Introduction
Older people are the highest risk group for acquired disability, cognitive decline, or admission to residential care. Furthermore, their needs are more complex, with the potential for a combination of medical, functional, psychological and social needs. These can lead to an atypical presentation which can often be misunderstood. Older people therefore require a different approach to care.

In order to improve the identification and integrated care of elderly patients at high risk, or with complex needs, a joint clinic of doctor and nurse - Comprehensive Assessment and Management (CAM) clinic is established with the approach of Comprehensive Geriatric Assessment (CGA).

Objectives
Those frail elderly waitlisted at United Christian Hospital (UCH), Specialty Outpatient Clinic (SOPD) can be identified earlier to shorten their waiting time. Integrated care thus can be provided for better self-management of their chronic condition. Moreover, unnecessary hospital admission can be reduced by earlier management in the community.

Methodology
In UCH, all referrals for SOPD appointment are arranged by general registered nurses. Having collaborated with SOPD, a geriatric Advanced Practice Nurse (APN) is assigned to involve in screening those referrals for Geriatric outpatient services. An early appointment will be offered to those elderly fulfilling the following selection criteria:
- Home care, aged of 76 or above
- Obvious decline in cognitive and/ or functional abilities
- Perceived to have caring problem from caregivers
- High risk of fall

Services include:
- Perform Comprehensive Geriatric Assessment
- Provide individual management plan
- Provide counselling and education to patients and caregivers on disease management and home care skills
- Make referral to other disciplines when indicated

**Result**
Within the period of April 2016 to December 2016, 43 elderly patients (11 males and 33 females) were recruited to attend the CAM Clinic. The mean age of these elderly patients was 83. Their waiting time was significantly shortened from 22 months to 2 months on average. Within a six month period of attending the CAM clinic, 35 out of 43 elderly patients can be maintained to receive their treatment in the community, 7 were admitted. 1 died in an accident at home.

Conclusion: Through CAM clinic, timely intervention can be provided to reduce the risk of developing other deficits, comorbid condition and unnecessary hospital admission.