Meeting Booklet Including Submitted Abstracts for the Welsh BGS

Jury's Hotel
Cardiff
September 2018

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Venue Information

Jury's Inn Cardiff
1 Park Place, Cardiff
CF10 3UD

This Welsh BGS Meeting is supported by:

Menarini Farmaceutica,

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Who have supported this event by purchasing exhibition stand space.

WELCOME to the 2018 Autumn meeting of the Welsh branch of the British Geriatric Society in Cardiff.

The full meeting agenda incorporates the registrar training day, the management meeting, special interest groups, research meeting, invited speakers, submitted presentations and of course the dinner.

IN ADDITION, the agenda includes time for a what we hope will be a lively discussion / debate about how delirium is managed in Wales. This will be informed by Dr Haden presenting the findings of the Welsh National Delirium Audits and Dr Johansen reflecting on the related findings from the National Hip Fracture Database.

ABSTRACT submissions have been of a high standard. With sixteen received the scientific committee have had a difficult task. All authors have agreed to bring a poster to give the attendees an opportunity to meet and to discuss their work in detail. Posters and platforms include innovative and interesting projects, with quality improvement a strong theme.

PRIZES will be awarded for the best platform and poster presentations. We will asking all attendees to view the posters and to vote for their top three.

We are very pleased to welcome the winners of the Woodhouse Prize (Rahana Khanam) and the Phyllis Amelia Peach Prize (Abigail Dawson) both of whom are presenting.

HARMONI CYMRU are providing musical accompaniment pre-dinner. They are a group of musicians motivated to improve wellbeing through music; they often visit the wards in Cardiff and Vale. Some of the group are joining us for dinner and are keen to talk about the role music could play in the care of older people.

We hope as many of you as possible are able to join us. Please also mark your diaries as the NATIONAL BGS meeting is in Cardiff from the 10-12th of April 2019. More details and updates are at:

https://www.bgs.org.uk/events/spring-meeting-2019

Welsh BGS meeting Cardiff, Jury's Inn

Thursday 27th September 2018

10.00		10.00	Trainees Meeting 10am Frailty and front door geriatrics. Dr S Lewis 1115 Coffee 1145 Continuous artificial nutrition and hydration Dr K Davis 12.45 Journal Club
	Presidents Meeting – Stroke Research		
1.30	*Lunch*		
2.30	BGS Buisiness Meeting		2.30 Update for trainees Dr J Butler 3.10 SCE questions (or attend business meeting)
4.45	Coffee / Drinks		
5.15	*Special Interest Groups*		

Parkinsons	**Falls & Bone Health**	**Stroke**
Technology in Older People's Care *Dr Lauren Evans.* Drooling in Parkinson's – a benign condition? *Benjamin Gibbons* Leveraging Cognitive Frailty to improve gait in PD. *Dr Emily Henderson*	The Falls Prevention Fuel Tank *Mr Oli Williams* Physiotherapist & Falls Program Manager Cardiff & Vale National Audit of Inpatient Falls ... where next? *Dr Antony Johansen &* *Mrs Denise Shanhan*	Welsh Asscoaition of Stroke Physicians Meeting (WASP) Advances in Neuroradiology *Dr Anand Sastry* Consultant Interventional Neuroradiologist

6.30	Drinks Reception Muscial Accompaniment by **Harmoni Cymru**
7.30	Dinner

Harmoni Cymru are a group of musicians who take weekly interactive music sessions to wards within the Cardiff and Vale Health Board, particularly specialising in work with older people. They are a flexible ensemble consisting of flute, clarinet, violin, guitar and harp and provide a varied repertoire to engage and support patients, staff and visitors on wards.

Welsh BGS meeting Cardiff, Jury's Inn

Friday 28th September 2018

Morning Session

9.00 Registration & Set Up of Posters	
9.25 President's Welcome	Dr Jonathan Hewitt
9.35 Morbidity & Mortality Audits Drive Real Improvements in Outcomes: Perspectives from Trauma Care	Mr David O'Reilly MD FRCS Consultant HPB & General Surgeon Cardiff & Vale & Royal Air Force
10.10 Platform Presentations (1)	6 Minutes + 2 Minutes Qs
The Compexity & Outcomes of Acute Hospital Admissions for Frail Older People	*Abigail Dawson* *Medical Student*
A preliminary study of the clinical outcomes of acutely unwell patients with dementia	*Dr Daniel Duric* *Clinical Fellow*
Identifying Potentially Inappropriate Prescribing in Frail Older Hospital Patients, aged 65 & Over, Using the STOPP/START Criteria	*Rahana Khanam* *Medical Student*
10.35 Coffee Break & Poster Viewing	
11.00 Chair's Introduction	*Chair* Dr Susan White
11.05 Wales National Delirium Audit	Dr Andy Haden Audit Lead & Consultant Geriatrician
11:30 RCP Falls and Fragility Fracture Audit Program	Dr Antony Johansen, NICE / NHFD Lead
12.05 ***Debate & Discussion: Delirium Management in Wales***	
12.20 Lunch & Poster Judging (Attended Posters)	

Welsh BGS meeting Cardiff, Jury's Inn

Friday 28th September 2018

Afternoon Session

13.45 Chair's Introduction	*Chair Dr Biju Mohammed*
13.50 Training Update (Ger)	Dr Butler & Dr Rhian Morse Training Program Director & STC Chair
14.15 Training Update (GIM)	Dr Inder Singh, CMT Training Lead
14.25 Platform Presentations (2)	6 Minutes + 2 Minutes Qs
Quality Improvement Project to Standardise The Immediate Assessment of Inpatients Who Fall Within The Royal Gwent Hospital	*Dr Richard Marsh* *ST6*
Advance Care Planning-a proactive evidence based community MDT approach supporting older adults at risk of or living with frailty.	*Rebecca Spicer-Thomas* *ACP Facilitator*
A Quality Improvement project: Will introducing sleep packs and promoting sleep hygiene improve older patients' experience of sleep in hospital	*Eleanor Whittaker &* *Elin Puw* *Medical Students*
Are pressure ulcers an inevitable part of the dying process in patients receiving palliative care?	*Dr Amy Ferris* *Clinical Research Fellow/ST*
15.00 Coffee Break	
15.30 Working Together- Intermediate care and Welsh Ambulance service the Neath Port Talbot story	Dr Firdaus Adenwalla Consultant Intermediate Care Neath Port Talbot
16.15 Presentation of Prizes & Close of Meeting	Dr Jonathan Hewitt President of the Welsh BGS

THE COMPLEXITY AND OUTCOMES OF ACUTE HOSPITAL ADMISSIONS FOR FRAIL OLDER PEOPLE

Abigail Dawson, Cardiff University Medical Student

Dr S. O'Mahony

Background: the population is ageing with an ever-increasing number of over 85's resulting in increased prevalence of frailty. This contributes to acute hospital admissions and is a predictor of adverse outcomes including frequent hospitalisation, prolonged length-of-stay and mortality.

Aim: to describe the complexity of the case mix of patients on a frail elderly ward over a 12-month period.

Design: a retrospective evaluation of all admissions under one consultant between February 2017 – February 2018. Frailty indictors including geriatric syndromes, co-morbidities and polypharmacy on admission were documented, outcomes of admission were collected.

Setting: E8, Llandough Hospital, 30-bedded ward for frail older people with complex physical and mental health needs.

Population/Participants: 113 patients, 59% male, mean age 84±6.7

Results: median of 3 geriatric syndromes, 5 co-morbidities and 9 medications prescribed on admission, most common diagnosis was community acquired pneumonia, 70% of patients were treated with antibiotics during their admission. 71% of patients had a hospital admission in the 12-months prior to their index admission, 36% were zero-day admissions to the emergency department. Falls were the most common in-hospital complication, 24% had a fall during their admission. Median length-of-stay on E8 was 36 days for women, and 23 days for men. Mortality was low at 13%. Home with a package of care was the most frequent discharge destination. 25% of patients had a re-admission within 30 days of discharge.

Conclusion: Patients admitted to E8 were very frail. Despite their frailty in-hospital mortality was low (13%). Length-of-stay was significantly related to discharge destination ($p= 0.00001$).

A preliminary study of the clinical outcomes of acutely unwell patients with dementia: Aneurin Bevan University Health Board, Wales (UK)

Daniel Duric, Sabdat Oziohu, Aman Rasuly, Anser Answar, Dr Inderpal Singh

Introduction: Patients with dementia often have other associated medical co-morbidities which directly or indirectly could result in poorer outcomes. The National Audit of Dementia (NAD) in the UK showed a wide variation in the quality and approach of care for acutely unwell patients with dementia. The objective of this study is to record the demographics and patient characteristics to understand and benchmark clinical outcomes of acutely unwell dementia patients admitted across three acute sites within Aneurin Bevan University Health Board, Wales (UK).

Methods: This was a preliminary retrospective observational cohort study based on analysis of the existing data for all the patients with dementia admitted acutely. Ethical approval was not required for this service evaluation which was based on the recommendations of the NAD.

Results: A total of 2588 admission episodes were recorded in the year 2016 from the 1770 acute dementia patients. We studied 886 consecutive dementia patients from 01/01/2016 to 31/05/2016 who had 1077 episodes of acute admissions. The mean age was 84.6±7.7 years (females=63%). Mean Charlson comorbidity index and number of drugs were 6.0±1.5 and 8.2±3.5. 14% (124/886) patients were on antipsychotics.

6% (52/886) patients had 3 more or transfer during an index admission. Overall mean hospital stay was 18.8±26.2 days. 30-days readmission rate was 15.3% (136/886) with mean hospital stay of 30 days.

66.8% (592/886) patients were admitted from community, 50% (296/592) were discharged to usual place of residence but 15.8% (94/592) died and 15.3% (91/592) patients required a new Care Home. Another 32.7% (290/886) patients were admitted from Care Homes, of whom 16.9% (49/290) died.

15 patients (1.6%) died within one day, 21 (2.4%) died within 2 days and 54 (6.0%) died within 7 days. Overall inpatient, 30-days, 90-days and one-year mortality were 16% (143/886) 22% (194/886); 30% (264/886) and 50% (443/886) respectively.

Discussion: Further clinical outcomes measuring impact of hospitalization like inpatient falls, delirium, dehydration, pressure sores is warranted. Reasons for readmission need in-depth analysis. Enhanced partnership working with community teams is recommended to minimize hospital deaths within 48 hours.

Conclusion: Further similar studies will enhance individual and organizational understanding of clinical outcomes for acutely unwell patients with dementia. This would also facilitate quality improvement initiatives to improve patient care and modernization of community service.

Identifying Potentially Inappropriate Prescribing in Frail Older Hospital Patients, aged 65 and Over, Using the STOPP/START Criteria

Rahana Khanam, Medical Student Cardiff University

Dr Sinead O'Mahony, Consultant Geriatrician, University Hospital Llandough

Introduction The high prevalence of polypharmacy and multimorbidity, in older persons, is associated with an increased risk of adverse drug reactions (ADRs), hospital admissions and greater healthcare costs. The STOPP/START (Screening Tool of Older People's potentially inappropriate Prescriptions/ Screening Tool to Alert doctors to the Right Treatments) criteria were developed to improve prescribing quality and patient outcomes. This clinical audit identified common potentially inappropriate prescriptions (PIPs) and potential prescribing omissions (PPOs), and identified associating factors.

Methods Inpatient prescription charts from 116 hospital inpatients aged ≥ 65 years were audited against a subset of the STOPP/START criteria. Data were collected, prospectively in June 2018, from 4 wards across University Hospital Wales and University Hospital Llandough. Microsoft Excel was used to compare means using t tests, and proportions using chi squared analyses.

Results Patient mean age was 84±7 years, and mean number of prescribed medicines was 8.8±3. The mean STOPPs and STARTs identified per patient were 0.27 (±0.64) and 0.23 (±0.55), respectively. 20.7% (24/116) had ≥ 1 identified STOPPs, and 17.2% (20/116) had ≥ 1 identified STARTs. 37.1% (43/116) had ≥ 1 STOPP/STARTs identified. Factors associated with PIPs included polypharmacy (p=0.06) and falls (p=0.03). Common drugs that contributed to PIPs included: vasodilator antihypertensives, proton pump inhibitors, benzodiazepines, and antipsychotics. Common medications that contributed to PPOs included: ACE inhibitors, anticoagulants, statins, and clopidogrel.

Conclusion The implementation of STOPP/START, particularly in patients with polypharmacy and/or falls, could reduce the risk of ADRs and preventable hospital admissions.

Quality Improvement Project to Standardise The Immediate Assessment of Inpatients Who Fall Within The Royal Gwent Hospital

Richard Marsh, ST6, Llandough Hospital, Maimoona Ali, CT2, University hospital of Wales &

Elizabeth Beasant, FP2, Royal Gwent Hospital.

Introduction:

Each year over 250,000 inpatient falls are reported to the National Patient Safety Agency (NPSA) from hospitals in England. In 2011 the NPSA released a rapid response report highlighting the importance of essential care following an inpatient fall.

This quality improvement project (QIP) aims to standardise the immediate assessment and care of inpatients who fall within the Royal Gwent Hospital in line with recommendations from the National Institute of Clinical Excellence and NPSA.

Methods:

We utilised PDSA methodology to cyclically review and modify an 'Immediate assessment following inpatient fall' pro-forma. Over three cycles we identified eighty-two inpatients who had fallen using the clinical incident reporting database 'Datix.' We audited the post fall assessment documented in the case notes and database against trust policy and national guidance. We collected seventeen data sets including examination for injury (head, neck, spine, limbs).

Results:

The initial audit cycle revealed poor compliance with national guidance and trust policy with 21% of patients not having a documented clinical assessment and only 28% of patients having an accurately documented twenty-four hour period of neurological observation. Following the introduction of the pro-forma this figure increased to 52%. Whilst the number of patients reviewed by a doctor remained the same the quality of clinical assessment improved.

Conclusion:

This ongoing QIP has made a gradual change to the care of patients following an inpatient fall and provides clear guidance on how to appropriately and safely risk assess patients for serious injury.

References:

National Institute for Health and Care Excellence. Falls: assessment and prevention of falls in older people (CG161). Manchester: NICE, 2013

National Patient Safety Agency; Rapid Response Report: Essential care after an inpatient fall. 13 January 2011. www.nrls.npsa.nhs.uk/alerts.

Advance Care Planning-a proactive evidence based community MDT approach supporting older adults at risk of or living with frailty.

Rebecca Spicer-Thomas ACP Facilitator &

Dr M. Badri Maharaj Associate Specialist in Care of the Elderly

'Advance care planning (ACP) a process that supports adults at any stage of health ,understanding and sharing personal values, life goals and preferences regarding future medical care, with the goal to help ensure that people receive medical care that is consistent with their values and goals during illness' (Sudore et al 2017).

Importance and multiple benefits are now well evidenced and understood and supported nationally and internationally(Department of Health2011,2015, GMC 2010,NHS 2008,Welsh Assembly Government 2013,2017) and has been highlighted again by the British Geriatric Society in their recent Position Statement on Primary care for Older People specifically in outlining approach to moderate and severe frailty. ACP has been a key action for the Cwm Taf University Health Board (UHB) and End of Life Care Delivery Group.

Since December 2017, ACP has been offered as a key component of the enhanced service provided by the @Home team, they are now promoting ACP for appropriate patients in care homes. Through comprehensive geriatric assessment, actively identifying and offering ACP discussions, training over 250 staff and increasing public and professional awareness, the ACP facilitator and the @Home team are bridging Primary and Secondary Care services. Within the UHB, support is extended to the heart failure nurses, respiratory nurses, All Wales Renal Network, district nursing team, and having recently met with ward managers and senior nurses and work planned to upskill the workforce.

To date, 942 referrals have been received and 600 completed and shared .Of the 600, 243 patients are still alive. Within the last 12months, 65% of referrals came from the GP's, 24% from care homes, 4% from specialist nurses, 4% from district nurses and 3% from family or friends. An alert has been added on Welsh Clinical Portal indicating an ACP discussion has taken place and a keynote has been added to the Patient electronic notes on Welsh PAS to aid communication with GP out of hours service. There is now an established email address via the @Home ACP Facilitator to ensure when ACPs are completed across any sectors ,this is shared and logged on the current ACP database improving communication amongst GP's, palliative Care Services, Out of Ours and Welsh Ambulance NHS Trust.

This service development means we can advocate on behalf of and empower our frail elderly population and their families to live well through frailty and end of life with planned and coordinated care rather than reacting to a series of unplanned event. It continues to support best practice and ensures strong evidence based work is learned and shared with health and social care professionals including care homes, community and hospital staff as well as GP. The aim is to ensure longer term sustainability and individualized, person centered prudent healthcare with minimal variation and maximum engagement.

A Quality Improvement project asking; Will introducing sleep packs and promoting sleep hygiene improve older patients' experience of sleep in hospital?

Whittaker E, Puw E, (Cardiff Medical Students) &
Dr Butler JV (Consultant Geriatrician).

Introduction:

Sleep is critical in maintaining good physical and mental health. In hospital, patients' sleep is disturbed due to high levels of noise, light and activity leading to poorer sleep quality. Sleep disturbance is linked to delayed healing, confusion, decreased pain tolerance and many other adverse effects, which can delay recovery. Interventions aimed to reduce sleep deprivation, particularly in older patients, may enable an improvement in patients' health and experience in hospital.

Aims:

To improve patients' total sleep time and quality of sleep in hospital over a 2-week period.

To prove whether the introduction of sleep packs and promoting sleep hygiene will improve older patients' experience of sleep in hospital.

Method:

Adults in-patients predominantly elderly, were recruited and given sleep aid packs containing an eye mask and ear plugs with sleep hygiene information leaflets. A total of 130 night's sleep data was collected from 40 patients. The age range of the participants was 21-98, with an average age of 71. The Richards-Campbell Sleep Questionnaire (RCSQ) was used to measure participant quality of sleep, which was measured every morning following an intervention night.

Results:

Participant sleep improved in all measured domains across the intervention nights, with a significant improvement in depth of sleep and overall sleep quality.

The largest number of intervention nights were gained from patients wearing both sleep aids, of which the RCSQ scores continued to increase across consecutive intervention nights.

Conclusions:

Sleep packs are an effective tool to improve patient perception of sleep in hospital but may not be suitable for all patients. There was an improvement in overall sleep quality and depth of sleep when sleep packs were used. Older patients were less willing to participate in the study and less compliant compared to younger patients. Further research regarding sleep improvement in hospital should be explored.

Are pressure ulcers an inevitable part of the dying process in patients receiving palliative care?

Dr Amy Ferris (ST/CRF), Dr Annie Price and Professor Keith Harding

Welsh Wound Innovation Centre and Cardiff and Vale University Health Board.

Correspondence address: Welsh Wound Innovation Centre, Rhodfa Marics, Ynysmaerdy, Pontyclun, CF728UX, Tel 01443443870

Email: Amy.ferris@doctors.org.uk

Abstract

Background: Pressure ulcers are associated with significant morbidity and mortality as well as high cost to the health service. Although often linked with inadequate care, in some patients, they may be unavoidable.

Aim: This systematic review aims to quantify the prevalence and incidence of pressure ulcers in patients receiving palliative care and identify the risk factors for pressure ulcer development in these patients as well as the temporal relationship between pressure ulcer development and death.

Design: The systematic review was conducted in accordance with the 'PRISMA' proforma. 1022 articles were identified and 12 selected for analysis based on pre-defined inclusion and exclusion criteria.

Results: Overall pressure ulcer prevalence and incidence was found to be 12.4% and 11.7% respectively. The most frequently identified risk factors were decreased mobility, increased age, high Waterlow score and long duration of stay.

Discussion: Pressure ulcers appear more prevalent in patients receiving palliative care than the general population and more prevalent in nursing homes compared with other care settings. While a number of risk factors identified in this review can be modified in palliative patients, for many the desire for comfort may take priority, making pressure damage or poor healing more likely.

Conclusions: Pressure ulcers do appear more prevalent in patients receiving palliative care and while this should not be an excuse for poor care, it does not necessarily mean that inadequate care has been provided. Skin failure, as with other organ failures, may be an inevitable part of the dying process for some patients.

Audit of Acute Stroke Patients Treated with Thrombolysis at Wrexham Maelor Hospital 2017-2018

Drs Bethany Griffiths CT2 & David Curran Consultant Stroke Physician

Background: The British Association of Stroke Physicians state thrombolysis should be administered to 100% eligible patients within 60mins of arrival to hospital, with the aim of administration in 30mins for 50%. Wrexham has poor thrombolysis rates, and within this, has fallen short of the 60minute "arrival to thrombolysis time" by 43% in hours, and 62% out of hours. These figures without doubt need to be improved.

Method: This is a second cycle of an audit that collects data in real time from each thrombolysis case, including "arrival to assessment time", "arrival to CT scan time", "CT to thrombolysis time" and overall "door to needle time" to help identify areas of the pathway that were causing delays. This was compared to last year's audit, after which a series of suggestions were made as to how the pathway could run more smoothly.

Results: The percentage of people thrombolysed in 30mins or less has improved on last year from 16% to 23%, however the proportion of people thrombolysed in 60mins or less has remained relatively unchanged at 58%, still falling far short of the targets set by BASP.

Conclusion: From the figures we obtained, it is difficult to tell if any of the measures we explored have made a difference. Another change made since this cycle is the mandatory attendance of the general medical team on call as well as the stroke team to attend thrombolysis calls both in and out of hours, something the stroke team feel is making a difference to the data being collected so far this year.

Improve the diagnosis and management of delirium by using 4AT in comprehensive geriatric assessment.

Dr T Sivagnanam, Dr V Galusko, Dr P Sheriff, Dr A Verma; Department of Geriatrics, Royal Gwent Hospital, Newport.

Introduction: Delirium is a major presenting factor in older people requiring hospital admission. There was no local delirium assessment tool in the clerking proforma to help in the management plan in this hospital.

Method: Assessed the patients who were admitted with new or increasing confusion to the geriatric ward. Proforma was done adherence to the NICE guidance and silver book. There was a pilot study of comprehensive geriatric assessment (CGA)proforma introduction in the geriatric wards started. We introduced 4 AT in CGA. Data collected from 40 patients in five months period. Half of the data collected from case notes without CGA proforma and other half of the data collected from case notes with completed CGA proforma.

Results: Both categories performed well in taking collateral history, drug history and co morbidities. Investigation of delirium screening showed 4AT testing was undertaken in all patients with CGA proforma and none of the patients had delirium screening test in the group without CGA. The word 'delirium' used as a diagnosis in all patients with CGA and only 10% in other category. Around half of them in both categories had serial cognitive assessment and neuro examination. Patients with CGA had most of the investigations for confusion and appropriate management plan documented.

Conclusion: This pilot study has resulted in an acceptance for the need for CGA proforma with 4AT to help in early diagnosis and management of older people with delirium in the geriatric wards. Following this good outcome in the geriatric wards we recently introduced CGA in frontline in A&E and MAU for patients who were defined to older people with frailty.

An evaluation of the current use of the Cwm Taf Delirium Pathway and the development of supplementary educational material

Miss Amy Lowe (Medical Student) & Dr R Martin

Delirium is an acute confusional state that is currently poorly managed in a hospital setting with up to 72% of cases being missed. Prevalence of delirium increases with age and with an ageing population, the poor recognition and management of delirium needs to be addressed.

The Royal Glamorgan Hospital introduced a delirium pathway to improve delirium management. This project aimed to evaluate the uptake of eligible admission patients onto the pathway and identify if this increased with the provision of educational material to staff. The intervention involved a presentation to doctors, training for nursing staff and production of posters and stickers. Education focused on recognising symptoms of delirium and how to complete the pathway. Medical admission notes were retrospectively assessed, before and after the period of staff education, in a total of 842 patients admitted to a medical unit.

An average of 8.6% of admission cases were eligible for the pathway, however, uptake was poor. Despite a small increase, there was no significant difference in the number of patients started on the pathway or the number completed following educational intervention. After education it was found that delirium was more likely to be suggested and mentioned by juniors.

Limitations of this project include a small study sample and lower than average rates of confusion on admission. A longer intervention, education on the delirium screen and refresher staff training may be beneficial to improve awareness of delirium, however, more research is required to determine optimal intervention methods and length.

Purposeful Activities in Dementia

Alexandra Gosling

Abstract

Introduction

Dementia patients require appropriate in-hospital care. Purposeful activities can alleviate restlessness, agitation and boredom. Social engagement is important in rehabilitation.

Methods

A service evaluation to examine a programme of social engagement and purposeful activities on East 8, a ward for patients with complex physical and mental health needs was undertaken. All activities were observed over a 4-week period.

Objectives included:

- To determine uptake amongst inpatients
- To assess benefits and impact of activities
- To evaluate the resource impact

Results

Nineteen patients participated in 16 group activities over a 4-week period; mean age 86.5 years, 63% male, MOCA 15.1. Uptake of group activities was 15%. The main reason for non-participation was patient refusal. No significant difference in characteristics between participants and non-participants was found. Feedback from participants was overwhelmingly positive.

Conclusions

- A range of activities was provided, frequency 4 per week.
- Patients who participated were frail. Their feedback was largely positive.
- Activities did not release staff resources given the distribution of participants throughout the ward.

Staff survey to explore feasibility of the use of translation apps to communicate with patients in a clinical setting.

Shukla, H[1], Patel, N[1], Collins, G[1], Jelley, B[1] and White, S[1,2]

Stroke rehabilitation Centre, University Hospital Llandough[1] and Cardiff University[2]

Introduction

For a non-English speaker the in-patient experience can be isolating and leave them vulnerable. An interpreter is usually recommended for discussing medical issues. However, routine interactions such as choosing meals and engaging with staff are important for patents' well-being. A study using an translation app was correct in 58% of medical phrases in 26 languages[1], suggesting a role for such apps in clinical care. However there have been no studies exploring the use of apps for day-to-day conversation.

Aim

The aim of this study was to identify staff perception and acceptability of the use of translation apps to communicate with patients on a daily basis who do not speak English.

Method

We designed a questionnaire to assess knowledge, perceived usefulness and willingness to use a translation app amongst a range of ward-based staff. This was completed by staff on all the geriatric medicine wards in UHL. Data analysed using Excel.

Results

Across four wards, 68 surveys were completed. 67% of staff felt moderately frustrated being unable to communicate with non-English speaking patients. 40% had used translation apps for personal use previously. Of these, on a scale of 0-5 (0 being not at all useful, 5 being very useful), the mean usefulness of translation apps was rated as 3.38 and median was 4. The vast majority had used Google translation app. 97% would also consider training to use a translation app in a ward setting. The most commonly perceived challenges of using translation apps were lack of internet access and time.

Conclusion

This study has shown a willingness among staff to explore the use of translation apps in their routine interactions with patients. Further research will be needed to determine its acceptability in this patient group, and effectiveness in practice.

[1] Patil, S. and Davies, P. (2014) Use of google translate in medical communication: evaluation of accuracy, *(BMJ) 349:G7392*

The Reporting of Inpatient Falls

D Allen (ST5), K Vegad, R Biswas

Aim – This project aimed to explore whether nursing staff report all falls, and whether there is variation in reporting between grades of staff and between different wards.

Method – A short survey containing different scenarios of patients who had fallen was conducted amongst nurses and HCAs in medical wards in a district general hospital.

Results – Nearly all respondents confirmed that they would report an unwitnessed fall and falls with obvious injury. There was more variability in reporting of a patient who fell whilst transferring (46% would report), a patient guided to the floor whilst mobilising (60% would), or a patient who sat themselves on the floor (61% would). Most HCAs surveyed confirmed that they would report all falls to staff nurses. There was not significant variation in responses between different wards. Nurses estimate on average that it takes around 19 minutes to complete a DATIX, and most of them do about one a month. 91% of respondents replied “No” or “Not always” when asked if they thought that reporting DATIXs leads to a reduction in falls on the ward.

Conclusions – In falls cases that are not “clear-cut” there is variation between nursing staff about what constitutes an incident and thereby a DATIX form. HCAs report nearly all events to staff nurses. This means that it is possible that the total number of inpatient falls is under-reported. This is part of an ongoing project on addressing inpatient falls with nursing education a key component.

Memories Matter: It is time to Think Delirium

Dr Cherry Shute (Specialty Trainee) & Dr Anthony James.

Princess of Wales Hospital, Bridgend

Situation:

Delirium urgently requires increased awareness, attention and action: it affects 20-30% of all medical admissions and may be a complication of admission in up to 50% of patients. Despite its prevalence, it remains under-diagnosed, under-reported and sub-optimally managed. Early identification and management are critical in terms of reducing length of stay, morbidity and mortality.

Background:

Following a quality improvement project at the Royal Glamorgan Hospital in 2017, which implemented a "delirium pathway", we set out to establish the extent of the problem at the Princess of Wales Hospital. A comparable baseline data collection was completed in November 2017, identifying the prevalence of confusion in medical patients, the rates of AMT and CAM assessment completion, diagnoses and baseline demographic details.

Assessment:

Data collection for 119 patients reflected previous findings: 37% of patients were admitted with new or increased confusion. AMT completion rates in those aged over 65 were suboptimal: AMTs were completed in only 61% of those presenting with confusion. In only 27% of patients in whom a CAM was clinically indicated was it actually completed. In those presenting with confusion, 27% patients were diagnosed with delirium, 3% with dementia and the remaining 70% were given no formal diagnosis for their confusion.

Recommendation:

An educational lunch-time meeting was held to highlight the extent of the problem and increase awareness amongst medical staff. A delirium sticker and checklist were developed for incorporation into the medical admissions document and for use on medical wards in those who develop delirium as an inpatient.

IMPROVING CONTINENCE CARE IN THE ELDERLY

Dr M. Badri Maharaj, Dr R. Biswas

Background-20% of community dwelling older adults have a degree of incontinence to limit some aspect of their lives. Urinary incontinence is a recognised marker of frailty and can lead to increasing care needs, economic cost, psychological distress, loss of dignity, reduced quality of life and frequently institutionalisation. Our population is living longer so is the inevitable growing presentation of issues in the elderly frequently intertwined with a multitude of common presentations to the A+E-urinary tract infections (UTI's) ,falls, delirium, sepsis, pressure areas.

Purpose-Older patients frequently presenting with incontinence, usually have multiple comorbidities which result in complex polypharmacy. Along with that, there are challenging social and functional aspects which often need addressing. A holistic review by a multidisciplinary team usually can result in a better quality of life, avoid complications in the community and ultimately result in the patient being appropriately cared for in the community rather than in hospital. The @home service in Cwm Taf University Health Board (CTUHB) addresses complex case management and frailty syndromes sub-serving the principles of a comprehensive geriatric assessment but lacks a robust and structured approach to continence management. The purpose of the study was to determine prevalence of continence issues in patients seen in the service whom had been referred with interlaced presentations and to deem any pre-existing speciality service involvement.

Method-Audit designed to look at referrals seen by the @Home service in a one month period. This is a community based service which provides intermediate care at the interface between primary and secondary care.

Results-25% of total number of patients seen also presented with urinary incontinence and 5% had faecal incontinence. 80% of the patients had presented with falls. The remaining 20% were referred with poor mobility, struggling to cope and self neglect. Only 12% of these were under follow up with any active service for their urinary problems with only one patient being seen by the bladder and bowel health team. 24% presented with co-existent frequency and nocturia with 40% having a history of recurrent UTI'S.

Conclusion-Significant proportion of patients presenting with falls and co-existent nocturia , incontinence and recurrent UTI's .These patients would benefit from a holistic approach in addressing these co-existent factors which would improve frailty management, reducing falls risk, delirium and hospitalisation and support dignity in care. This could potentially be recognised as a current unmet need and the symptoms masquerade with other presentations.

Lasting Power of Attorney (LPA) and Advance Decision (AD) in slow stream rehabilitation wards - A snapshot audit

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Background

Clinicians often face complex treatment decisions and must consider any valid advance decision (AD) or involve a Lasting Power of Attorney (LPA) when making such decisions.[1,2] Maintaining autonomy of an incapacitated patient is in compliance with the GMC guidance on AD[1, 2] and must be considered when making decisions in accordance with the Mental Capacity Act 2005.[3]

Method

A snapshot audit was carried out using in-patient records. Data was collected on patients' demographics, cognitive status, AD and LPA documentation. Patients were asked for AD and LPA information or if cognitively impaired their next of kin or relatives were asked.

Results

The study included 27 patients, of whom 16 (58%) had cognitive impairment. Seventeen (63%) had LPA and 4 (14%) had an AD to guide treatment choices. Yet none had this information recorded in the case notes. The case notes of 4 patients (14%) indicated that there was no LPA or AD in place. Twenty-two (82%) reported that they had not been asked for this information earlier.

Conclusion

Our study demonstrates a high level of awareness of LPA or AD amongst patients. It also highlights that the treating clinicians are not routinely enquiring about them yet valid advanced decision documents and LPAs must be considered and used to guide treatment decisions. Routinely enquiring and including this information in the notes would raise the awareness and help ensure patients receive the treatment they want and reduce physicians' vulnerability to treat people inappropriately or unlawfully.[2]

1 GMC Ethical guidance Decision-making models Paragraph 15 b and c https://goo.gl/akwKHF

2 PEG in Stroke patient with Advance Decision https://www.bbc.co.uk/news/uk-england-coventry-warwickshire-42240148

3 Mental Capacity Act 2005 http://www.legislation.gov.uk/ukpga/2005/9/contents

Instructions for Presenters and Posters

Many thanks for submitting your work for presentation. We have been impressed by the high quality of the abstracts.

There are some links below which may be useful when writing your presentation / poster.

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