



CLAHRCBITE



Brokering Innovation Through Evidence

Emergency Geriatrics: Improving the care and experience of older people within the Emergency Department.

Background

Older people may often present to hospital with frailty syndromes such as falls, fragility fractures and delirium on a complex background of multi-morbidity along with issues relating to their social circumstances. Often, such presentations may be more effectively managed in a community setting. However the time pressured environment of our current Emergency Department (ED) structures and the complexity of these cases often means that people are admitted to hospital and the unintended consequences of a risk of deconditioning syndrome, and increased risks of falls and delirium that this brings. Older people presenting with frailty require an assessment by multiple disciplines including physiotherapists, occupational therapists, pharmacists, nursing staff, social workers and geriatricians to deliver a comprehensive geriatric assessment (CGA) that focuses on multiple aspects of their physical and psycho-social health.

What was the aim of the project?

To increase access to Comprehensive Geriatric Assessment (CGA) for older people with frailty and also to improve the experiences of this cohort of people within our Trust's Emergency Department (ED)

What did we do?

We implemented an ambulatory frailty assessment unit (the Emergency Multidisciplinary Unit- EMU) within the existing footprint of our Trust's ED with the aim of increasing access of older people presenting with frailty to a CGA assessment at the front door of the hospital.

How did we involve people?

The project was overseen by two public advisors who have provided insight and feedback on individual quality improvement projects within the unit and are also due to coordinate feedback from previous service users.



What we found and what does this mean?

In the eleven months of operation EMU delivered a CGA assessment to 1337 older people presenting to the Trust ED with frailty (compared to a pre-intervention number of zero!) This equates to 6.7 new patients reviewed per day of service activity (compared to 5.6 people seen per day by the Geriatrics In-Reach model). The average Clinical Frailty Score was 4.3 equating to mildly frail and the average age of person reviewed was 85 years.

70% of people seen were discharged from hospital on the same day, 15% were transferred directly to an Intermediate Care/Rehabilitation Unit without ever needing an acute hospital bed. Thus the admission rate for an average age of patient of 85 was 15%. This is in comparison with the Trust's average admission rate for people >65 years attending ED of between 50 and 55%. It must be acknowledged though that this 'Trust figure' is for all people >65 years as opposed to the 'selected take' of patients seen in EMU who, by the nature of EMU's acceptance criteria must be medically stable and hence will have a greater chance of being able to be appropriately discharged.



The average length of stay for a person attending EMU and receiving an MDT led CGA is 3.9 hours. Of the 1337 people reviewed in the first 11 months of operation, EMU discharged 1041. 8.5% re-attended within 7 days and a further 10.6% re-attended within 30 days (19.1% 30 day re-attendance in total). Those people referred on to the community branch of EMU's geriatrics team had re-attendance rates of 6.4 and 7.2% respectively ie 13.6% in total, despite patients deemed to be at a higher risk of re-attendance being more likely to be referred to the community team.

What next?

The EMU project is an on-going Quality Improvement Project. Using PDSA cycles we aim to expand the opening hours of EMU to enable older people with frailty presenting later in the day and during weekends to be assessed. Service user feedback is due to be evaluated by our Public Advisors and used to drive further amendments to the service to continue to improve users experiences.

What is CLAHRC NWC?

CLAHRC NWC is a partnership between universities, NHS, public and local authorities. Its mission is to undertake applied research to improve public health, wellbeing, quality of care & reduce health inequalities across the North West Coast region.

Superseded by Applied Research Collaboration (ARC NWC) in 2019. <https://arc-nwc.nihr.ac.uk/>

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