

Interface geriatrics



Simon Conroy
Croke Park, September 2013

GUINNESS



**IS GOOD
FOR YOU**

Acute hospital care – where the money is!

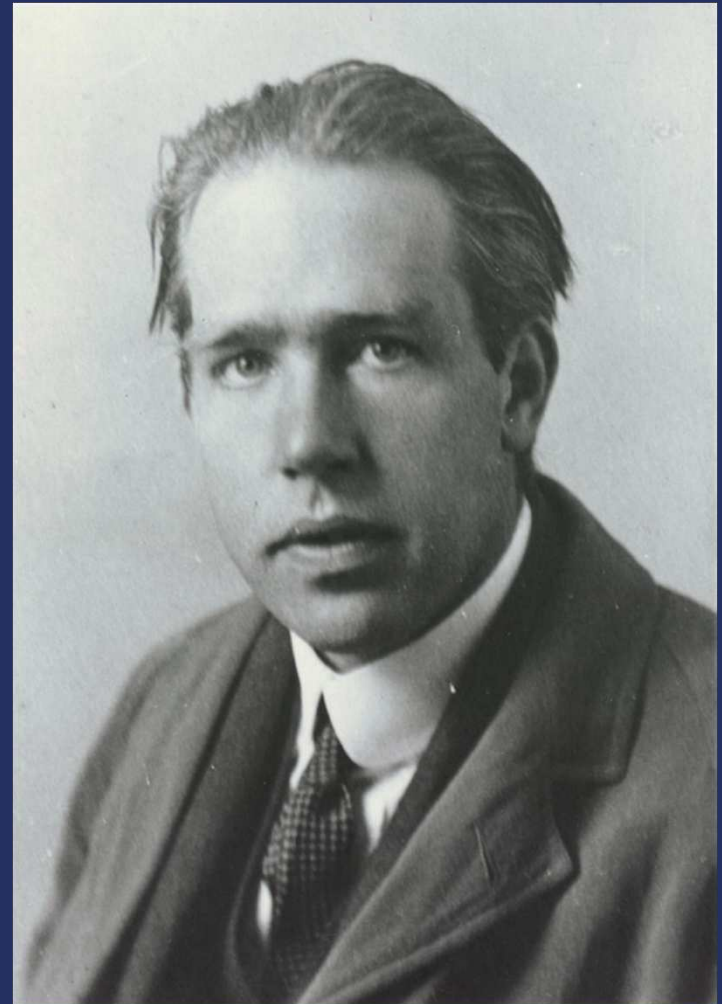


Where to focus

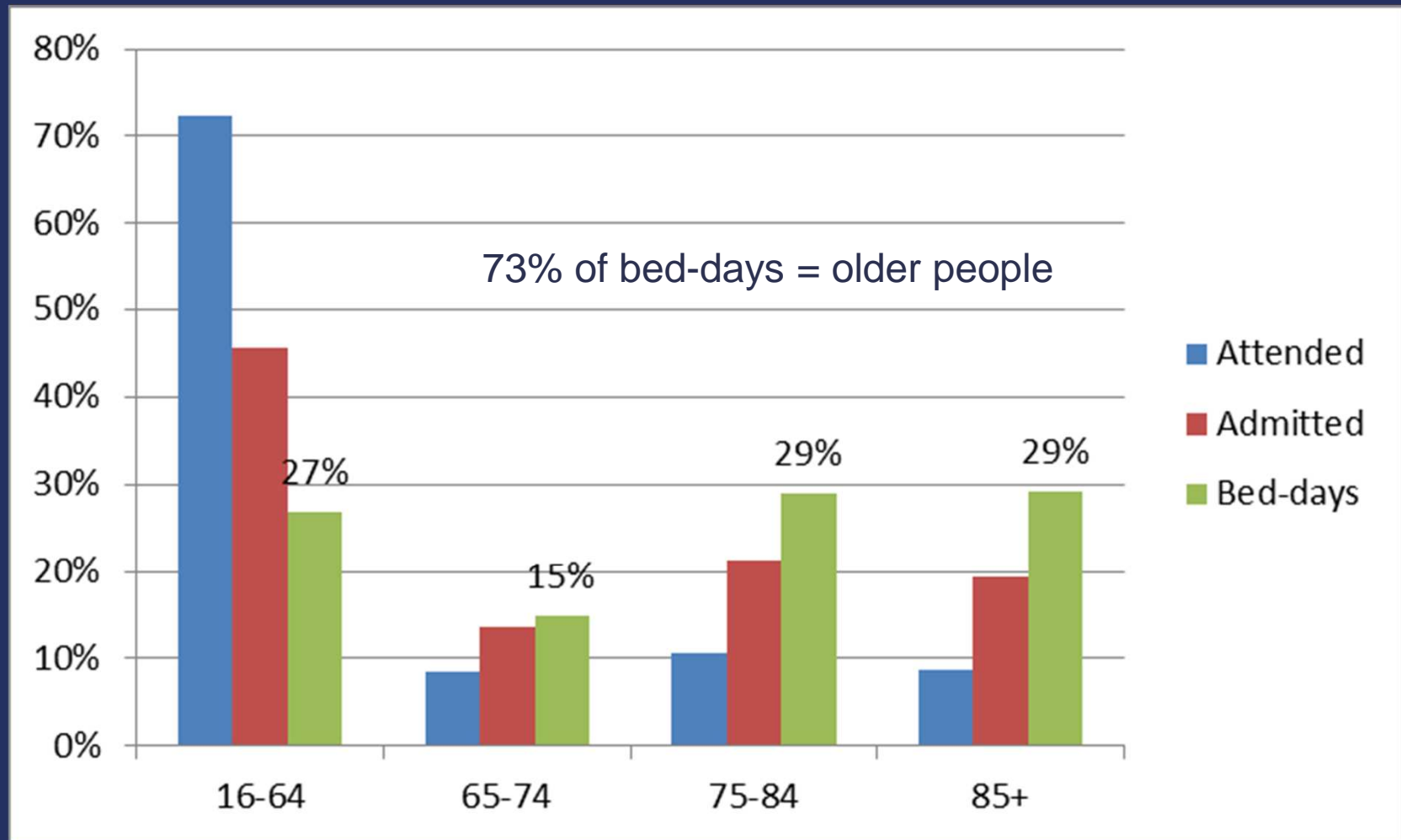
- Screening and intervening does not work
 - MRC trial of multidimensional assessment (1995-1998)
 - UK Evercare evaluation (2007)
 - Screening for falls risk in primary care (2012)
 - Nuffield & NWL CLAHRC evaluation of risk stratification/virtual wards (2013)
 - Metzelthin, BMJ 2013
- Screening tools insufficiently precise, interventions not sufficiently effective and not cost-effective.

'Prediction is very difficult -
especially if it's about the
future.'


Niels Bohr,
19th century Danish physicist



21st century urgent care



What we did...

- Integrated take  dedicated geriatric take
- Vertically integrated services for frail older people
- Focussed comprehensive geriatric assessment, including social care
 - At and across the interfaces;
 - Coordinated and communicated
- Horizontal integration (ED and GER)
- Whole system, collaborative leadership

Because CGA works

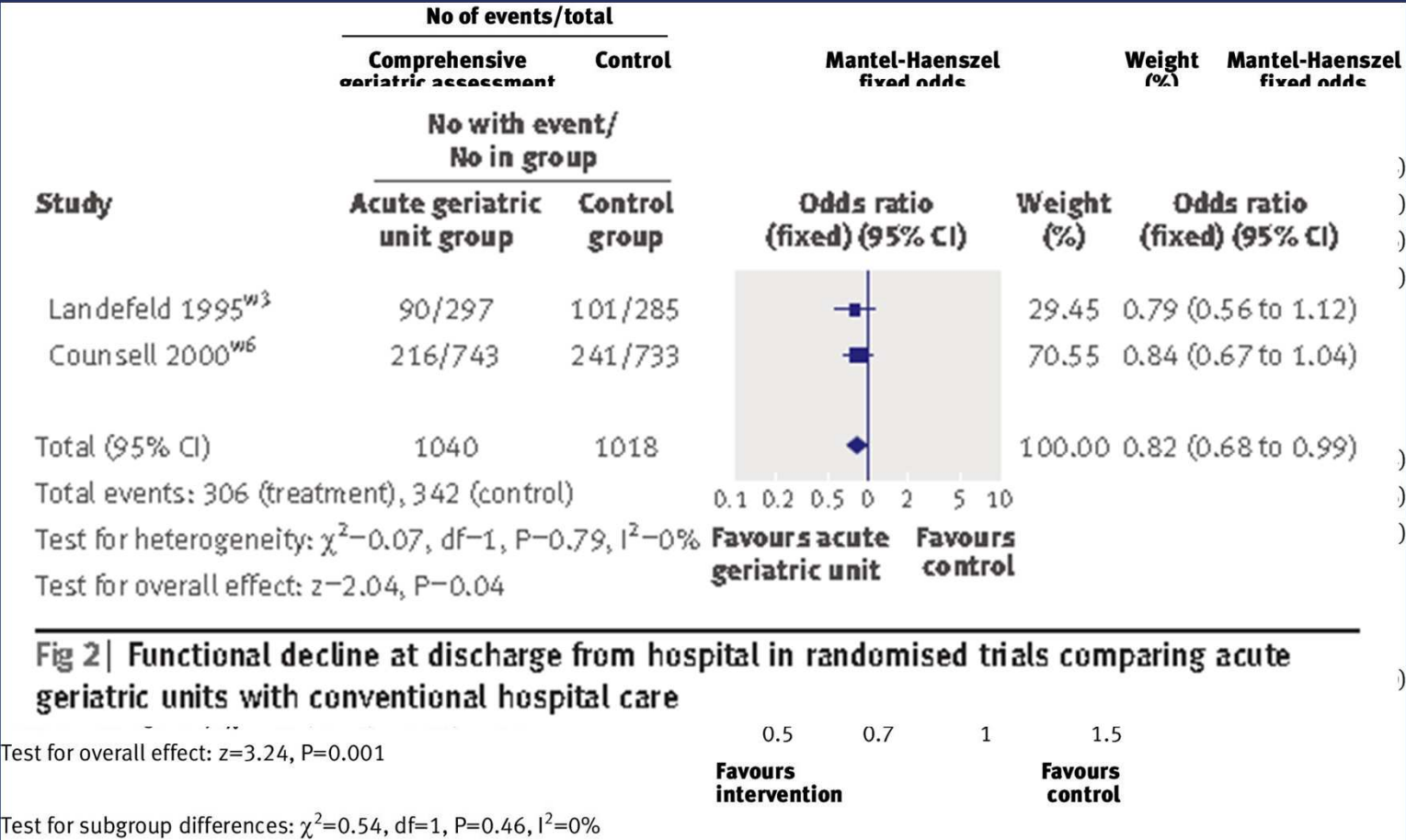


Fig 2 | Functional decline at discharge from hospital in randomised trials comparing acute geriatric units with conventional hospital care

But units better than liaison...

- Acute Medicine Interface Geriatrician Outcome Study (AMIGOS)
- Liaison style specialist geriatric medical input to at risk patients discharged from AMUs made no difference to measures of:
 - days at home
 - dependency in ADL
 - psychological well-being
 - quality of life
 - proportion of participants with a fall during the follow-up period

Who we did it too...

- Frail older people
 - Care home
 - Delirium or dementia
 - Fragility fracture not requiring surgery
 - Others by special request!



The Damsel of the Sanct Grael Dante Gabriel Rossetti , 1874

The EFU team!

- Medics

- ED
- GER

- Nurses

- Staff nurses
- Primary care coordinators
- Physiotherapist's
- Occupational therapists



- Health care assistants
- Administrative staff
- Porters

Not just the team but the space as well



Intermediate care

Increase & focus CGA

Frail older person
in crisis

SFA – clinical discussion

Bed-based rehabilitation/
reablement

MDT
Triage
Trajectory
Transfer

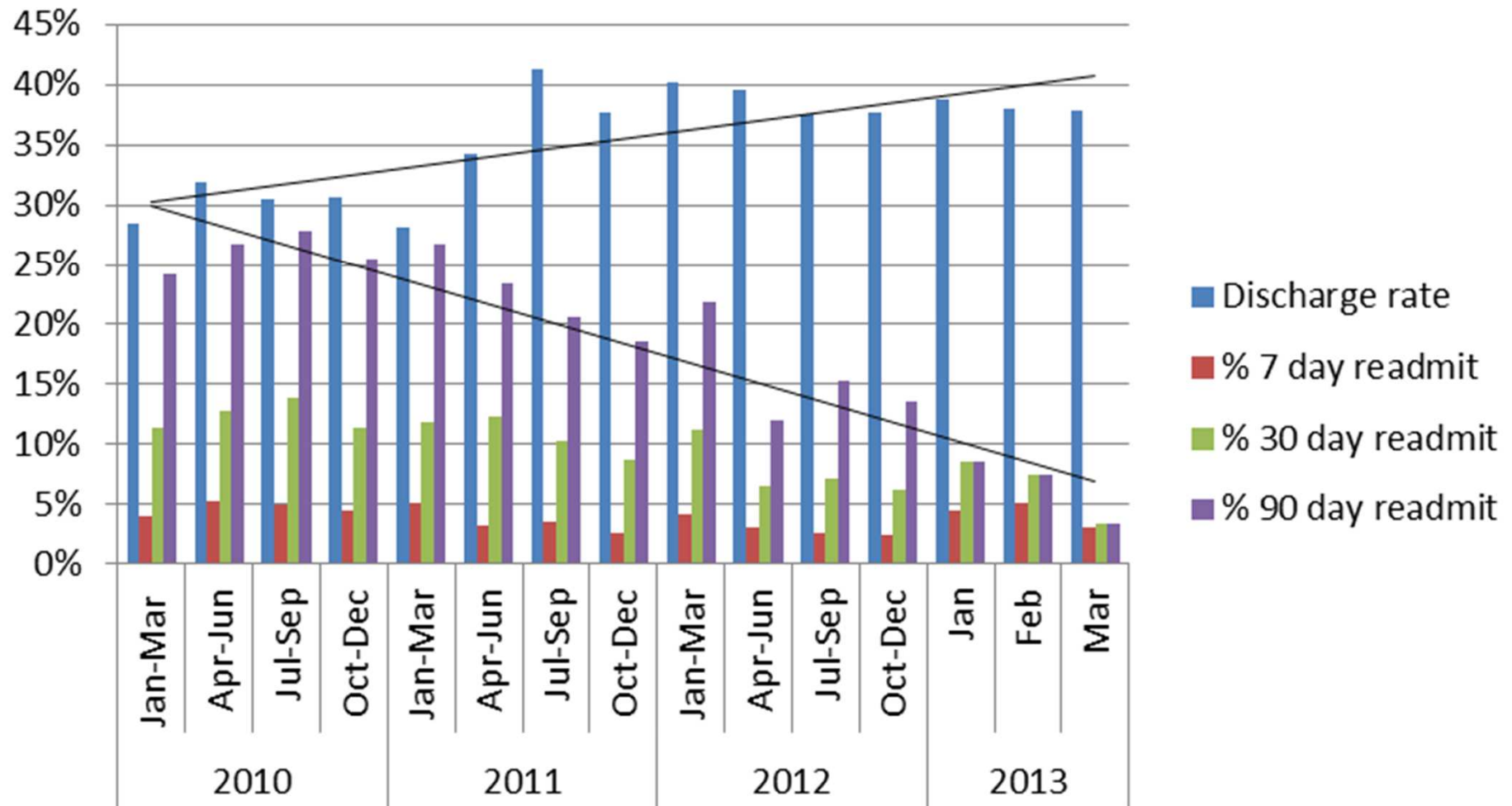
EFU/
AFU

Liaison?

Specialist care

In-patient
CGA

ED performance 2010-13: people 85+



How we kept it going

- Whole system focus on frail older people
 - CCGs, psychiatry, social care
- Cost savings
 - Acute - £0.5M
 - Community - £0.75M
- Profile and capacity raising
 - Fellowship in Emergency Geriatric medicine
 - GP fellowship in Interface Geriatrics
 - Emergency medicine curriculum changed

Urgent care - standards

- The Silver Book
 - <http://www.bgs.org.uk/campaigns/silverb>
- Membership
 - Age UK
 - National Ambulance Service Medical Directors
 - Association of Directors of Adult Social Services
 - British Geriatrics Society
 - Chartered Society of Physiotherapists
 - College of Emergency Medicine
 - College of Occupational Therapists
 - Society for Acute Medicine
 - Royal College of General Practitioners
 - Royal College of Nursing
 - Royal College of Physicians
 - Royal College of Psychiatrists
 - Community Hospitals Association



And kept on going...

- Advance nurse practitioners and geriatricians now running community hospitals
- Two wards reprovided as home based intermediate care
- Strong liaison with psychiatry
 - AHP as FOPAL team leader
 - Another fellowship

Summary

- Urgent care = older people
- Whole system solutions required
 - Vertically integrated
 - Holistic & interdisciplinary (CGA)
 - Underpinned by robust communication and cooperation
- Perseverance required!

