

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 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 bacteria 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

(<http://www.kingsfund.org.uk/projects/enhancing-healing-environment/ehe-in-dementia-care>)

- 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?



British Geriatrics Society
for better health in old age

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The RCP Future Hospitals Commission: That was the week that was.

Prof David Oliver is a Consultant Geriatrician in Berkshire and a visiting Professor in Medicine of Older People at City University, London. He is President Elect of the British Geriatrics Society.



Future Hospital Commission

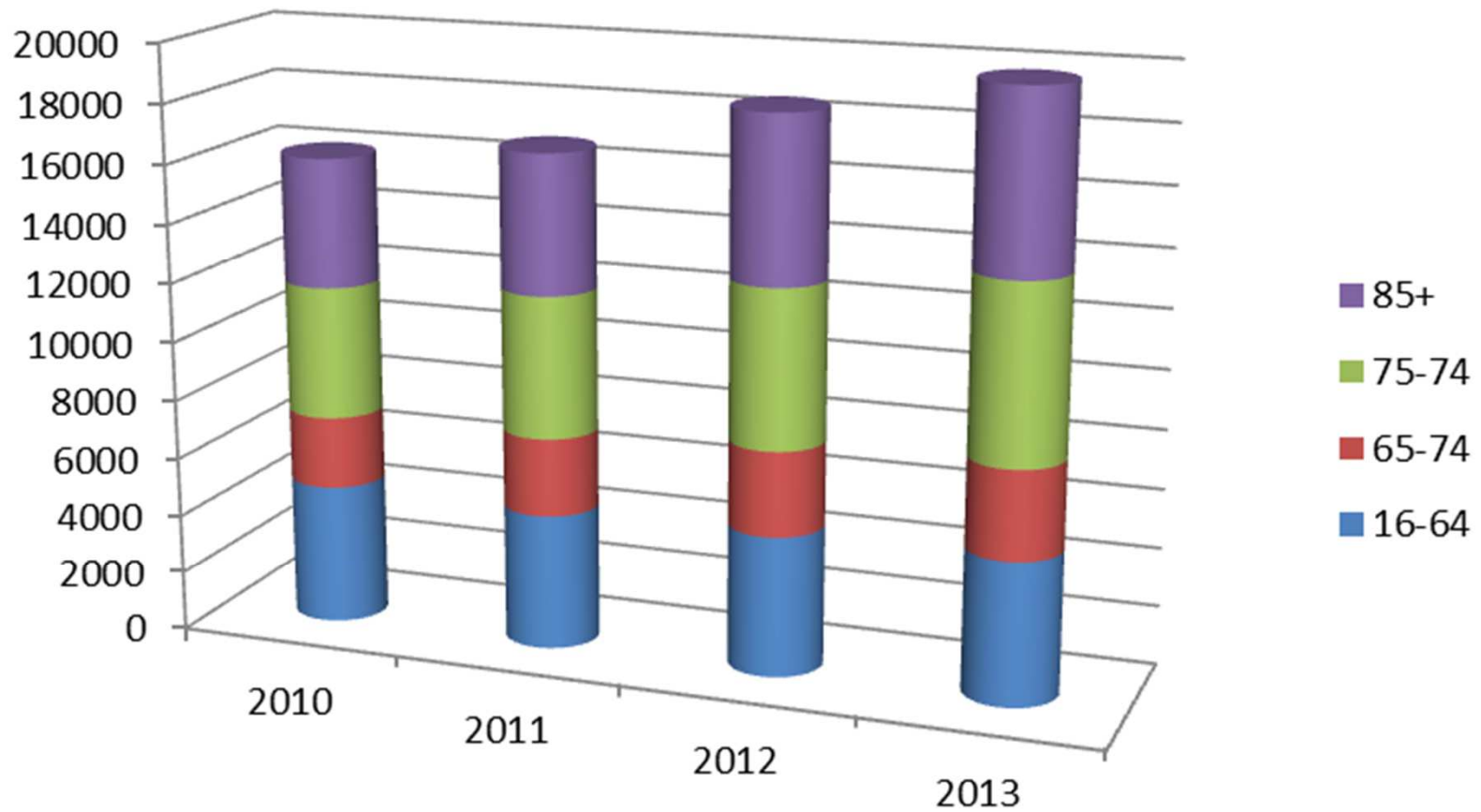
Future hospital: Caring for medical patients

A report from the Future Hospital Commission
to the Royal College of Physicians
September 2013

Would you like an AFU in your hospital?

1. Yes
2. No

What's the issue?



Who might use AFUs?

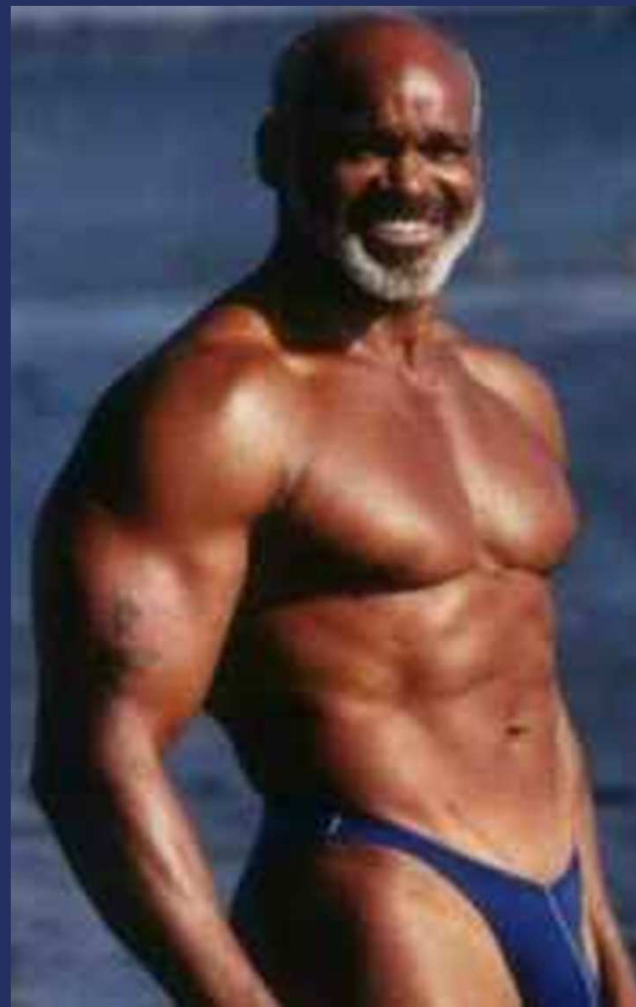
- Leicester, Leicestershire & Rutland
 - 160,000 people aged 65+

| 2013 data UHL | | | | |
|---------------|-------------------|---------------|-------------|----------|
| Age | Annual attendance | Average/month | Average/day | %age/day |
| 16-64 | 7313 | 609 | 20 | 34% |
| 65-74 | 2956 | 227 | 8 | 13% |
| 75-84 | 5177 | 431 | 14 | 24% |
| 85+ | 6063 | 503 | 17 | 28% |
| Total | 21509 | 1770 | 59 | |

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?

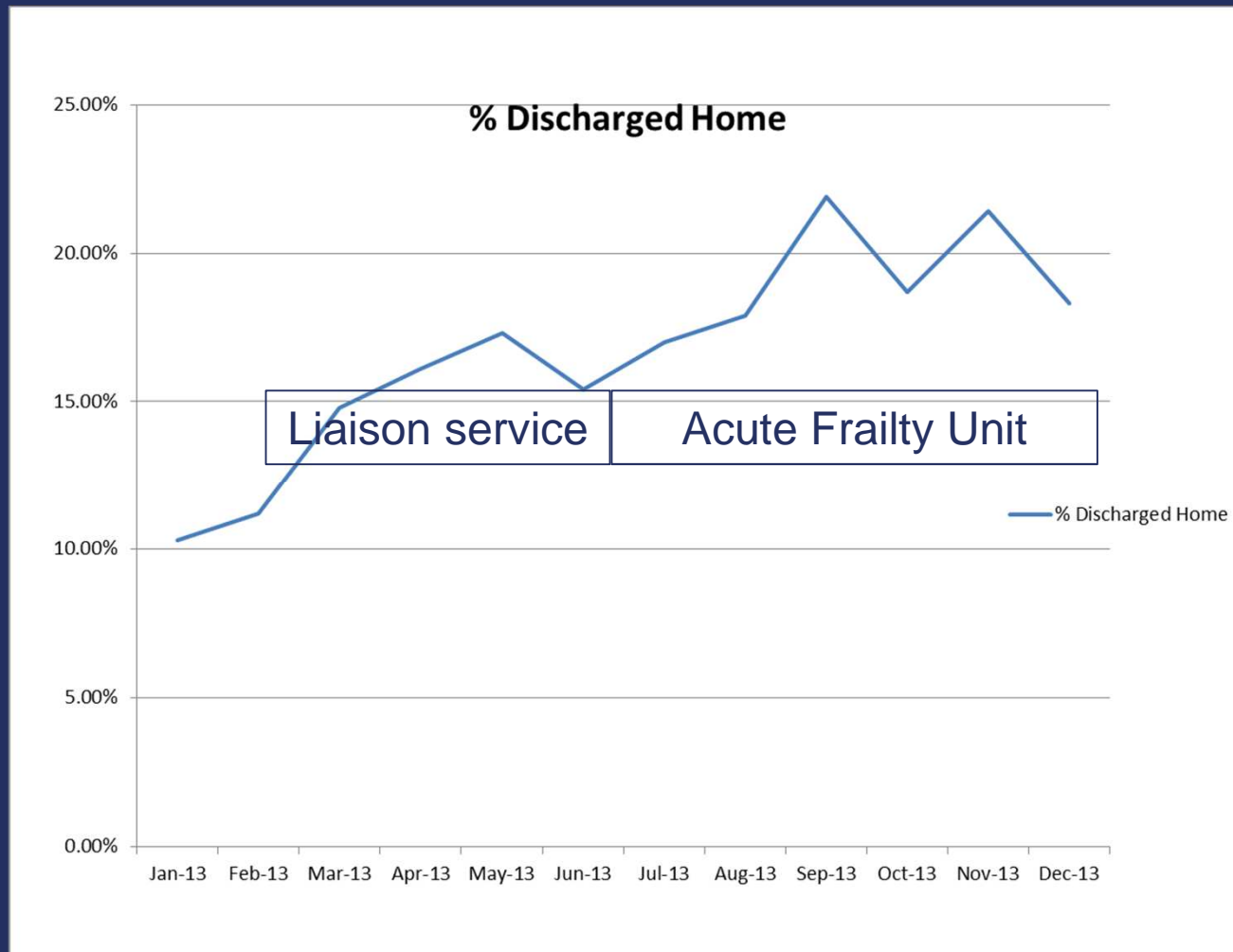
- Focus on problems
 - Falls, mobility
 - Cognition
 - Polypharmacy
 - Continence
 - End of life care



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



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!

