SPECIALIST CARE FOR FRAIL OLDER PEOPLE

One of the largest UK emergency departments has set up a specialist unit to reduce the number of people admitted to hospital needlessly. Sophie Blakemore reports

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Abstract

At Leicester Royal Infirmary, the care of frail older people occupies a disproportionate amount of emergency department (ED) staff's time and resources. Too few ED staff are trained to deal with the complex comorbidities associated with older patients, 90 per cent of whom are therefore admitted to hospital. To take the pressure off the ED and reduce the number of avoidable admissions, the hospital has set up an emergency frailty unit to treat patients over the age of 70 who need not be admitted to hospital and to ensure they can receive community care as soon as possible. This article describes how the unit operates.

Keywords
Avoidable admissions, discharge, older people

LEICESTER ROYAL Infirmary's emergency department (ED) is the third largest in Europe, treating 160,000 patients a year. It serves a large population of older people with multiple morbidities and, once admitted, the average length of stay for this group of people is 22 days.

A review of activity in the ED revealed that the number of older people who arrive by ambulance is rising, and that such patients occupy a disproportionate amount of the ED's time and resources.

Doctors and nurses in the ED provide good immediate trauma care but lack expertise to treat the complex comorbidities with which many older people present. As a result, patients are admitted for assessments or medication reviews and may remain on the wards for several days until their returns home are arranged. The review found that 90 per cent of the older people admitted to hospital could have been treated in the ED if staff there had the resources or remit to provide the appropriate services.

Older people account for 17 per cent of attendances at the ED but can take up a much larger proportion of staff time and care. Not only is this situation bad for patients, it can cost the trust millions of pounds in lost bed days each year.

To ensure that older patients receive the right care at the right time, while avoiding unnecessary admissions, staff at the ED set up an emergency frailty unit (EFU) with two specific aims:

- To reduce the ED conversion rate for frail older people from 90 per cent to 80 per cent.
- To reduce the average length of stay for admitted patients by 0.5 days.

The EFU was set up in the emergency decisions unit (EDU), a 16-bed short-stay ward. Half of the ward's beds have been allocated to the EFU, although the number allocated varies with demand.

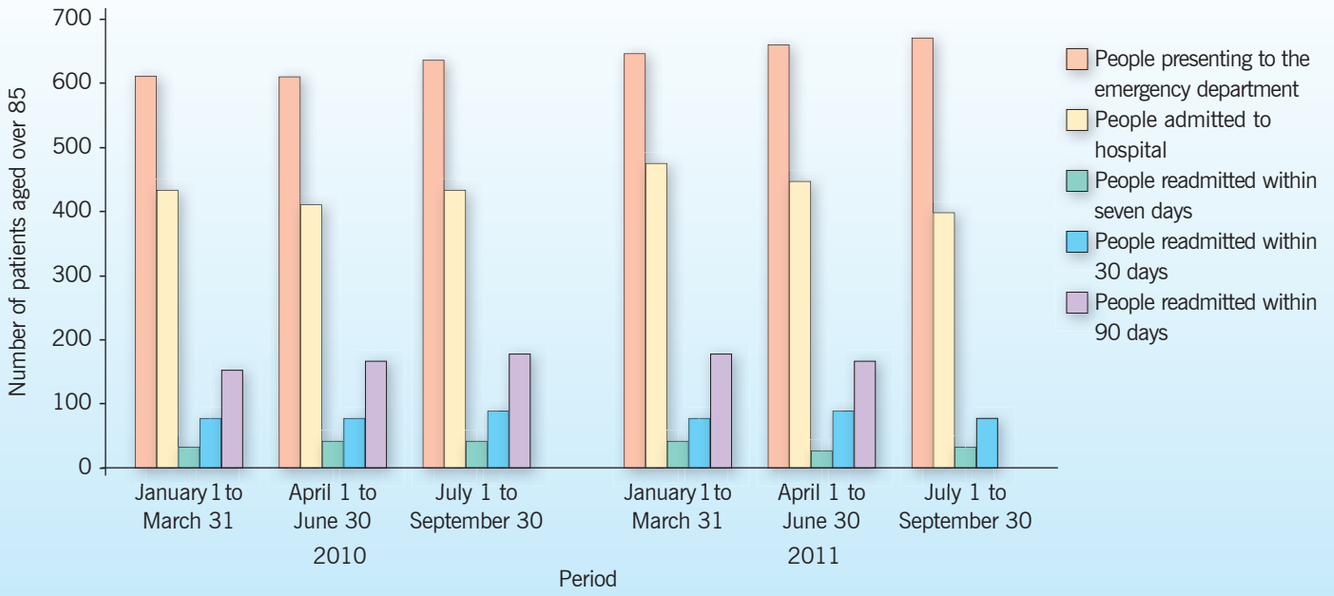
Patient care

Frail older people with non life-threatening conditions who come into the ED by ambulance are triaged and treated as normal by emergency doctors and nurses. Those who do not need to be admitted for medical reasons and who can be discharged to their own home, a care home, local general hospital, community or rehabilitation hospital after treatment are transferred to the EFU, which is staffed

Opposite: staff nurses Phillip King and Diane Struthers treat a patient in the emergency frailty unit at Leicester Royal Infirmary

Tim George

Figure 1 **Numbers of patients presenting to the emergency department, and being admitted and readmitted to hospital: a comparison between 2010 and 2011**



by appropriately trained nurses, therapists and geriatricians. Staff can also define and initiate care pathways for those patients who need additional support, inside and outside the hospital, and, where appropriate, can arrange early discharge to avoid admissions.

Many of the patients transferred to the EFU have had falls. Each year, the hospital treats 6,500 people for falls, half of whom come to the ED by ambulance. Other patients present with shortness of breath, dementia or confusion, general frailty, pneumonia or other lower grade clinical or social problems, and many need medication reviews. Before the EFU was set up, most of these patients would have been admitted, usually for between eight and ten days.

Nurses on the EFU have specialised in different areas of care, such as falls, end-of-life care, mental health, dementia, nutrition and continence. They have completed training courses in their chosen fields, and share their learning and expertise with the rest of the team. This means that they can provide trauma nursing as well as specialised care to older patients.

A geriatrician is available between 8am and 6pm every day, and on-call doctors are available at other times. In addition, ten nurses, seven healthcare assistants, a physiotherapist and an occupational therapist work in the EDU and the EFU.

Also based in the unit is a team of community matrons, who work alongside other nurses, doctors, relatives and carers to encourage patients to return to the community as soon as possible, with the packages of care they need.

Two of the matrons are employed by the local primary care trust and based in the EFU full time to provide a link to services outside hospital. Known as primary care co-ordinators (PCCs), they were employed in the EDU five years ago to work on admission avoidance. Since the EFU was set up, however, the number of patients they see has doubled and two new PCCs have been employed recently to cope with demand.

The nurses assess patients who come into the unit and talk to them about any needs or problems they have at home. They also carry out assessments in the ED on behalf of doctors to see if patients would benefit from referral to the EFU.

The co-ordinators recently started visiting patients within one week of discharge to check that they are coping and that care packages are in place. It is hoped that occupational therapists, social workers, carers and relatives will take part in these visits to ensure that full patient histories, assessments and medication reviews can be carried out in patients' homes, and that hospital admissions can be thereby avoided.

Evaluation

Last year, the effect of the EFU on admission and discharge of patients aged 85 or older was evaluated. Data on activity between January and September 2011 were compared with data for the same period the previous year.

It was found that, although attendance of people aged 85 or older rose during this period, the proportion being discharged without being admitted rose too. As a result, the number of patients being admitted to hospital fell (Figures 1 and 2). Readmission rates also fell, which suggests that fewer patients are being sent home too soon (Table 1, page 16).

In comparing the period between July and September 2011 with the same period the previous year, it was found that:

- The number of patients aged 85 or over attending the ED increased by 7 per cent.
- The overall ED discharge rate for people aged 85 years or more increased by 37 per cent.
- The seven- and 30-day admission rates were reduced by one third.
- The expected 10 per cent reduction in the number of frail older people admitted to hospital, or conversion rate, was exceeded by up to 6 per cent and improved month on month.
- An estimated 5,184 bed days were saved.

Meanwhile, the conversion rate for patients aged 70 or older dropped by 30 per cent.

Staff opinion

The EFU is staffed by a team of dedicated emergency nurses with special interests in various areas of older people's health, and all are enthusiastic about the work they do.

For example, lead nurse in the ED, EDU and EFU Kerry Morgan says that the 'passion' of the EFU staff is apparent in the care they provide. 'Staff are here because they want to be,' she says. 'They are dedicated, committed and passionate about the work they do, and complaints have reduced as a result. The culture here is different from that in the ED; here, it is all about getting the patient safely home.'

The idea of setting up an frailty unit in the ED was first mooted by the hospital's head of service for geriatric medicine Simon Conroy, who wanted to identify and solve problems in the system, improve clinical decision making and help the trust save money.

He is confident that the unit ensures improved care for patients and conserves resources. 'We now have comprehensive geriatric assessment,' he says. 'Patient care is improving and people are not being moved from pillar to post.'

Operations in the EFU and EDU are overseen by sister Paula Blanchard, whose primary roles include bed management. She says: 'Our ultimate aim is admission avoidance because older people do not do well on main wards. In theory, we could fill the EFU with patients every day so I have to organise the unit to keep things fluid and allocate ward rounds.'

Ms Blanchard says that, by working with geriatricians, ED and EDU staff have realised

Figure 2 **Proportions of patients aged 85 or over discharged and readmitted: a comparison between 2010 and 2011**

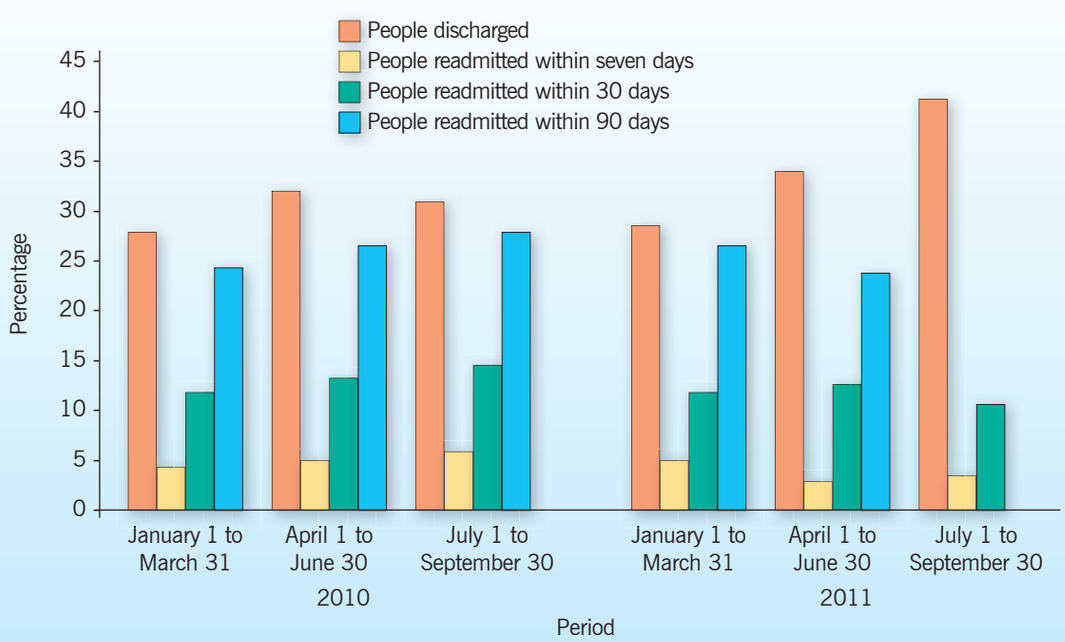


Table 1 Numbers of readmissions of patients aged over 85 years

Period	Number of patients attending during period	Patients readmitted					
		Within seven days		Within 30 days		Within 90 days	
		Number	Percentage	Number	Percentage	Number	Percentage
Between July 1 and September 30 2010	637	32	5	89	14	177	28
Between July 1 and September 30 2011	681	24	4	68	10	111	16

the importance of providing specialist care to older patients. At first, caring for older people was unpopular, but this changed after the media reported examples of poor care for older people.

'Traditionally, older people's care has not been seen as "sexy" by ED nurses,' she says. 'But when emergency department staff realised how complex it is and what a difference they can make to older patients, their attitudes changed. They wanted to provide good care and now they are learning how in their own time.'

Staff and alcohol liaison nurse Diane Struthers specialises in diabetes in older people. She joined the EDU from the ED two years ago on a six-month placement but liked it so much that she decided to stay, and helped to set up the EFU.

She says: 'The frailty unit really does work as a concept and I love it here. We can get patients home more quickly, which means they have less risk of catching a hospital-acquired infection. They get better, more focused care than they would in the main ED because staff here know about the issues that affect them. We understand the services available in the community and how to access them.'

Back to basics

Ms Blanchard wants to see 'back-to-basics nursing' in the EFU this year. This means taking extra time to find out about patients' backgrounds, and their likes and dislikes, and to make their experience more enjoyable and their care more tailored.

To this end, the unit has introduced an open visiting policy, so that relatives and friends can drop in whenever they wish, and help patients to feel more settled.

Initially, some ED staff were uncertain about how the EFU would change practice and many resisted the idea of basing community matrons in the hospital to arrange non-acute care for patients.

The two PCCs, Lorraine Barot and Jenny Greenham, worked hard to build up trusting relationships with local GPS and community matrons, however, and have invited them to attend team meetings in the trust.

Ms Greenham says: 'We have access to intermediate care, community services and community hospitals. Once patients have been assessed, we can arrange same-day care packages, liaising with GPs, relatives and pharmacists.

Ms Barot adds: 'It works well for patients. Lots of them do not want to be here but lack access to, and knowledge of, services in the community.'

According to clinical head of the ED Ben Teasdale, the presence of geriatricians gives emergency care staff confidence to deal with older patients with complex problems.

'By ensuring that older patients are seen by the right people at the right time, we can reach diagnoses more quickly. We are also prevented from admitting people who should not be and who are hard to get back into the community once they are in hospital,' Dr Teasdale says.

Consultant in emergency medicine Jay Banerjee says: 'Older people need the right kind of treatment and level of competence, but few ED staff have had the appropriate training. We need geriatricians and multidisciplinary teams in the department to provide that level of care.

'The unit helps to alleviate pressure in the ED. Its doctors and nurses are getting better at managing older people's problems, are more likely to ask for advice about patients and think more about admission avoidance.'

The enthusiasm of EFU staff has rubbed off on the rest of the ED and there are plans to set up a dedicated two-bed dementia bay complete with memory boxes, old photographs and other stimuli to create a calming environment for patients.

Meanwhile, news of the unit's success has spread. Managers of 12 other trusts have visited Leicester to see how the EFU is run and whether they can introduce similar units in their hospitals.

Conflict of interest
None declared