

Modernising geriatric care: establishing an acute frailty unit

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Aims

To develop an acute frailty unit (AFU) to reduce length of stay and readmission rate in the elderly, by providing direct access to comprehensive geriatric assessment (CGA), facilitating a safe discharge within 72 hours.

Methods

The 16-bed AFU launched on 24 February 2014. A geriatric consultant was assigned to lead the unit, alongside designated physiotherapists, occupational therapists and social workers to provide care 7 days a week. An AFU admission criteria (Table One) to identify 'frail' patients was distributed to accident and emergency (A&E) and the acute medical unit (AMU). Patients who met the criteria were transferred directly, undergoing consultant-led CGA, with twice-daily multidisciplinary team (MDT) meetings.

Results

AFU has admitted 411 elderly patients (24 February 2014–8 June 2014), with 88.3% direct from A&E or AMU. The mean length of stay is 3.7 days, with a median of 2.7 days, compared with the national average of 9 days for patients over 65 years. The majority of patients are discharged home (211 patients, 65%) or to residential intermediate care (93 patients, 29%), with the remainder transferred to another ward or dying (18 patients, 6%). The unit discharges more patients than any other geriatric ward in the hospital, averaging 24.5 patients per week compared

to 9.5 ($p < 0.0001$). Patient readmission rate is 7.9% within 30 days, compared with the national average of 15.5% (age over 75) and 10.3% (age 16–75). Owing to the success of the unit, a 23-bed geriatric ward was closed on 24 May 2014.

Conclusions

The pressure for hospital beds in the elderly continues to grow; by 2035, 23% of the population is projected to be aged 65 and over. This community are at the highest risk of acquired disability, cognitive decline or admission to residential care, which is reflected by more than two million unplanned hospital admissions a year. The NHS needs to meet these unique demands in a challenging financial climate.

Future hospitals should incorporate AFUs to deliver early CGA to this vulnerable population, to reduce length of stay and in-hospital mortality. Direct selected admissions from A&E and AMU can be safely discharged within 72 hours following consultant-led, and MDT-delivered, CGA. Our model has delivered on these aims with efficient patient-centred care, and proven cost-effective with the closure of a larger geriatric ward.

Conflict of interest statement

The institution and the authors to this work did not receive payment or services from a third party for any aspect of the submitted work. We are not affiliated with any committees linked with the Royal College of Physicians. ■

AFU Admission Criteria = NEWS score of 2 or less PLUS one of the following:

<input type="checkbox"/> 65 years of age and from a Nursing / Residential Home or Intermediate Care		
OR		
<input type="checkbox"/> 75 years of age and admitted from home with two or more of the following?		
Acute confusional state	<input type="checkbox"/>	Impaired mobility
History of recent falls	<input type="checkbox"/>	Dementia (AMT of 7 or less)
Incontinence of urine and faeces	<input type="checkbox"/>	Breakdown of care package
Multiple pathology, e.g. generalised vascular disease, diabetes with complications	<input type="checkbox"/>	
OR		
<input type="checkbox"/> 90 years plus with co-morbidities		

Fig 1. AFU admission criteria.

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