

Comprehensive geriatric assessment in emergency Department by OPAL (Older People Assessment and Liaison) can prevent admissions

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Aims

Our population is ageing and the impact on public health and social services is considerable. Older patients who attend A&E are more likely to be admitted and have a longer length of stay. Our aim was to provide a comprehensive geriatric assessment in the emergency department (ED) for the older frail patients who attend ED. Our specific aims were to instigate appropriate assessments and facilitate early discharge, and to reduce the number of inappropriate admissions and facilitate care closer to home for older patients.

Methods

An initial pilot project was done for 22 days. The OPAL team, consisting of a consultant geriatrician, a physiotherapist and a discharge facilitator, was introduced to A&E. Patients over 80 years of age, who presented with geriatric syndromes such as frailty or falls, were reviewed by the OPAL team. Patients underwent a comprehensive geriatric assessment. This demonstrated that only 26% of the patients assessed by the OPAL team were admitted, compared to 73% over 3 weeks when reviewed by ED staff alone. A robust 5-day service has been implemented in the ED since June 2014.

Results

Key performance indicators for the service between June 2014 and February 2015 shows a reduction in the number of patients aged over 80 being admitted following OPAL review. Only 39.2% of patients reviewed by OPAL during this period were subsequently admitted, compared to 65.6% not seen by OPAL. The average length of stay was 9.35 days for patients reviewed by OPAL, as compared to 10.1 for patients aged 80 who were not. Key performance indicator for the service has shown an improvement in performance against the 4-hour ED target. This was achieved in 84.86% of OPAL patients, compared to 80.69% of patients not seen by OPAL.

Conclusions

The presence of OPAL in ED has brought success in reducing unnecessary hospital admissions for older, often frail patients. Our service involves a joint approach between ED and geriatricians. Our data conclude that, when frail older people are assessed by a single specialist health and social team, unnecessary admissions can be avoided. It has reduced length of stay for those who are admitted and improved patient flow in ED.

Conflict of interest statement

None. ■

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