrals to non-admitted specialist services policy](#) states that we must not accept referrals that are incomplete or do not have the required information to assess.

Once we receive a referral we will **review to ensure**:

- We have all the information we need to progress
- The referral meets the Minimum referral criteria, State-wide Referral Criteria (where applicable) as well as local Bass Coast service eligibility
- Identify the best service/s to meet your patients' needs and
- Assign a referral priority, urgent or routine
- Provide a notification of a referral outcome

## Referral Processing

Accepted referrals are **triaged according to priority** by our specialist doctors/health professionals, as 'urgent' or 'routine'.

High priority, 'urgent' access, is assigned to patients that have a condition with potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly.

For **urgent referrals**, we will contact the patient and aim to schedule an appointment within 30 days or at the earliest available time.

For **routine referrals**, we will notify you and the patient of a routine appointment date or the transfer onto a service waitlist and aim to schedule an initial appointment within 365 days.

Within 8 working days, we will send you and your patient notification of the **referral outcome**, i.e. if the referral has been:

- Accepted and an appointment has been scheduled OR
- Accepted and the patient has been placed on a service waiting list OR
- Not accepted and the reasons why

### Priority

#### EMERGENCY

Conditions requiring **immediate emergency care**. Acute referrals requiring same day assessment or admission. **Recommend or contact '000' to arrange immediate transfer to emergency.**

#### URGENT

Assigned to patients that have **a condition with potential to deteriorate quickly**, with significant consequences for health and quality of life if not managed promptly. Aim to **schedule an initial appointment within 30 days** or at the earliest available time.

#### ROUTINE

Assigned to patients when **their condition is unlikely to deteriorate quickly** or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to **schedule an initial appointment within 365 days**.

### Safety risk screening



#### RED FLAG CONDITIONS

#### EMERGENCY

Red flags signal the most serious clinical risks and need for same day assessment or admission.

- Rapid cognitive decline (over a period of hours/day), particularly if a stroke is suspected or acute delirium
- Fall with suspected fractured Neck of femur (NOF)
- Unwitnessed fall
- Rapid change in mobility and functional status

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## Procedures/Conditions seen at Bayside Health – Regional Care group (Bass Coast)

- Complex medical issues & multiple morbidities
- Cognitive Decline
- Falls: Impaired Mobility and Balance
- Diagnosis of cancer or malignant haematology – for Geriatrician input only not diagnosis

## Exclusions

The following conditions / procedures are not routinely seen at Bayside Health - Regional Care Group (Bass Coast)

- Capacity Assessments
- Residing in residential aged care
- Patients younger than 65years old or Aboriginal and Torres Strait Islander under the age of 50
- Patients attending for Medical Day Unit procedures without a cancer and malignant haematology diagnosis

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### Complex medical Issues & multiple morbidities

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

#### When to refer

Older patients  $\geq 65$  years with multiple chronic and complex medical conditions

#### Additional Information to be included

General pathology screen – blood tests within the last 3 months:

- FBE, U&E, Creatinine,
- LFTs,
- Calcium,
- TSH,
- Vitamin B12,
- Vitamin D,
- Glucose

ROUTINE

- Patients  $\geq 65$  years with complex medical/functional/ psychosocial issues who will benefit from comprehensive Specialist Geriatric Consultation

## Cognitive Decline

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

Identified older patients with cognitive decline or post delirium.

Consider – DBMAS (Dementia Support Australia 1800 699 799) referral and advice

### Additional Information to be included

- General pathology screen blood tests within the last 3 months:
  - FBE, U&E, Creatinine,
  - LFTs
  - Calcium
  - TSH
  - Vitamin B12
  - Vitamin D
  - Fasting glucose
- Consider syphilis serology.
- CT brain (films and report) within the last 12 months

### URGENT

- Rapid deterioration in cognitive function.
- Acute psychological or behavioural change warrants exclusion of delirium / organic cause.
- Consider DBMAS (Dementia Support Australia 1800 699 799) referral and advice.

### ROUTINE

- History of cognitive decline/suspected dementia
- Follow up post delirium

## Falls

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

### When to refer

- Older patients (generally  $\geq 65$  years) with falls, impaired mobility and balance

### Additional Information to be included

**General pathology screen – blood tests within the last 3 months:**

- FBE, U&E, Creatinine,
- LFTs,
- Calcium,
- TSH,
- Vitamin B12,
- Vitamin D,
- Glucose
- Consider ESR, CK

ROUTINE

- History of unexplained falls
- History of decline or change in mobility

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### Diagnosis of cancer or malignant haematology – for Geriatrician input only not diagnosis

[State-wide Referral Criteria](#) **DOES NOT** apply to this condition.

#### When to refer

All new patients referred for care with a cancer or malignant haematology diagnosis

\*\*note do not diagnose malignancies /cancer

#### Additional Information to be included

##### General pathology screen – blood tests within the last 3 months:

- FBE, U&E, Creatinine,
- LFTs,
- Calcium,
- TSH,
- Vitamin B12,
- Vitamin D,
- Glucose
- Consider ESR, CK

**EMERGENCY**

- X

**URGENT**

- Any unstable patient, and any patient 85 years and older.

**ROUTINE**

- Stable patient over 65, or over 50 for patients identifying as Indigenous or Torres Strait Islander. Patients already on treatment regimes through ITCU with appropriate services already in place. through ITCU with appropriate services already in place