Clinical effectiveness

IMPROVING CARE FOR THE FRAIL OLDER PATIENT IN AN ACUTE HOSPITAL SETTING

I. Mannan, K. Farrell, O. Adeotoye, A. Ahonkhai, K. Haque, M. Stanley, S. Wicks, D. Walker
Care of the Elderly Medicine Department, Queen’s Hospital, Barking, Havering & Redbridge Hospitals NHS Trust

Background: Frail older patients may have increased length of stay (LoS) and poorer outcomes when kept on traditional medical assessment units due to lack of comprehensive geriatric assessment at an early stage of their admission.

Innovation: A clinical specialist nurse for older people (CNS) and an Elderly Short Stay Unit (ESSU) were introduced to support the work of the Frail Older Peoples’ Advice and Liaison Service (FOPALS) operating in MAU. The CNS actively sought patients for FOPALS to review, liaising with family and community services, helping MAU with complex discharges and triaging patients to ESSU. With an anticipated LoS less than 4 days ESSU benefited from daily consultant geriatrician ward rounds, twice-daily MDT board rounds and increased therapy input. FOPALS then expanded to 7 day working.

Evaluation: LoS for all elderly patients admitted to Queen’s Hospital from March-May in 2011 and 2012, was 11 days and 11.25 days (respectively). Data was analysed on 730 patients from March-May 2013. 353 patients were assessed by FOPALS between March and mid April 2013. Pro-formas were completed (prospectively) for every patient. Following introduction of seven-day working, a further 377 patients were assessed between mid-April- May 2013. FOPALS reduced LoS for all elderly patients admitted to geriatric wards at Queen’s Hospital from March-May 2013, to 9.25 days. LoS for those specifically assessed by FOPALS was 9 days. This reduced further to 8.1 days once seven-day working was introduced. Readmission rates within seven days reduced from 10.4% to 6.9% for all geriatric patients. Readmission rates within thirty days declined from 33 to 25%.

Conclusions: ESSU along with a specialist nurse improved LoS, when used in conjunction with FOPALS, not only improving outcomes at the ‘front door’, but for all ward areas.