

OLDER PERSON'S ASSESSMENT SERVICE (OPAS): DELIVERING COMPREHENSIVE GERIATRIC ASSESSMENT (CGA) IN THE EMERGENCY DEPARTMENT (ED)



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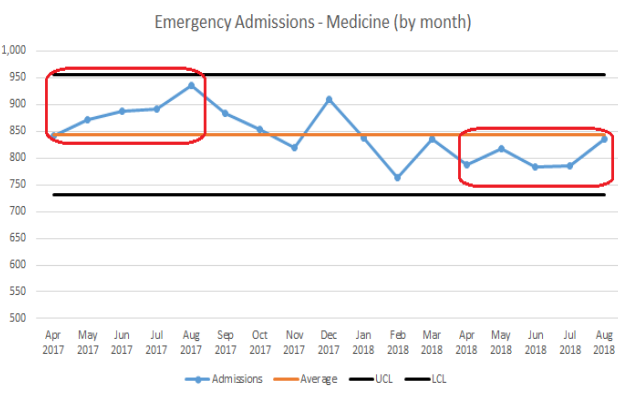
Introduction.

Innovative models of service delivery are required to provide CGA for older patients presenting to the Emergency Department (ED) with frailty syndromes. Out of 139,636 attendances to ED at Morrison Hospital, Swansea in 2020-2021, 3906 were due to falls in patients > 65yrs. In patients >80yrs 41.64% of these converted to admission 2018-20, readmissions to ED occurred in 24%. A Front-Door, Geriatrician led service, could reduce readmission rates & nosocomial infections and improve patient outcomes.

Intervention

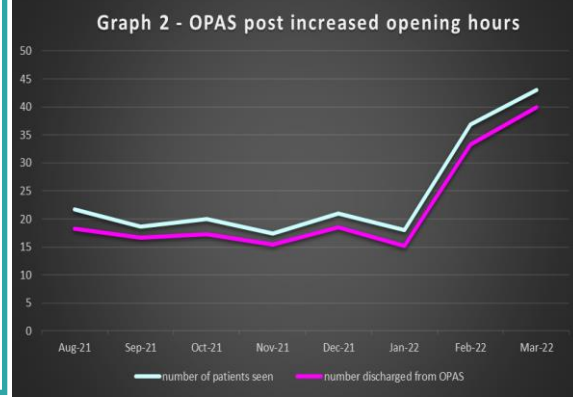
Phase 1 In 2018, OAPS began a liaison service to the ED, taking referrals from the medical and ED teams for patients who presented with frailty syndromes (falls, cognitive impairment, increased care dependence, polypharmacy). The OPAS team consisted of a physio, Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP) linking with the existing ED Occupational Therapy (OT) service and with a consultant Geriatrician. The service saw 437 patients April - August 2018. 76% of the patients assessed were discharged by utilising available community services, rapid access OP follow up and inpatient re-ablement off the acute site. The service was estimated to avoid 50-80 admissions per month (Graph 1) and was commissioned as a permanent service.

Phase 2 In June 2020, a dedicated unit within ED was allocated to OPAS, enabling the acceptance of patients directly from triage or from the Ambulance Service. This provided rapid access to specialist assessment, continued access to Elderly Care services, avoided exposure to coronavirus related admissions and the risks of nosocomial infection associated with admission. The service operated from 8am-4pm on weekdays. The OPAS team consisted of a physio, OT, CNS and 2 ANP with a consultant Geriatrician.



Results – Phase 2

Between June 2020 and December 2021, the service saw 1302 new patients (950 with falls - 72.96%). 1087 patients (83.4%) were discharged on the day of assessment. 69 (5.29%) patients were admitted to other facilities run by the Health Board (e.g. Inpatient Re-ablement). The average age of an OPAS patient was 83yrs and had a CFS > 5. Readmission rate at 14 days was 5% (55). Of the 284 patients who were admitted to an inpatient setting, 12.3% (35) contracted nosocomial Covid-19, with 1/3 dying in hospital. Since 2021, the conversion to admission via A&E has fallen to 37.68. A patient now waits an average mean time of 55mins for assessment from triage, which is affected by patients who stay overnight for morning assessment. We saw 25% directly from WAST with no offload delays, reducing time in the ED and reducing chances of nosocomial Covid-19.



Conclusion

This service demonstrates the ability of consultant-led MDT services that provide comprehensive geriatric assessment in the Emergency Department to avoid hospital admissions and readmissions. This study has been able to demonstrate a greater measurable impact on these service metrics than has been previously published¹⁻³. The team has secured investment and now functions 7am-7pm on weekdays from 31st January, with plans for future weekend working. The increase in patients assessed can be seen in Graph 2. Recent recruitment of 2 further ANPs and an ENP and 2 CNS to pathway manage patient to geriatrician led acute units (RAU or Ward G). August 2022, will have a Research SCF attached to the unit, who will be undergoing a MD in Interventions in Acute Frailty as 2 year OOP experience, alongside clinical duties within the unit.

References

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3. Keyes DC, Singal B, Kropf CW, et al. Impact of a New Senior Emergency Department on ED Recidivism, Rate of Hospital Admission, and Hospital Length of Stay. *Annals of Emergency Medicine*. 2014;63(5):517-524.