Royal College of Emergency Medicine

Quality Improvement Programme

Care of Older People

2023 - 24

Interim Report

Background

This QIP's purpose is to identify and improve the current standard of care for patients aged 75 and older attending UK Emergency Departments (EDs).

The programme runs from 2023-25 and this report presents the results from the 4th of October 2023 to the 3rd of October 2024, where 149 EDs submitted 24865 patient cases.

The QIP team have selected a handful of charts for further discussion in this national report, the full chart range for this period can be found in the QIP Full National Results Handout.

Why this QIP matters

Statement from Eduard Deda, Care of Older People Topic Team Member

"As we see a growing number of older people in our Emergency Departments, we must be increasingly aware of the needs of the older person under our care. The clinical standards help clinicians provide a rounded and holistic approach to care.

Often an older person's journey through hospital, and onwards services, begins in the emergency department. Ensuring the first steps are taken appropriately and to a good standard can have significant impact onto an older person's journey."

For further information on the clinical standards, methodology, and approach to analysis, please see the Information pack which can be found on the RCEM Quality Improvement Webpage.

Clinical Standards

The clinical standards set for this QIP are:

- Standard 1

Older People (75 years and older) in Emergency Departments should be:

a) screened for delirium using 4AT
b) assessed for falls risk
c) screened for frailty.

- Standard 2

Action should be taken based on the findings of screening processes:

a) delirium management plan initiated
b) post-fall assessment
c) falls mitigation plan initiated
d) comprehensive geriatric assessment initiated.

- Standard 3

Patients should have their basic care needs met whilst in the ED via a safety round.

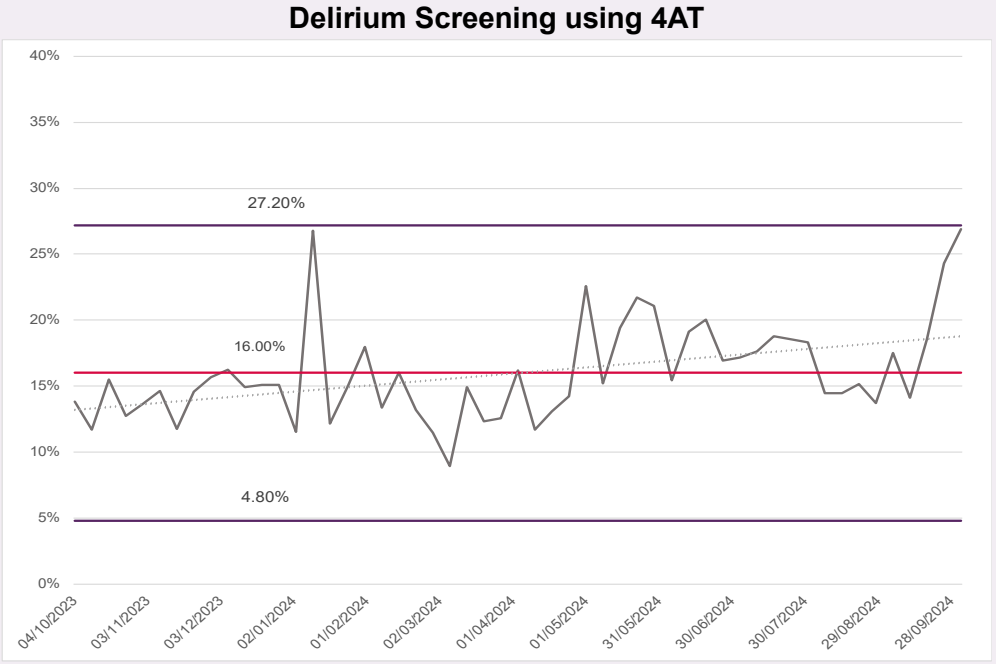
Clinical Standard 1a

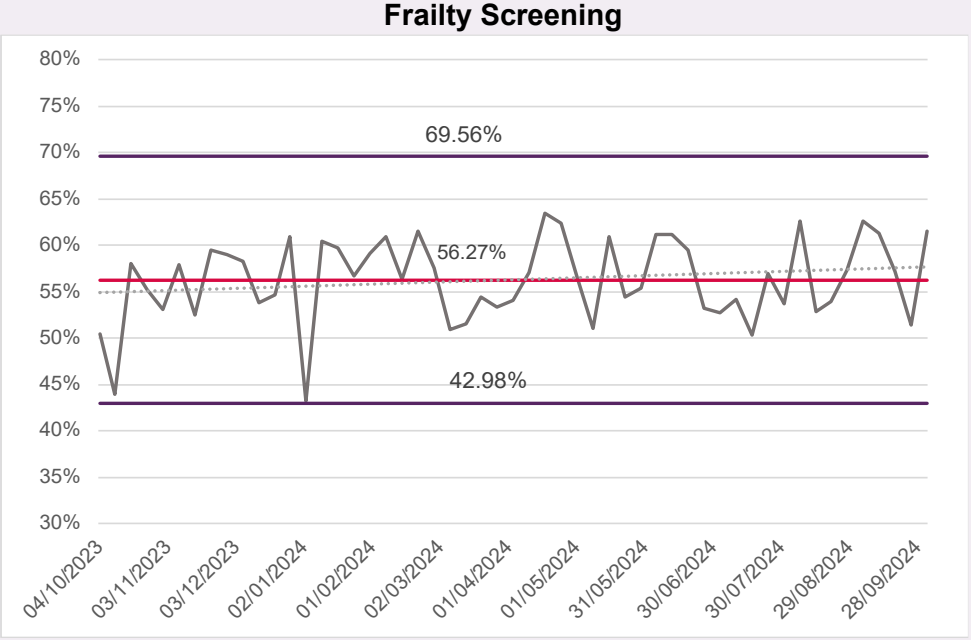
The national mean in delirium screening using 4AT, all older people presenting to Type 1 EDs, was 16.00%: an incremental increase from 14.98% in Year 1. Furthermore, there was a gradual improvement trend over the course of the year.

Screening for delirium is essential because it is a potentially reversible condition which carries with it significant morbidity and mortality if missed. There is also the opportunity to detect undiagnosed cognitive impairment which may then be confirmed or otherwise with more definitive testing.

Recommendations

- Continue the drive to screen all patients over 75 years old, irrespective of presenting complaint, for delirium using 4AT
- Training in the 4AT should be rolled out to all clinical staff in ED





Clinical Standard 1c

56.27% of older people presenting to emergency departments had a frailty screening which includes medication review and, identifying risk of fall using a proven assessment tool.

Frailty screening differs to other screening as it is a focused on the complex health and social needs of older people.

Recommendations

- Perform a frailty screening to all patients over 75 years old at the front door of ED
- Provide EDs with the training to incorporate screening in all presentations from patients over 75 years old.

Clinical Standard 2a

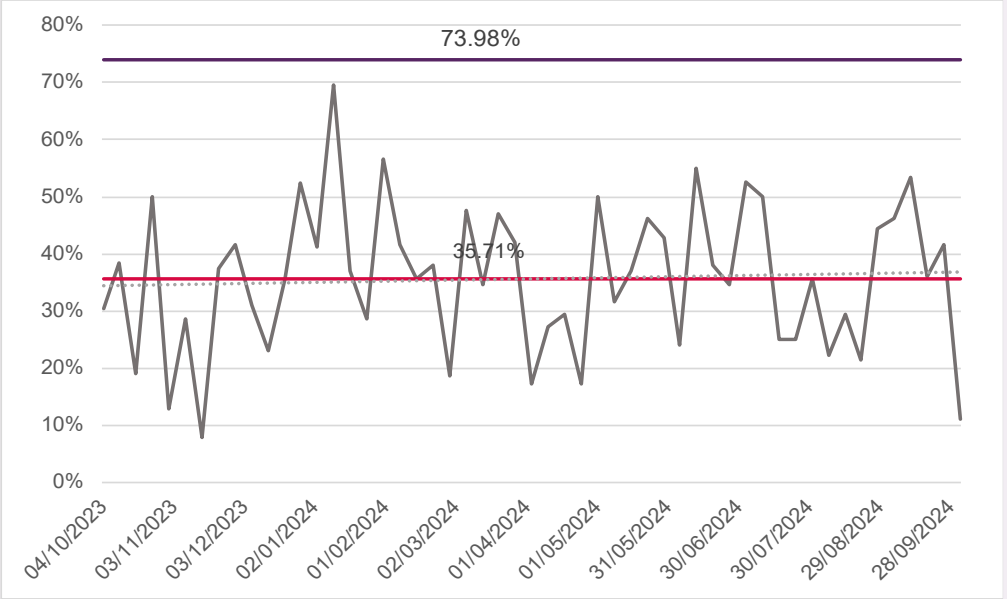
Initiation of Delirium Management plans have been fluctuant throughout this review with a mean of 35.7%.

Delirium management plans incorporate a range of components including risk management and nonpharmacological management

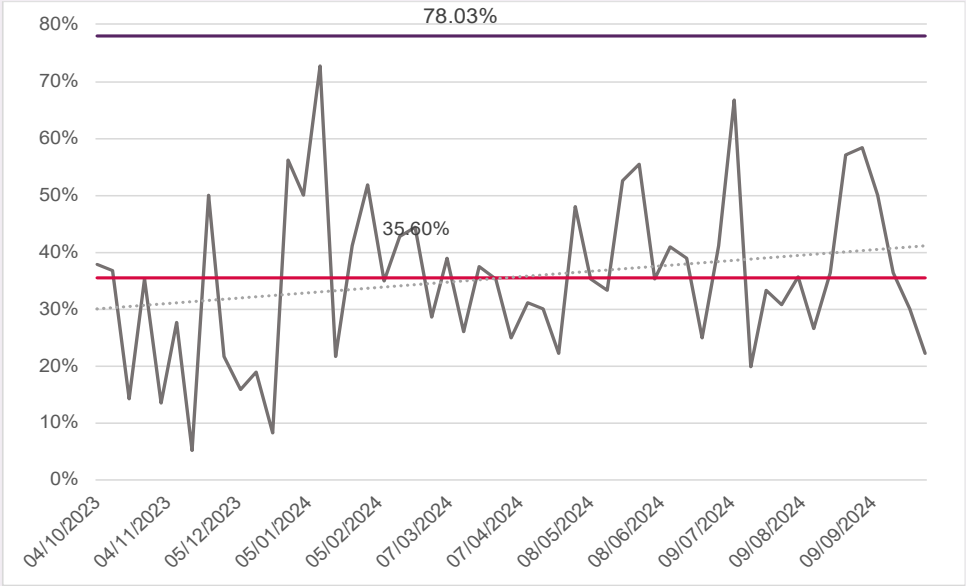
Recommendations

- All patients presenting with delirium risk factors, or suspicion of delirium should have a management plan implemented.
- Management plans should be implemented as soon as possible within the patient journey.

Delirium Management Plan Initiated for Patients with Delirium



Complete Delirium Management Plan Initiated for Patients with Delirium



Clinical Standard 2a

Early detection and utilisation of components ensures prompt management of delirium symptoms. Early initiation reduces impact on hospital stay and adverse outcomes within the patient admission.

Using comprehensive bundles of components improves the likelihood of detection. Despite the mean performance of 35.60%, there was a gradual improvement trend over the course of the year.

Recommendations

- Use of 4AT and risk assessment tools to highlight risk.
- Encourage early mobilisation, reduce invasive procedure use such as catheters, and monitor hydration/nutritional needs.
- Include speciality help where needed, medication reviews, early physio/OT input, use of frailty services/teams to reduce likelihood of adverse outcomes.

Clinical Standard 2a

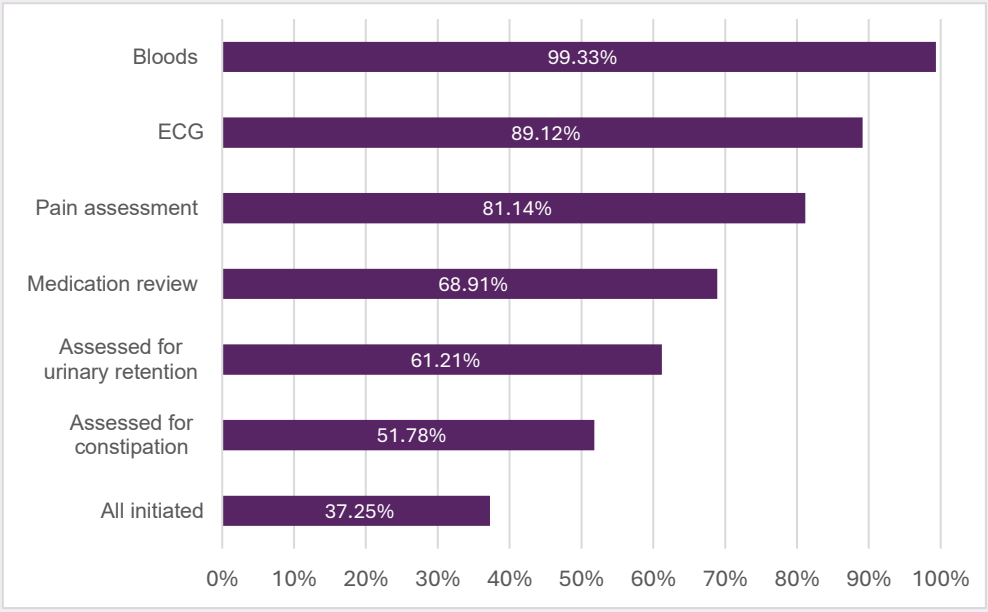
Over 68% of patients had ECG, bloods, pain assessment and medications reviews completed within their ED attendance. Improvement is needed on implementing less common adjuncts such as urinary retention and constipation assessment.

Only 37% of patients had all of the above implemented within ED.

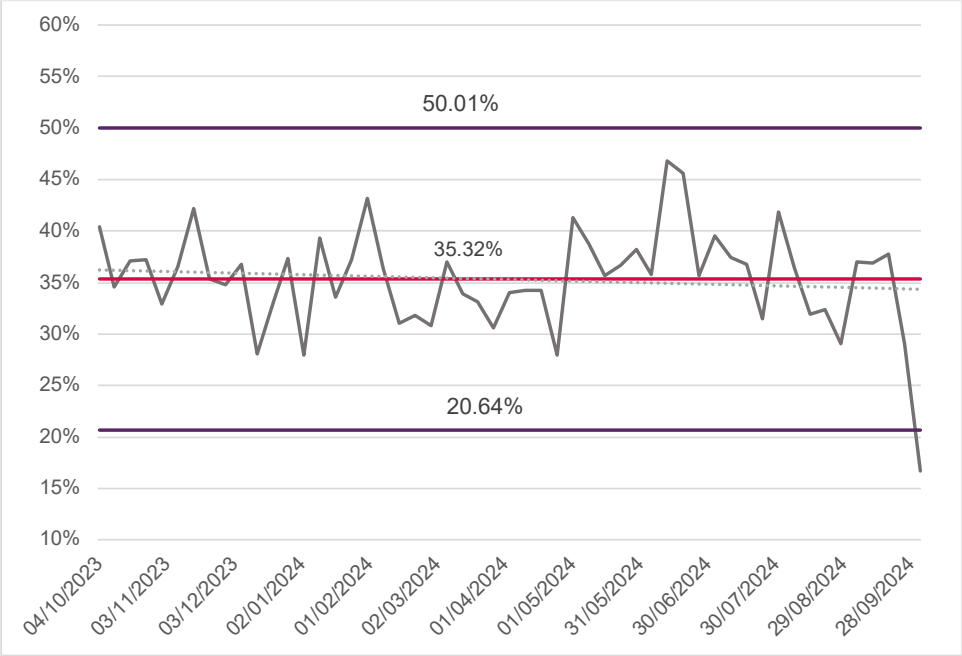
Recommendations

- Encourage urinary retention and constipation assessment within ED assessment bundles

Component Breakdown of Delirium Management Plan Initiated for Patients with Delirium



Post-Fall Assessment Initiated for Patients Presenting After a Fall



Clinical Standard 2b

35.32% of eligible patients presenting with a fall, had a falls assessment initiated.

There should be a dedicated assessment for any patient over the age of 75 years presenting to a type 1 ED with a fall, to assess their risk of further falls (falls risk assessment) and to investigate the cause of their fall (post-fall assessment). Patients presenting with falls need to be identified so that a falls risk assessment and detailed post-fall assessment can be completed and documented.

Recommendations

- All patients over 75 years presenting to type 1 EDs should have a dedicated falls risk assessment documented. These patients should be identified from the triage process.
- There should be a standardised form, proforma, or similar way to document the risk of further falls, and staff performing these assessments should receive training in how to complete the assessments.

Clinical Standard 2b

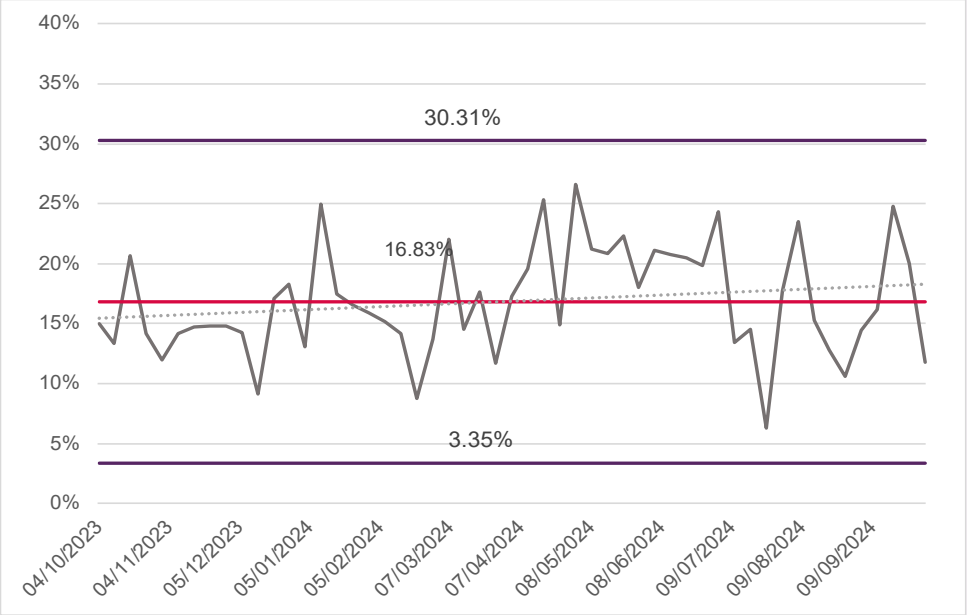
16.83% of eligible patients had a complete post-fall assessment documented. There was a gradual improvement trend over the course of the year.

The breakdown of this falls assessment should include as a minimum an ECG, a postural blood pressure and bloods if appropriate. Further investigation into the fall, including assessment of eyesight, mobility assessment and medication review may also be appropriate.

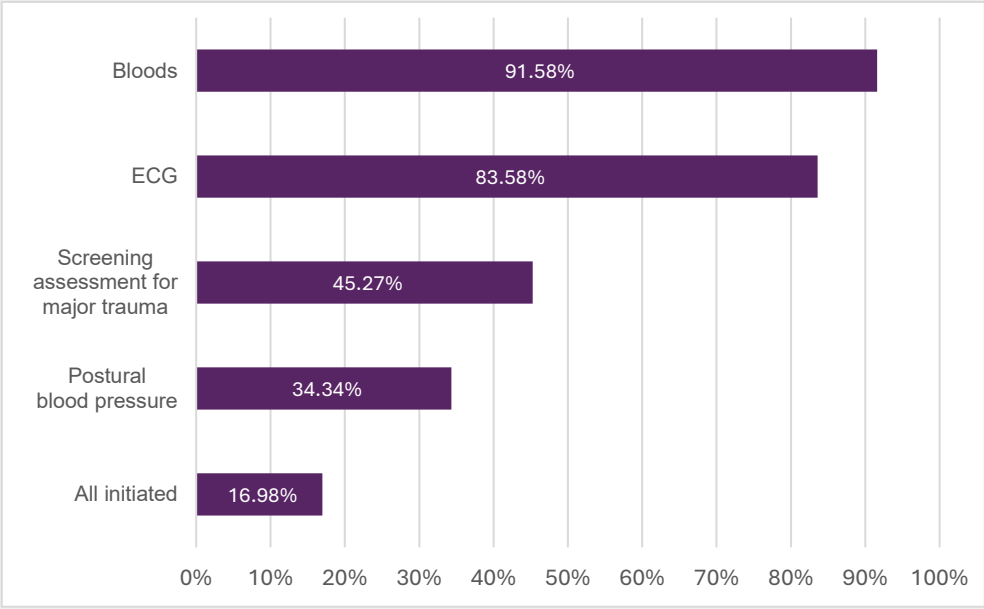
Recommendations

- Patients over 75 presenting with a fall should have an ECG, postural blood pressure and if appropriate, blood tests and assessment for major trauma, as a minimum.
- There should be a form, proforma or similar standardised way of documenting these investigations, and staff should receive training on how to complete these elements of the post-fall assessment.

Complete Post-Fall Assessment Documented



Component Breakdown of Post-Fall Assessment



Clinical Standard 2b

16.83% of eligible patients had all required elements of a falls assessment documented.

The breakdown of this falls assessment should include as a minimum an ECG, a postural blood pressure and bloods if appropriate. The areas for improvement are screening for major trauma and postural blood pressure. Further investigation into the fall, including assessment of eyesight, mobility assessment and medication review may also be appropriate.

Recommendations

- There should be increased focus on training staff to screen patients presenting after a fall for evidence of major trauma, and for staff to perform postural blood pressure
- Standardised proformas designed to facilitate post-fall assessment should include these two elements

Comparison to Year One Results

Standard 1

1a: In 2023, a mean of 14.98% of patients had delirium screening with 4AT; in 2024 this **increased** to 16%.

1b: In 2023, a mean of 43.79% of patients had a falls risk assessment; in 2024 this **increased** to 47.86%.

1c: In 2023, a mean of 53.06% of patients had frailty screening performed; in 2024 this **increased** to 56.27%.

Standard 2

2a: In 2023, a mean of 28.76% of patients had a delirium management plan; In 2024 this **increased** to 35.7%. The number of patients with 'no plan' **decreased** from 21% in 2023 to 17% in 2024. The number of patients with a completed delirium management plan **increased** from 27% in 2023 to 37% in 2024.

2b: In 2023 a mean of 37.25 % of patients had a dedicated post-fall assessment; in 2024 this **decreased** to 35.32%. The number of patients with 'no plan' **decreased** from 26% to 13%. The number of patients with a completed dedicated falls assessment plan remained **static** (36% in 2023 to 37.2% in 2024).

Standard 3

In 2023, 31.49% of patients had a safety ward round documented, with a small **increase** to 32.53% in 2024.

Key Trends in 2023-2024

The percentage of patients receiving a delirium screen, falls risk assessment, and frailty screen all improved from 2023-2024.

The percentage of patients receiving a no falls mitigation plan or delirium management plan was reduced from 2023-2024.The number of with a completed patients delirium management plan increased from 27% in 2023 to 37% in 2024.

Overall, there has been a year-on-year improvement in national performance. While the improvements have been incremental, this national trend is to be welcomed nonetheless, especially given the background of increasing pressures on the Urgent & Emergency Care landscape and rising challenges of ED crowding.

Limitations and Considerations

During Year 2 of the Care of Older People QIP, we encountered technical difficulties with data entry and dashboard in the CaseCapture system, which were beyond our control. We recognise that this may have impeded improvement work in individual departments because they would not have been able to track their progress as they implemented changes. RCEM offers its apologies for any difficulties which may have resulted from the delay to the dashboards going live on CaseCapture.

All issues have been reviewed, and improvements have been implemented to prevent similar challenges in Year 3. For the next phase of this QIP, RCEM will be using an in-house portal to enhance data capture and reliability.

RCEM would like to thank Emergency Departments across the country for their hard work and leadership to drive improvement in the care of Older People. That an improvement has taken place across the board, despite increasing pressures in EDs, is an achievement which should be recognised.

Overall Recommendations from 2023 - 2024

National

- Renewed focus to recognise the specific needs and morbidities associated with Older People presenting to Emergency Departments.
- Use of this national data by RCEM to illustrate ongoing need for improvement in care of Older People.
- Funding and support for greater involvement of multi-professional frailty teams based in Emergency Departments

Individual Departments

- Continue to screen all patients over 75 years old, irrespective of presenting complaint, for delirium using 4AT
- Adoption of front-door frailty screening to all ED patients over 75
- Falls risk assessment embedded in the triage process, for all ED patients over 75, using a standardised proforma
- Use of a standardised post-fall assessment proforma both as a checklist and a method of recording, for all ED patients over 75 presenting after a fall. This should include as a minimum: ECG, postural blood pressure and if appropriate, blood tests and assessment for major trauma.
- Post-fall assessment proformas should be designed include screening for major trauma and recording of postural blood pressure.

Support to Improve

- The Care of Older People QIP Information Pack has sections explaining each of the clinical standards in more detail, and a detailed review of the evidence base around the standards.
- RCEM Quality Improvement Guide – guidance on PDSA cycles and other quality improvement methods
- SIGN guideline: Risk Reduction and Management Of Delirium
- British Geriatric Society (BGS): Silver Book II
- BGS: Front door frailty: Advice on setting up services
- NHS England: FRAIL Strategy

Participating sites

Thank you for taking part in this QIP. A full list of participant EDs can be found below.

2023-24 Care of Older People Participant List

Authors and Contributors

This report is produced by the Quality Assurance and Improvement Committee subgroup of the Quality in Emergency Care Committee, for the Royal College of Emergency Medicine (RCEM).

The authors of this report were:

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Register for 2025

Registrations for the 2025 RCEM QIPs are now open to all Type 1 UK Emergency Departments. Take part and improve patient care in 2025.

Details of the QIPs running in 2025 and how to take part can be found on at RCEM's Quality Improvement Page.

To register your ED, please complete and submit the 2025 registration form using the QR code or link below.

RCEM QIPs – 2025 Registration Form

Have Your Say

Feedback is essential for RCEM's QIPs and is incorporated in every stage of our programmes.

If you have any queries regarding the report or programme, you can contact RCEM's quality team at RCEMQIP@rcem.ac.uk.

If you have feedback on this report or another aspect of the QIPs, please complete the QIP feedback survey using the QR code or link below.

RCEM QIPs – Your thoughts and Feedback

Invited Service Reviews

RCEM undertakes reviews of emergency care services at the invitation of NHS organisations. A service review will provide a detailed assessment and key recommendations to support service's improvement at both a clinical and organisational level.

If your trust is interested in the service, please e-mail Quality@rcem.ac.uk or complete the invitation form using the QR code or link below

RCEM Invited Service Review Request

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