Health service

Conclusion
The target group showed an important reduction in LOS which was similar to the younger controls. This may be because the intervention was directed at the ward level so any training benefit to staff would automatically apply to the younger group. The absence of unbiased controls makes it difficult to attribute the benefit to the geriatrician. Nonetheless, the intervention was associated with a worthwhile benefit and the speed with which this was shown encourage support for continuing geriatrician input to surgical patients.

BENEFITS OF ORGANISED CARE FOR PATIENTS WITH LOWER LIMB AMPUTATIONS

JED ROWE, B PANAGAMUWA, E MAROUF, V OKAFOR, S FARMER for the Dysvascular Limb Unit

Dysvascular Limb Unit, Moseley Hall Hospital, Birmingham

A unique tripartite collaboration between vascular surgery, prosthetic rehabilitation, and geriatric medicine has produced a coordinated service for lower limb amputees based on a 15 bed inpatient Dysvascular Limb Unit (D.L.U.) in a community hospital. This critical mass has allowed, multi-specialty care, regular liaison, counselling, a dedicated wound care service, specialised therapists and equipment and a patients group to be established. A study of the first 82 admissions showed them to be younger than those in generic beds, median age 71.7 years (40-96). The inpatient mortality was 8% (7) with 3% (2) of survivors transferred to other hospitals and 5% (4) discharged to institutional care. The remaining 92% (69) returning to a private domicile. Inpatient stay was between 1 and 177 days with a median of 51.5 days. The unit selectively attracts complex cases as extra-contractual referrals and does not see fitter patients who go home directly from the surgical wards. Despite this adverse case-mix, D.L.U. patients unit receive their prostheses earlier, 58 days post amputation compared to 70 days for those attending the Regional Rehabilitation Centre (R.R.C.) and 82 days for those seen by R.R.C. outreach teams in other hospitals (P<0.001). Outcome is superior for the D.L.U. sample with 87% walking with their prosthesis (with or without other mobility aid) at six weeks compared with 61% of the subjects seen by outreach teams and 63% seen at the R.R.C. P<0.05. Post amputation stay on the surgical wards has dropped from a mean of 29 days in 1994 to 21 days for those discharged directly home and 11 days for those going to the D.L.U.

ACUTE ADMISSIONS FROM NURSING HOMES; HOSPITAL UTILIZATION AND OUTCOME

A.J. BAXTER, H.L. CRABTREE, R. PRESCOTT AND C.S. GRAY

University Department of Geriatrics, Sunderland Royal Hospital and Bishop Auckland Hospital, UK.

Introduction
While some referrals from nursing homes have been considered inappropriate, the process and outcome of admission is unclear. We examined acute admissions from nursing homes in 3 health districts to assess hospital utilization and determine patient outcome.

Methodology
Prospective study of consecutive admissions from nursing homes to acute medical units of 3 hospitals (3 months). Acute and chronic diagnoses, investigations and clinical interventions noted. Outcome measures; mortality, length of stay and change in Barthel index.

Results
128 consecutive patients were identified (age 65-97). 31 acute diagnoses were made; the most frequent being pneumonia (36%), delirium (24%) and urinary tract infection (17%). 80% of patients received one or more first line investigations, 20% underwent further second line investigations. 85% were managed by one or more simple interventions; change in oral medication, intravenous, or oxygen therapy. 15% required additional intervention. In patient mortality was 31%. Mean length of stay was 12.1 days (range 1-81) and total bed occupancy 1550 days. There was no significant improvement in Barthel Index between admission and discharge (P<0.05).

Conclusions
The majority of patients did not have acute medical diagnoses on admission. Most patients required limited medical intervention, appropriate nursing care and access to basic investigations. A minority of patients required a more complex process of care which was not associated with functional improvement.

READMISSIONS IN THE ELDERLY: A PROSPECTIVE COHORT STUDY

J BROWN, A J HILDRETH and C S GRAY

University Department of Geriatrics, Sunderland Royal Hospital

Introduction
Previous studies of readmissions have been limited by the selective admissions process of the hospital or specialty studied and have targeted single diagnostic groups. We sought to determine the characteristics of elderly readmissions, at risk groups and contributory factors using a detailed multidisciplinary assessment.

Methodology
Prospective (4 month) cohort study of consecutive readmissions (12 weeks index admission) to a single District General Hospital