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EDITORIAL

BELGIAN CARE PROGRAMME FOR OLDER PATIENTS

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With a Royal Decree in January 2007, the Belgian government decided to give each patient aged 75 years or over, with a geriatric profile, admitted to a general hospital, more appropriate specialist care in whatever department they are admitted to. This was a historical decision, which has not been previously seen in other countries.

Whereas Geriatric Medicine was developed in the United Kingdom in 1935, with full recognition of Geriatric Medicine and geriatric wards in General Hospitals in 1952, the professional care of very old patients started late in Belgium. The care for the oldest old started in Belgium in 1985 (1), with a Royal Decree to make it possible to organise in the General Hospital, special geriatric wards for the "frail " older persons. It was stressed to be very important to have an early and precise diagnostic "assessment" of the multiple problems, medical and others, and to start rehabilitation from the first day, to achieve the goal to send as many of these very old people back to their own home, which is their real wish, and for them to be as independenmt as possible.. At the same time the subspeciality of Geriatric Medicine (within Internal Medicine) was recognised. .

Many reviews have proven the efficacy of the multidisciplinary approach of geriatric patients admitted to the general hospital (2). One of the goals formulated by the AGS Task Force on the future of Geriatric Medicine in 2005 was: to ensure that every older person receives high-quality, patient centred health care (3).

Now, 25 years later and as a result of these decisions, Belgium has a geriatric department with geriatricians in 93% of its General Hospitals. Since 2006, Geriatrics is recognized as a full and autonomous speciality. For ten million inhabitants (18% of the population is 65 years and over) , Belgium has now 285 geriatricians. Belgium is now one of the six European countries where geriatric medicine is officially a chair in all medical faculties of the country (4).

Notwithstanding this breakthrough of geriatric medicine and geriatric departments, many departments of the general hospitals are increasingly filled with very old, real 'geriatric' patients. The Belgian Society of Gerontology and Geriatrics convinced the authorities to introduce a full "Belgian"Care Plan for older frail patients in the General Hospitals.

This Care Plan consists of five parts: the well-known Geriatric Unit in the General Hospital, the Geriatric Day Hospital, the out-patient clinic for geriatric patients, the Internal Geriatric Liaison and the External Geriatric Liaison. It is clear that the cornerstone of geriatric care in the hospital remains the Geriatric Unit, with the typical multidisciplinary approach, but the most innovative part is the Internal Geriatric Liaison.

Review of the literature demonstrates that internal geriatric liaison is almost exclusively seen for psychogeriatric disorders or for orthopaedic patients (5). Only a very few studies have been undertaken with real geriatric liaison for a whole General Hospital. These studies have had positive results (6-8)

On admission, irrespective of whether this via the emergency room or a planned admission, every patient of 75 years and older is screened by a triage nurse using a simple tool with 3, 5 or 6 simple questions (VIP (9) or ISAR or GRP). If this test is positive, the patient is considered as potentially a 'Geriatric' Patient, and is seen in all cases by a member of the multidisciplinary geriatric Internal Liaison Team and discussed in the Multidisciplinary Internal Liaison team meeting. Three outcomes are usually present: the patient is not a 'geriatric' patient and is cancelled from the list; the patient is really a very complex 'geriatric' patient, and efforts are done to transfer this patient to the Geriatric Unit; or the patient has some geriatric aspects, but it is not possible to transfer them to the Geriatric Unit. In the latter case, the Multidisciplinary Internal Liaison Team will provide to the physician in charge of this patient and his team all the useful information and help they can need to treat this patient on the best way possible.

This Internal Liaison Team (and also the Geriatric Day Hospital) has now been introduced as an experiment in 80% of the Belgian General Hospitals. This has been very successful. Not only the Geriatric teams, but also the other departments are very enthusiastic about this new concept. The only difficulty is that the Geriatricians are now overwhelmed with referrals leading to an important increase in work load.

External Geriatric Liaison has to develop better contacts between General Practitioners, all the different home care workers and the nursing homes so that the care started in the General Hospital can be continued in the different settings, and that the important information about the patient can be delivered to the hospital by the primary care teams.

It is clear that this Royal Decree will be progressively

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implemented in all the departments within general hospitals, but additional manpower is needed. The big challenge is now to convince more young physicians to start training in geriatric medicine: a speciality with a promising future in Belgium and Europe. There is already in Belgium an increasing enthusiasm for geriatric care in physicians and in nurses too. Another large challenge is to organize our seven university hospital geriatric departments as third line referral centres for all geriatric departments in the 100 general hospitals of Belgium.

This represents a good example of best practice within any country if it wishes to organise high quality professional care of patients with a 'Geriatric' Profile. Without this professional care, Nursing Home admissions will continue to increase will a resulting significant increase in healthcare expenditure. More importantly, the quality of life of the patients will diminish.

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