Scotland Spring Meeting 2021

16 June 2021, Online

www.bgs.org.uk

Virtual

Book of Abstracts

Contents

Platform Presentation

CQ - Clinical Quality - CQ - Patient Centredness

Abstract 642 Reducing Stress and Distress in the Older Population During the Coronavirus Pandemic

Dr Kirsty Wallace, Dr Katherine Ralston, Dr Catherine Quinn

Medicine of the Elderly - Western General Hospital Edinburgh

Introduction
The adverse effects of isolation on the older population during the coronavirus pandemic have been momentous. In hospital, many older patients have experienced stress and distress - especially those with delirium or dementia. Lack of understanding of the need for an altered environment such as social distancing and isolation in single rooms left patients feeling lonely. Restricted visiting and use of PPE exacerbated agitation, and some patients walked with purpose. This risked further viral spread, potentially increasing morbidity and mortality.

Method
Our study explored methods to reduce stress and distress, as well as improving compliance with infection control measures, on a Medicine of the Elderly ward during the coronavirus outbreak. Methods included Meaningful Activity Club (MAC) input, volunteer sessions, and activity distractions. Environmental methods included visual prompts such as ‘barrier’ tape across floors, keeping doors closed and use of verbal /written cues. Efficacy was assessed via a survey disseminated to the multi-disciplinary team (MDT).

Results
Distraction measures and increased input from MDT members were felt to be most effective, with an average of 69.7% reporting apparent reduced levels of stress/distress. ‘Barrier’ tape on floors and closed doors were felt be the least effective, with 100% and 94.7% reporting nil improvement respectively. Overall, however, improvement was seen with a combined average score of 7.83/10 for subjective agitation prior to intervention and 6.33/10 following.
Conclusion
Whilst it is accepted that the coronavirus pandemic has provided innumerable challenges medically, the social and psychological impacts should not be understated. The vulnerable older population has suffered greatly, especially those with cognitive impairment who struggle to understand the need for restrictive measures. Our project has illustrated that it is possible to limit these psychological implications, therefore improving patient experience whilst also minimising viral spread and subsequent disease burden.

Platform Presentations

CQ - Clinical Quality - CQ - Patient Centredness

Abstract 575 Anticipatory Care Planning in the Dundee Enhanced Community Support - Acute (DECSA) service – improving the primary/secondary care interface.

Dr S. Leung, Dr W.M. Yu, Dr S.Din, Dr L.A. Burton

NHS Tayside

Introduction
Advanced Care Planning (ACP) enables patient-centred care in keeping with the Gold Standards Framework. Detailed ACPs and DNACPR discussions avoid unnecessary hospital admissions for the frail and help guide referrals to the Dundee Hospital at Home Service (DHHS). At present these discussions are documented in the Key Information Summary (KIS) that can only be edited by Primary Care.

Method
Retrospective reviews of patient's admission notes were conducted over 4-month periods. Results were compared with the first audit on these variables: 1) Meaningful ACP/Key information Summary on referral date. 2) ACP discussion during admission by DHHS team. 3) KIS updated within 3 months following DHHS discussion. Of the patients who subsequently died we analysed their actual place of death alongside their KIS. Our interventions included discharge prompts and dissemination of results to GPs via the Primary-Care Newsletter.

Results
Of the 76 notes reviewed 10/76 patients (13.2%) had a meaningful KIS at time of referral compared to 11/71 (15.5%) in the first audit (p=0.62). 38/76 (50%) of the patients referred had ACP discussed by DHHS, compared to 15/71 (21.1%). (p=0.30) Of these patients who had an ACP discussion 27/38 (71%) had KIS updated within 3 months, in comparison to 7.5/15 (50%) previously. (p=0.66). There is a strong positive association between DHHS ACP discussion and Primary Care updating KIS (Φ= 0.74; 95%CI 0.62-0.85, p<0.001) post intervention. (Φ=0.58; 95% CI 0.36-0.79, p<0.001). When DHHS had ACP discussion, we also found a positive association between updated KIS within 3 months and patients' preferred place of death (Φ =0.45, 95% CI 0.07- 0.80, p=0.05).

Conclusion:
Improving communication allows for respectful patient care and better-informed emergency access. During the recent global pandemic these conversations have been particularly important. Going forward, there should be timely updates onto KIS by GPs and ongoing focus on improving this process.

Poster presentations

SP - Scientific Presentation - SP - Falls (Falls, fracture & trauma)

Abstract 605 120-day mortality rates for hip fracture patients with COVID-19 infection

Tobenna Oputa; Leanne Dupley; James Bourne

Health Education North west

Background

Increased 30-day mortality rates have been reported for patients with hip fractures and concurrent diagnosis of COVID-19. Due to nosocomial spread of infection and the variable incubation period with the virus, follow-up past 30-days post-injury is required to evaluate the true mortality. No studies in the literature have examined mortality rates beyond 45 days. We aim to assess 120-day mortality rates in hip fracture patients with COVID-19 compared to those without COVID-19 presenting during the same time period.

Methods
In this retrospective multi-centre study, we reviewed all patients aged ≥60 admitted with a hip fracture between 5th April and 5th May 2020 across nine U.K. trauma units. gender, age, injury type, treatment, comorbidities and time of diagnosis and time of death, were all recorded.

Results
Data were collected for 265 hip fracture patients. Forty-six (17.4%) tested positive for COVID-19. There was no difference in age or Charlson Comorbidity Score between the two cohorts. Those with COVID-19 were more likely to be male (p=0.01). Patients with COVID-19 had a 30-day mortality rate of 35% vs 10% for patients without (p<0.01), and a 120-day mortality rate of 63% vs 17% (p<0.01). Previous history of myocardial infarction was the only independent factor showed to increase mortality rate (P =0.03).

Conclusion
We report a significantly increased mortality rate of 63% at 120-days in an already high-risk cohort of surgical patients. Nearly half of patients were diagnosed with COVID-19 at ≥14 days following admission, highlighting the importance of appropriate measures to decrease the incidence of nosocomial infection with SARS-CoV-2 in hip fracture patients.

CQ - Clinical Quality - CQ - Improved Access to Service

Abstract 604 Challenges of rolling out a novel covid-19 vaccine to an inpatient population over 80 years.

Caitlin Hughes; Rebecca Pearson; Clare Smyth; Alison Falconer

University Hospital Wishaw; University Hospital Wishaw; University Hospital Wishaw

Introduction
Older age is an independent risk factor for mortality from covid-19, and older adults have been prioritised by the UK government to be vaccinated. We aim to evaluate the initial roll-out of the inpatient vaccination programme at Wishaw General Hospital and to identify ways to improve programme efficiency and safety.

Methods
A team of four senior clinical decision makers and three nurse vaccinators was assembled to identify eligible inpatients and administer the Oxford Astrazenica covid-19 vaccine. Two rounds of vaccinations were conducted, one week apart. Inpatients in covid wards were automatically excluded. All other inpatients over 80 years were assessed using standardised eligibility criteria. Verbal consent was obtained, vaccines administered, and details of the vaccine recorded electronically.

Results
In the first round, 84 potentially eligible patients were assessed, and 21 were vaccinated (26%). Reasons for non-vaccination included patients being acutely unwell, self-isolating, or previously vaccinated. Nine doses of unutilised vaccines were unfortunately wasted. In the second round, 90 inpatients were assessed. 10 had been vaccinated the previous week. Of the remaining 80, just 6 were vaccinated (7.5%). To avoid waste, four spare doses of vaccine were administered to eligible patients over 70 years.

Conclusions
Perhaps unsurprisingly, the majority of inpatients in acute wards were too unwell to be vaccinated. The process used was resource intensive, and the yield of vaccines administered was small. Decision makers highlighted a lack of clear guidance regarding what constitutes ‘acutely unwell’, and recommended that ward teams should take on the responsibility of identifying patients well enough for vaccination. NHS Lanarkshire have responded by asking that ward teams incorporate the identification of eligible patients into routine care. This will eliminate the need for time consuming notes analysis by clinicians who are unfamiliar with patients. We believe this model will be both safer, and more sustainable.

Challenges of Rolling Out a Novel Covid-19 Vaccine To An Inpatient Population Over 80 years

Dr Clare Smyth, Dr Rebecca Claire Pearson, Dr Caitlin Hughes and Dr Alison Falconer
University Hospital Wishaw (UHW)

NHS Lanarkshire

INTRODUCTION

Older age is a risk factor for Covid-19. [1] Older adults were prioritised by the UK government to be vaccinated.

We aim to evaluate the initial roll-out of the inpatient vaccination programme at UHW and to identify ways to improve programme efficiency and safety.

METHODS

- ❑ A team of four senior clinical decision makers and three nurse vaccinators was assembled
- ❑ This team were granted access to the VMT (Vaccination management tool). This was used to record administered vaccines
- ❑ A clinical checklist was used to identify eligible patients and consider contraindications. This was completed by a senior decision maker

LEAFLET PROVIDED	YES	NO
	Date:	Date:
Patient Consent	YES / NO	YES / NO
Previously Vaccinated	YES / NO	YES / NO
Covid positive within 28 days	YES / NO	YES / NO
Currently isolating	YES / NO	YES / NO
Febrile	YES / NO	YES / NO
Flu Jab in previous 6 months	YES / NO	YES / NO
Contraindications to IM Injection	YES / NO	YES / NO
Acutely unwell	YES / NO	YES / NO
Outcome: Patient is Appropriate	YES / NO	YES / NO
Staff Member		

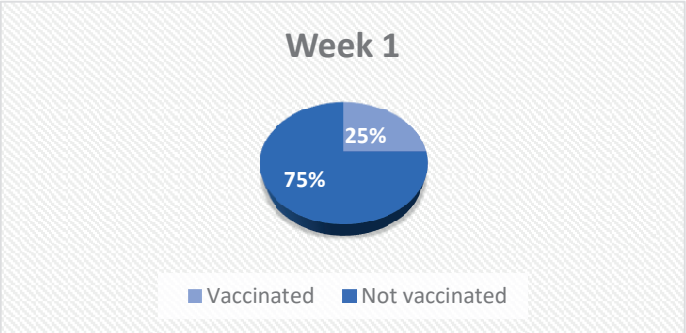
Figure 1 shows part of the clinical checklist

- ❑ All patients on Covid-19 wards, or those isolating, were automatically excluded
- ❑ Verbal consent was obtained from the patient or a relative (if the patient lacked capacity)

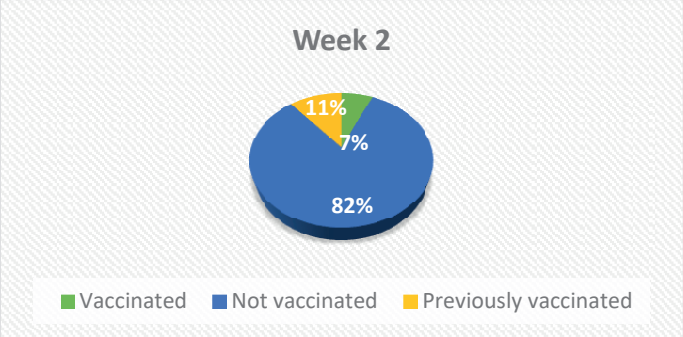
References
1. BMJ Best Practice Coronavirus disease 2019

RESULTS

Two rounds of vaccinations were carried out, one week apart.



84 potentially eligible patients were assessed. Only 21 were vaccinated. Nine doses of vaccine were unfortunately wasted.



90 patients were assessed. 10 had previously been vaccinated. Of the remaining 80 patients, only 6 were vaccinated. To avoid waste, four spare doses were administered to eligible patients over 70 years.

CONCLUSIONS

- ❑ Perhaps unsurprisingly, the majority of inpatients in acute wards were too unwell to be vaccinated
- ❑ The process used was resource intensive and the yield of vaccines administered was small
- ❑ Decision makers recommended that the ward teams should take on responsibility for identifying patients suitable for the vaccine
- ❑ NHS Lanarkshire responded by asking the ward teams to incorporate the identification of eligible patients into routine care
- ❑ We believe this model will be safer and more sustainable

SP - Scientific Presentation - SP - Pharm (Pharmacology)

Abstract 618 Inclusion of at-risk older people in Phase III COVID-19 vaccine studies

Scicluna C; Soiza RL

University of Aberdeen; Ageing Clinical & Experimental Research Group

Introduction
The UK's Vaccine Task Force prioritised the oldest citizens and care home residents for vaccination with newly approved COVID-19 vaccines, since they theoretically may have the most to gain. However, immunosenescence and/or frailty may affect vaccine effectiveness and safety so a review of evidence in older people and those with frailty is needed.

Methods
A comprehensive list of all published Phase III and IV COVID-19 vaccine studies or protocols was drawn up. Inclusion and exclusion criteria were collected from published protocols. Recruitment data were collated from published studies, press releases, manufacturer websites and via correspondence with authors/chief investigators where needed.

Results
There are 39 Phase III and 4 Phase IV studies on 21 different experimental vaccines. 14% excluded people over the age of 65. 32.6% excluded people in care homes implicitly or explicitly. The mean age of participants was 48, with 25% overall listed as having comorbidities. Data from 4 vaccine trials was available, showing relatively small numbers of total positive cases compared with the rest of the participant pool: 5 cases in over 55 year olds (Covishield), 10 cases in over 60 year olds (Sputnik V), 25 cases in over 65 year olds (Comirnaty), and 33 total cases in over 65 year olds (mRNA-1273).

Conclusions
Low recruitment numbers in elderly and frailer participants results in insufficient data to express efficacy with similar confidence as with younger age groups. It would be beneficial to focus on these populations in future trials to be able to get a better determination in efficacy and assess any potential difference in adverse events.

Over 60 year olds were underrepresented in COVID-19 vaccine trials despite being amongst the most vulnerable to severe disease.

Inclusion of at-risk older people in Phase III COVID-19 vaccine studies

Scicluna C, Soiza RL

Background:

- Older citiziens and care home residents have been prioritized for vaccination against COVID-19, due to risk.
- Efficacy is assumed to be similar as younger age groups

Methods:

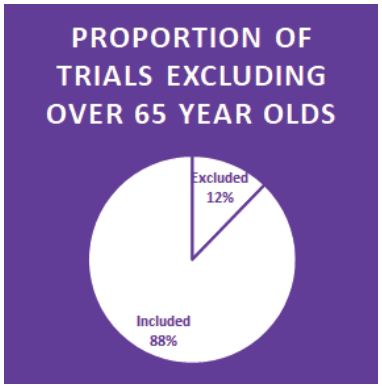
- A list of all Phase III/IV COVID-19 vaccine studies or protocols was drawn up and analysed
- Results from published vaccine trials were collected and compared

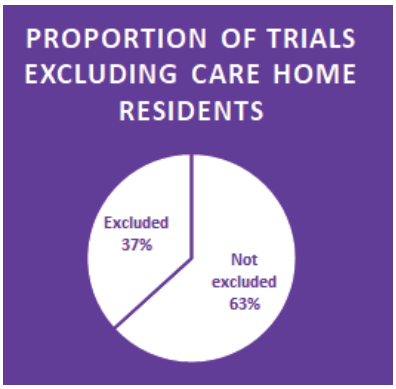
Results:

- 12.2% trials excluded people over the age of 65.
- 36.7% excluded people in care homes implicitly or explicitly.
- The mean age of participants was 48.
- Published results from 5 vaccine trials showed relatively small numbers of total positive cases compared with the rest of the participant pool

Conclusions:

Low recruitment numbers in elderly and frailer participants results in insufficient data to express efficacy with similar confidence as with younger age groups.





SCAN ME

Please scan the QR code for a PDF document with the full abstract, references and more graphs and charts

CQ - Clinical Quality - CQ - Patient Centredness

Abstract 622 Think Bone Protection: A Quality Improvement Project

Esther Shi Yeen Lau, Hannah Cronin

Arrowe Park Hospital, St Helens and Knowsley Hospitals NHS Trust

Introduction
Each year, almost a third of over 65-year-olds fall at least once, resulting in an estimated 500,000 fragility fractures. It is estimated that three million people in the UK have osteoporosis, and over 500,000 people present with fragility fractures to hospitals in the UK each year, representing an estimated annual cost to the NHS of £4.4 billion.
Method
This quality improvement project (QIP) was conducted amongst clinicians working in five geriatric wards in a busy district general hospital to improve knowledge through education on osteoporosis, fragility fractures and bone protection, pre and post interventions. Baseline data collection was done through clinician surveys followed by further surveys after each intervention, namely, face-to-face teaching presentation, electronic posters and email posters.

Results
The results from this QIP showed a substantial improvement of 47% in terms of participating clinicians being able to define osteoporosis. There was a 20% increase in knowledge of the age group of patients that should be assessed for bone protection. The awareness of risk assessment tools to estimate fracture risk increased from 84% at baseline to 100%. Knowledge of the first line of treatment for patients with osteoporosis and high risk of fragility fractures increased from 75% at baseline to 100%. Knowledge of treatment review of bisphosphonates for patients on oral bisphosphonate treatment increased from 34% at baseline to 93% post-interventions.

Conclusion
In conclusion, there has been an improvement in knowledge through utilising the different interventions throughout the plan-do-study-act cycles. The teaching presentation was shown to generate the most improvement. Interventions were targeted at addressing human factors through education. Confounding variables included volume of workload; new staff members during the study period could have influenced the results. Another key aspect was learning to be creative in implementing interventions during a pandemic and encouraging ongoing learning.

Think Bone Protection:
A Quality Improvement Project (QIP)

NHS Wirral University Teaching Hospital NHS Foundation Trust

Esther Shi Yeen Lau[a], Hannah Cronin[b]
[a] ST3 in Geriatric Medicine, Wirral University Teaching Hospital NHS Foundation Trust,
[b] Consultant in Geriatric Medicine, Wirral University Teaching Hospital NHS Foundation Trust

Introduction

- It is estimated that 3 million people in the UK have osteoporosis, and over 500,000 people present with fragility fractures to hospital[1].
- This QIP was done in a district general hospital in the geriatric medicine department amongst consultants and junior doctors with the interventions described.

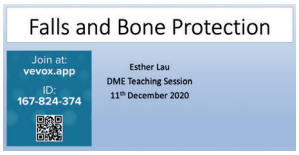
Aims

- To improve knowledge on osteoporosis and risk factors
- To improve awareness about the available risk assessment tools for fracture risk as advised by NICE
- To gain knowledge about the management of osteoporosis and fragility fractures

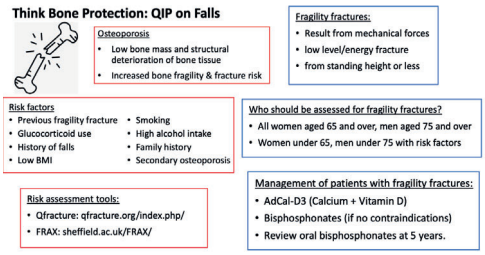
Method

- **Baseline data collection:** Pre teaching questions- Vevox.
- **First cycle:** Face-to-face presentation. Data collection- Vevox.
- **Second cycle:** Email poster version 1. Data collection- Google Forms.
- **Third cycle:** Electronic poster & Email poster version 2. Data collection- Google Forms.
- **Data analysis:** Using Microsoft Excel to analyse the data collated.

Questions (multiple choice) asked:
1. What is osteoporosis?
2. Who should be assessed for osteoporosis?
3. What risk assessment tools do we use to estimate fracture risk?
4. What is the first line of treatment for patients with osteoporosis and high risk of fragility fractures?
5. When should a treatment review of bisphosphonates be carried out for patients on oral bisphosphonate treatment?



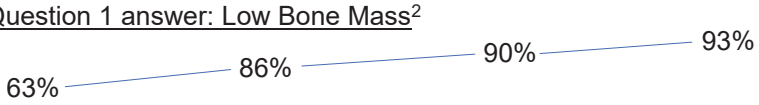
Picture 1: Cover slide for the teaching session with Vevox QR code



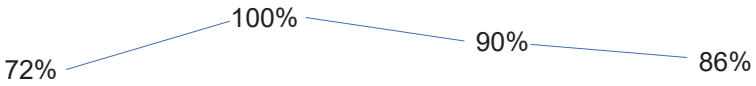
Picture 2: Email poster as part of an intervention

Interventions and Results

Question 1 answer: Low Bone Mass[2]



Question 2 answer: All women aged 65 & over, All men aged 75 & over[3]



Question 3 answer: FRAX score and Q fracture score[3]

Question 4 answer: Calcium, Vitamin D and Bisphosphonate[4]

Question 5 answer: 5 years[4]

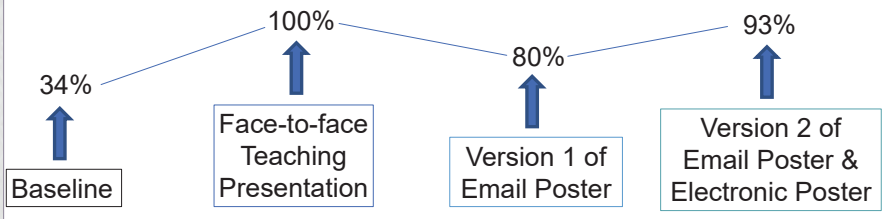


Chart 1: Run charts of Interventions done and results for each PDSA cycle

Discussion

- 47% improvement in terms of being able to define osteoporosis.
- 20% increase in knowledge of the age group of patients that should be assessed for bone protection (men above 75 years of age, women above 65 years of age).
- The awareness of risk assessment tools to estimate fracture risk increased from 84% at baseline to 100% after interventions.
- Knowledge of the first line of treatment for patients with osteoporosis and high risk of fragility fractures increased from 75% at baseline to 100% after interventions.
- Knowledge of treatment review of bisphosphonates carried out for patients on oral bisphosphonate treatment increased from 34% at baseline to 93% after interventions.

Conclusion

- In conclusion, this QIP has shown a substantial improvement; face-to-face teaching being the most effective.
- It was a process of learning to be creative in implementing educational interventions during a pandemic.

Contact
Esther Shi Yeen Lau
esther.lau@nhs.net

References

1. https://www.nice.org.uk/media/default/about/what-we-do/into-practice/measuring-uptake/nice-impact-falls-and-fragility-fractures.pdf/
2. https://www.nice.org.uk/guidance/cg146/chapter/Introduction/
3. https://www.nice.org.uk/guidance/cg146/chapter/1-Guidance#methods-of-risk-assessment/
4. https://cks.nice.org.uk/topics/osteoporosis-prevention-of-fragility-fractures/management/management/

CQ - Clinical Quality - CQ - Clinical Effectiveness [ ]

Abstract 628 The 'POPS' team reduces length of stay and mortality in older surgical patients

Deepa Rangar, Dimitrios Damaskos, Julie Dikiciyan, Irene Smith

Medicine of the Elderly Department, Royal Infirmary of Edinburgh; Medicine of the Elderly department, Royal Infirmary of Edinburgh; General Surgery Department, Royal Infirmary of Edinburgh; Medicine of the Elderly department, Royal Infirmary of Edinburgh; Medicine of the Elderly department, Royal Infirmary of Edinburgh

Introduction
Proactive care of Older People in Surgery (POPS) is a well-established but still expanding service which supports care of older surgical patients across multiple UK hospitals. By introducing a 'POPS' team to NHS Lothian, we aimed to reduce length of stay (LOS) and improve other patient outcomes through providing dedicated geriatric care to older surgical patients.

Methods
A POPS team consisting of two consultants, one foundation doctor and one nurse practitioner was implemented to provide dedicated care to older surgical patients on the general and vascular surgery wards of the Royal Infirmary of Edinburgh. All inpatients were screened by age and Clinical Frailty Score (CFS) for appropriateness and received POPS input based on clinical need. Two 8-week audits were completed from June – August 2020 (n=51) and August - September 2020 (n=42) following implementation of the POPS team and compared to pre-POPS data from March 2018 - March 2019 (n=284). Age and LOS medians were compared between groups using Mann-Whitney U tests due to non-parametric data distributions. 30-day mortality was compared between groups using chi-square or Fisher's exact tests based on expected counts. P values < 0.05 were deemed significant.

Results
Median LOS in the pre-POPS group was 16.4 days. This was significantly reduced in both the first POPS audit (12.5 days, p=0.044) and the second POPS audit (10.3 days, p=0.006). 30-day mortality in the pre-POPS group was 16.5%. This was significantly reduced in the first POPS audit (3.9%, p=0.019), but not the second POPS audit (9.5%, p=0.242).

Conclusion
This preliminary analysis of this POPS Team suggests that implementation of the team has resulted in an overall reduction in the length of stay and 30-day mortality in hospital for older surgical patients on general and vascular surgical wards. Further analysis of the POPS team is ongoing.

The 'POPS' team reduces length of stay and mortality in older surgical patients

John M Bayram[1], Deepa Rangar[1], Dimitrios Damaskos[2], Julie Dikiciyan[1], Irene Smith[1]

[1]Medicine of the Elderly, Royal Infirmary of Edinburgh, [2]General Surgery, Royal Infirmary of Edinburgh

INTRODUCTION

Proactive care of Older People in Surgery (POPS) is a service which provides dedicated geriatric care to older surgical patients across multiple UK hospitals [1].

By introducing a 'POPS' team to NHS Lothian, we aimed to reduce length of stay (LOS) and 30-day mortality in older surgical patients.

METHODS

A POPS team was implemented on the general and vascular surgery wards of a large urban teaching hospital in June 2020. Prior to the POPS team, liaison geriatric input was provided by a sole consultant.

GROUPS FOR ANALYSIS

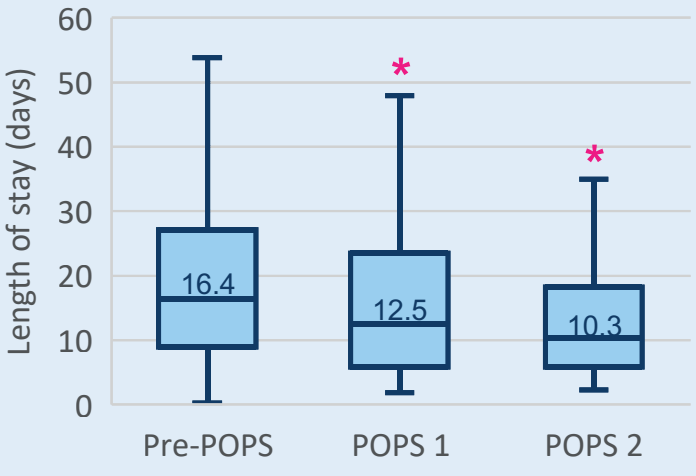
Pre-POPS
All patients with liaison geriatric input from March 2018 - March 2019 (n=284).

POPS Group 1
All patients with POPS input in weeks 1 to 8 after implementation of the team (n=51).

POPS Group 2
All patients with POPS input in weeks 9 to 16 after implementation of the team (n=42).

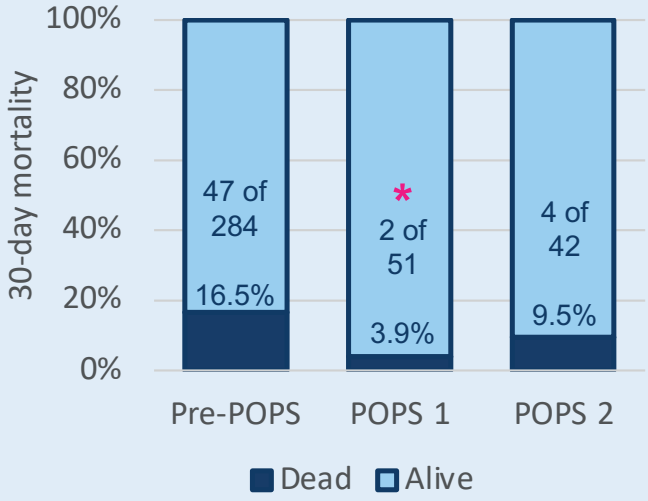
RESULTS

Length of stay



* = p < 0.05

30-day mortality



CONCLUSION

This preliminary analysis of this POPS Team suggests that implementing the team resulted in an overall reduction in the length of stay and 30-day mortality for older surgical patients on general and vascular surgical wards.

Analysis of the POPS team at 6 months is currently underway which includes data on all surgical patients >70 years old and readmission data.

References

[1] Partridge J, Sbai M, Dhesi J. Proactive care of older people undergoing surgery. Aging clinical and experimental research. 2018 Mar 1;30(3):253-7.

CQ - Clinical Quality - CQ - Patient Centredness [ ]

Abstract 633 BLANKETS: a toasty tool to improve social history documentation for our older patients

Bronwen Warner; Mhairi Bolland; Kate Millar; Melanie Dani; Jackie McNicholas

Bronwen Warner- Imperial College Healthcare NHS Trust (ICHT) ; Mhairi Bolland- ICHT; Kate Millar- ICHT; Melanie Dani-1) ICHT and 2)Cutrale Peri-Operative and Ageing Group, ICL; Jackie McNicholas- ICHT

A thorough social history is an important component of all medical clerkings and is particularly crucial when admitting an older patient. Standards exist to guide the social history content but are rarely referenced in practice. This quality improvement project conceived and implemented the novel 'BLANKETS' tool for social history documentation, derived from existing standards, at a specialist medical inpatient hospital setting. The QIP used 'plan, do, study, act' methodology over 15 weeks. Data regarding social history documentation was collected via electronic records for all admitted patients aged ≥65 years over 1 month. Standards for the social history were derived from the Academy of Medical Royal Colleges 'Standards for the clinical structure and content of records' for all medical record keeping (HSCIC, 2013)and the National Institute for Health Research Applied Research Collaboration West 'Information About Me' project focused on social histories for older patients. The BLANKETS acronym was conceived to combine the QIP standards in a memorable format. This tool was delivered to the junior doctors initially via Trust email, posters and WhatsApp with frequent reminders resulting in an improvement across almost all domains. A survey aimed at junior doctors showed difficulty remembering the BLANKETs acronym was a barrier to change, this led to the creation of lanyards for all staff members. Over a 15-week period with two cycles of intervention involving 125 patients in total, there was good staff engagement and overall improvement in social history documentation with 194/403 (48.1%) vs 199/545 (36.5%) criteria met overall and on average 6.3/13 vs 4.7/13 criteria documented for each patient. The social history BLANKETS tool is a memorable acronym to prompt clerking doctors to take a thorough and focussed social history which is vital to determining appropriate rehabilitation goals for effective discharge planning and setting appropriate ceiling of care decisions.

The social history BLANKETS tool is a memorable acronym to prompt clerking doctors to take a thorough and focussed social history, which in turn contributes to effective discharge planning and appropriate ceiling of care decisions.

BLANKETS: a toasty tool to improve social history documentation for our older patients

BACKGROUND

Social histories are intrinsic to determining appropriate rehabilitation goals for effective discharge planning, identifying medical risk factors and setting appropriate ceiling of care decisions.

STANDARDS

Standards were derived from the Academy of Medical Royal Colleges 'Standards for the clinical structure and content of records'[1] for all medical record keeping and the National Institute for Health Research (NIHR) Applied Research Collaboration West 'Information About Me' project focussed on social histories for older patients[2].

AIMS

To improve social history documentation in older medical inpatients with the aid of novel new tool. BLANKETS was conceived using the standards described above and included all major aspects of these standards.

METHODOLOGY

The environment was two renal inpatient wards within a specialist tertiary referral centre hospital setting which uses electronic records

The social history documentation within the first 48hrs of admission was reviewed for all admitted patients aged ≥65 years over one month. The outcome measure was the number of participants with each criterion documented; process measures were documentation of any social history and junior doctor awareness of the QIP.

RESULTS

Baseline data: 41 patients admitted over one-month period 65.9% had some form of social history, no patients had all criteria documented. Overall 36.5% of criteria were met.

1st intervention; posters displayed on wards, distribution and frequent reminders via WhatsApp.

Repeat data collection from 53 patient notes showed improvement across almost all domains.

2nd intervention; Lanyard distribution with BLANKETS tool

At the final data collection of 31 patients, 22/31 (71%) patients had a social history in the initial clerking. Overall across all 13 criteria, 194/403 (48.1%) vs. 199/545 (36.5%) ($p<0.001$) criteria were met with a mean of 6.3 (SD 2.5) criteria for each patient

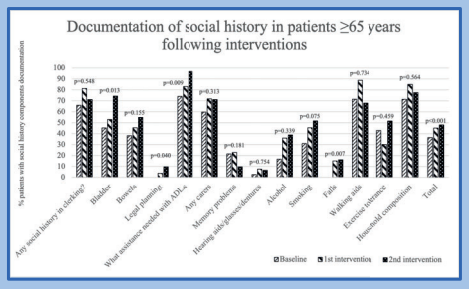
Univariate analysis was performed using the Chi-squared test.

DISCUSSION

This QIP demonstrates the use of the BLANKETS tool to improve social history documentation in medical patients aged ≥65 years at a specialist centre

Strengths include the memorable structure and its potentially wide application.

Weaknesses include the possibility of prolonging the clerking process and preventing junior doctors from completing other tasks.



Taking a social history? Use BLANKETS!

Bladder and bowels
Legal: existing LPA, advanced directive?
ADLs: any carers? what do they need help with?
Neuro: any memory problems?
Kit: do they use dentures, hearing aids, glasses?
EtOH (alcohol) and smoking
Trips/falls, walking aids and exercise tolerance
Setup at home: who do they live with? what sort of accommodation?

Authors:

Warner BE[1,2], Millar K[1,2], Bolland M[1], McNicholas J[1], Dani, M[1, 2, 3]

1. Imperial College Healthcare NHS Trust, The Bays, S Wharf Rd, London, UK
2. Imperial College London, Exhibition Rd, South Kensington, London, UK
3. Cutrale Peri-Operative and Ageing Group, Imperial College London, London, UK.

SCAN THE QR CODE

FOR THE BLANKETS TOOL

References:

(1) HSCIC. (2013). *Standards for the clinical structure and content of patient records*.

(2) ARCWest. (2020, November). *Information About Me*.

CQ - Clinical Quality - CQ - Patient Centredness [ ]

Abstract 636 Improving communication with patients' next of kin during the COVID-19 pandemic

Vinnie Daniels; Nicola Trotter

NHS Greater Glasgow and Clyde

Introduction
The COVID-19 pandemic has resulted in restricting visiting to our wards. We appreciate this results in patients' families not being updated opportunistically while on the ward, causing reduced updates and families feeling uncertain of the progress of their relative. This project was conducted on an inpatient oncology ward in the Beatson West of Scotland Cancer Centre. We identified that there was a lack of continuity, and difficulty assessing which families had been updated, in part due to these conversations not being recorded in a standardised way. An MDT approach was adopted to involve a wide range of professionals on the ward, with the joint aim of improving communication.

Method
We undertook 4 PDSA cycles. A survey given to patients highlighted that 20% of patients would like their next of kin updated by ward staff more frequently. Changes made included meeting staff to discuss the problem identified, and using the morning handover to identify patients for whom a family update may be needed then allocating a staff member to take responsibility for this. We placed a ‘pink sheet’ used by the trust exclusively for documenting family discussions into each patient folder, and put up posters highlighting the use of these pink sheets.

Results
After all cycles, the number of patients who had a conversation recorded with their preferred contact increased significantly from 25% to 67%, demonstrating more updates were occurring. Recording of these conversations on the ‘pink sheet’ increased from 17% to 100%.

Conclusions

The primary factor which lead to the success of the project was full MDT involvement. The changes made helped to increase the frequency and continuity of contact with patients’ relatives, and improve documentation. Changes were small but achievable, during a period which has been particularly stressful and busy for all NHS staff.

Improving communication with patients' NOK during the COVID-19 pandemic

Dr Nicola Trotter, Dr Vinnie Daniels (NHS Greater Glasgow & Clyde).
With thanks to CNS Karen MacKay, SCN Nicola Shaw, DCN Hannah Scouller (Beatson West of Scotland Cancer Centre).

1. Introduction

- The COVID-19 pandemic has resulted in restricted visiting to wards, reducing opportunistic updates between ward staff and patients' NOK (next of kin). This has potential for NOK to feel uncertain about the patient's progress.
- Conversations which did happen were not recorded in a standardised way, which led to difficulty assessing which families had been updated, and a lack of continuity.

2. Aims

1. Increase the frequency that patient's NOK receive updates (patients who consent).
2. Standardise recording of these conversations utilising family communication sheets, to allow better continuity and understanding within the MDT of all aspects of the patient's care.

3. Methodology

- This project was undertaken on an inpatient ward at the Beatson West of Scotland Cancer Centre. A patient survey was distributed to gain their perspective on the issues identified.
- Baseline data and measurements of improvement were collected following each change. Nursing, medical and online notes were examined for any documented family conversations. The percentage of these conversations being documented on universal family communication sheets were then calculated. Run-charts were created to outline the effect of our changes.

4. PDSA Cycles

1. Meeting ward staff to highlight the problem and identify methods for change acceptable to all.
2. Placing 'pink sheets' in every patient folder. These are used by the trust exclusively to record conversations with patients' NOK.
3. Identifying patients whose NOK may need an update and the appropriate staff member to do this at each morning handover.
4. Placing posters reminding to use the 'pink sheet' near phones and patient notes.

6. Conclusion

- This project has increased the number of NOK receiving updates from ward staff & improved continuity within the MDT through use of a standardised sheet where all staff can see discussions had.
- Changes made were small but achievable, during a period which has been particularly busy and stressful for all NHS staff. We know active engagement of patients and their NOK in clinical care and decision making is essential for high quality patient centred care. We hope this project has been a small step to improving that on our ward, by adapting communication in these unusual times.

5. Results

Baseline Patient Questionnaire:

- 15 patients completed the questionnaire.
- 67% of patients stated that a member of the ward team had updated their NOK.
- 20% of patients stated they would like ward staff to update their NOK more frequently, while 67% were happy for ward staff to continue updating at the same frequency. Free text comments highlighted that being asked if ward staff could update their NOK was "empowering" and the importance of "not sharing information without consent".

Baseline Data Collection:

- The data collected indicated that only 25% of inpatients had a NOK discussion documented, in contrast to the patient questionnaire.
- Of these patients, only 17% of them had these conversations documented on the 'pink sheet'.

Effects of Change:

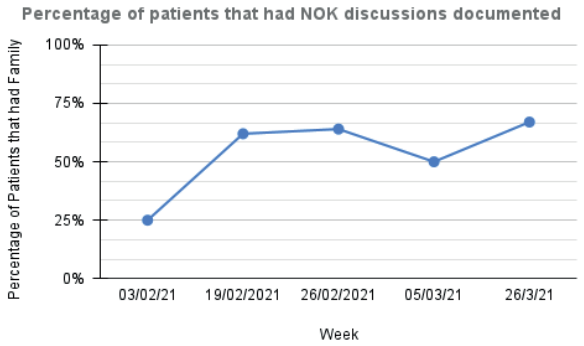


Figure 1: Percentage of Patients in Which Family Discussions were Documented. The percentage of inpatients per week who had family discussions documented either in nursing notes, medical notes, the pink family communication sheets or clinical portal. The percentage of patients' relatives who were updated increased significantly from 25% to 67% through the implementation of several PDSA cycles; staff education, allocation of staff member to update NOK at daily handover and the introduction of a poster highlighting the use of the family communication sheets.

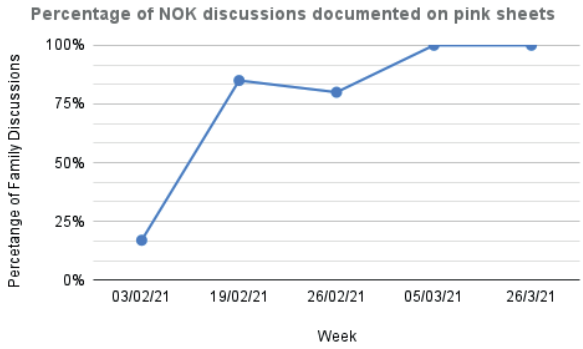


Figure 2: Percentage of Family Discussions Documented on Pink Family Communication Sheets. The percentage of all family discussions which took place that were recorded utilizing the pink family communication sheets. Staff education and the introduction of the poster resulted in 100% of family communications being documented universally on the family communication sheets.

CQ - Clinical Quality - CQ - Clinical Effectiveness [ ]

Abstract 637 Standardising Lying and Standing Blood Pressure Measurement

Katherine Ralston; Kirsty Wallace

Medicine of the Elderly Department, Western General Hospital, Edinburgh

Introduction
Lying and standing blood pressure (L+S BP) is an important investigation used to detect postural hypotension, a common problem contributing to falls. However, there can be substantial variation in measurement and documentation of this test, risking inaccurate results. We aimed to introduce a standardised and clear protocol to improve this.

Method
We surveyed staff regarding L+S BPs on a Medicine of the Elderly ward in the Western General Hospital. Serial data collections over a three month period assessed the frequency and accuracy of L+S BPs at baseline and after intervention. We judged the measurement of L+S BP to be accurate if it met three criteria based on Royal College of Physicians guidelines (three readings, lying for 5 minutes, symptoms documented). We developed and introduced a L+S BP protocol as part of the 'falls checklist' completed for inpatients.

Results
The staff survey revealed variability regarding patient positioning and timing of BP readings, with 0% (n=12) demonstrating awareness of the need for a third BP reading. At baseline, 0% of all L+S BPs (n=24) met the criteria for an accurate reading (92% met 0 criteria, 8% met 1 criteria). Following intervention, 83% of all L+S BPs (n=18) met the criteria for an accurate reading. The completion rate of falls checklists in new patients improved from 36% to 97% following intervention, with measurement of L+S BPs within 72hrs improving from 8% to 54%.

Conclusions
Introducing a standardised protocol for L+S BPs reduced variability and improved accuracy, as well as improving staff engagement in falls prevention. L+S BPs were completed more frequently and promptly when using the new protocol. Staff feedback has been very positive, particularly as we have avoided introducing a new form by improving on pre-existing documentation.

Standardising Lying and Standing Blood Pressure Measurement

Katherine Ralston; Kirsty Wallace
Department of Medicine of the Elderly, Western General Hospital, Edinburgh

Introduction

- Postural hypotension is common, contributes to falls and can often be improved with simple measures
- Lying and standing blood pressure (L+S BP) is a simple and helpful test
- However there is often substantial variation in the measurement and documentation of this test, risking inaccurate results

Aim

- To introduce a clear standardised protocol to improve the accuracy and consistency of L+S BP measurements

Lying and Standing Blood Pressure Measurement

1st BP
- Lie the patient down for at least 5 minutes
- Then take the first blood pressure

2nd BP
- Stand the patient up
- Take the second BP in the first 1 minute

3rd BP
- After 3 minutes of standing, take the third BP

Did the patient have any symptoms?
- Dizziness, light-headedness, vagueness, pallor, visual disturbance, feeling of weakness or palpitations should be documented

Was the result positive? If yes to any - alert medical team
- A drop in systolic BP of 20mmHg or more (with or without symptoms)
- A drop of systolic BP to below 90mmHg on standing (even if drop is less than 20mmHg, with or without symptoms)
- A drop in diastolic BP of 10mmHg (with symptoms)

	BP Reading	Symptoms? If so – what?	Positive test?
1st BP			
2nd BP			
3rd BP			

Figure 1. L+S BP Protocol

Method

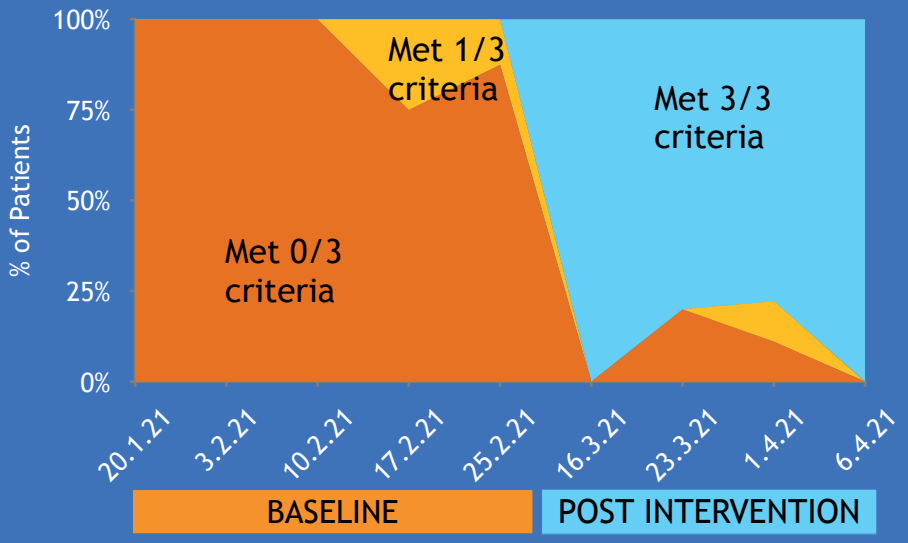
- Staff survey regarding knowledge around L+S BP measurement
- Serial data collections judging the frequency and accuracy of L+S BP measurements at baseline and after intervention on a medicine of the elderly (MOE) ward
- Interventions included developing a new L+S BP protocol (Fig.1), incorporated into existing falls risk assessment form
- L+S BP judged accurate if met 3 criteria based on Royal College of Physicians (RCP) guidelines[1] (3 readings, lying for 5 mins, symptoms documented)

Conclusions

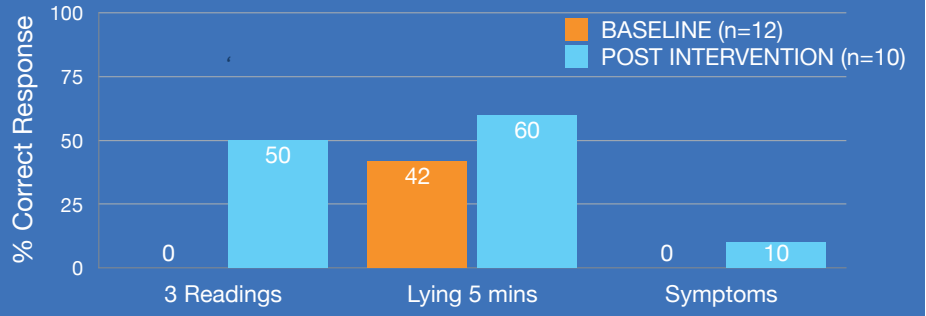
- Introducing a protocol improved the quality, reliability and frequency of L+S BP measurements
- Empowers any staff member to feel confident in measuring and interpreting L+S BP
- The new protocol increased engagement in falls risk assessment and knowledge around L+S BP
- Future work includes protocol roll out to all MOE wards and assessment of impact on falls rate

Results

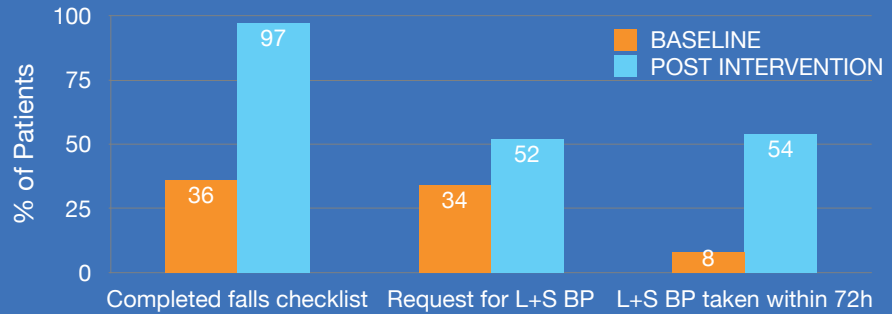
L+S BP Measurement Run Chart - Meeting RCP Criteria



Staff Survey - Knowledge regarding L+S BP Measurement



Falls risk assessment checklist and L+S BP



References (1) Royal College of Physicians (2017) *Measurement of lying and standing blood pressure: A brief guide for clinical staff. https://www.rcplondon.ac.uk/projects/outputs/measurement-lying-and-standing-blood-pressure-brief-guide-clinical-staff*

CQ - Clinical Quality - CQ - Patient Safety

Abstract 638 Assessment of the detection and prevention of delirium using 4AT and TIME bundle on an orthogeriatric ward

Dr Louise Black*; Dr Hannah Kennedy*; Dr Deborah Mack

Royal Alexandra Hospital, Paisley, Scotland

Background
Delirium is an acute, fluctuating change in mental status which commonly affects elderly patients. It is associated with high levels of morbidity and mortality, but is frequently under-recognised. ‘SIGN' and 'Scottish Standards of Care for Hip fracture patients’ recommends routine screening of patients over 65 or with hip fracture using the 4AT tool and if delirium is detected, TIME bundle prompts consideration of its possible causes. Local problem Determine percentage of inpatients over 65 assessed appropriately with 4AT tool at each transition of care and with TIME checklist completed if 4AT score positive.

Methods

4AT and TIME bundle completion rate assessed on an orthogeriatric ward in Royal Alexandra Hospital, Paisley. Initial results gathered from a 27 patient cohort using a data collection tool, with three subsequent sets of data collected in different cohorts of 30 patients following recommendations, assessing for quality improvement. Interventions Staff education at departmental meetings Collection of staff feedback forms Daily reminder at ward meetings 4AT/TIME charts filed consistently in bedside folders Reminder posters placed on ward

Results
Initially, 89% of patients had 4AT completed on admission to hospital compared to 63% on ward transfer. A higher rate of positive 4AT score was noted following ward transfer compared with admission (29% v 12.5% respectively), highlighting risk of delirium with increased length of stay. Following continued interventions, an improvement was noted in the rate of 4AT completion on ward transfer, from 63% to 93%, with evidence of sustained change in subsequent data collections (93%, 90%). Results of TIME bundle completion showed an initial dip from 80% to 67%, however, following targeted interventions, this improved to 89% and 91%.

Conclusion
The completion rates of 4AT and TIME bundle improved following implementation of recommendations, resulting in better detection and prevention of delirium in at risk elderly patients.

Assessment of the detection and prevention of delirium using 4AT and TIME bundle on an orthogeriatric ward

Black L*[1], Kennedy H*[1], Mack D[1]

[1] Department of Medicine for the Elderly, Royal Alexandra Hospital, Paisley

Background

- Delirium is an acute, fluctuating change in mental status which commonly affects elderly patients.[1,2]
- It is associated with high levels of morbidity and mortality, but is frequently under-recognised.[3]
- 'SIGN' and 'Scottish Standards of Care for Hip fracture patients' recommends routine screening of patients over 65 or with hip fracture using the 4AT tool and if delirium is detected, TIME bundle prompts consideration of its possible causes.[4,5]

Aim

To evaluate the routine screening of, and therefore detection and prevention of, delirium in patients on Ward 7 at RAH.

Methods

- 4AT and TIME bundle completion rate assessed on an orthogeriatric ward in Royal Alexandra Hospital, Paisley.
- Initial results gathered from a 27 patient cohort using a data collection tool.
- Three subsequent sets of data collected in different cohorts of 30 patients following recommendations, assessing for quality improvement.

Results

1st Data collection:

- 89% of patients had 4AT completed on admission to hospital compared to 63% on ward transfer.
- A higher rate of positive 4AT score was noted following ward transfer compared with admission (29% v 12.5% respectively), highlighting risk of delirium with increased length of stay.

Of note: Only 1/3 of patients who had a positive 4AT on admission had a 4AT completed on ward transfer.

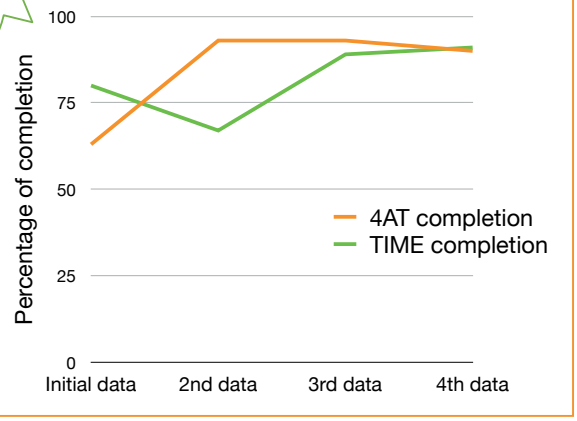
Following continued Interventions:

- An improvement was noted in the rate of 4AT completion on ward transfer, from 63% to 93%, with evidence of sustained change in subsequent data collections (93%, 90%).
- TIME bundle completion showed an initial dip from 80% to 67%, however, following targeted interventions, this improved to 89% and 91%.
- See Fig. 1.

Interventions

1. Staff education at departmental meetings
2. Collection of staff feedback forms
3. Daily reminder at ward meetings
4. 4AT/TIME charts filed consistently in bedside folders
5. Reminder posters placed on ward

Improvement in Results (Fig.1)



Conclusion

The completion rates of 4AT and TIME bundle improved following implementation of recommendations, resulting in better detection and prevention of delirium in at risk elderly patients.

References

1. S K Inouye, M J Schlesinger, T J Lydon. Delirium: a symptom of how hospital care is failing older persons and a window to improve quality of hospital care. *The American Journal of Medicine* 1999; 106(5): . https://pubmed.ncbi.nlm.nih.gov/10335730/ (accessed June 2021).
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders, 5th ed., (DSM-5). Washington, DC: American Psychiatric Publishing; 2013.
3. Pisani M. Assessment of delirium. https://bestpractice.bmj.com/topics/en-gb/241 (accessed June 2021).
4. Oliver D. Delirium matters. *British Medical Journal* 2016; 353(1). https://www.bmj.com/content/353/bmj.i2886 (accessed June 2021).
5. Scottish Intercollegiate Guidelines Network. *SIGN 157 Risk reduction and management of delirium*; 2019. https://www.sign.ac.uk/media/1423/sign157.pdf (accessed June 2021).

CQ - Clinical Quality - CQ - Clinical Effectiveness

Abstract 639 Improving the Documentation and Delivery of Oxygen on the Royal Infirmary of Edinburgh's Medicine of the Elderly Covid-19 Wards

Martin M, Clinical Fellow; Rangar D, Consultant Geriatrician

Department of Medicine of the Elderly, Royal Infirmary of Edinburgh

Introduction
Oxygen is vital for the management of patients with Covid-19, with careful targeting of oxygen saturations showing a direct impact on mortality in the management of acute illness (1). However, this relies upon accurate documentation on observations charts and correct use of oxygen delivery devices.
Aims
1. To improve the accuracy of documentation of oxygen delivery.
2. To ensure that oxygen was being correctly delivered to patients.

Methods
Prospective data was collected 133 times on patients requiring oxygen with Covid-19 on two geriatric wards at the Royal Infirmary of Edinburgh between 5 November and 21 December 2020. The quantity of oxygen delivered, and the route of administration, documented on patients' observations charts was compared with what the patient was actually receiving. After baseline data collection, interventions were introduced sequentially and their effects observed through subsequent data analysis. Interventions involved spreading team awareness of the project, highlighting the requirement for improvement using baseline data, staff education during nursing handovers on Venturi valves and reading oxygen flowmeters, and attaching informative posters to observations trolleys for reference.

Results
A mean of 37.2% of patients had errors in either documentation and/or delivery of their oxygen at baseline, reducing to 4.9% following all interventions. Errors included incorrect recording of inspired oxygen (63.9%), incorrect or omission of device documented (19.4%), and inappropriate flow delivered through Venturi valves (16.7%).

Conclusions
Although errors in oxygen delivery and documentation were common, they were substantially reduced following simple and easily replicable measures. This was of particular importance given the high prevalence of hypoxia within the patient cohort, and the non-respiratory background of the clinical team; aside from the Covid-19 pandemic, geriatric clinical staff may benefit from education on oxygen delivery to improve patient care.

Reference 1. Chu DK, et al. Lancet 2018;391:1693–705.

Improving the Documentation and Delivery of Oxygen on the Royal Infirmary of Edinburgh's Medicine of the Elderly Covid-19 Wards: A Quality Improvement Project

Martin M, Clinical Fellow; **Rangar D**, Consultant Geriatrician; Department of Medicine of the Elderly, Royal Infirmary of Edinburgh

BACKGROUND

- Oxygen is vital in the management of patients with Covid-19, with careful targeting of oxygen saturations showing a direct impact on mortality in the management of acute illness[1].
- However, this relies upon accurate documentation on observations charts and correct use of oxygen delivery devices.

AIMS

1. To improve the accuracy of documentation of oxygen delivery.
2. To ensure that oxygen was being correctly delivered to patients.

METHODS

- Prospective data was collected 133 times on patients requiring oxygen with Covid-19 across two geriatric wards at the Royal Infirmary of Edinburgh between 5 November and 21 December 2020.
- The quantity of oxygen delivered, and the route of administration, documented on patients' observations charts was compared with what the patient was actually receiving at the time of data collection.
- After baseline data collection, interventions were introduced and their effects observed through subsequent data analysis. Interventions involved spreading team awareness of the project, highlighting the requirement for improvement using baseline data, staff education during nursing handovers on Venturi valves and reading oxygen flowmeters, and attaching informative posters to observations trolleys for reference (figure 1).

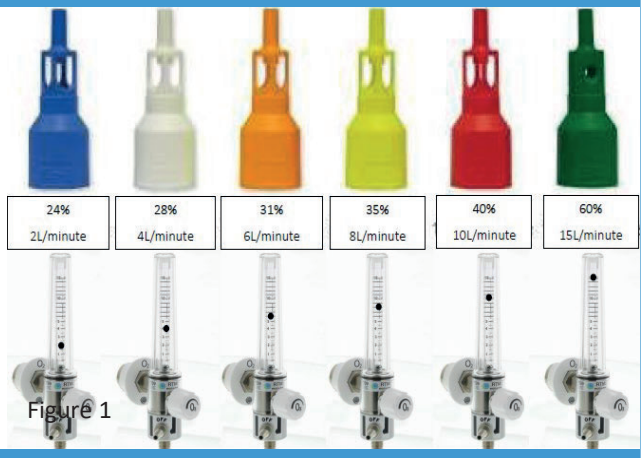


Figure 1

RESULTS

- A mean of 37.2% of patients had errors in either documentation and/or delivery of their oxygen at baseline, reducing to 4.9% following all interventions (figure 2).
- Errors are shown in figure 3.

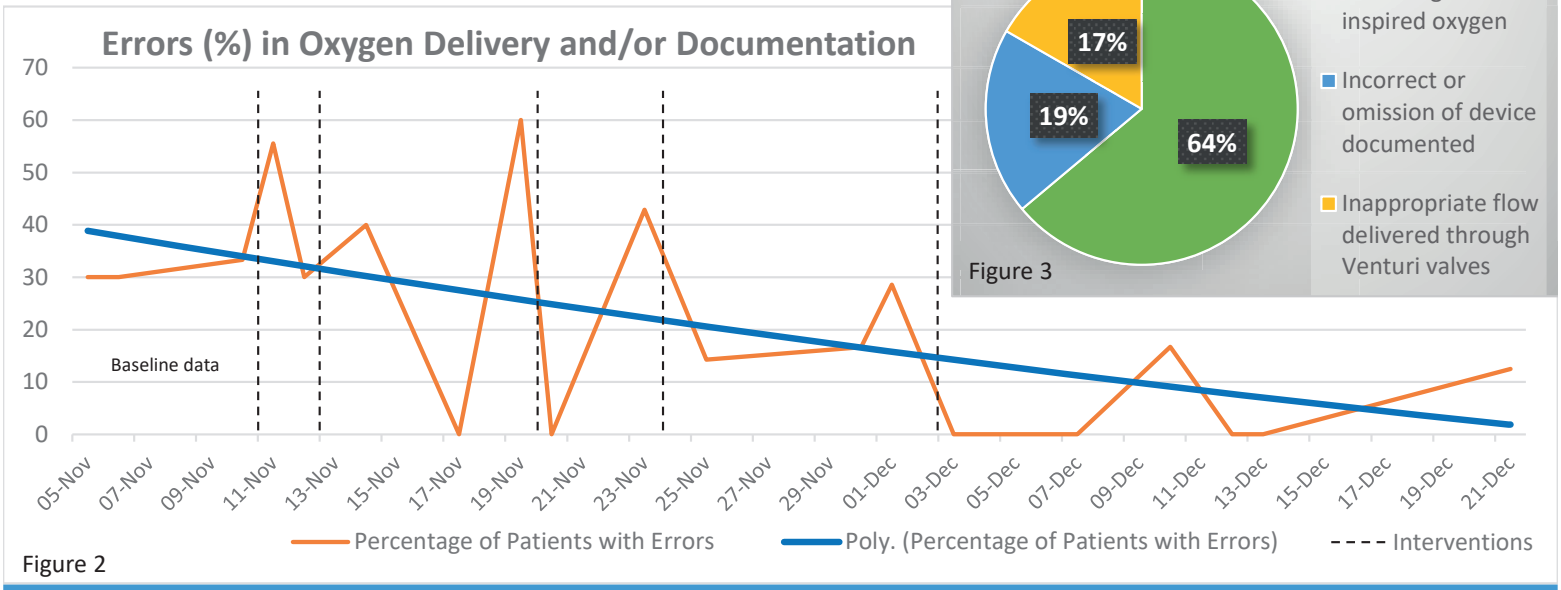


Figure 2

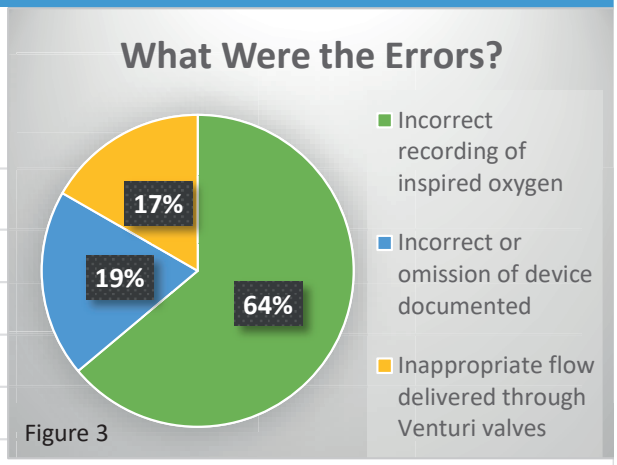


Figure 3

CONCLUSIONS

Although errors were common, they were substantially reduced following simple and easily replicable measures. This was of particular importance given the high prevalence of hypoxia within the patient cohort, and the non-respiratory background of the clinical team; aside from the Covid-19 pandemic, geriatric clinical staff may benefit from education on oxygen delivery to improve patient care.

FUTURE WORK

This project would benefit from being repeated to ensure that the improvement shown has been sustained, regardless of the prevalence of Covid-19 amongst the patient population.

REFERENCE

1. Chu DK, et al. Lancet 2018;391:1693–705

CQ - Clinical Quality - CQ - Clinical Effectiveness

Abstract 640 A modest approach to improving delirium management on a general medical ward using posters, stickers and educational seminars

Jemma Mickleburgh; Saadat Ahmed

Royal Oldham Hospital

Introduction
Delirium recognition and management was highlighted within our department as an area in which the number of patients presenting was rising but the initiatives for improvement were lacking. A gap was identified regarding a recognised pathway for patients with delirium. Mortality was noted to be high for elderly patients presenting with delirium during the first and second waves of the pandemic. This prompted us to introduce the interventions outlined below.

Method
Data was collected on all patients on our ward flagged for delirium for 8 weeks (n=24). Data included delirium recognition methods, involvement of family and/or caregivers, investigations and the common delirium 'domains' (e.g. pain, bowels, nutrition). Interventions were designed within our general medical ward which included a combination of an educational seminar and ward poster, followed by the introduction of 'delirium stickers'. The sticker incorporated a checklist approach to management using the well-known pneumonic 'PINCH ME' to encourage a multidimensional management strategy.

Results
The compliance regarding the use of the stickers was 100% within the scale of our own medical ward. However, the dataset was too small to observe a significant impact on the domains identified. This was not surprising but individual patient management was subjectively found to improve, backed up by qualitative surveys. The impact of such a change when rolled out across other wards and departments is foreseen to be greater, especially with those lacking geriatric oversight.

Conclusion
A successful delirium pathway works best when different departments collaborate with each other and the multidimensional management approach is initiated as early as possible during the patient journey. Simple interventions such as the ones trialled in this project raise awareness and encourage these assessments without consuming excessive resources. This can subsequently reduce length of stay and subsequent morbidity and mortality in patients with delirium.

Improving delirium management

A 10 week project to improve delirium recognition and management on a general medical ward

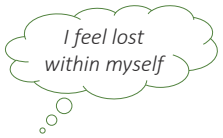
Dr Jemma Mickleburgh, Dr Saadat Ahmed, Dr Gemma Skilton, Royal Oldham Hospital

NHS Northern Care Alliance NHS Group

INTRODUCTION

- Delirium is an acute confusional state [1]
- Delirium is commonly experienced in hospital, with up to 23% of inpatients thought to have delirium at any one time [2]
- There are many poor outcomes associated with delirium, including increased length of stay, morbidity and mortality [1]
- Recognition and management of delirium is inconsistent on our ward and has been identified as a national priority [3]

PATIENT EXPERIENCE



- A patient with delirium on the ward

PROJECT AIMS

- Improve clinician awareness of delirium
- Improve delirium assessments to identify potential cause(s)
  - Inclusion: positive 4AT screen or diagnosed delirium
  - Exclusion: alcohol related delirium

METHODS

- Over 10 weeks, data were collected for 49 patients on delirium assessment quality according to SIGN guidelines[4] and using the PINCHME mnemonic (see Fig. 2) to assess for potential triggers
  - 1 point allocated per fully assessed PINCHME domain → a complete PINCHME delirium assessment would score 7/7
- 4 PDSA cycles complete according to standard QI methodology (Fig. 1)
- Qualitative feedback gathered from colleagues about interventions

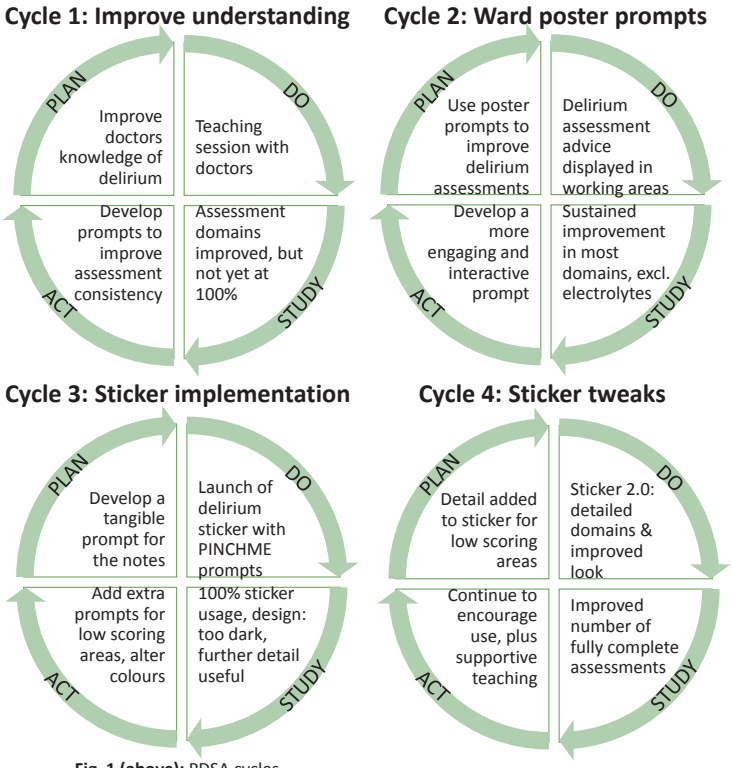


Fig. 1 (above): PDSA cycles

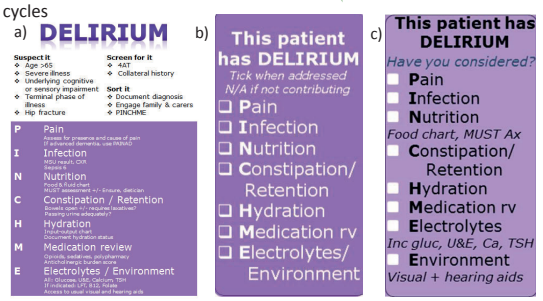


Fig. 2: Delirium prompts, using the PINCHME mnemonic
a) Cycle 2: poster prompts; b) Cycle 3: sticker v1; c) Cycle 4: sticker 2.0

Fig. 3: Percentage completion of each delirium domain per cycle

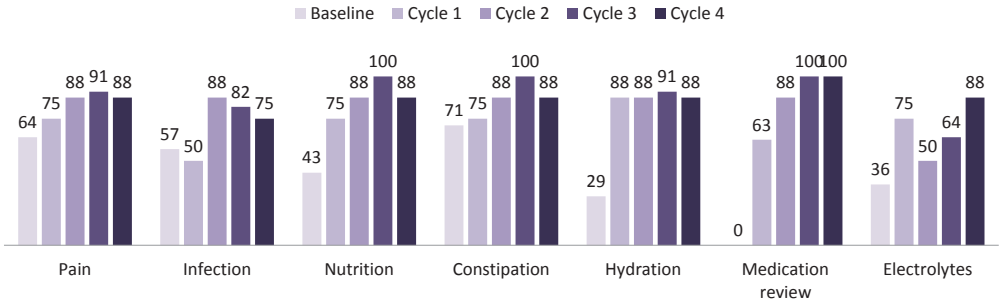
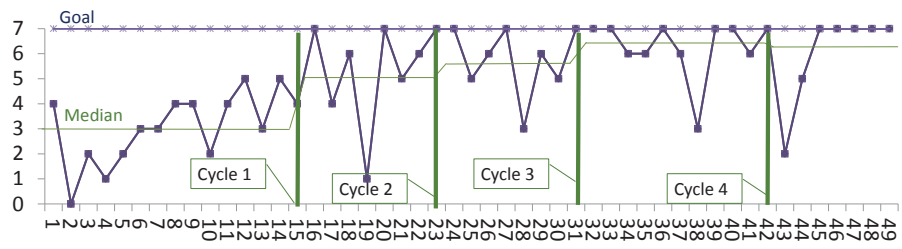


Fig. 4: How complete is each delirium assessment?



RESULTS

- A median of 42% of delirium assessments considered all causes at baseline, compared to 88% by the end of cycle 4 (Fig. 3 and 4)
- All delirium domains were considered more frequently assessed post-intervention (Fig. 3)
- 100% of doctors feel 'much more' confident managing delirium following teaching
- 86% of doctors feel 'much more', or 'more' confident managing delirium using prompts

[The sticker] is a helpful reminder to consider all causes of delirium. I find myself using this whilst on call

Much greater emphasis on delirium on this ward compared to others

CONCLUSION AND NEXT STEPS

- Education and visual prompts can improve delirium assessment and management
- Expand education within the ward to encompass other members of the MDT
- Expand outside the ward to involve ED and AMU to ensure that delirium can be recognised at the earliest possible point in a patient's journey
- Address other important aspects of delirium management that this small ward-based QIP has not addressed, such as improving screening with 4AT, improving the quality of collateral histories and liaising with patients and families about what the diagnosis means

References: 1 NICE (2010) *Delirium: prevention, diagnosis and management.* Clinical Guideline 103. 2 Gibb, K. *et al.* (2020) 'The consistent burden in published estimates of delirium occurrence in medical inpatients over four decades: a systematic review and meta-analysis study', *Age and ageing*, 49(3), pp. 352–360. 3 Banks, P. *et al.* (2013) 'Enriching the care of patients with dementia in acute settings? The Dementia Champions Programme in Scotland', *Dementia*. SAGE Publications, 13(6), pp. 717–736. 4 SIGN (2019) *Risk reduction and management of delirium.* National Guideline 157.

CQ - Clinical Quality - CQ - Patient Centredness

Abstract 643 Patient and carer perspectives on a telephone Parkinson's clinic during the COVID-19 pandemic

Gavin B. Chapman; Marie-Claire Grounds; Sarah Marrinan; Joanne P. Renton; Elizabeth Keane; Conor Maguire

Gavin B. Chapman, Western General Hospital, Edinburgh; Marie-Claire Grounds, Liberton Hospital, Edinburgh; Sarah Marrinan, Liberton Hospital, Edinburgh; Joanne P. Renton, Liberton Hospital, Edinburgh; Elizabeth Keane, Western General Hospital, Edinburgh; Conor Maguire, Western General Hospital, Edinburgh

Introduction
Patients with Parkinson's disease require regular review in clinic due to the variable nature of disease progression and to monitor for side effects secondary to medications. The COVID-19 pandemic led to in-person hospital outpatient clinics being suspended. We setup a telephone service to review patients with Parkinson's Disease in place of their routine outpatient appointment.

Method
We identified patients with Parkinson's Disease who were due to be reviewed in clinic at two centres in Edinburgh from March 2020 onwards. We carried out a telephone consultation for these patients. Patients and/or carers were sent a voluntary feedback questionnaire following their appointment to understand their views on this form of consultation. For those who were due a further follow up appointment, they were given a choice for this to be face-to-face, via video consultation or via telephone consultation.

Results
98 feedback forms were completed and returned. 93 (95%) of the respondents found the telephone consultation useful and 47 (48%) found it more useful than coming to the hospital. 54 (57%) patients said they would prefer some of their future consultations to be done face to face. The main positives identified were not having to travel to the hospital and feeling more relaxed in their own home. The main negatives identified were a lack of physical examination and difficulty communicating over the phone. 22 (48%) due to have a follow up appointment in the year chose to have a further telephone consultation; 19 (41%) chose to have a face-to-face appointment; and 5 (11%) chose to have a video consultation.

Conclusion
This study demonstrates that patients with Parkinson's found telephone review beneficial and suggests that some patients may benefit from this being a part of their regular outpatient follow-up.

Patient and carer perspectives on a telephone Parkinson's clinic during the COVID-19 pandemic

Gavin B. Chapman, Marie-Claire Grounds, Sarah Marrinan, Joanne P. Renton, Elizabeth Keane, Conor Maguire

NHS Lothian

INTRODUCTION

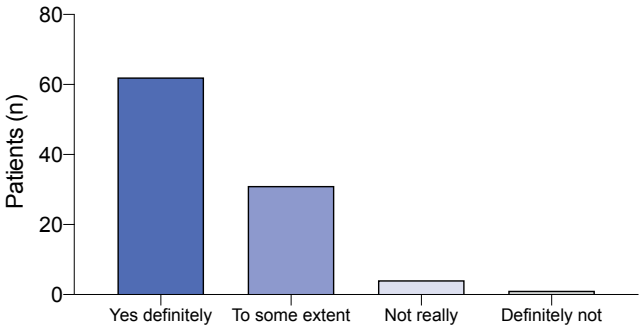
- Patients with Parkinson's disease require regular review in outpatient clinic due to the variable nature of disease progression.
- The COVID-19 pandemic led to the cancellation of many face to face outpatient clinics to reduce the numbers of people coming to hospital and reduce the risk of patients contracting coronavirus.
- Liberton Hospital and the Western General Hospital in NHS Lothian run a consultant-led clinic service for Parkinson's disease.
- We setup a telephone consultation service during the COVID-19 pandemic to ensure patients continued to receive follow-up.
- We aimed to understand patient and carer experience of telephone consultation.

METHODS

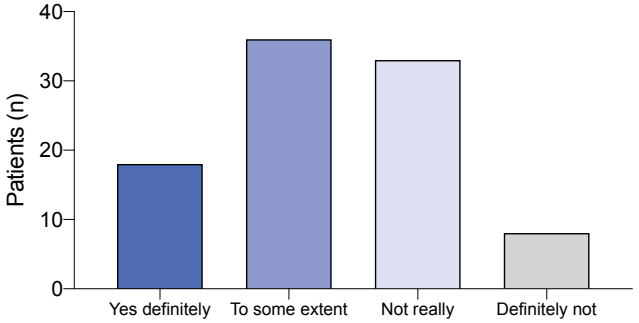
- We identified all patients with Parkinson's disease due to be reviewed in clinic at Liberton Hospital and the Western General Hospital from March 2020 – July 2020.
- We undertook telephone consultations with these patients.
- We sent a voluntary feedback questionnaire to patients to understand their experience of the telephone consultation.
- 98 feedback forms were completed and returned.

RESULTS

Did you find the telephone consultation useful?



Would you prefer some future consultations to be done by telephone rather than face to face?



Main positive and negative themes

PATIENT AND CARER QUOTES

"I have to see the person's face to follow the gist of a conversation"

"unable to establish rapport"

"did not have to travel to hospital and get a parking space"

"quicker and more convenient"

"would be happy to continue, perhaps alternate appointments"

"more focused with greater clarity"

SUMMARY

- During the COVID-19 pandemic we setup a successful telephone clinic service.
- 95% of patients found this a useful experience and over 50% would like it to remain part of their follow-up
- Moving forward our evidence suggests telephone consultation may be a useful adjunct to regular face-to-face outpatient review for selected patients.

CQ - Clinical Quality - CQ - Patient Safety

Abstract 646 Audit of Parkinson's Disease medication administration in an acute Edinburgh hospital

Claire Barclay; Rebecca Frake; Sarah Marrinan

Royal Infirmary of Edinburgh

Introduction
Parkinson's disease (PD) is a common age-related neurodegenerative disorder. The UK incidence is approximately 2 in 1000, mostly comprising individuals aged 65 and over. Good medication management is known to be vitally important in PD as missed or delayed doses may exacerbate motor and non-motor symptoms, potentially causing patient morbidity and increased hospital length of stay. We therefore set out to audit PD medication management in the Royal Infirmary of Edinburgh (RIE).

Method
Patients with a diagnosis of idiopathic PD, or an atypical parkinsonian syndrome on treatment, were identified using a pre-existing alert system. Data was collected on four dates between October and December 2020. A standardised data collection form was used to record information from the patient's drug kardex and electronic patient record. Data was collected on PD medication prescribing and administration and the patient's swallow status.

Results
29 patients were included in the audit. 31% of patients had their current PD medications documented in their clerking. 52% of patients missed doses of their regular PD medications with various reasons documented. 8 patients had a swallow assessment, with 75% of these patients deemed to have a safe swallow. All patients with an unsafe swallow were managed as per NHS Lothian guidelines and had their PD medications amended appropriately. 48% of patients had documented input from the PD specialist nurses during their admission.

Conclusion
It is crucial that patients with PD receive their medications on time. Our study showed that the majority of patients missed at least 1 dose of their regular PD medications as an inpatient. It highlighted potential areas for improvement including documentation of medicines reconciliation and accurate medication administration. Our audit was limited by relatively low patient numbers; we plan to continue collecting data in this area and complete a piece of quality improvement work.

Audit of Parkinson's Disease medication administration in an acute Edinburgh hospital.

Claire Barclay (ST3), Rebecca Frake (FY2), Sarah Marrinan (Consultant Supervisor)
Medicine of the Elderly, Royal Infirmary of Edinburgh, 51 Little France Crescent, Old Dalkeith Rd, Edinburgh, EH16 4SA

Introduction

Parkinson's Disease (PD) is a common age-related neurodegenerative disorder. The UK incidence is approximately 2 in 1000, mostly comprising individuals aged 65 and over[1]. Good medication management is known to be vitally important in PD, as missed or delayed doses exacerbate motor and non-motor symptoms. Poor medication management is also thought to contribute significantly to PD patients spending costly excess days in hospital. Nonetheless, the 2018 Parkinson's UK 'Get It On Time' survey found 63% of respondents had experienced medication delays in hospital[2]. We therefore set out to audit PD medication management in the Royal Infirmary of Edinburgh (RIE).

Methods

Patients with idiopathic PD admitted to the RIE on four dates spread across October to December 2020 were identified using a pre-existing alert system. A standardised data collection form (Figure 1) was used to record information from the patient's drug kardex and electronic patient record concerning their current admission, up to and including the date in question. Data was collected on PD medication prescribing and administration, together with information relating to the patient's swallow status and input from PD nurse specialists.

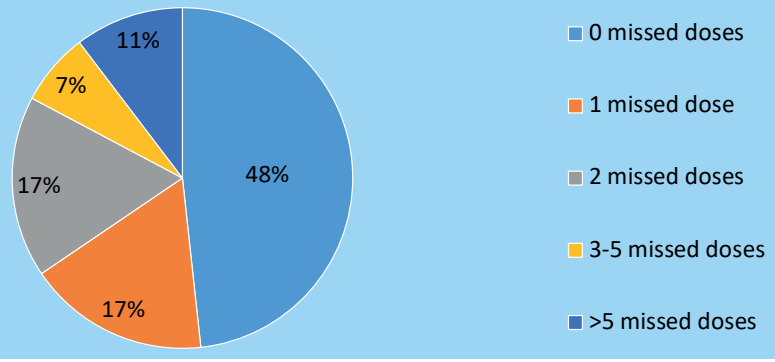
Figure 1. Data collection form.

Patient Demographics		**PD prescribing**	
Age		Evidence of med rec	
Gender		List of PD meds in clerking	
Home situation		PD meds correct on first kardex (yes/no)	
		If no, drug error?	
Admission details		If no, dosing error?	
Current ward		If no, timing error?	
Ward speciality		Any omission of PD meds during admission (yes/no)	
Home speciality (in case boarder)		If yes, name(s) of drugs missed?	
Admission duration (to date)		If yes, number of doses of drugs missed?	
Cause of admission		If yes, documented reason for admission?	
Swallow		**PDNS input**	
Evidence of swallow assessment (yes/no)		PDNS input during admission (yes/no)	
Time (in days) from admission to swallow assessment		If yes, generic or patient specific?	
Safe swallow (yes/no)			
If no, evidence of application of NHS Lothian PD NBM guidance			

Results

29 patients were identified and included in the audit. 9/29 (31%) of patients had their current PD medications documented in their clerking. 15/29 (52%) of patients missed doses of their regular PD medications during their admission, with 3 patients missing >5 doses of their PD medications (Figure 2). A variety of reasons were documented to account for missed doses. 8 patients had a swallow assessment as an inpatient, with 75% of these patients deemed to have a safe swallow. All patients with an unsafe swallow were managed as per NHS Lothian guidelines. 48% of patients had documented input from the PD specialist nurses during their admission.

Figure 2. Number of missed doses per patient.



Conclusion

It is crucial that patients with PD receive their medications on time. Our study showed that the majority of patients missed at least 1 dose of their regular PD medications as an inpatient. All patients with a potentially unsafe swallow had a timely swallow assessment (within 1.1 days of admission) and medications were correctly amended if required. This audit highlighted potential areas for improvement including medicines reconciliation and accurate medication administration. To target these areas, we have provided education at local meetings and created a poster which is displayed in all RIE admission wards. We are continuing to collect data on a rolling, monthly basis to complete a piece of quality improvement work.

References
1. Parkinson's UK, 2018. The Incidence and Prevalence of Parkinson's in the UK (CS2960), 2. Parkinson's UK, 2019. Get It On Time – the case for improving medication management for Parkinson's (CS3380).

CQ - Clinical Quality - CQ - Patient Centredness

Abstract 647 Improving completion of Adults with Incapacity documentation - a cross site quality improvement project

Dr Rachel Shedden; Dr Stephen Davidson; Dr Julia Sillito

Ninewells Hospital, Dundee.

Introduction
Legislation to safeguard patients lacking capacity is set out by Adults with Incapacity (Scotland) Act 2000. A Section 47 certificate 'AWI form' enables medical practitioners to provide interventions to manage the physical and mental health of patients lacking capacity. We audited AWI form completion against the standards set by the Scottish Government before embarking on Quality Improvement (QI) work to improve completion.

Method
Initial auditing of 17 AWI forms was followed by a 'Plan-Do-Study-Act' QI methodology approach. This resulted in educational interventions to raise awareness of the requirements for AWI form completion, including departmental presentation of results, posters and inclusion of the topic at Foundation Year hospital induction. Further audit cycles were completed using a standardised audit tool. The work was completed in parallel within both Medicine for the Elderly (MFE) at Royal Victoria Hospital and General Medicine at Ninewells Hospital, Dundee.

Results
Auditing 58 AWI forms across three QI cycles from November 2020- April 2021 demonstrated that 0% met all standards. In all cases this included no documentation of consultation regarding incapacity and AWI form completion with relevant others. Other common mistakes were no record of power of attorney status (17-32%), out of date (up to 12.9%), no assessment of capacity (up to 23%) and lack of treatment plan (up to 10%). Educational interventions have resulted in some improvements, especially in assessment of capacity (87.1% vs 77%).

Conclusions
Full and accurate AWI form completion is required to provide care under the Adults with Incapacity (Scotland) Act, however in practice the recommended documentation standards are frequently not met. It is concerning that family and friends may be unaware of this legislation, especially should this mean their power of attorney is now active. Our project shows initial improvements with staff education with plans to increase our education audience.

'Assess, Background, Communicate, Document: ABCD approach to incapacity'

Shedden $R_{A,B}$, Davison S_A, Sillito J_B.
A:Department of General Medicine, Ninewells Hospital. B:Medicine for the Elderly, Royal Victoria Hospital, Dundee.

Background and Aims

The Adults with Incapacity (Scotland) Act 2000[1] includes legislation and guidance designed to safeguard patients who lack the capacity to make their own healthcare decisions. A Section 47 certificate 'AWI form' enables medical practitioners to provide interventions to manage the physical and mental health of patients lacking capacity. Scottish Government guidance is that documentation must include;

- ❖The nature of the incapacity.
- ❖Form of medical treatment proposed.
- ❖Duration of incapacity documentation
- ❖Consultation with relevant others (relatives, Power of Attorney/Guardian, carers)

It was already known from daily clinical experience that frequently AWI forms were incomplete and documentation quality variable. Our project looked to audit AWI form completion against these standards and aimed to improve completion using a number of educational interventions.

A quality improvement (QI) approach

A 'Plan-Do-Study-Act' (PDSA) QI methodology approach was used [2] *(Figure 1).* To date four QI cycles *(Figures 2-5).* have been completed each resulting in educational interventions to raise awareness of the requirement and process for AWI form completion. Educational interventions include a poster highlighting the main areas of error displayed in all wards involved in the audit and made available for use in other hospital areas (*Figure 6*). Audit results were emailed to all relevant medical staff and presented at departmental lunchtime teaching as part of wider teaching on AWI legislation.

Following PDSA methodology ensures information gathered at each stage is used to inform the next stages of QI work. This approach allowed us to identify after Cycle 1 the need to extend the project out with Medicine for the Elderly (MFE), as it was realised that 30% of AWI forms in place were completed prior to patient transfer to MFE. Going forward the work was completed in parallel across MFE and General Medicine. A target standard of >95% completion for all areas of documentation was set.

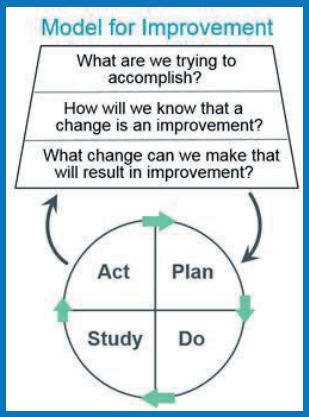


Figure 1: PDSA cycle

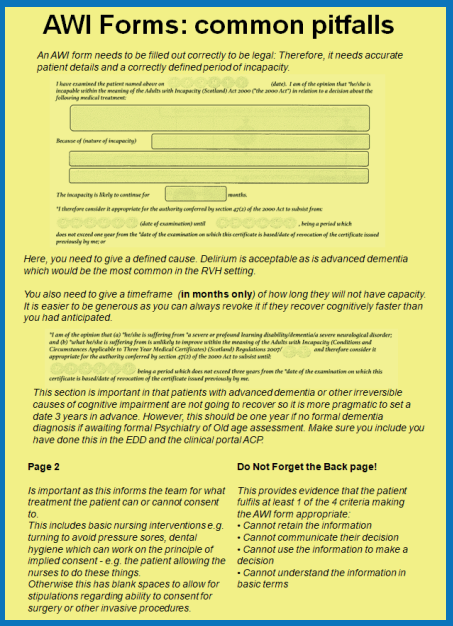


Figure 6: Educational poster

Cycle 1 – Medicine for the Elderly, Royal Victoria Hospital, Dundee	
Plan	Audit of AWI forms across MFE wards against known standards.
Do	17 active forms identified and reviewed.
Study	No forms met all standards set by Scottish Government. • 100% listed the nature of incapacity ☑ • 100% had medical treatment plan ☑ • 100% had duration of incapacity ☑ • 0% recorded discussion regarding AWI ☒ Additionally, 77% recorded an assessment of capacity, and only 83% had presence of Power of Attorney (PoA) documented.
Act	1. Audit results emailed to all MFE medical staff. 2. Poster highlighting main errors displayed on wards *(Fig. 4).* 3. Standardised audit tool designed for future data collection. 4. Identified need for audit out with MFE

Figure 2: Cycle 1. (Target >95% completion)

Cycle 2: General Medicine, Ninewells Hospital, Dundee	
Plan	Audit of AWI forms in General Medicine ward using standardised audit tool.
Do	10 active forms identified and reviewed
Study	• 100% listed the nature of incapacity ☑ • 90% had medical treatment plan ☒ • 90% had duration of incapacity ☒ • 0% recorded discussion regarding AWI ☒ • 80% recorded assessment of capacity ☒ • 20% correctly recorded presence of PoA ☒ Additionally, only 40 % had next of kin recorded
Act	1. Audit results emailed to all General Medicine medical staff as part of educational incentive.

Figure 3: Cycle 2

Cycle 3: Re-audit Medicine for the Elderly, Royal Victoria Hospital	
Plan	Re-audit of AWI forms across MFE wards using standardised audit tool.
Do	31 active forms identified and reviewed
Study	• 94% listed the nature of incapacity **(6% reduction)** ☒ • 97% had medical treatment plan ☑ • 97% had duration of incapacity ☑ • 0% recorded discussion regarding AWI ☒ • 87% recorded assessment of capacity **(10% improvement)** ☒ • 68% correctly recorded presence of PoA **(↓15%)** ☒
Act	1. Audit results emailed to all MFE medical staff. 2. Presentation at new Junior Doctor Induction. 3. Departmental lunchtime teaching

Figure 4: Cycle 3

Cycle 4: Re-audit General Medicine, Ninewells Hospital.	
Plan	Re-audit of AWI forms across General Medicine ward using standardised audit tool.
Do	8 active forms identified and reviewed
Study	• 100% listed the nature of incapacity ☑ • 87.5% had medical treatment plan **(2.5% reduction)** ☒ • 100% had duration of incapacity **(10% improvement)** ☑ • 100% recorded discussion regarding AWI **(↑100%)** ☑ • 100% recorded assessment of capacity **(↑20%)** ☑ • 25% correctly recorded presence of PoA**(↑5%)** ☒
Act	1. Audit results emailed to all General Medicine medical staff. 2. Departmental lunchtime teaching

Figure 5: Cycle 4

Conclusions and thoughts

Full and accurate AWI form completion is required to provide care under the Adults with Incapacity (Scotland) Act, however in practice the recommended documentation standards are frequently not met. It is particularly concerning that relevant others may be unaware of the presence of this legislation, especially should this mean a Power of Attorney should now be activated.

It is acknowledged that in some occasions information regarding AWI forms may be shared with relatives but not documented; meaning data may reflect poor documentation rather than lack of communication in some cases. This is not something we were able to assess when collecting data from medical notes, however we choose to adopt the medicolegal standpoint that 'if not documented it could not be assumed to have happened'.

Our project highlights that Adults with Incapacity legislation is a **key area for staff education** and **increased awareness**. We have shown improvement can be seen following a education based approach but a need for ongoing work in this area.

References
1. Adults with Incapacity (Scotland) act 2000. Scottish Parliament. Available from: https://www.legislation.gov.uk/asp/2000/4/contents. Accessed June 2021.
2. How to improve. Institute for Healthcare Improvement. Available from: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx. Accessed June 2021.

CQ - Clinical Quality - CQ - Patient Safety [ ]

Abstract 648 Improving Catheter Care on Elderly Medicine Wards

C Ho; I Illiyas; M Zaw; S Khan

Department of Elderly Medicine, Lister Hospital, East and North Hertfordshire NHS Trust

Introduction
Urinary tract infections (UTIs) are a substantial burden on healthcare systems worldwide and can cause serious sequelae. Indwelling urinary catheterisation can increase the risk of developing UTIs and their complications. These risks can be reduced by complying with all parts of the process for safe catheter insertion, maintenance, and removal as soon as it is no longer needed.

Method
29 patient notes on Elderly Medicine Wards between 31st December 2020-19th January 2021 were assessed via flash patient review for the presence of a catheter plan, documentation of safe catheter insertion, documentation of daily checks and documentation of decatheterisation plans. Interventions were then introduced consisting of emails sent to Elderly Medicine Consultants and Specialist Registrars, a teaching presentation to junior doctors, distribution of leaflets and posters to healthcare staff, and development of catheter plan stickers for use on ward rounds. Following this, 29 patient notes between 12th March-30th March 2021 were re-assessed and the values compared as percentages.

Results
The results highlighted pre-existing good compliance with the presence of a catheter plan (90%) and showed significant improvement following interventions in the documentation of catheter insertion (36%), documentation of daily checks (52%) and documentation of decatheterisation plans (31%).

Conclusion
Education and awareness has shown to improve catheter care in Elderly Medicine. Further PDSA cycles are required to improve upon current compliance. As the initial data collection occurred during the peak of the Covid-19 pandemic at Lister Hospital, comparison with compliance before the pandemic may reveal how much this confounded the results. Senior nursing staff have suggested that reduced staffing levels during this period affected their ability to prioritise catheter care. If this is the case, more robust interventions are required long term to ensure that catheter care is not neglected even in unprecedented circumstances such as a global pandemic.

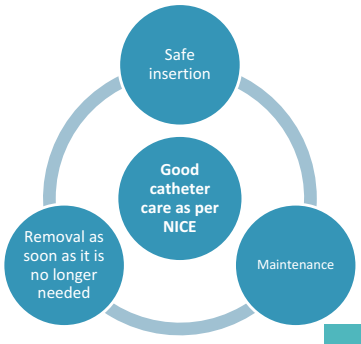
NHS
East and North Hertfordshire
NHS Trust

Improving Catheter Care on Elderly Medicine Wards

Dr Charlotte Ho, Dr Ibraheem Illiyas, Dr Minn Kyi Zaw, Professor Shahid Khan
Elderly Medicine Department, Lister Hospital, East and North Hertfordshire Trust

Introduction

Urinary tract infections (UTIs) are a substantial burden on healthcare systems worldwide[1] and can cause serious sequelae[2]. Indwelling urinary catheterisation can increase the risk of developing UTIs and their complications[1]. As per NICE, these risks can be reduced by complying with all parts of the process necessary for "safe catheter insertion, maintenance, and removal as soon as it is no longer needed"[3].



Aims

To improve catheter care on Elderly Medicine Wards in accordance with NICE standards.

Timeline

- December 2020 – QIP design & planning
- 31st December 2020 – Initial data collection
- 18th January 2021 – Inform Geriatric consultants and registrars
- 25th February 26th February – Presentation at Geriatric Departmental Teaching
- 1st March – Distribution of leaflets, posters & stickers
- 29th February - 12th March – Second round of data collection
- 12th March - Ongoing

Methodology

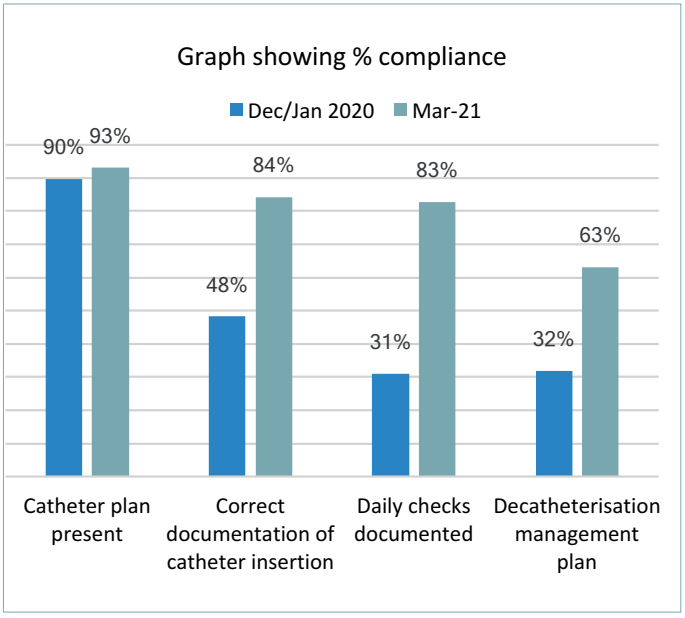
29 patient notes on Elderly Medicine Wards between 31/12/20-19/01/21 were assessed via flash patient review for the presence of a catheter plan, documentation of safe catheter insertion, documentation of daily maintenance checks and documentation of decatheterisation* plans.
Interventions were then introduced consisting of:

- Emails sent to Elderly Medicine Consultants and Specialist Registrars
- A teaching presentation to junior doctors
- Distribution of leaflets and posters to healthcare staff
- Development of catheter plan stickers for use on ward rounds

Following this, 29 patient notes between 12/3/21-30/3/21 were re-assessed and the values compared as percentages.

Results

The results highlight good pre-existing compliance with the presence of a catheter plan (90% patients) and showed significant improvement following interventions in the documentation of catheter insertion (36%↑), documentation of daily checks (52%↑) and documentation of decatheterisation plans (31% ↑).
Please note, patients with long-term catheters & end of life patients were excluded from the assessment of decatheterisation plans.



Discussion

All aspects of catheter care assessed improved following interventions centred around education and increasing awareness. Further monitoring is required to see the long-term impact of this study.

As the initial data collection was carried out during the peak of the Covid-19 pandemic at Lister Hospital, comparison with compliance before the pandemic may reveal how much this confounded the results. Changes made to staffing levels during the Covid-19 pandemic may have impacted upon catheter care. Further work may be needed to explore the impact of staffing complement on catheter care. Interventions may be required to ensure that catheter care is not affected due to unprecedented circumstances such as a global pandemic.

References

1. Flores-Mireles A, Hreha TN, Hunstad DA. Pathophysiology, Treatment, and Prevention of Catheter-Associated Urinary Tract Infection. *Top Spinal Cord Inj Rehabil*. 2019;25(3):228-240. doi:10.1310/sci2503-228
2. Flores-Mireles AL, Walker JN, Caparon M, Hultgren SJ. Urinary tract infections: epidemiology, mechanisms of infection and treatment options. *Nat Rev Microbiol*. 2015;13(5):269-284. doi:10.1038/nrmicro3432
3. NICE: Quality standard [QS61] Urinary Catheters, Quality statement 4: Urinary catheters | Infection prevention and control | Quality standards | NICE

**decatheterisation meaning - removal of a catheter*

SP - Scientific Presentation - SP - HSR (Health Service Research) [ ]

Abstract 651 Patient and General Practitioner Satisfaction with a General Practitioner-led Model of Care for Patients with Frailty

HE Jones (1), I Morrison (2), S Hurding (2), S Wild (3), A Anand (4), SD Shenkin (3)

(1) NHS Lothian; (2) Newbattle Medical Practice, Midlothian; (3) Usher Institute, University of Edinburgh; (4) Centre of Cardiovascular Science, University of Edinburgh

Introduction
MidMed is a new dedicated GP-led service developed by a large practice in Midlothian for patients living at home with moderate or severe frailty. It comprises a full-time general practitioner (GP) performing a comprehensive geriatric assessment (CGA) adapted for primary care. Patients also receive ongoing care and direct access to appointments with the same GP. The aim of this study was to explore the views of patients and GPs about the MidMed service.

Methods
A cross-sectional survey was conducted by questionnaire. Patients enrolled in MidMed (n=290) and GPs working at the practice (n=21) were eligible to complete the survey at two separate time intervals: before the start of MidMed and 16 months later. Responders were asked to specify their level of agreement to statements using a Likert-Scale (1 = strongly disagree; 10 = strongly agree) and provide free-text comments.

Results
Patient response rate was 64%. Patients perceived improvements in several aspects of care, including access to care ('pre-MidMed': median score 6 [interquartile range 4-8], 'post-MidMed' 8 [7-10], $p<0.001$), involvement in care planning (7 [5-9.5] to 8 [7-10], $p<0.001$) and patient-doctor relationship (8 [6-10] to 9 [8-10], $p<0.001$). Free-text responses supported these results. GP response rate was 97%. Again, there were perceived improvements in care (for example: delivery of high-quality care (6 [5-7] to 10 [9-10], $p<0.001$). For GPs not delivering MidMed, there was no change in their confidence in managing complex cases. All GPs agreed that MidMed was benefiting patients and supported its continuation. 30% raised concerns about its long-term sustainability given resource availability.

Conclusion
A GP-led CGA-like intervention for patients with moderate and severe frailty is positively evaluated by patients and GPs. For MidMed, further evaluation with qualitative interviews is now required to understand more fully the experience of all service stakeholders.

Patient and General Practitioner satisfaction with a General Practitioner-led model of care for patients with moderate and severe frailty

HE Jones[1], I Morrison[2], S Hurding[2] , S Wild[3], A Anand[4], SD Shenkin[3]
[1]NHS Lothian, [2]Newbattle Medical Practice, Midlothian, [3]Usher Institute, University of Edinburgh,
[4]Centre of Cardiovascular Science, University of Edinburgh

Introduction

Primary care has a significant role to play in the identification and management of frailty.

MidMed is a new dedicated GP-led service developed by a large practice in Midlothian for patients living at home with moderate or severe frailty.

The aim of this study was to explore the views of patients and GPs about the MidMed service.

MidMed

Moderate or Severe Frailty
- Electronic Frailty Score > 0.24

Comprehensive Geriatric Assessment (CGA)
- Performed by MidMed GP as a home visit
- Toolkit used adapted for GP

Ongoing care by MidMed
- Named GP, home visits, same day/advanced/longer appointments

Methods

Surveyed patients enrolled in MidMed and GPs working at the practice
Before MidMed vs 16 months after start

10-point Likert-Scale and free text comments:
- Perceived care of patients with frailty
- Impact of MidMed on patients and GPs

Survey results

Patients n=290

67% response rate
86% had a good experience of MidMed
87% would recommend MidMed to others

Patient Survey	Agree/Strongly Agree	
	Before MidMed	After MidMed
Good patient/doctor relationship	70%	88%*
Access to primary care	45%	79%*
Shared decision-making	57%	80%*
*p<0.001 vs before		

General Practitioners n=21

97% response rate from GPs; 95% not providing MidMed
96% valued impact of MidMed on their work
33% concerned about resources long-term
100% supported continuation of MidMed

GP Survey	Agree/Strongly Agree	
	Before MidMed	After MidMed
Delivery of high-quality care	30%	100%*
Access for patients	23%	86%*
Anticipatory Care Planning	23%	86%*
*p<0.001 vs before		

Free text comment themes

- Continuity of care
- Better GP availability
- Better patient care
- Telephone lines busy
- Benefits to GPs
- Support for MidMed continuing

Conclusion

This GP-led CGA-like intervention was positively evaluated by patients and GPs, with improved continuity of care and better access to GPs being highlighted as particular benefits. Other GPs were not impacted adversely. Further evaluation with qualitative interviews is now required to more fully understand patient and staff experiences of MidMed.

Acknowledgements Midlothian Health and Social Care Partnership (Jamie Megaw, Katy Simpson and James MacKerrow) and Edinburgh Lothian Health Foundation supported this work.

CQ - Clinical Quality - CQ - Clinical Effectiveness [ ]

Abstract 654 The difficulties of managing trauma in elderly patients in a west of Scotland trauma unit

G Nair; RK Silverwood; M Davison; O Bailey

G Nair (University Hospital Wishaw); RK Silverwood (Glasgow Royal Infirmary); M Davison (University Hospital Wishaw); O Bailey(University Hospital Wishaw)

Introduction
An increasing number of elderly patients require admission to Trauma & Orthopaedic units throughout Scotland. These admissions are often complex and lengthy. We aimed to assess the current standard of care within a west of Scotland trauma unit against the 2019 British Orthopaedic Associations Standard of Care (BOAST) - "The care of the older or frail orthopaedic trauma patient" and devise a multi-disciplinary quality improvement strategy.

Methods
All patients over the age of 65 admitted to the Trauma & Orthopaedic department of the University Hospital Wishaw between the 1st and 14th of August were included. Online medical records were assessed and a compared to the BOAST guideline.

Results
63 patients were identified; 6 patients were excluded as no admission details had been uploaded. Of the 57 patients 49 had sustained a fracture. 24 of the 57 patients (42%) were reviewed by the Acute Care of the Elderly Nurses, 22 of these patients were seen within 48 hours of admission. 15 of the 57 patients (26%) were reviewed by Care of the Elderly (COTE) Consultants. The average time to COTE review was 9 days. A decision on ceiling of care was documented in 84%. Delirium assessment was carried out in 94%, nutritional assessment in 93%, and a falls risk assessment in 87%. Bone Health assessment was carried out in 38%. Physiotherapy assessment was carried out in 93%, with 46 patients reviewed on day one post operation or day one post admission if for conservative management (80%).

Conclusion
Several areas show good concordance with the BOAST criteria, including physiotherapy reviews, falls and delirium assessment, however significant deficiencies exist, including the provision of COTE input. This has prompted a drive to reconfigure the orthogeriatric input for patients admitted to this trauma unit, to improve standards of care for this vulnerable patient population.

The difficulties of managing trauma in elderly patients in a West of Scotland trauma unit

G Nair, RK Silverwood, M Davison, O Bailey
Department of Trauma & Orthopaedics
University Hospital Wishaw
NHS Lanarkshire

INTRODUCTION & AIM

An increasing number of elderly patients require admission to Trauma & Orthopaedic units throughout Scotland. These admissions are often complex and lengthy. We aimed to assess the current standard of care within a West of Scotland trauma unit against the 2019 British Orthopaedic Associations Standard of Care (BOAST) - "The care of the older or frail orthopaedic trauma patient" and devise a multi-disciplinary quality improvement strategy.

METHODS

❖All patients over the age of 65 admitted to the Trauma & Orthopaedic department of the University Hospital Wishaw between the 1st and 14th of August were included. Online medical records were assessed and a compared to the BOAST guideline.

RESULTS

❖63 patients were identified; 6 patients were excluded as no admission details had been uploaded. Of the 57 patients 49 had sustained a fracture. 24 of the 57 patients (42%) were reviewed by the Acute Care of the Elderly Nurses (Figure 1), 22 of these patients were seen within 48 hours of admission. 15 of the 57 patients (26%) were reviewed by Care of the Elderly (COTE) Consultants (Figure 2). The average time to COTE review was 9 days. A decision on ceiling of care was documented in 84% (Figure 3). Delirium assessment was carried out in 94% (Figure 4), nutritional assessment in 93% (Figure 5), and a falls risk assessment in 87% (Figure 6). Bone Health assessment was carried out in 38.6% (Figure 7). Physiotherapy assessment was carried out in 93%, with 46 patients reviewed on day one post operation or day one post admission if for conservative management (80%) (Figure 8). VTE guidance was documented in 47 of 57 patients (82.5%) (Figure 9).

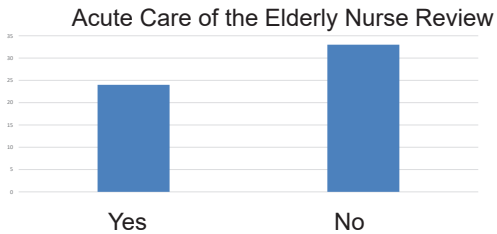


Figure 1: Acute Care of the Elderly Nurses Review

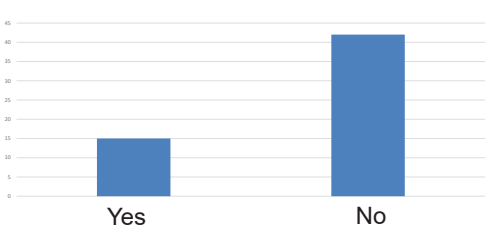


Figure 2: COTE Consultant Review

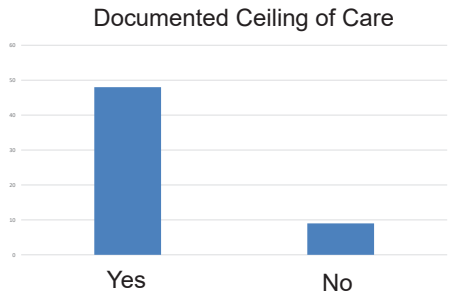


Figure 3: Documented Ceiling of Care

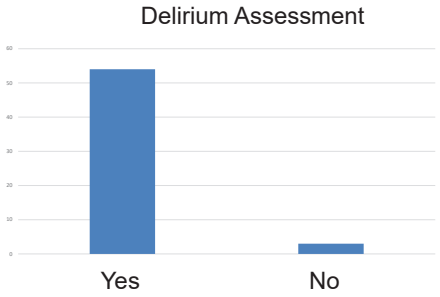


Figure 4: Delirium Assessment

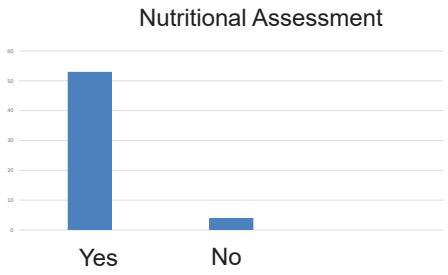


Figure 5: Nutritional Assessment

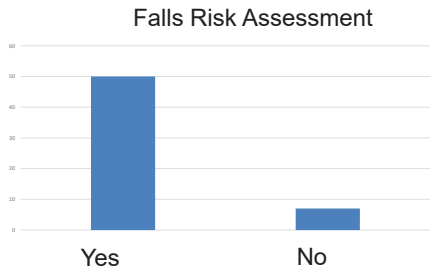


Figure 6: Falls Risk Assessment

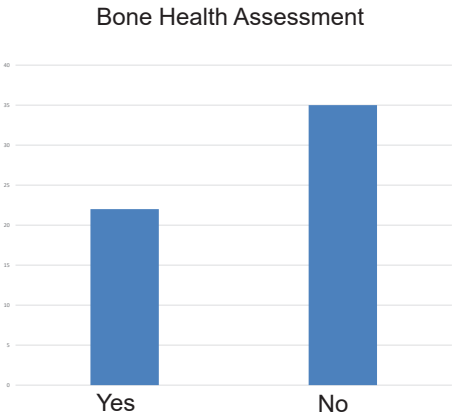


Figure 7: Bone Health Assessment

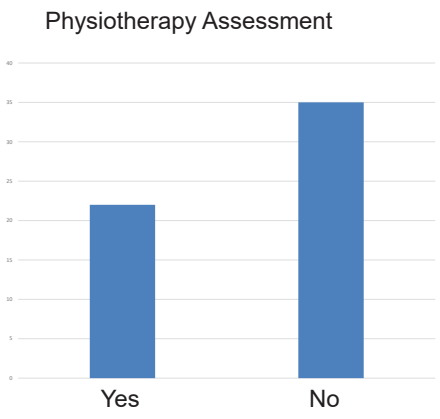


Figure 8: Physiotherapy Assessment

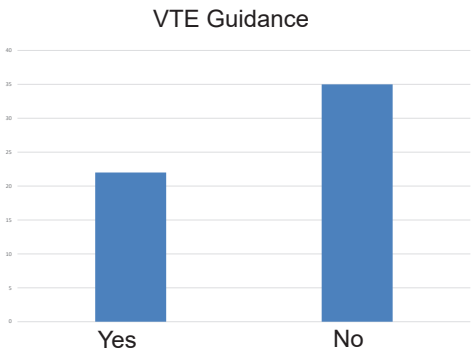


Figure 9: Documented VTE Guidance

CONCLUSIONS

Several areas show good concordance with the BOAST criteria, including physiotherapy reviews, falls and delirium assessment, however significant deficiencies exist, including the provision of COTE input. This has prompted a drive to reconfigure the orthogeriatric input for patients admitted to this trauma unit, to improve standards of care for this vulnerable patient population.