Royal College of Emergency Medicine

Quality Improvement Programme



Care of Older People QIP 2025 National 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 2022-26 and this report presents the results from Year 3 (January 2025 – December 2025), where 122 EDs submitted 21161 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 Dr Claire Bronze, Care of Older People Topic Team Member:

'Our population is becoming older and frailer, with increasing numbers and proportions of patients attending emergency departments experiencing frailty syndromes such as falls and delirium. Falls are the leading cause of older people losing their independence, as well as a significant cause of morbidity and mortality.

Delirium also carries with it high rates of morbidity and mortality, so recognising, investigating and treating it can help to negate this. For many of the frailty syndromes, recognising them and starting the process of a comprehensive geriatric assessment (CGA), can slow the rate of worsening frailty, reducing the risk of future falls, hospital admissions, etc.

As so many of these patients will come through an ED, ensuring that robust screening is in place to pick up frailty, delirium and falls risk is vitally important. Ensuring that these people receive an excellent level of care whilst in our departments, is also something that we should strive for.'

For further information on the clinical standards, methodology, and approach to analysis, please see the Information Pack on the RCEM's 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

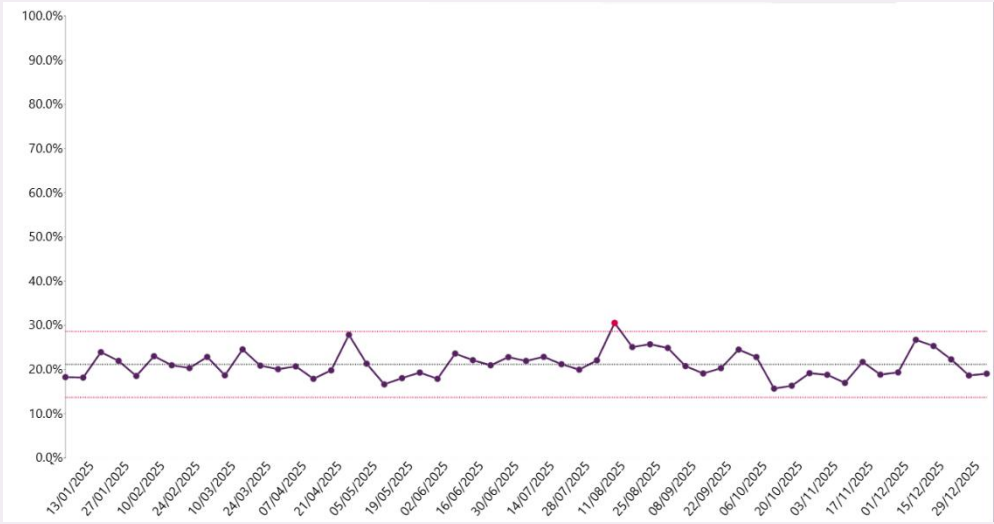
The national mean in delirium screening of all older people presenting to Type 1 EDs, was **21.2%**.This represents a **33% improvement** in performance from Year 1 (16%). Furthermore, there was a gradual improvement trend over the course of the year. Nevertheless, there is still much room for improvement.

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

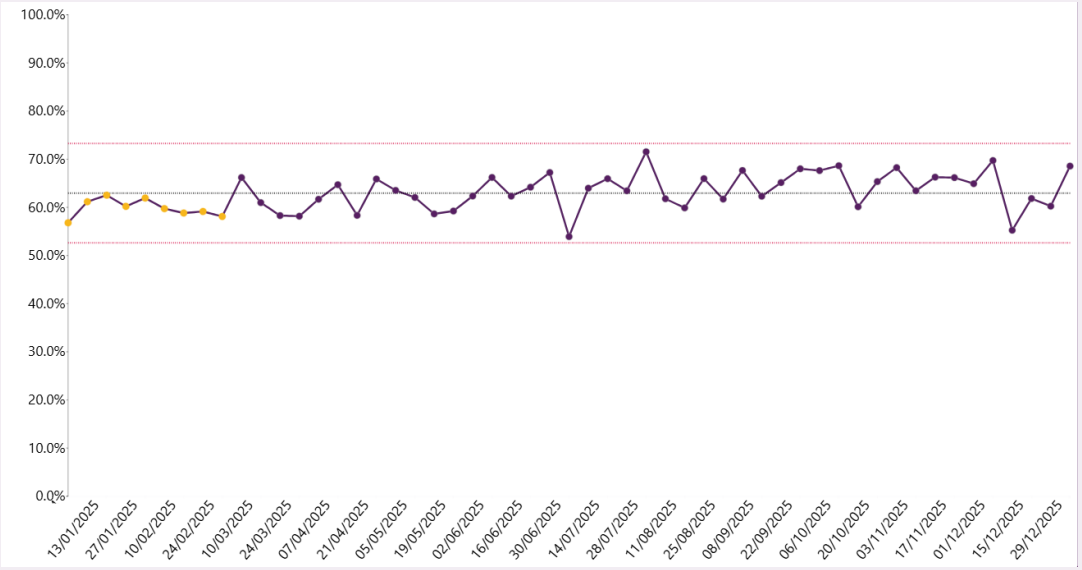
Recommendations

- Continue spreading awareness of the importance of delirium screening using 4AT and build systems to support this
- Training on the importance of screening tests generally

Delirium Screening using 4AT



Frailty Screening



Clinical Standard 1c

In Year 3 the national average for Clinical Frailty Score (CFS) screening was **62.8%.** This represents a **12% improvement** on the Year 1 national average (56.27%).

This may reflect the spread of front-door and ED-based frailty teams, for whom the referral criteria often include a defined CFS. Frailty screening is focused on the complex health and social needs of older people. It helps to trigger further targeted interventions, which can be initiated early, the earlier the CFS is done.

Recommendations

- Incorporate CFS scoring into the front-door assessment of older patients (integrated with e.g., triage, initial nursing assessment, Rapid Assessment etc)
- Implementation of front-door Acute Frailty services based in ED

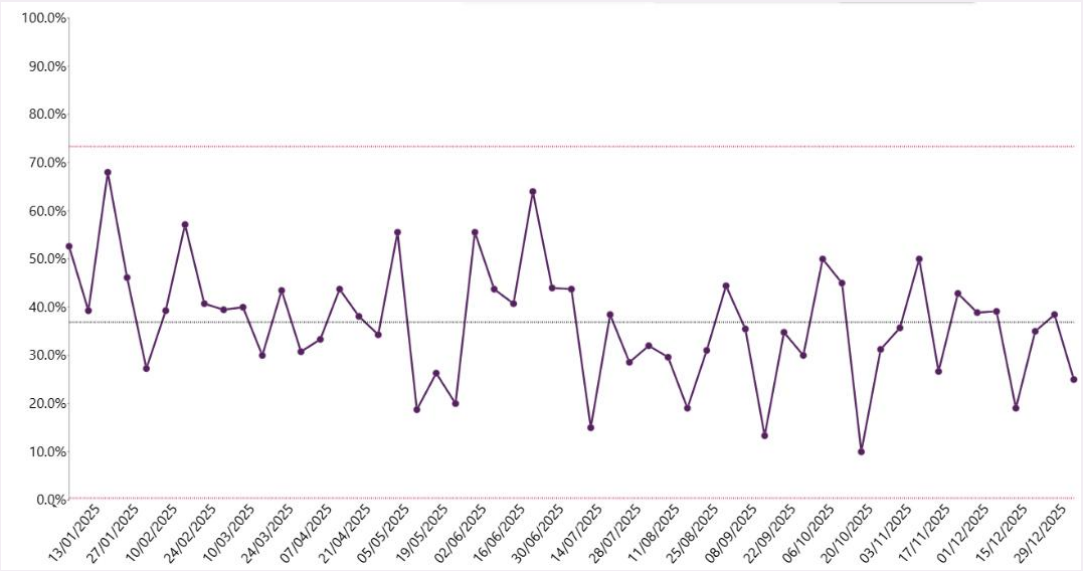
Clinical Standard 2a

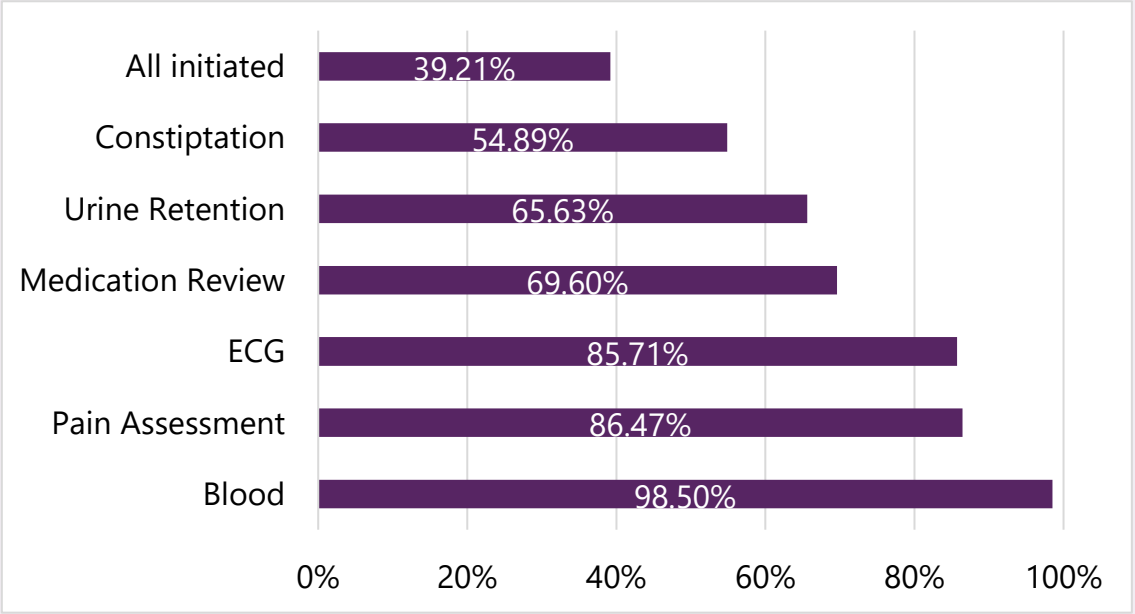
The percentage of patients identified as having delirium and having a full delirium management plan documented has fluctuated in a similar way to the previous year. Although the **national average percentage** of patients meeting the standard has increased slightly from last year, from 35.7% to **38%**, there has been a downward trend over the course of the year.

Recommendations

- Tools such as 4AT should be used early in the ED attendance to recognise delirium
- All patients identified as having delirium, or at risk of delirium, should have a management plan for assessment and treatment documented.
- This plan should be implemented as soon as possible within the emergency department.

Delirium Management Plan Initiated for Patients with Delirium





Clinical Standard 2a

The percentage of patients **having a full plan initiated** has increased from 37% to **39%**, with some elements such as pain assessment, medication review, assessment for urinary retention and constipation showing only small increases. Those receiving an ECG dropped slightly from 89% to 86%.

Recommendations

- Further work is needed to ensure that those with delirium have all elements including assessment for constipation and urinary retention done and documented.
- A delirium bundle, to remind staff of the elements needed when assessing those with delirium may help to ensure all parts of the delirium management plan are included and documented.

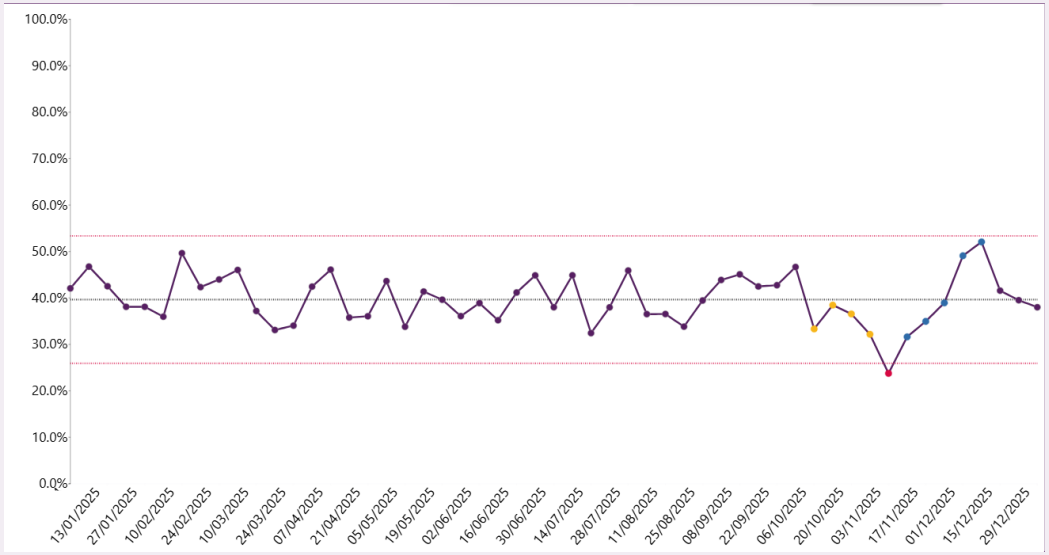
Clinical Standard 2b

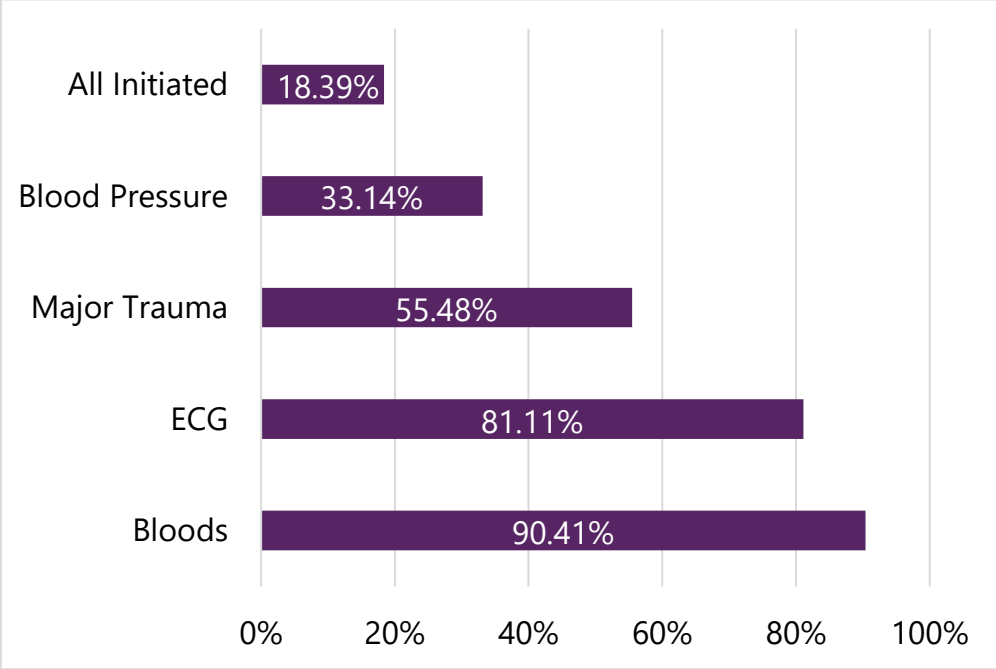
National average: 39.9%

39.9% of eligible patients presenting with a fall **had a falls assessment initiated.**

Patients presenting to Emergency departments should have a comprehensive diagnostic post fall assessment completed. Assessment includes blood pressure, trauma review and an ECG. Results reflect that whilst ECG monitoring is being completed basic interventions such as blood pressure (33%) require improvement. Patients with no plan post fall remained static from previous year. Overall while there was an increase in implementation of a post fall assessment from 2024 it was only 2.7%, there was a decrease in falls risk assessment from the previous year.

Post-Fall Assessment Initiated for Patients Presenting After a Fall





Clinical Standard 2b

Recommendations

Departmental:

- Initial falls risk assessment should be completed in a timely manner and any identified risk actioned.
- Comprehensive post fall assessment criteria adhered to more closely, and post fall plan implemented.

Trust wide:

- Patients who do not require post fall plan to be documented clearly.
- A falls risk assessment should be implemented and documented if this is not needed.

Comparison to Year Two Results

Standard 1

1a: In 2024, a mean of 16% of patients had delirium screening with 4AT; in 2025 this **increased** to **21.2%.**

1b: In 2024, a mean of 47.86% of patients had a falls risk assessment; in 2025 this was **46.1%.**

1c: In 2024, a mean of 56.27% of patients had frailty screening; in 2025 this **increased** to **62.9%.**

Standard 2

2a: In 2024, a mean of 35.7% of patients had a delirium management plan; in 2025 this **increased** to **37.9%.** The number of patients with 'no plan' was 17% in 2024 and **18%** in 2025. The number of patients with a completed delirium management plan was similar in 2024 and 2025**,** 37% compared **to 38%**.

2b: In 2024 a mean of 35.32 % of patients had a dedicated post-fall assessment; in 2025 this **increased** to **39.9%.** The number of patients with 'no plan' remained **static** at **13%**. The number of patients with a completed dedicated falls assessment plan **increased** from 37.2% in 2024 to **40%** in 2025.

Standard 3

In 2024, 32.53% of patients had a safety ward round documented, with an **increase** to **40.2%** in 2025.

Key Trends in 2025

Overall, the national averages of most elements of the QI have increased by small amounts from the previous year, despite ongoing challenges and pressures in emergency departments. There were slight increases in the national average of the percentage of patients receiving delirium screening and frailty screening. Falls risk screening rates however decreased slightly.

Those documented as having all elements of the falls bundle and those with all elements of the delirium management plan increased very slightly from 17% to 18% and 36% to 38% respectively, although these numbers still remain low.

It may be that national guidelines and recommendations have helped with the increase in frailty screening from 56% to 63% over this year of the QIP.

Although our departments are clearly taking steps to improve these areas of care for our older and frail patients, there is still work to do in continuing to build on these improvements.

Limitations and Considerations

RCEM has successfully migrated the QIPs to a new in-house platform, marking an important step forward in how they are delivered and supported. This transition, which began in late 2024, has enabled significant enhancements to the data submission process, including an upgraded and more user-friendly submission form designed to streamline data entry for participating sites.

In addition, from the end of 2025, sites have been able to access interactive dashboards, allowing for clearer visualisation of their data and supporting more timely, informed quality improvement work.

While the transition period did impact data visualisation, we are grateful for the patience and engagement of participating EDs during this time. The Care of Older People topic team would like to thank all those involved in developing and implementing the new platform including the sites that were instrumental giving their feedback during the piloting process.

By bringing the platform in-house, RCEM is now better positioned to provide responsive support, continuously improve functionality, and enhance the delivery of the QIPs in the future.

Overall Recommendations from 2025

National

- Demonstration of the value of RCEM standards and a national QIP in helping to raise the quality of care of Older People
- Use of this national data by RCEM to illustrate the ongoing need for improvement in the care of Older People.
- Funding and support for greater involvement of multi-professional frailty teams based in Emergency Departments

Individual Departments

As the COP QIP enters its final year, departments should continue working to consolidate overall year-on-year improvements, but with particular focus on the detection and management of delirium.

- Embed front-door screening of older patients presenting to ED:
    - Sustain the improvement trajectory in screening for delirium using the 4AT.
    - Falls risk assessment for all ED patients over 75, as part of triage or initial nursing review
    - Adoption of front-door frailty screening to all ED patients over 75
- Automated flagging of patients identified as likely to have delirium, coupled with activation of checklist-based delirium care bundles.

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

Appendix 1

The QIP Dashboard and COP

Using the Dashboard

Users can log into the RCEM QI portal, select the relevant QI topic, and choose their site to view performance graphs aligned to key standards. The dashboard allows users to tailor time periods and review trends over time.

Benchmarking

Performance is aligned against national averages using a RAG (Red, Amber, Green) rating system:

- **Red:** Performance is below the national standard
- **Amber:** Performance is slightly below the national standard
- **Green:** Performance is above the national standard

This allows performance to be quickly assessed and easily compared with national benchmarks.

Assessing Performance

The dashboard provides charts aligned to national standards that support ongoing performance assessment. These charts allow teams to:

- Monitor processes over time and determine whether changes represent real improvement or normal variation.
- Identify trends (five or more consecutive increases or decreases) and shifts (six to eight consecutive points above or below the centre line).
- Assess whether performance has improved, worsened, or remained stable.
- Understand variation using upper and lower control limits to identify whether a process is stable or showing special cause variation.



Participating sites

Thank you for taking part in this QIP. A full list of participant EDs can be found here: 2025 COP Participating ED sites.

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: Anu Mitra, Andrea Linehan, Claire Bronze and Ronett Vasari.

Register for 2026

Registrations for the 2026 RCEM QIPs are now open to all Type 1 UK Emergency Departments. Take part and improve patient care in 2026.

Details of the QIPs running in 2026 and how to take part can be found on at RCEM's Quality Improvement - RCEM.

To register your ED, please complete and submit the 2026 registration form using the QR code or link below: 2026 RCEM QIP Registration.

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



Published: June 2026