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

William Wareing[1], David Moore[2], Peter Lloyd[2]; [1]Countess of Chester Hospital, [2]CLAHRC Public Advisor

Background

Older people may present to ED with frailty syndromes and complex multi-morbidity that traditional ED systems and environments are ill-equipped to manage. Their care needs require the holistic, multidisciplinary approach provided by a Comprehensive Geriatric Assessment (CGA) and recommended by NICE Guidance[1]. The time pressured, 'problem-specific' and protocol driven orientation of our ED structures, designed to manage trauma and medical emergencies, may be less appropriate to the needs of older people presenting with complex frailty syndromes and hence create an inequality in care provision for this particular cohort of patients.

CGA delivered on an elderly care ward is proven to improve people's chance of being alive and living independently at 6 months. However people may wait several days following admission to hospital to be transferred to such a setting. In this time they are at a greater risk of falls, deconditioning and hospital acquired infection. Often, the care of people presenting to hospital with frailty syndromes may be more effectively coordinated in the community, promoting their independence.

Whether CGA assessments can be effectively delivered in an ED setting is an area of expanding research[2]

A 6-month pilot project providing a 'Geriatrics in-reach service' to our Trust ED performed in 2017 suggested a reduction in admission rates.

Aims

1. Provide CGA to older people with frailty presenting to ED delivered by a Multi-Disciplinary Team skilled in managing frailty syndromes in an environment sensitive to their specific care needs
2. Improve older people's experiences within ED
3. Examine the effectiveness of the ambulatory frailty unit model in delivering CGA within ED

Frailty syndromes

Falls
Immobility
Delirium
Continence
Polypharmacy (>4 medications)

The Emergency Multi-Disciplinary Unit (EMU)

- Opened in July 2018 after a successful 6 month pilot project providing Geriatric in-reach to ED.
- A dedicated, ambulatory frailty assessment unit within the existing footprint of ED
- Staffed by a Multi-Disciplinary Team skilled in delivering CGA
- Monday-Friday, 9am-5pm
- Mobile phone carried by consultant to provide direct access to advice regarding management of frailty syndromes and admission avoidance strategies to community practitioners such as GPs, community matrons and district nurses.

The EMU MDT

Unit sister
Health Care Assistant
Rapid response physio/OT
Age UK coordinator
Core Medical Trainee
Consultant Geriatrician

Method

- Rolling Quality Improvement project using PDSA cycles to continually develop the service specific to the needs of our population.
- Weekly dashboard data facilitating QI methodology for service improvement
- Monthly scrutiny meetings
- Public Advisor facilitated service user forum planned Sept'19

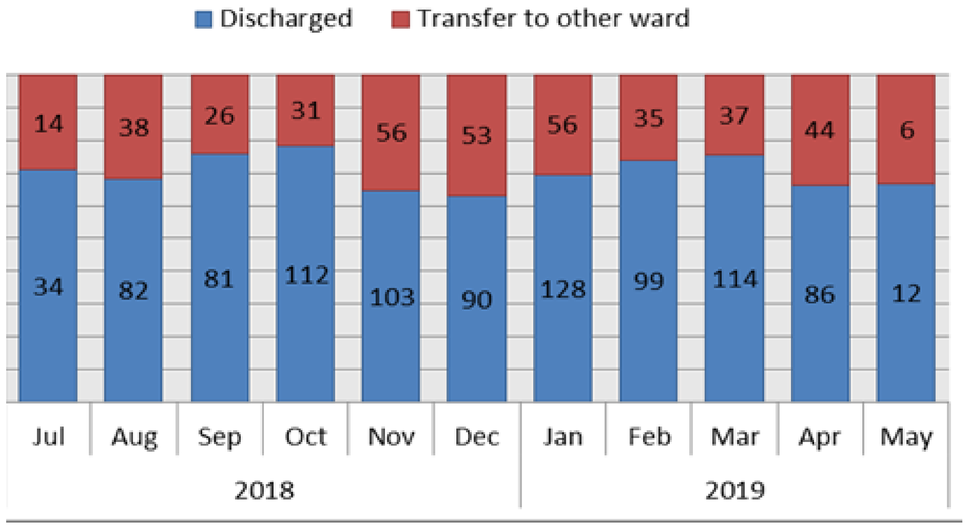
Results

- 1337 people received CGA in ED in first 11 months (compared to a pre-intervention number of zero!)
- 70% discharged same day; 15% transferred directly to intermediate care (without needing an acute hospital bed)
- Trust's average admission rate for patients >65 = 50-55%
- 6.7 new patients reviewed per day (5.6 seen per day by in-reach model)
- Average Clinical Frailty Score : 4.3; age: 85
- Average length of stay on EMU 3.9 hours

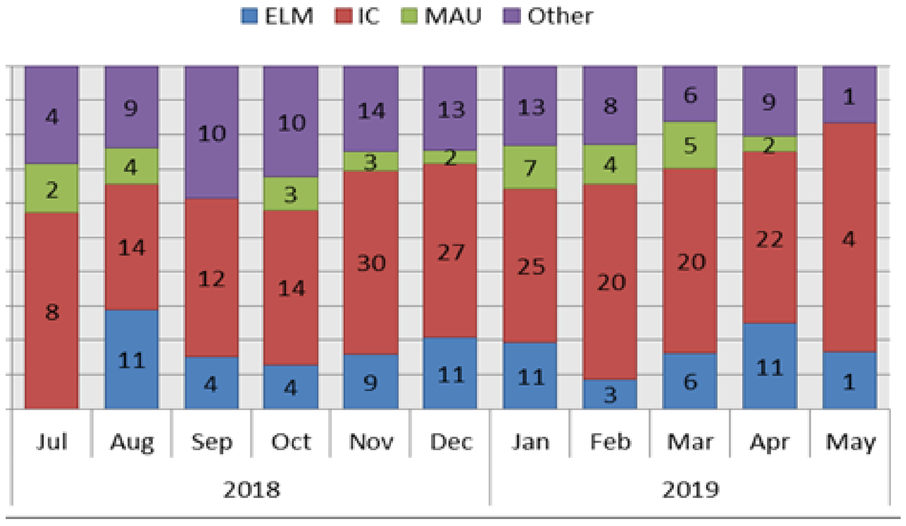
Conclusions

- The EMU model is effective at delivering CGA to older people with frailty attending ED and addressing inequalities of care for older people presenting with frailty syndromes.
- Expansion of EMUs capacity and opening hours is planned
- Engagement of PAs continues to be invaluable in guiding development of service through leading service user forms

Outcome: discharge vs admission



If admitted, where?



ELM: Elderly Medicine ward; IC: Intermediate Care Unit; MAU: Medical Assessment Unit

References

1. Transition between inpatient hospital settings and community or care home settings for adults with social care needs. (2016). NICE Guidance Quality Standard 136.
2. Jay, S., Whittaker, P., Mcintosh, J., Hadden, N. (2017). Can consultant geriatrician led comprehensive geriatric assessment in the emergency department reduce hospital admission rates? A systematic review. *Age and Ageing*, *46* (3), 3366-372.

This project is part-funded by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care North West Coast (CLAHRC NWC) . The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.