



“I felt like I was being kidnapped”

Older people and hospital flow

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I have no financial interests or relationships to disclose regarding the subject matter of this presentation



1:10 adult attendances to EU/AU are frail or at high risk of becoming so during their stay



Inpatients at UHW have a high incidence of frailty syndromes

Frailty severity (clinical frailty scale) →



Frail patients are spread across all medical wards rather than having their care in a dedicated acute geriatrics unit that can deliver specialist evidence-based comprehensive geriatric assessment

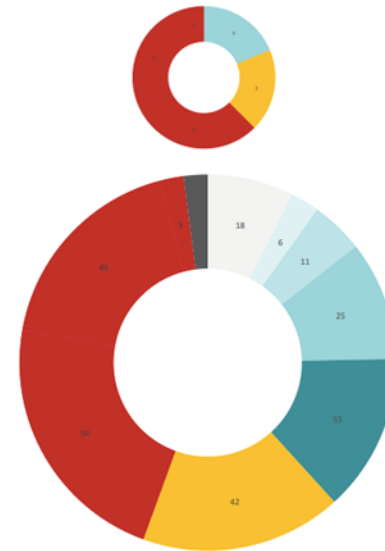
Geriatric Medicine



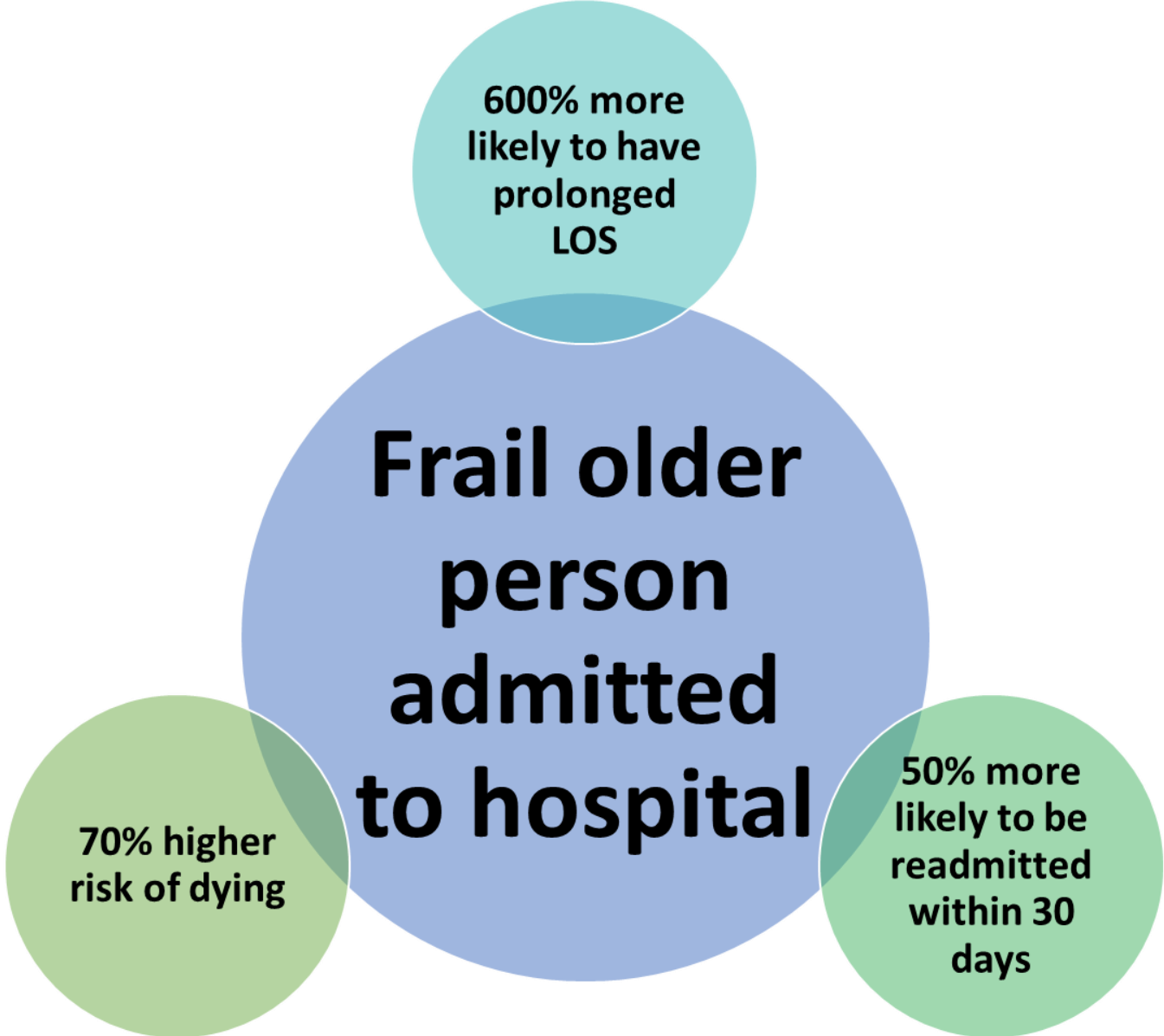
General Medicine



Respiratory/Gastro



**All UHW medical inpatients:
60% Frail, 43% moderately-severely frail**



600% more likely to have prolonged LOS

Frail older person admitted to hospital

70% higher risk of dying

50% more likely to be readmitted within 30 days

Elderly woman, 90, forced to wait for over 48 hours for bed



Elderly people waited nearly twice as long in A&E in England as in 2021

Exclusive: rise in typical delays from nine hours to 16 hours to get care or a bed puts over 80s at greater risk of dying, say doctors



“I had hallucinations and I felt like I was being kidnapped”

“There was a loud buzzing noise all night”

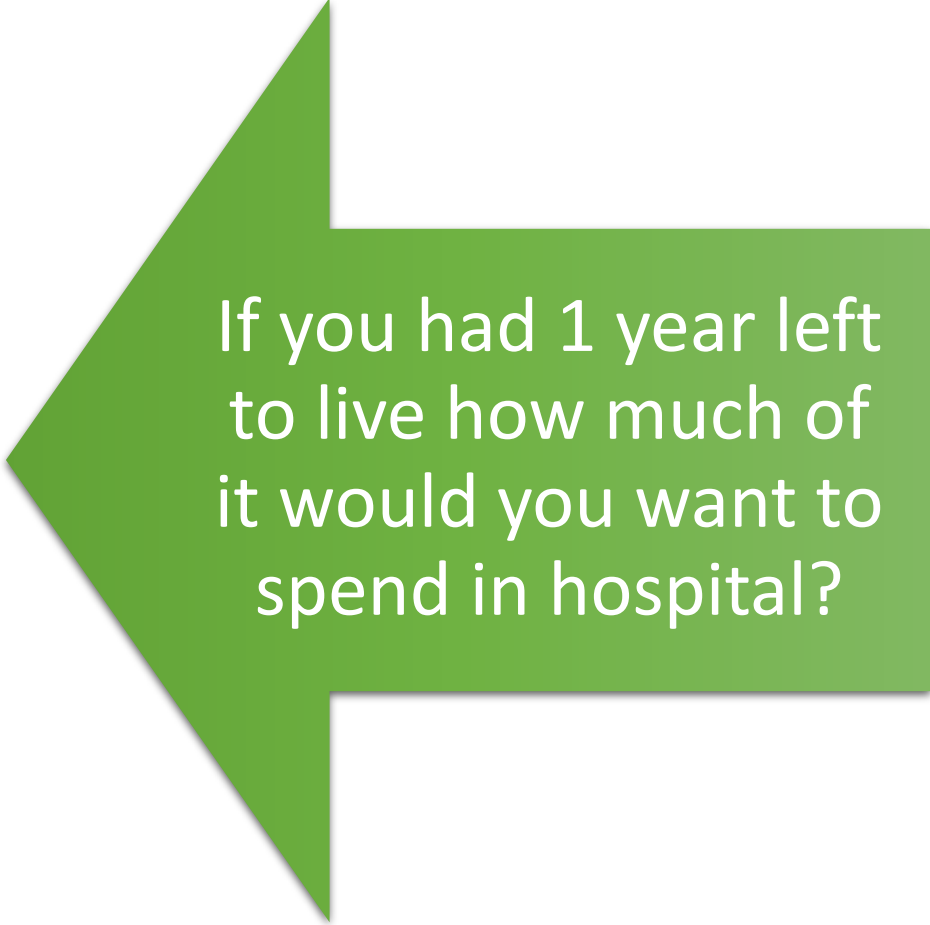
“The trolley was so uncomfortable and I was in severe pain”

“I felt frightened”

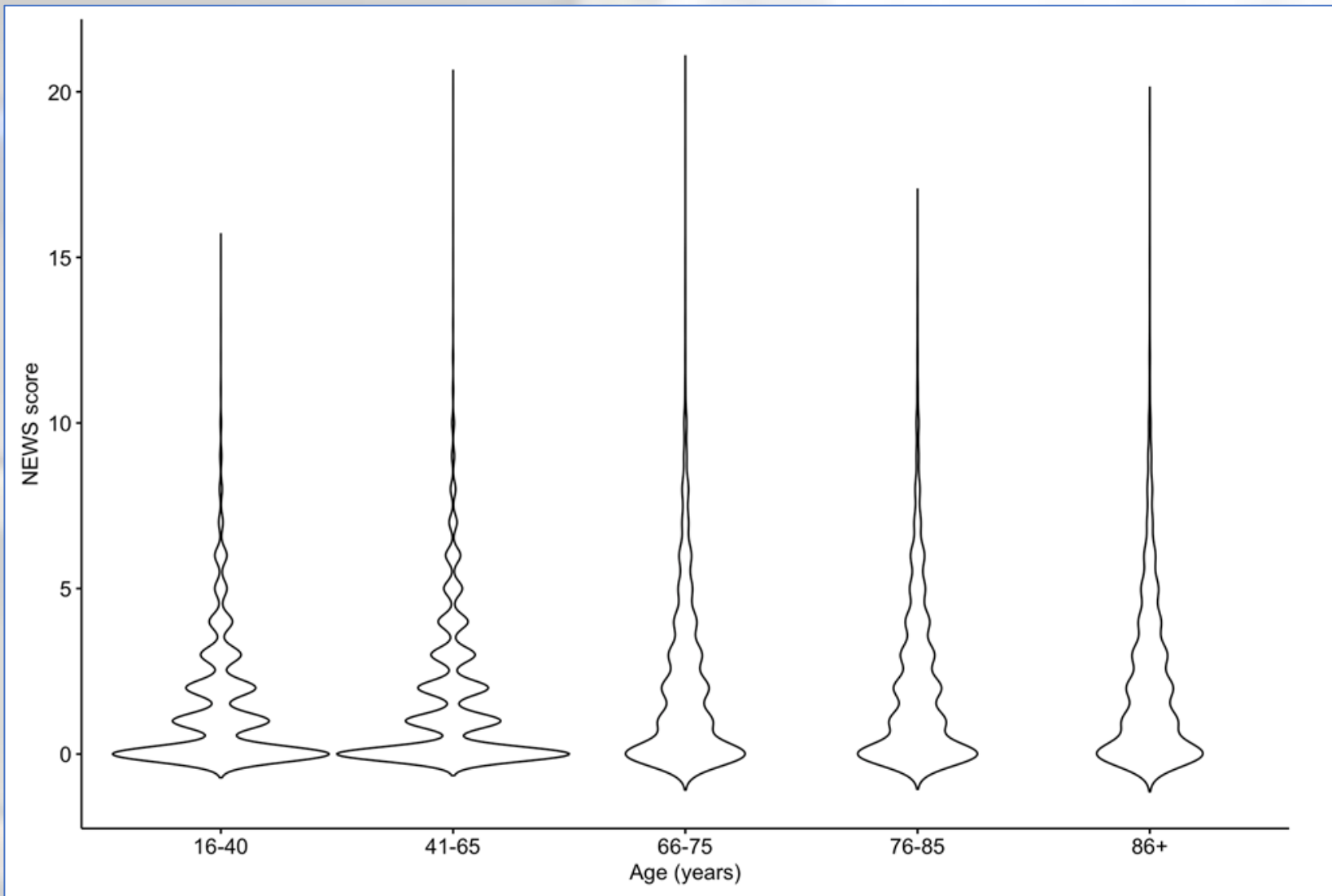
“I didn’t want to tell the medical team about my experiences as I didn’t want to be seen as ‘senile’”



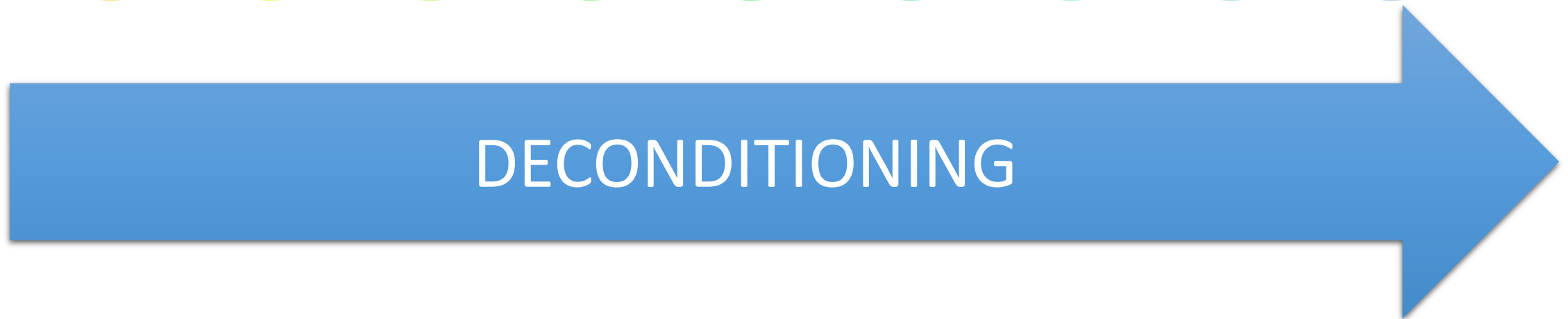
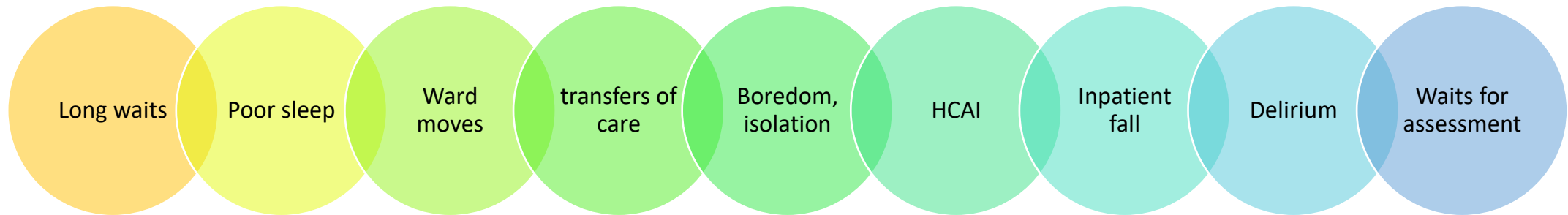
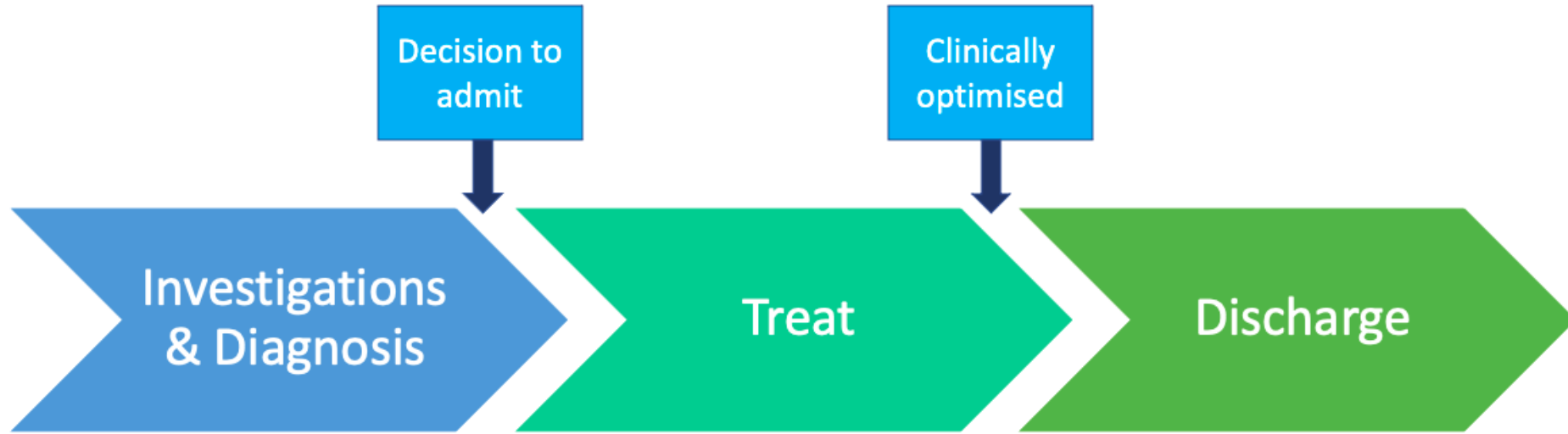
48% over 85s die
within 1 year of
hospital admission



If you had 1 year left
to live how much of
it would you want to
spend in hospital?



**NEWS score
on arrival is
similar for all
ages**



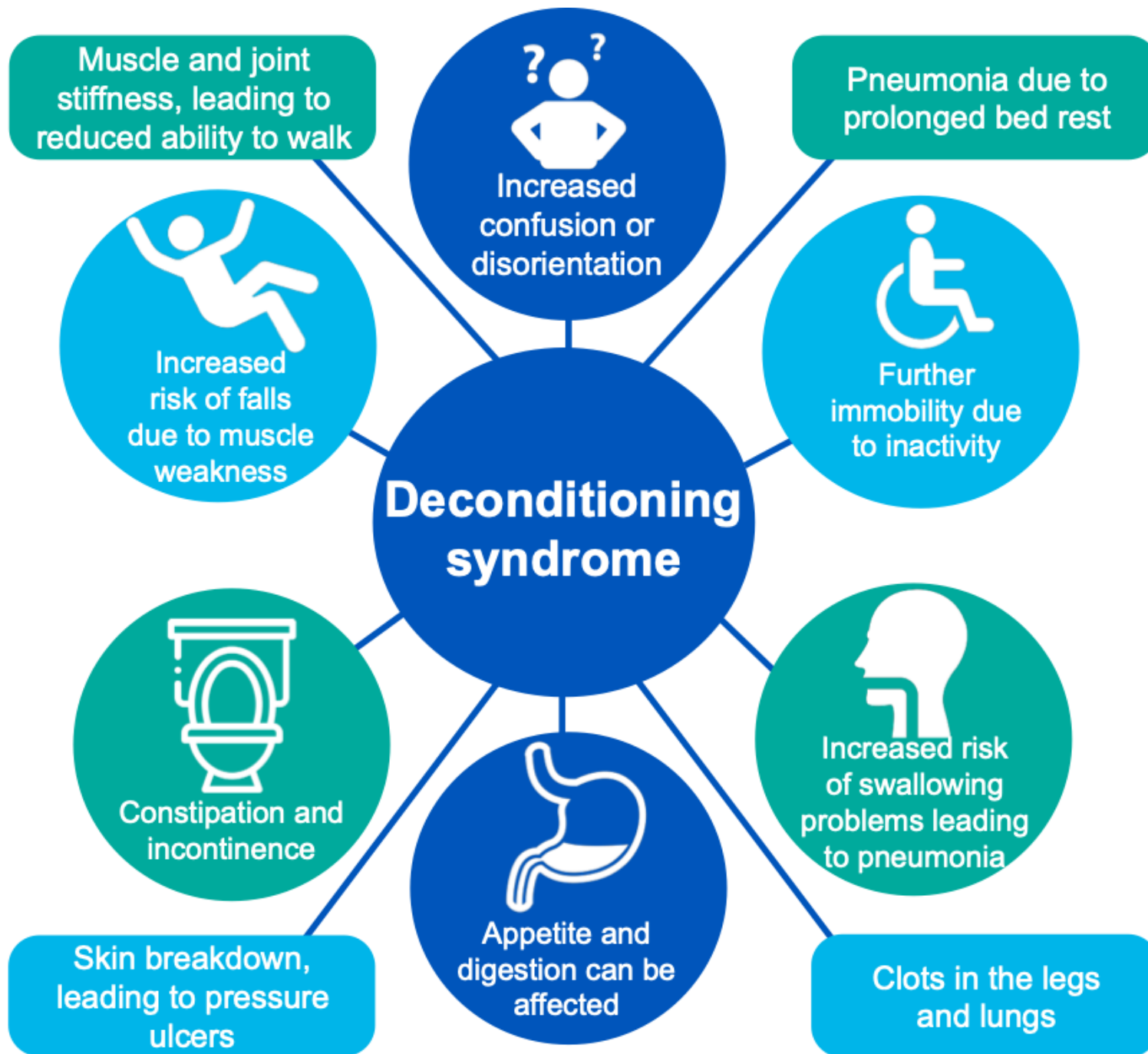
'Fear Of Falling': How Hospitals Do Even More Harm By Keeping Patients In Bed


By [Melissa Bailey](#)

OCTOBER 17, 2019

[REPUBLIC THIS STORY](#)







Washing dishes

Folding laundry

Putting away the shopping

Make the bed

Dusting the living room

Chatting to neighbours

Catching up with family on the telephone

Watching the news



Image: Channel 4 '24 hours in A&E'

Deconditioning can be catastrophic for older patients

1:6

older people who normally walk independently need help with walking on discharge from hospital

47%

have their discharge delayed by deconditioning

83%

of older patients' time in hospital is spent in bed, 12% in a chair

50%

of patients experience functional decline between admission and discharge

Up to **50%**

older people become incontinent within 24 hours of admission

61%

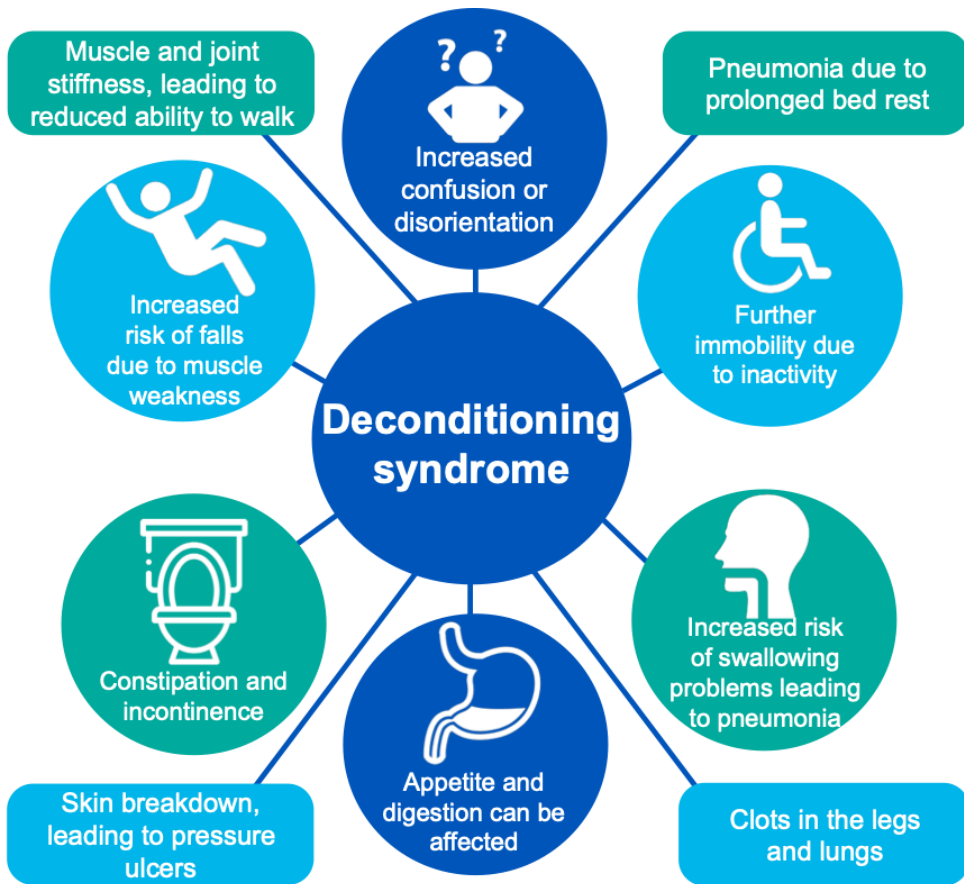
older people who develop a new disability are not back to their usual level of function at 1 year

1:3

older people are discharged with a significant disability that was not present on admission

50%

leave hospital with increased concern about falls and reduced confidence in their mobility



“How do you get to the toilet?”

Walking aids?

Offer a drink *every contact*

Orientation – hearing? Vision?

Read therapy entries

Continence and bowel chart

DISCUSS ON BOARD ROUND
DOCUMENT IN WARD ROUND PLAN



Broken bones HURT!

Av 5hr 50 mins from arrival in ED for
analgesia
Longest wait 9hrs 54 mins

Regular paracetamol
Regular Oramorph/opiate
Regular laxative
Nb higher doses if on long term analgesia

This is OSTEOPOROSIS
Load with vitamin D
Bisphosphonate (>2 weeks if IV)

Sats: 99-1	GCS: 15 (AM)	ALERTNESS	
02:		Fully alert	0
RA		Mildly sleepy	0
		Clearly abnormal	4
		AMT4	
		Age <input type="checkbox"/> DOB <input type="checkbox"/> Year <input type="checkbox"/> Place <input type="checkbox"/>	
		No mistakes	0
		1 mistake	1
		≥2 mistakes	2
		ATTENTION	
*Please tell me the months of the year backwards, starting in December			
		≥7 correct	0
		<7 correct/refuses	1
		Untestable	2
		ACUTE CHANGES / FLUCTUATING COURSE?	
		Yes	4
		No	0
		4AT SCORE	
		>4 possible delirium & cognitive impairment	
		1 - 3 possible cognitive impairment	

TIME DAY X
 DATE ✓
 YEAR X
 DOD ✓
 Address recall X
 Prime min ✓
 20-31 ✓
 own address ✓
 WWI ✓
 Jobs ✓

7/10

Delirium screening with 4AT in the Emergency Department



The delirium screening tool
4AT assesses the main delirium
 features in **2 minutes**



The **4AT** is **feasible**

- ✓ For bedside delirium screening
- ✓ In Emergency Department (ED)
- ✓ Without experience with the tool

At least one delirium symptom
 (4AT score ≥1)
 at ED admission



58%

Probable delirium
 (4AT score ≥4)
 at ED admission



33%

Delirium
 at any time
 during the hospital stay



52%

Patients aged ≥65 years admitted to the ED with suspected sepsis

4AT assesses the main delirium features



- ✓ Altered Alertness
- ✓ Cognitive impairment
 (Abbreviated test)

- ✓ Disturbed Attention
- ✓ Acute change
 in mental functions

Increased confusion - ?UTI

Protocol / Pathway used: _____
Seen by GP yesterday who tested urine + diagnosed UTI, although patient elderly, so would be positive anyway most likely. No pain/burning of urine. Slight ↑freq

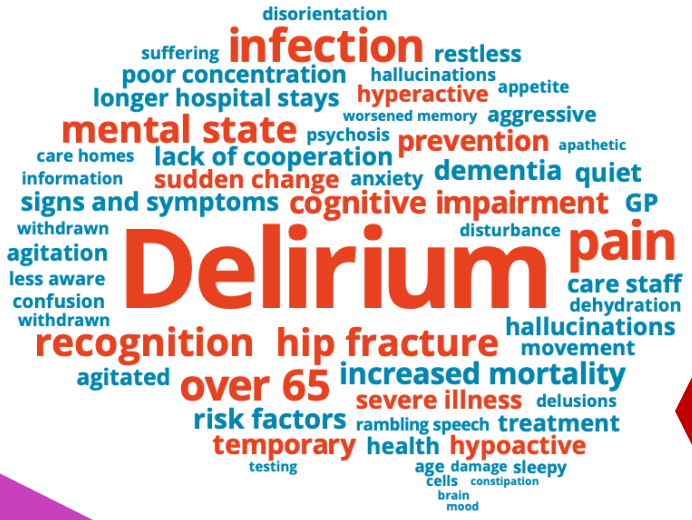
Delirium is linked to significant adverse outcomes

3x
mortality

2x
LOS

1:5
die within
1 month

2x
risk of inpatient
fall










40%
is preventable



'Drowsy' = DELIRIUM

PINCHME mnemonic
to help identify potential causes
of delirium

-  **P**ain
-  **I**nfection
-  **N**utrition
-  **C**onstipation
-  **H**ydration
-  **M**edication
-  **E**nvironment



0.5 po ON		MAXIMUM DOSE IN 24HRS NOT FOR TTM		Limited Duration	
PRESCRIBER'S SIGNATURE		INDICATION AGITATION			
Bleep No.		MEDICINES RECONCILIATION (circle) Started Continued Dose changed			
DATE 20/04	MEDICINE (Approved Name) LORAZEPAM	PHARMACIST SUPPLY		To be reviewed by GP	
DOSE 0.5 - 1mg	ROUTE PO	FREQUENCY 1/4-6	MAXIMUM DOSE IN 24HRS 4mg	Limited Duration	
PRESCRIBER'S SIGNATURE		INDICATION AGITATION			
Bleep		MEDICINES RECONCILIATION (circle) Started Continued Dose changed			
DATE 21/04	MEDICINE (Approved Name) HALOPERIDOL	PHARMACIST SUPPLY		To be reviewed by GP	
DOSE 1mg	ROUTE IM PRN	FREQUENCY 40	MAXIMUM DOSE IN 24HRS 5mg	Limited Duration	
PRESCRIBER'S SIGNATURE		INDICATION AGITATION			
Bleep		MEDICINES RECONCILIATION (circle) Started Continued Dose changed			
DATE 23/4	MEDICINE (Approved Name) PROMETHAZINE	PHARMACIST SUPPLY		To be reviewed by GP	
DOSE 25mg	ROUTE PO	FREQUENCY 1/1M	MAXIMUM DOSE IN 24HRS 25mg	Limited Duration	
PRESCRIBER'S SIGNATURE		INDICATION AGITATION			
Bleep		MEDICINES RECONCILIATION (circle) Started Continued Dose changed			
Prescriber's Signature authorising TTO			Bleep No.	Date	Pharmacist/ Date

Handwritten notes on the left margin:

- 1st line (circled)
- 0.5mg BD given on admission 27/4/14 by [unclear]
- 4th line (circled)
- 3rd line (circled)

Handwritten notes on the form:

- 20/04 0.5 po ON
- 21/4 0.5 po ON
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Color-coded boxes and arrows:

- Red box: Day 1 (20/04)
- Yellow box: Day 2 (21/04)
- Green box: Day 3 (22/04)
- Yellow box: Day 2 (23/04)
- Green box: Day 3 (24/04)
- Green box: Day 3 (25/04)
- Red box: Day 4: Moved to geriatric medicine ward (26/04)



“How do you get to the toilet?”

Broken bones HURT!

‘*Drowsy*’ = DELIRIUM

It’s probably *not* a UTI

Always offer a drink

Bowel charts matter

**Talk about MOBILITY
AND COGNITION on
EVERY BOARD
ROUND and WARD
ROUND**



Thank you/Diolch