



Medical Crises in Older People

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MCOP

- 5 year NIHR programme grant for applied research, 2008-2013
- £2m research costs
- 3 workstreams
 - acute medical unit
 - medical and mental health unit
 - healthcare in care homes



Common plan

- Survey current practice
- Develop intervention
- Evaluate intervention

- Use common measurement tools
- Share experience and staff



Acute medical unit

- Older people discharged from acute medical units
- Test the “Identification of Seniors at Risk” (ISAR) tool (AMOS cohort study)
- Develop “interface geriatrician”
- Test interface geriatrician (RCT AMIGOS study)



AMU findings

- Older people discharge from AMU at high risk of adverse outcomes (76% in 3 months ... readmission, reduced ADL)
- ISAR poor at predicting decline
- Interface geriatrics set up across Nottingham and Leicester: concern that ISAR was not good enough, benefits might not be picked up
- AMIGOS: neutral result (writing in progress)



Medical and Mental Health Unit

- Hospital care of people with dementia and delirium is a priority
- A specialist unit (cf stroke unit)?
- Cohort study (BMH)
- Develop the MMHU
- Evaluate the MMHU (RCT TEAM)



MMHU findings

- 2/3 in hospital >70, 1/2 have delirium +/-dementia
- Outcomes at 6 months poor:
 - mortality 31%
 - readmission 42%
 - care home 24%
 - only 24% recovered ADL, 36% declined
 - BPSD 50% in survivors
- 28 bedded MMHU set up
- TEAM: quality of experience improved, all other outcomes unchanged



Care home

- Large number of small homes, health care by GPs: “fragmented and idiosyncratic”
- Literature review
- Cohort study (CHOS)
- Interview study CH staff and GPs (STICH)
- Case studies of innovations



Care home findings

- Literature: >400 RCTs
- Care home population overwhelmingly cognitively impaired, profoundly disabled
- Little evidence of constructive partnership between GP and care home staff, but highly variable
- Innovations largely replace the GP as the gatekeeper / case manager (e.g. nurse practitioners)



Where next for MCOP?

- Options & collaborations in ageing and care of older people exploding!
- AMU: work towards CGA in emergency care
- MMHU: ?hub, but not sufficient alone. Lots of resource with little hard impact. Disruptive vocalisation, incontinence, extreme dissatisfaction
- CH: evaluate the innovations
- Treatment of hypertension in dementia (HIND)
- Falls in care homes (FICH)
- Falls in dementia (Balance and the Mind)
- EASY-Care



Acute medical unit care

Health care in care homes

Mental health problems in general hospitals