Acute Frailty Units – do they work?

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Clinical scenario

- Elsie: 87 year old lady, frail
  - Hypertension, on three anti-hypertensives
- Fall at home, left hip pain
- Brought to ED, fall noted, x-ray showed no fracture
- Urine dip
  - ++ leucocytes
  - ++ nitrates
  - No blood
Is this a UTI?

1. Yes
2. No
3. Don’t know
UTI and falls

- UTI can be a cause of falls, but...
  - If LUTS, then urine dip only helpful if negative as may be other cause; if positive then treat and send MSU
  - If no history (cognitively impaired) then ONLY consider UTI if other features (e.g. abdominal pain, haematuria, fever)
  - If no LUTS then why testing urine?
What is the prevalence of asymptomatic bacturia in community dwelling older people?

1. 0.5%
2. 5%
3. 15%
4. 25%
Elsie..

- Treated for urosepsis in ED
  - Catheter
  - iv fluids, antibiotics
  - Transferred to AMU
  - Stabilised
- Geriatric liaison service missed her on their round
- Outlied
- LoS 14 days as care package lost...
What do we mean by an ‘acute frailty unit’?

- An ACE Unit is a multidisciplinary approach to care for older hospitalised patients with four key elements:
  - specially designed environment
  - patient-centered care
    http://www.institute.nhs.uk/qipp/joined_up_care/patient_centred_care.html
  - planning for discharge
  - review of medical care

*Landefeld NEJM 1995*
Acute medical units

- ...dedicated facility within a hospital that acts as the focus for acute medical care for patients that have presented as medical emergencies to hospitals...

_Society of Acute Medicine_

- Integrated, all ages (16+)
- Wide range of conditions
- Generally not specifically designed for frail older people
Solutions

• Education & training in geriatric medicine for all?
Would you like an AFU in your hospital?

1. Yes
2. No
What’s the issue?
Who might use AFUs?

- Leicester, Leicestershire & Rutland
  - 160,000 people aged 65+

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Who might you send to an AFU?

1. 65+
2. 75+
3. 85+
4. Frail older people
5. None of the above
Why focus on frail?
Some evidence: Fox 2012

- 6839 patients in 13 controlled trials
- Fewer falls RR 0.51, 95% CI 0.29–0.88
- Less delirium RR 0.73, 95% CI 0.61–0.88
- Less functional decline RR 0.87, 95% CI 0.78–0.97
- Shorter LoS WMD –0.61, 95% CI –1.16 to –0.05
- More discharges home RR 1.05, 95% CI 1.01–1.10
- Fewer discharges to NH RR 0.82, 95% CI 0.68–0.99
- Lower costs WMD –$245.80, 95% CI –$446.23 to –$45.38
The magic intervention...

• Comprehensive Geriatric Assessment
  – ‘multidimensional interdisciplinary diagnostic process focused on determining a frail older person’s medical, psychological and functional capability in order to develop a coordinated and integrated plan for treatment and long term follow up.’
ACE principles

- Dedicated environment
- Patient-centred care
- Preserve ADLs through MDT
- Early discharge planning
- Reducing iatrogenesis
Evidence:

- Fox 2012: ACE units better than usual care
- Ellis 2011: wards better than teams; frail better than age-specific
- Baztan 2010: acute geriatric units better than conventional care
- Deschodt 2013: teams reduce mortality but not function or service outcomes
- Lessons from stroke care & orthogeriatric care
AFU - Leicester

- 27 beds
- 7/7 service
- Geriatrician & junior doctors
- Physiotherapist
- Occupational therapist
- Primary care coordinator
- Pharmacist
- Self-selecting nursing staff
Why might an AFU work?

- Focus on problems
  - Falls, mobility
  - Cognition
  - Polypharmacy
  - Continence
  - End of life care
Care principles

• Patient centred
• Problems > diagnoses
• Holistic
• MDT focus with regular meetings
• Strong links with community
• Acute care when it is needed
• Structured assessment – shared clerking document
Discharges from AMU

% Discharged Home

Liaison service  Acute Frailty Unit

Back to Elsie...

- Admitted to AFU
- UTI undiagnosed
- Orthostatic hypotension identified, medicines pruned
- Holistic assessment
  - Falls risk identified
  - Fracture risk identified
  - MMSE 21/30
- Early mobilisation
- Home with intermediate care to review mobility
- Falls clinic FU to review cognition/falls/meds
Would you like an AFU in your hospital?

1. Yes
2. No
Thank you!