

Royal College of General Practitioners and Warwick Medical School
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Abstract Submission Form

PRESENTER'S DETAILS	
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Department or organisation Acute medicine, UHCW	
Category Innovation Project	
PRESENTATION DETAILS	
Authors Dr Elizabeth Moss Dr Simon Beatty Helen Pickard (Clinical lead and Consultant Nurse)	Title of Study Nursing home admissions – can we do better?
What's the problem you are tackling? A significant number of presentations to Acute Medicine come from Nursing Homes. These patients, by definition, are very frail and as such are rarely candidates for escalation to Intensive Care. As a result, treatment is limited to ward-based care and their admissions tend to be prolonged compared to patients from outside the care home population. Many of the patients from nursing homes have delirium or dementia and are subjected to long waits and unfamiliar surroundings in the Emergency/Acute Medical departments.	
How did/will you do it? We performed a point audit during the full month of February 2016 to determine who are the nursing home patients coming in to Acute Medicine and what are their needs, risk factors for being in hospital? We collected data from admission notes, CRRS system and discharge summaries on age, presenting complaint, investigations/treatment required and mortality.	
What did you find? Of the 56 patients identified, more than half (52%) died during their admission. A large number of patients (32%) developed complications (infection, fluid overload, MI, etc) during their admission, which was generally prolonged with an average duration of 12 days. Furthermore, almost half (46%) of the patients had a diagnosis of dementia. In terms of medical care, the majority of patients (61%) only required treatment with IV antibiotics and/or IV fluids.	

Why does this matter?

This group of patients has a high mortality rate. As we would not plan to escalate their care beyond ward-based treatment, we feel that rather than admitting them to a noisy, unfamiliar, acute hospital bed, keeping them in familiar surroundings in what could be the last days of their life would be an improvement in care. Likewise, a large proportion of these patients have dementia and the change in environment can be very distressing for them.

This data provides us with the evidence needed to propose a change in services. Nursing Homes are staffed by qualified nurses and so we hypothesise that an Acute Medicine Outreach Team could manage a proportion of these patients at home.

Extrapolating this data over 12 months, we predict that this could save the Trust almost 9000 bed days per year. At an average cost of £279 per day, a potential saving of over £2.5 million could be made for the CCG.