

Planning for Follow-up Services for Geriatric Medicine Inpatients

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Dear Editor,

Brunei has a rapid increase in its ageing population. There is a need to monitor the trend in inpatient admissions and outpatient referrals for planning services. In 2015, when Geriatric Medicine services in Brunei was established, there were 76 admissions over three months, with a median length of stay of eight days. A significant number of patients were fully dependent and immobile, with one-third having dementia.¹ As dependent patients are unable to attend clinics, follow-up was provided through home visits by Geriatrics nurses for comprehensive geriatric assessment and Home-Based Nursing (HBN) for wound care or routine changes of nasogastric tubes and urinary catheters.^{2,3}

During the COVID-19 first wave in 2020, despite social restrictions and although the clinical staff pulled to cover COVID-19 duties, the number of Geriatrics and Palliative admissions and inpatient consultations remained constant⁴. As it was not possible to sustain specialty services with limited staff, the Internal Medicine department moved to a ward-based system during the second wave in August 2021. Virtual consultations and phone-call follow-up was also introduced for Geriatric Medicine outpatients.

While inpatient admissions were managed through a ward-based system for four months, patients were coded under specialties (albeit not directly managed by them) to facilitate follow-up arrangements. For the period between August to November 2021, there were 121 patients coded as Geriatric Medicine patients. The median age was 82 years, ranging between 65 to 101 years. Approximately two-thirds (70 patients) were female. The median length of stay was six days, ranging from one to 38 days. A fifth (25 patients) passed away in hospital. Among those discharged, 28 (23.1%) were given Geriatric Outpatient appointments. In addition, 27 (22.3%) were referred for HBN, 13 (10.7%) had virtual clinic follow-up, 3 (2.5%) had phone-call follow-up and 2 (1.7%) had Geriatrics

post-discharge home visits. Furthermore, 23 (19.0%) patients did not have any follow-up with Geriatric medicine, as they were under other specialties such as neurology, palliative care, cardiology and peripheral hospitals.

Based on this information, there were several important points raised. For patients admitted under Geriatric Medicine, only a quarter required clinic follow-up, while 10% had virtual consultations. A quarter required community nursing services (Geriatrics nurses or HBN). Almost half of the Geriatric Medicine admissions did not require specialty-specific follow-up due to inpatient mortality or their presenting complaints were already managed by other clinical services. There has also been an increase from 25 to 30 admissions a month between 2015 to 2022.¹

The follow-up planning is required, given the limited outpatient clinic space with competing needs. For example, Geriatric Medicine provided almost half the clinical encounters for dementia in Brunei in 2020, where there was a total of 500 clinical encounters for dementia and a mean of 115 new patients annually in Brunei over the previous three years.⁵

Health services have finite resources and proactive planning to ensure the smooth running of clinical services is essential. Thus, the need to plan for follow-up services is recommended, particularly for Geriatric Medicine inpatients, given the increase in older people globally.

Conflict of Interest Disclosures

The author declares no conflict of interest.

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