GERIATRIC GIANTS ON THE ACUTE FLOOR GERIATRIC EMERGENCY SERVICES (GEMS) TEAM: AN ACUTE FLOOR FRAILTY MODEL

Kristina Jusmanova, Emer Ahern, Aoife McFeely, Raising Corcoran, Sidique Arif, Orla O’Dwyer, Rachel Kearns, Louise Ward, Shauna O’Brien, Jane Nolan, Danielle Reddy, Meghan Hayes Brennan, Helen Fitzgerald, Maureen O’Callaghan, Melinda Nugent, Eleanor Mark, Kate Jackson
Saint Luke’s General Hospital, Kilkenny, Ireland

Background: In our hospital in 2016, patients aged over 75 accounted for 10.5% of emergency attendances, 18.5% of admissions and 43.3% of bed days. GEMS aim is to improve the care, outcomes and patient experience of all older people with frailty attending our hospital.

All emergency attendances who are aged > 75 years old are screened on triage using the VIP tool. This screening is done electronically and is mandatory. Once identified on triage (VIP > 1) as at risk of adverse outcomes the patients are assessed early by the GEMS Team. The assessment is Comprehensive Geriatric Assessment (CGA) based. A problem list, plan, referrals and Clinical Frailty Score (CFS) are generated.

Methods: We collected data on case mix, process and outcomes prospectively on Excel and also from iPMS (Patient Information Management System).

Results: 4,854 patients over 75 years old were triaged. 43% (n = 2,086) of these patients were screened as frail. 79% (n = 1,658) of frail older people were subsequently admitted. 65% (n = 1,352) patients received CGA. 2/3 of them were admitted from home. Mean and median age is 85 years. Mean LOS (Length of Stay) = 9.57 days and median LOS = 6.

On CGA, 30% (n = 145) were identified with possible delirium, 23% (n = 113) with possible cognitive impairment (4AT score). Data for 4AT score collected from 20/10/2017 till 20/02/2018. 78% (n = 1,055) at risk of polypharmacy (5+ medications) and 28% (n = 385) at risk of malnutrition (screened with 4 questions). CFS score identified 32% (n = 430) Severely Frail, 28% (n = 381) Moderately frail and 16% (n = 214) Mildly Frail older people.

56% (n = 1,352) of CGA patients were Discharged Home, 7% were newly transferred to LTC. There was 6% in-hospital mortality.

Conclusion: Early routine identification of frailty and early intervention with CGA identifies Geriatric Giants and generates early and proportionate multidisciplinary responses with improved outcomes for the patients.

Poster presentations