

Development of Geriatric Care with a Focus on Frailty in a Community Hospital

Dr K. McKearney, Dr K. Ellmers, Torbay and South Devon NHS Foundation Trust

Introduction

In 2022 a long-standing GP contract for the care provision in the community hospital has ended

Given that the majority of patients in Totnes community hospital are frail, elderly and co-morbid, the Geriatric department has been asked to provide the clinical cover

Dr McKearney (SAS) provided clinical cover Monday-Friday and Dr Ellmers (Consultant in Geriatric Medicine and GIM) provided 1PA/week clinical cover and over the phone support as required during the week

Out-of-hour emergency care was provided by the regional GP out of hour service and the Geriatric team in Torbay hospital supported with over the phone advice for any unwell patients over the weekend during their GIM on-call

Over a 12 month period we gradually introduced key aspects from the Comprehensive Geriatric Assessment to our patients' care, alongside ongoing staff education and support

Key Aspects of Change

Bone Protection

- Routine osteoporosis assessment for all fragility fractures using FRAX score
- If clinically appropriate; high dose Vit D loading, Vit D/Calcium maintenance and Zoledronic acid or denosumab dose
- Referral to the regional osteoporosis team for follow-up if required



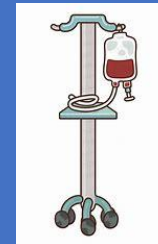
Comprehensive Geriatric Assessment

- New admission proforma changed to reflect CGA based clerking for all new patients
- Focus on clinical frailty score, bowel and bladder management, delirium assessment, bone protection, falls risk assessment and deprescribing
- CGA summary transcribed onto discharge summary when patients discharged



Additional Acute Care Services

- Aim to reduce re-admissions back to the acute hospital, especially for the very frail patients
- Focus on good sepsis management
- Blood transfusions and IV iron
- Administration of IV electrolytes including potassium, magnesium and phosphate
- Medical hyperkalaemia management



Palliative Care

- Focus on providing good end-of-life care in a calmer community hospital setting
- Avoid unnecessary transfers back to the acute hospital if it will not change care or outcome
- Comprehensive discussions with patients and family options and aims



Conclusion

This was a fantastic opportunity to provide a holistic CGA based care to our frailest patients. We prevented numerous acute hospital re-admissions by providing additional acute care services and supporting end-of-life care. We have supported an increase in nursing skills and confidence, and subjectively improved the experience of our patients.