Implementing a Comprehensive Geriatric Assessment (CGA) in older adults presenting to a district general emergency department

D Niranjan; A Findlay; S Joomye; C Carolan;
S De Bhaldraithe; M Abu Rabia.
Department of Geriatric medicine at North Manchester General Hospital

Background

- Frailty is the concept of increasing vulnerability to minor stressors in the context of a reduction in physiological reserves (1)
- 10% of people presenting to Emergency departments (ED) and around 30% of inpatients in acute medical units have frailty (2)
- Implementing a CGA results in a significant increase in the likelihood of being alive and in their own home 6 months post assessment (3)

Aims

1. To implement an ED in reach frailty service with the goal of performing a CGA at the earliest opportunity
2. To improve patient experience for patients with frailty
3. To promote Home First approach

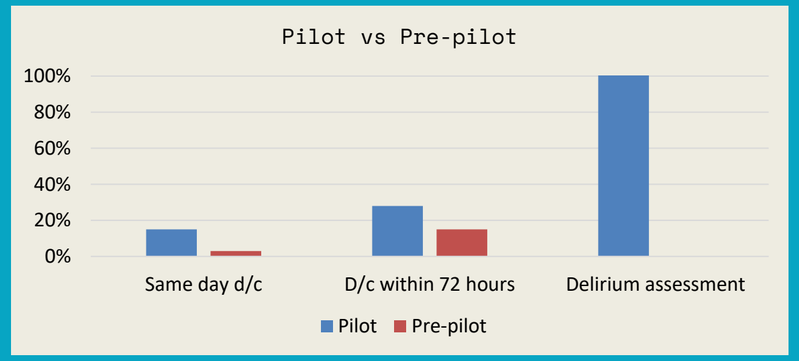
Methods

- Referral pathway created for patient selection with inclusion and exclusion criteria
- 3 weeks pilot undertaken with a team comprising a consultant, frailty ACP, SHO and geriatric medicine registrar
- The team were based in ED working alongside the existing ED navigator team and in conjunction with various community teams

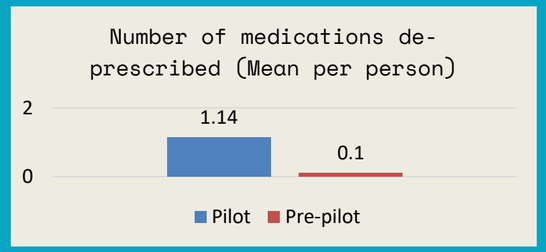
Sample

1. 62 patients were seen in total with each receiving a CGA
2. Mean age was 82.4 years
3. Mean CFS of 5

Results



- **Total number of medications de-prescribed = 70**



Notable results:
1. Bed days saved : 1.6 per patient. Cost savings : £35,000 (approx bed cost -£350 per day)
2. Medication de-prescribing cost saving benefit: £5,998 (cost if medication continued for 1 year)
3. Feedback from patients and relatives in addition to ED and AMU doctors was extremely positive

Conclusion

1. Performing a CGA in ED resulted in higher numbers of patients being discharged on the same day or within 72 hours of admission
2. We were able to demonstrate a significant increase in assessment of delirium allowing earlier detection
3. We demonstrated a much higher rate of deprescribing with significant benefits for both patient and the trust

The future

- Develop regular service and expand MDT (e.g. Pharmacist)
- Work with hospital at home team to develop greater integration with community
- Incorporate other evidence based tools to improve CGA (e.g. De-prescribing tool)

References

(1) Clegg et Al. The Lancet 2013, Volume 381, pages 752-762

(2) NHS England and NHS Improvements. 2019

(3) Ellis et Al. BMJ 2013