THE IMPACT OF ACUTE SPECIALISED GERIATRIC TAKE IN A LARGE TEACHING HOSPITAL OVER THREE YEARS

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Background: Frail older patients are more likely to be alive and in their own home up to a year after an emergency hospital admission if they receive coordinated specialist services and are cared for in dedicated wards with access to gerontologically trained multidisciplinary teams. In early 2014, geriatric services were restructured in our institution – moving from a system where patients accessed geriatric services after referral from their medical teams later in their hospital stay to one where four patients per day were directly referred from the emergency department (ED) to a specialist geriatric team at the point of admission.

Methods: The authors utilised the hospital’s Business Intelligence Database to obtain metrics on admission data, length of stay (LOS) and bed day usage both pre and post the restructuring of the acute geriatric service.

Results: The number of patients aged over 75 admitted from the ED to medical services increased from 2581 in 2013 to 3149 in 2017. The change in configuration of the acute specialist geriatric take took place during quarter two 2014. Despite the increase in admissions, bed days used by over 75s under the care of a medical team after this time decreased considerably – by 14.1% in the first year, a further 5.4% in the second and another 3.2% in the third. This corresponds to using 15,123 less bed days per annum for 568 more patients. This was achieved by reducing the mean LOS for those over 75 by 44% for geriatric services and 25% for other medical services.

Conclusion: An initiative involving direct admission of frail older patients under a geriatrician-led service resulted in greater efficiencies and considerable savings in hospital bed days used over the subsequent three years. However, as demand on hospitals increase it is clear that new initiatives are required to meet the needs of our ageing population.