

---

# The Acute Geriatric Evaluation Service (AGES)

Initiative Type

Model of Care

Status

Deliver

Added

29 January 2018

Last updated

07 January 2023

URL

<https://cnxp3cuvtvrn68yjaibaht5ywrxspj7m.clinicalexcellence.qld.gov.au/improvement-exchange/ages>

## Summary

The service provides a fluid model of assessment, acute care, education, support and continuity of care to residents and staff of aged care facilities (RACF) as well as their General Practitioners (GPs). Ultimately AGES works to provide outstanding care and support to empower patients, their families and healthcare teams. The project was a finalist at the 2017 Queensland Health Awards for Excellence.

---

## Key dates

Nov 2016

Dec 2017

## Implementation sites

Toowoomba Hospital

## Key Contacts

Karen Gordon

0100

[paul.blee@hiu](mailto:paul.blee@hiu)

Service Manager and Nursing Director

Darling Downs Hospital and Health Service

(07) 4616 6179

[Karen.gordon@health.qld.gov.au](mailto:Karen.gordon@health.qld.gov.au)

## Aim

To transcend previous boundaries which limited the integration of patient care across acute and community sectors.

---

## Benefits

- Acute response service for RACF residents to enable clinical assessment and provide acute interventions within their nursing home rather than having to attend the emergency department.
- All residents of RACFs who require medical admission to hospital are admitted under the AGES team to ensure continuity of care.
- Timely communication with GPs and nursing home staff to ensure continuity of care for residents following discharge.
- Post discharge follow up and clinical support for residents (if required), RACF staff and GPs to enhance patient outcomes.
- Community review of RACF residents via telehealth with the AGES geriatrician to provide ongoing specialist advice and support to all members of the healthcare team.
- Education opportunities to RACF staff to support clinical up skilling and timely recognition of a resident requiring medical review.

## Background

Barriers existed between community and acute sectors. This highlighted an opportunity to develop a new model of care for RACF patients to receive the right care, in the right place at the right time.

PDF saved 04/04/2025