

Impact of early comprehensive geriatric assessment in the acute medical unit

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Aims

Older people presenting to the acute medical unit (AMU) in our hospital were traditionally triaged to acute medicine (ACM), discharged after shorter stay (<72 hours) or medicine for the elderly (MFE). There is evidence that comprehensive geriatric assessment in AMU improves functional and cognitive outcomes in older adults.

Methods

A new triage of elderly acute medicine (eACM) now provides day-to-day care and early geriatric multidisciplinary assessment through a team composed of a consultant geriatrician, specialist nurses and therapists. After discharge, patients are often followed up in a rapid assessment clinic. There were 5,857 admissions to the AMU from 1 May 2013 to 30 September 2013, of which 2,371 were older than 80 years. Out of these, 553 were triaged eACM and 621 were triaged MFE. We conducted case-notes review for 50 out of 553 patients.

Results

Median age was 86 (72–101) and 74% lived in their own home, 76% of whom lived independently. 20% of patients presented with a fall, 70% of which were attributed to non-physical causes. The most common diagnosis made was pneumonia/LRTI (18%).

82% were assessed by a consultant geriatrician within 24 hours; 91% of those requiring further assessment were reassessed within the subsequent 24 hours. Therapy review was conducted in 50% within 24 hours. Median LOS was 6.5 days, 52% LOS ≤72 hours and 36% were re-triaged to MFE. There were no clear predictors for prolonged LOS. 25% of discharges from eACM were with an increased level of social support.

Conclusions

eACM triage rates were variable among clinicians; however, this model was successful in bringing early comprehensive geriatric assessment of older patients admitted to AMU. Most patients were assessed by a consultant geriatrician within 24 hours of admission. Although therapy assessment was often delayed, the team discharged 52% of patients within 72 hours, 25% of patients with increased social support.

Conflict of interest statement

No conflicts of interest to declare. ■

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