British Geriatrics Society
Improving healthcare for older people

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Book of Abstracts

Table of Contents

Table of Contents

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2234. SP - Scientific Presentation - Epid (Epidemiology)

Temporal Trends in Parkinson's Disease-Related Mortality from 1999-2020: A Nationwide Cohort Study

B S Sokhal[1]; S P K Menon[1]; T Shepherd[1]; S Muller[1]; A Arora[2]; C Mallen[1]

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Introduction: Parkinson's disease (PD) is the most common neurodegenerative movement disorder and is associated with significant disability. The prevalence of PD is increasing and the literature demonstrates potential sex and race disparities in patient outcomes. There is a paucity of data about the demographic trends in PD-related mortality in the United States (US). This descriptive study aimed to report the national demographic trends in PD-related mortality over a 20-year period.

Methods: From January 1999 to December 2020, the US Centers for Disease Control and Prevention Wide-Ranging Online Data for Epidemiological Research (CDC-WONDER) Underlying Cause of Death database was queried. Data were extracted to determine the PD-related age adjusted mortality rate (AAMR) stratified by age, sex, ethnicity and geographic area, with the 1999 deaths as the reference group. Annual percentage change (APC) for AAMR was then calculated using Joinpoint regression.

Results: From 1999 to 2020, there were 515,884 PD-related deaths in the study period. AAMR increased from 5.3 per 100,000 population in 1999 to 9.8 per 100,000 in 2020. Males had consistently higher AAMR than females and white race had consistently higher overall AAMR (7.6 per 100,000), followed by American Indians/Alaska Natives (4.4 per 100,000), Asians/Pacific Islanders (4.1 per 100,000) and Black/African Americans (3.4 per 100,000). The Midwest had the highest AAMR followed by West, South and Northeast. Utah, Idaho and Minnesota had the highest state-level AAMR.

Conclusion: This study using a national dataset identified significant age, sex, race and geographic disparities in PD-related mortality in the US. Older age, male sex, white race and Midwest locality were associated with the highest AAMR.

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2235. SP - Scientific Presentation - Epid (Epidemiology)

National Trends in Motor Neurone Disease-Associated Mortality from 1999-2020

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1. School of Medicine, Keele University; 2. Department of Neurology, University Hospital of North Midlands

Introduction: Motor Neurone Disease (MND) is a neurodegenerative condition affecting the spinal cord and brainstem, commonly associated with a reduced life expectancy. This study describes demographic trends in MND-associated mortality in the United States over 20 years.

Methods: Data were extracted from the Centers for Disease Control and Prevention Wide-Ranging OnLine Data for Epidemiologic Research Underlying Cause of Death database. Death certificates from 1999-2020 with MND (International Classification of Diseases-10th Revision code G12.2) recorded as the cause of mortality were extracted and annual MND-associated crude mortality rates (CMR) and age-adjusted mortality rates (AAMR) per 100,000 persons with 95% confidence intervals (CI) were calculated. Joinpoint regression was used to calculate the annual trends in MND-associated mortality by calculating the annual percentage change.

Results: Between 1999 to 2020, there were a total of 140,945 MND-associated deaths. Overall AAMR was 1.9 per 100,000 persons (95% CI 1.9-1.9). Male sex had a consistently higher AAMR (2.3 per 100,000 95% CI 2.3-2.3) than female sex (1.6 per 100,000 95% CI 1.5-1.6). White patients had higher AAMR (2.1 per 100,000 95% CI 2.0-2.1) than Black/African Americans (1.1 per 100,000 95% CI 1.0-1.1), American Indians/Alaska Natives (0.8 per 100,000 95% CI 0.7-0.9), Asians/Pacific Islanders (0.8 per 100,000 95% CI 0.7-0.9). The 3 US States with the highest AAMR were Vermont, followed by Minnesota and Maine.

Conclusions: This national study demonstrates that there were a significant number of MND-associated deaths in the United States, with higher rates associated with certain patient demographics. The knowledge of these trends facilitates the design of appropriate services in areas of higher need, allowing for the introduction of pathways that support more suitable care and enhanced quality of life.

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2159. CQ - Clinical Quality - Patient Centredness

Feasibility Study: The Use of the Edmonton Frail Scale in a Psychiatric Inpatient Facility

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Introduction: Frailty is an important consideration in the health and wellbeing of older adults, particularly as it is associated with a risk of falls, and mental health difficulties such as depression. There has been no validation of frailty assessment tools among older adults with Psychiatric disorders. This was a feasibility study exploring the use of the Edmonton frail scale (EFS) among patients with highly complex mental health needs within a Psychiatric Inpatient Setting with a view to develop a service integration process leading to further research.

Methods: 45 participants were recruited from 8 older adult wards across Neuropsychiatry and Medium Secure divisions. EFS assessments were completed every six months by trained members of Multidisciplinary Teams over a 12-month period.

Results: About 118 assessments were administered to approximately 45 patients, regardless of a patient's length of stay at the hospital during the 12-month period. There was a 55% assessment completion rate. This was largely the result of difficulties in administering the cognitive domain of the EFS (Clock Drawing test) to patients with highly complex mental health needs, as the completion rate was 32%. It was also quite challenging for patients to understand and comply with the assessment instructions in the Functional Performance Domain (Timed Get Up and Go Test). As a result, many assessments in this domain were conducted through covert observation of patients' movement during the course of the day. 29 of the 45 patients were found to have at least moderate level of frailty.

Conclusion: Older adults with psychiatric disorders may benefit from having an adapted assessment of the cognitive domain to promote complete administration of assessments. Prevalence of frailty is high in this setting. Continuous support towards staff engagement and education would be beneficial in promoting EFS use in determining frailty and integrating it into care planning.

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PLATFORM PRESENTATION: CLINICAL QUALITY SESSION: WEDS 15.45-16.00

2265. CQ - Clinical Quality - Patient Centredness

Patient Experience and Outcome Measures in Virtual Wards at Swansea Bay University Health Board.

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1. Department of Geriatric Medicine, Morriston Hospital, Swansea Bay University Health Board (SBUHB), Wales; 2. Virtual Wards, SBUHB, Wales

Introduction: Swansea Bay Health Board is covered by eight community clusters (240 virtual beds), each with their own Virtual Ward (VW) MDT which provides community based Comprehensive Geriatric Assessment and reablement. The VW governance structure includes the routine collection of person-centred metrics. There is no recognised PROM or PREM specifically designed for needs of frail older people and PROMs and PREMs are rarely used to inform quality and continuity in services at transitions of care (e.g. at discharge from hospital)

Methods: VW data from June 2023 to February 2024 was analysed. Patient-reported outcomes and experiences (PROMS and PREMS) were collected by the VW team at set timepoints in the patient journey. Data was collected using the PRO-MAPP digital interface ensuring inter-user consistency.

Results: 1858 VW patients, 1094 (58.9%) female, median age 86 years. The majority, 1044 (56.2%) were referred from secondary care, primarily from acute frailty services, with the remainder identified by primary care. In total, 418 PROMS and 344 PREMS were collected. PROMS - Reported improvements in mobility, self-care, usual activities, pain and anxiety & depression ($p < 0.001$) after VW input. PREMS – The majority of patients found the VW had been explained well prior to referral (84.0%), were contacted promptly (95.6%), staff were professional and friendly (100%), provided patient-centred care (94.2%), staff were contactable (92.4%), were glad they avoided or reduced the length of hospital admission (95.3%). When speaking with 72 care-givers, they were happy the patients' needs were met (100%) and the VW positively impacted their lives as carers (90.1%).

Discussion: There was high patient and care-giver satisfaction with the VW service. PROM data suggested a significant positive impact on patient outcomes. Not all the patients referred to the VW have been sampled which is a missed opportunity and there was a variability between data collection between clusters.

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PLATFORM PRESENTATION: CLINICAL QUALITY SESSION: WEDS 16.00-16.15

2246. CQ - Clinical Quality - Patient Safety

Mind the HAP – an initiative to improve the diagnosis, management and prevention of Hospital Acquired Pneumonia on Elderly Care

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Introduction: The commonest nosocomial infection in the UK is Hospital Acquired Pneumonia (HAP), associated with prolonged length of stay and mortality. The HAP incidence on Elderly care wards was > 5% of admissions, exceeding the national average. An initiative 'Mind the HAP' was launched which included doctors, nurses, pharmacists, SLTs, physiotherapists and coders to improve HAP diagnosis, management and prevention.

Methods: To monitor the effectiveness of the interventions 3 audit cycles were performed between 2019 and 2023. Several interventions were implemented between 2019 - 2023.A multidisciplinary steering committee was formed with 3 work streams (diagnosis, management and prevention). To improve the accuracy of diagnosis and management of HAP, focused educational sessions were conducted for junior doctors with monthly meetings with coders. Nurses championed implementing the HAP prevention strategies i.e. hand hygiene, mouth care and positioning at 30-45 degrees. Regular comprehensive training sessions were held. HAP awareness and education campaign was launched. Daily nursing huddles helped to identify high risk patients. Physiotherapists provide chest physiotherapy to yield sputum sample collection among pneumonia patients. An electronic dashboard of incidence of HAP against the preventative measures and sputum culture reports has been launched with help from informatics. Information leaflets on HAP were created for patient awareness. An electronic HAP power plan to facilitate diagnosis and management of HAP will be launched from February 2024.

Results: HAP incidence has dropped to < 2 %, diagnostic accuracy improved from 35% to 81%, and sputum collection has increased from 9% to 24%. The HAP Quality Improvement Project received first prize for the most impactful Quality Improvement initiative at the Trust-wide conference in 2023. The results have been shared with the regional Microbiologists.

Conclusion: The collaborative efforts coupled with effective leadership and guidance, have been pivotal to the success of "Mind the HAP" project.

2243. SP - Scientific Presentation - Cardio (Cardiovascular)

Modification effect of disability profiles on the association of blood pressure and mortality among older long-term care people

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Introduction: Evidence of the optimal blood pressure target for older people with disability in long-term care is limited. We aim to estimate the associations of blood pressure with all-cause and cause-specific mortality in older people with different profiles of disability.

Methods: This prospective cohort study was based on the government-led long-term care program in Chengdu, China, including 41,004 consecutive disabled adults aged ≥ 60 years. The association between blood pressure and mortality was analysed with doubly robust estimation, which combined exposure model by inverse probability weighting and outcome model fitted with Cox regression. The non-linearity was examined by restricted cubic spline. The primary endpoint was all-cause mortality, and the secondary endpoints were cardiovascular and non-cardiovascular mortality.

Results: The associations between systolic blood pressure (SBP) and all-cause mortality were close to a U-shaped curve in mild-moderate disability group (Barthel index ≥ 40), and a reversed J-shaped in severe disability group (Barthel index < 40). In mild-moderate disability group, SBP < 135 mmHg was associated with elevated all-cause mortality risks (HR 1.21, 95% CI, 1.10-1.33), compared to SBP between 135-150 mmHg. In severe disability group, SBP <150 mmHg increased all-cause mortality risks (HR 1.21, 95% CI, 1.16-1.27), compared to SBP between 150-170 mmHg. The associations were robust in subgroup analyses in terms of age, cardiovascular comorbidity and antihypertensive treatment. Diastolic blood pressure (DBP) < 67 mmHg (HR 1.29, 95% CI, 1.18-1.42) in mild-moderate disability group and < 79 mmHg (HR 1.15, 95% CI, 1.11-1.20) in severe disability group both demonstrated an increased all-cause mortality risk.

Conclusion: The optimal blood pressure range was higher in older long-term care people with severe disability than those with mild-moderate disability. This study provides new evidence for optimal individualised management of blood pressure in disabled older people in long-term care settings.

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2244. CQ - Clinical Quality - Improved Access to Service

Effect of long-term care insurance in a pilot city of China: Health benefits among 12,930 disabled older adults

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Introduction: The surge of disabled older people has brought enormous burdens to society. The aim of this study was to examine the impact of long-term care insurance (LTCI) implementation on mortality and changes in physical ability among disabled older adults.

Methods: This was a prospective observational study based on data from the government led LTCI program in a pilot city of China from 2017 to 2021. Administrative data included the application survey of activities of daily living (ADL), the baseline characteristics and all-cause mortality. Return visit surveys of ADL were conducted between August 2021 and December 2021. A regression discontinuity model was used to analyse the impact of LTCI on mortality. Results: A total of 12,930 individuals older than 65 years were included in this study, and 10,572 individuals were identified with severe disability and participated in the LTCI program.

Results: LTCI implementation significantly reduced mortality by 5.10 % (95 % CI, -9.30 % to -0.90 %) and extended the survival time by 33.74 days (95 % CI, 13.501 to 53.970). The ADL scores of the LTCI group dropped by 2.5 points on average, while the ADL scores of those did not participate in LTCI dropped by 25.0 points. The heterogeneity analysis revealed that the impact of LTCI on mortality reduction was more significant among females, individuals of lower age, those who were married, cared for by family members, and who lived in districts with rich care resources.

Conclusions: LTCI implementation had a favourable impact on the mortality and physical ability of participants. This research marks the first comprehensive exploration of the potential health benefits associated with the implementation of LTCI, providing valuable perspectives that can inform policy making and enhance the development of robust long-term care systems in developing countries.

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2236. SP - Scientific Presentation - Big Data

Emergency department attendance stratified by cause and frailty status: a national cohort study of over 155 million patients

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Introduction: Data are limited on whether the causes of Emergency Department (ED) attendance and clinical outcomes vary by frailty status.

Methods: Using data from the Nationwide Emergency Department Sample, all ED attendances from 2016 to 2018 were stratified by the cause of attendance and Hospital Frailty Risk Score (HFRS) category. Logistic regression was used to determine adjusted odds ratios (aOR) and 95% confidence intervals (95% CI) of ED and overall mortality.

Results: A total of 155,497,048 ED attendances were included, of which 125,809,960 (80.9%) had a low HFRS (<5), 27,205,257 (17.5%) had an intermediate HFRS (5-15) and 2,481,831 (1.6%) had a high HFRS (>15). The most common cause of ED attendance in the high HFRS group was infectious diseases (43.0%), followed by cardiovascular diseases (CVD) (24.0%) and respiratory diseases (10.2%). Musculoskeletal diseases were the most common cause of admission for the low HFRS group (21.2%), followed by respiratory diseases (20.6%), and gastrointestinal diseases (18.5%). On adjusted analysis, high HFRS patients had increased overall mortality (combined ED and in-hospital) across most attendance causes, compared to their low HFRS counterparts (p<0.001). High HFRS patients with infectious diseases (aOR 23.88 95% CI 23.42-24.34), CVD (aOR 2.58 95% CI 2.55-2.61) and respiratory diseases (aOR 36.90 95% CI 36.18-37.62) had an increased risk of overall mortality, compared to their low-risk counterparts (p<0.001)

Conclusions: A significant proportion of patients attending the ED are frail, with the cause of attendance varying by frailty status. Frailty is associated with increased overall mortality across most attendance causes.

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2332. SP - Scientific Presentation - PD (Parkinson's Disease)

Feasibility and utility of introducing handgrip strength measurement for outpatients living with Parkinson's Disease

A Barnard; I Wilkinson; C Eleftheriades; S Bandyopadhyay; S Philip

Dept of Elderly Care; East Surrey Hospital

Background: Patients living with Parkinson's disease (PD) who are sarcopenic are at significantly higher risk of falling (Cai et al., Frontiers in Neurology,2021,12,598035). Handgrip strength is a useful tool to assess for sarcopenia but is not commonly measured in clinical practice, despite the consequences that sarcopenia poses. This study aims to incorporate handgrip strength into the assessment of outpatients living with PD. Secondary objectives are to increase the understanding of whether exercise is associated with increased handgrip strength and to implement interventions for patients who are identified as sarcopenic; to improve their health outcomes.

Methods: Questionnaires were designed to gather quantitative data about patients' demographics, how frequently they fall, disease severity and their weekly exercise. These were given to patients attending the movement disorders clinic at Crawley hospital, between February and October 2023. Patients without a diagnosis of PD were excluded. Their grip strength was measured using a standardised technique with a calibrated manometer. Data was input to Microsoft Excel and analysed using Spearman's rank and Kruskal-Wallis test.

Results: Handgrip strength was obtained for 125 of 271 patients (46%) attending clinic over this period. Initially healthcare workers took 9.2 minutes to complete the questionnaire, but this improved to 4.3 minutes after updating the form. Sixteen patients were excluded, leaving 51 females and 58 males; both with a mean age of 80. Grip strength reduced with PD severity when adjusted for gender; this was significant in males ($H=51.9$, $p=0.00$) but not females ($H=4.8$, $p=0.31$). Grip strength was weakly correlated with exercise, although not significant ($r2=0.15$, $p=0.15$) but did not appear to be related to frequency of falls ($r2=0.01$, $p=0.92$).

Conclusions: Handgrip measurement can be successfully implemented into outpatient assessment. Handgrip strength could be used to monitor the effect of lifestyle change in individuals. Limitations include self-reporting bias; which activities each individual classifies as exercise.

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2344. SP - Scientific Presentation - Education / Training

The British Geriatrics Society's Training Programme Director survey 2023: A summary of our findings

S True[1]; A Koh[2]; A Arora[3]

1. University hospital Coventry; 2. London North-West University healthcare NHS Trust;
3. Midlands Partnership University NHS foundation Trust

Introduction: As we strive to generate more geriatricians we must understand the journey of the training programme. Whilst information is available from the RCP census and BGS workforce survey this study will compliment that data and obtain a broader picture. A similar survey was last undertaken by the BGS in 2019 and since that time much has changed, from a pandemic to the first published NHS Long term workforce plan.

Method: TPDs were contacted directly by the BGS VP for workforce at the geriatric medicine specialty advisory committee and invited to complete an electronic survey. The survey had been designed by the BGS workforce committee in line with the BGS strategic plan to strengthen the workforce for older people. The survey was open for 6 weeks.

Results: Surveys were returned from 14 out of 19 deaneries, some were incomplete. National training numbers have increased since the 2019 survey, in total and with less vacancies. Six trainees had left the training programme in 2023 before obtaining CCT for various reasons. The percentage of trainees working less than full time has doubled from 21.9% in 2019 to 44.8%, the majority for parenting responsibilities. Most deaneries reported at least one trainee spending time out of programme, the majority pursuing additional experience directly related to the curriculum such as stroke. Qualitative data suggested solutions to increasing national training numbers and encouraging doctors to consider the specialty early in their career.

Conclusions: This study was limited by incomplete data, a mixture of non and partial responses. What this study adds is an insight into the paths to becoming a geriatrician and solutions TPDs have found to supporting individual needs. These solutions can now be shared to help our members tend to the workforce crisis by successfully recruiting, training and retaining the geriatricians of the future.

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PLATFORM PRESENTATION: EDUCATION AND TRAINING: FRI 10.45-11.00

2224. SP - Scientific Presentation - Education / Training

What Are We Teaching UK Medical Students About Ageing? Results of the third BGS national curriculum survey

A Watson[*1]; G M E Pearson[*1,2]; G Fisher[3]; M Redgrave[4]; A Khoshnaghsh[5]; R Winter[6]; T Masud[7,8]; A Blundell[7,8]; A L Gordon[8]; E J Henderson[1,2]

1. Bristol Medical School; 2. Royal United Hospital Bath; 3. Warwick Medical School; 4. Hull York Medical School; 5. King's College London; 6. Brighton and Sussex Medical School; 7. Nottingham University Hospitals; 8. University of Nottingham

Introduction: The ageing population means all doctors, regardless of specialty, will need knowledge, skills, and attitudes to care for older people with complex health conditions. An essential component of preparing the medical workforce to best care for older people is by including teaching on ageing and geriatric medicine in undergraduate medical curricula. Here we present results of the British Geriatrics Society (BGS) national curriculum survey 2021-22, highlighting progress made in undergraduate teaching in geriatric medicine.

Methods: All 35 UK GMC-registered medical schools at the time of data collection were invited to participate in an online survey on content, methodology, timing, and duration of teaching in ageing and geriatric medicine. The survey was structured around the 2013 BGS recommended undergraduate curriculum, for consistency with previous surveys.

Results: 30/35 of UK medical schools responded (83% response rate). Most teaching occurred in the fourth year of study (21/30, 70%). The majority (15/30, 50%) reported a discrete module for geriatric medicine lasting 4-8 weeks, an increase on previous surveys. However, several programmes have reduced the amount of in-person teaching since the COVID-19 pandemic. Notably, three schools reported geriatric medicine exposure lasting >12 weeks. Of these, two were integrated clerkships and one a dedicated geriatric medicine module. There is increasing focus on multidisciplinary education, with emphasis on combining virtual or simulated teaching with other healthcare professions (n=7). Every school (n=30) taught at least one topic as small-group or case-based learning.

Conclusion: There is a trend towards increasing exposure to geriatric medicine compared to previous surveys in 2008 and 2013. However, several of the programmes reporting greater exposure incorporate geriatric medicine in an integrated clerkship rather than as a dedicated module. Programmes demonstrated a move from didactic teaching towards small-group and case-based learning, employing a wider variety of assessment methods than previous.

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2323. SP - Scientific Presentation - Big Data

Prevalence of delirium, dementia and cognitive test deficits, hospital-wide and by specialty in >50,000 unplanned admissions

E Boucher[1]; J Gan[1]; S Shepperd[2]; S T Pendlebury[1,3]

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Introduction: Over one-third of older people with unplanned admissions to hospital are frail, but data on the burden of delirium, dementia and other cognitive frailty are lacking. Reliable hospital-wide and specialty-specific prevalence estimates are needed for service-planning including understanding the role of non-geriatricians in caring for this population.

Methods: ORCHARD includes pseudo-anonymised EPR data for consecutive admissions with a length of stay of >1 day (2017-2019) to four hospitals in Oxfordshire (population=800,000). Data are collected using a standard cognitive screen comprising dementia history, delirium diagnosis (Confusion Assessment Method-CAM), and 10-point Abbreviated Mental Test-AMTS that is mandated on admission for all patients >70 years. Cognitive frailty was defined as delirium, diagnosed dementia, delirium+dementia or AMTS<8 without delirium/dementia. We analysed the ORCHARD data to determine the prevalence of delirium/cognitive frailty trust-wide and by specialty (n=29 with >50 admissions).

Results: Among 51,202 admissions with mean/sd age=82/7 years and Hospital Frailty Risk Score=8/6, any cognitive frailty was present in 34.5% (95%CI 34.0-34.9%; n=17,466) of which delirium accounted for 14.6% (n=7,411), delirium+dementia=9.4% (n=4,757), dementia=7.5%, (n=3,784), AMTS<8=3% (n=1,514). The prevalence of cognitive frailty in general medicine, general surgery and trauma/orthopaedics, which accounted for 80% of admissions (n=41,016), was 41% (n=13,879), 21% (n=801) and 35% (n=1,304) in each, respectively. The prevalence was 44% in geriatric medicine admissions (n=133/301), 36% in palliative (n=128/356), 29% in stroke (n=135/468), 27% in infectious disease (n=41/152), 22% in neurosurgery (n=154/702) and 10-20% in all other specialties except two. Delirium was the most prevalent form of cognitive frailty in 24/29 specialties.

Discussion: Cognitive frailty is common in older unplanned hospital admissions across a broad range of specialties, with delirium accounting for most cases. Our findings support the need for hospital-wide and specialty-specific training and service development to reflect the needs of these older complex patients and increased emphasis on delirium in policy.

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2250. SP - Scientific Presentation - Other (Other medical condition)

A Mixed-Method Feasibility Study of an Intervention to Reduce Sedentary Behaviour in Community-Dwelling Older Adults Aged ≥75 Years

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Introduction: Older adults are the fastest growing and most sedentary group in society. With sedentary behaviour associated with negative health outcomes, reducing sedentary time may improve overall wellbeing. This single-arm mixed-method feasibility study explored the acceptability of an intervention to reduce sedentary behaviour in community-dwelling older adults aged ≥75 years.

Methods: Participants were recruited from the Community Ageing Research 75+ Study (CARE75+) cohort, with factors such as age, frailty status, living arrangements and levels of sedentariness being considered. The intervention consisted of an educational booklet including advice on how to reduce sedentary behaviour, a smartwatch with a sedentary reminder function, educational group sessions and follow up phone calls. The 9-week intervention was conducted from June-August 2023. Reach, uptake, adherence, and adverse events were recorded, and the acceptability of the intervention was explored through semi-structured exit interviews.

Results: Of the 39 eligible participants, 10 consented (5M:5F) and had a mean age 84.3 years. The intervention had an uptake and reach of 25.6%, and retention of 100%. No falls, hospitalisations or deaths occurred, and three cases of mild irritation were reported which resolved during the study. 100% adherence was observed for the group sessions and follow-up phone calls, and 65% for self-monitoring. Qualitative data suggests that participants were receptive of the intervention according to the domains of the Theoretical Framework of Acceptability, and suggestions were provided on refining the intervention components.

Conclusion: Strategies to reduce sedentary behaviour were tested on a diverse sample of community-dwelling older adults in the oldest old age group, with varying levels of sedentary behaviour and frailty status. The presented strategies appear to be acceptable, appropriate, safe, and high levels of adherence were observed. Participant feedback will be used to refine the intervention.

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2241. SP - Scientific Presentation - Education / Training

"You learn by doing, and by falling over": A simulation-based approach to frailty, falls and fractures.

A Price[1]; B Robbins[1]; D Hettle[1]; G M E Pearson[2,3]

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Background: Studies show that newly qualified doctors feel unprepared for clinical practice in several key areas in the care of older people, despite older people occupying two thirds of inpatient beds [1,2]. Grounded in experiential learning theory, simulation has been hugely effective in undergraduate education in geriatric medicine [3]. We aimed to evaluate a novel simulation series exploring practically challenging aspects of geriatric medicine, such as 'silver trauma' and using de-escalation strategies in the management of delirium.

Methods: Using quality improvement methodology, we developed two inpatient simulation scenarios for fourth-year medical students on their geriatric medicine clerkships. The scenarios (managing delirium and post-falls assessment) are commonly encountered during on-call shifts, with learning outcomes aligned to Outcomes for Graduates. Our initial cycle involved eight students piloting the two scenarios and evaluation tool. Using their feedback, we will iteratively improve the methods and evaluation before repeating and obtaining pre- and post-simulation data on students' 'preparedness for F1'.

Results: Following the pilot, 100% of participants agreed that they felt more prepared for clinical work in geriatrics as an F1 doctor. 12.5% felt confident assessing a patient following a fall pre-session, which increased to 100% afterwards. Confidence in using de-escalation techniques in managing delirium improved from 50% (pre-) to 100% (post-session). Common themes in free-text feedback were that the simulation felt realistic and effectively tested prioritisation.

Conclusion: Our work highlights the merits of using simulation in geriatric medicine to help undergraduates prepare for the complexities and uncertainty involved in caring for the ageing population.

References: 1. Monrouxe LV, Grundy L, Mann M et al. BMJ Open. 2017;7(1).
2. British Geriatrics Society. Protecting the rights of older people to Health and Social Care [Internet] 2023.
3. Fisher JM, Walker RW. Age and Ageing. 2013 Dec 18;43(3):424–8.

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2251. SP - Scientific Presentation - Education / Training

Geriatric Medicine Competencies Required by all Hospital Doctors Caring for Older Adults: A Scoping Review

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Introduction: An ageing population globally has created an escalating demand for age-attuned healthcare services. Most older adults will continue to receive their medical care from doctors without specialised geriatric medicine training. It is important therefore that all doctors possess fundamental gerontological competencies. Which specific competencies and how they might best be integrated into medical education remain unclear. Our aim was to summarise the literature on the geriatric medical competencies required by all doctors caring for older adults.

Methods: We undertook a scoping review following Arksey and O'Malley and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for scoping reviews (PRISMA-ScR). We systematically searched the electronic databases PubMed, Cochrane, Cinahl, PsycInfo, ERIC and Embase for eligible records from January 2012 to December 2022. Studies related to physician or doctor or resident and competencies or curriculum or education and geriatric medicine or gerontology were included. We also searched the websites of included countries' medical specialty professional bodies for relevant competency frameworks.

Results: Eighty-seven sources were included in the review. The most common competencies identified were medication management, recognition and management of cognitive impairment and management of chronic disease and co-morbidities. Considerable heterogeneity existed amongst the remaining competencies identified including interprofessional communication skills, advanced care planning and discharge planning. Competencies addressing subspecialty areas including stroke, orthogeriatrics, movement disorders were less prominent.

Conclusion: Multiple attempts to create and implement competency frameworks on local, national, and international levels in addition to educational interventions to address competency gaps locally reflect the wide-ranging challenges faced by healthcare systems in caring for an ageing population. Significant variation in competencies exists amongst the sources included in this scoping review. An overarching competency framework is now necessary to define the required competencies for all hospital doctors caring for older adults.

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2358. CQ - Clinical Quality - Clinical Effectiveness

Evaluation of a Novel Screening Protocol for Respiratory Viral Infections in Long-Term Care Homes

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Introduction: Respiratory viral illnesses (RVI) pose a serious threat to LTC residents. Those with frailty often experience non-specific presentations causing delayed diagnosis and treatment of infection. To facilitate early RVI detection, a screening protocol was developed to evaluate changes in cognitive and functional status of LTC residents using the Single Question in Delirium (SQiD) with new Single Question in Functioning (SQiF) and Single Question in Reduced Mobility (SQiRM). This study aims to address: (i) If novel (SQiD/SQiF/SQiRM) screening was superior to public health in detecting COVID-19 in LTC, and; (ii) Did combining the novel and public health screening improve detection of COVID-19

Methods: The novel screening protocol was integrated into daily screening for RVI at three LTC homes in Nova Scotia, Canada. Daily assessments were recorded in consenting residents. If any of the novel protocol was positive, the 4As Test (4AT) and Hierarchal Assessment of Balance and Mobility (HABAM) were evaluated and a positive 4AT and/or HABAM triggered an RVI swab for COVID-19. Area under the curve (AUC,) sensitivity and specificity analysis using PCR tests as the reference criterion was utilized. Between October 2021 to February 2024, 378 LTC residents consented to participate, resulting in 142 positive COVID-19 PCR tests.

Preliminary results: show public health screening had a sensitivity of 68.3%, specificity of 52.1% and AUC of 0.60. Novel protocol exhibited sensitivity of 12.0%, specificity of 85.2% and AUC of 0.49. Combining public health and novel screening yielded a sensitivity of 80.3%, specificity of 32.3% with a AUC of 0.59.

Conclusions: Preliminary results suggest that incorporating public health and novel protocol screening for daily RVI assessments in LTC is advantageous. Predictive accuracy is slightly less with combined screening, but sensitivity of the combined screening protocols remains high.

Other information: Ethical approval obtained from Nova Scotia Health Research Ethics Board # 1026558 .

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2342. SP - Scientific Presentation - Big Data

A comprehensive profile of a retrospective care home cohort using linked health and social care data

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Introduction: Many UK care home (CH) residents live with multiple long-term conditions, leading to high levels of healthcare utilisation. Previous studies have used routine data to describe their health and social care characteristics separately. Accurately identifying when an individual is admitted to a CH from routine data is challenging. This study aims to provide a combined health and social care profile of a cohort of long-stay CH residents, at the point of admission, using linked primary, secondary and social care data.

Methods: Individuals aged 65 and over registered to a GP practice contributing to the 'Connected Bradford' dataset who were admitted to a CH between January 2016 and December 2019 were included. Start and end dates for social care packages (nursing and residential) were identified from local authority social care data. Respite and reablement packages were excluded. Complete self-funders were not identified with this method. Linked secondary and primary care data were used to describe health characteristics. CH residents identified using primary care records and local authority data will be compared.

Results: 2,801 individuals were admitted to a CH during the study period of whom 2,048 (73%) were long-stay residents (>6 weeks). Only 70% of participants identified using local authority data, had a primary care code indicating CH residency in their primary care records. Median length of stay was 272 days (IQR 63 to 480). Mean age at admission was 85 years (SD 8), median Index of Multiple Deprivation decile five. 59% of residents required nursing care from admission. 79% of individuals were taking 5 or more medications.

Conclusions: Using local authority data offers a novel way to identify and characterise CH residents. Linkage of primary care records to local authority data improves identification of CH residents using routine data. Additional linkage with address history would further improve accuracy.

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2239. SP - Scientific Presentation - Education / Training

Making Frailty Practice Robust – Using e-Learning to Facilitate Frailty Education

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Introduction: Frailty is a condition with increasing prevalence in the UK and significantly impacts the lives of those affected and their families. Frailty is a condition best managed by teams of skilled multi-disciplinary health and social care professionals (HSCPs). It is therefore essential that all HSCPs working with older people living with frailty are equipped with the appropriate knowledge and attitudes to look after affected persons.

Methods: In 2023, The British Geriatric Society (BGS) and NHS England (NHSE) collaborated to produce an online e-learning programme aligned to tier three of the NHS Skills for Health Frailty framework of core capabilities. The e-learning programme was launched in September 2023 and was made available for free to all who signed up. It contained four modules: Understanding and Communicating Frailty, Identifying Frailty, Supporting People Living with Frailty and Building Systems Fit for Frailty. Learning was provided through case-based discussions, best practice examples and input from the full range of HSCPs who now deliver frailty care. `

Results: Between September 2023 and January 2024, over 4000 HSCPs registered for the online module. A wide range of HSCPs signed up for the module with nursing staff, advanced clinical practitioners, consultant geriatricians and physiotherapists, being the groups most commonly represented. 92% of those who completed the module agreed or strongly agreed that the course helped develop knowledge, understanding and confidence in frailty. 91% of those who completed the module said completion of the course would help them to further improve patient care and clinical practice. Areas identified to enhance the module further included addition of more case studies and making the resource more adaptable to all UK regions.

Conclusions: e-Learning can be an effective facilitator of frailty education for a wide range of HSCPs. Ongoing review of learner feedback should be undertaken to inform future programme updates.

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2284. SP - Scientific Presentation - Education / Training

NHS Staff Experiences of Racism from Patients and Carers: Survey from a London Older Persons Service

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Introduction: There is growing awareness of the harms caused by racial abuse and discrimination from patients towards healthcare professionals, including anecdotal reports of patients 'requesting a white doctor' (Kline, BMJ Opinion, 2020); yet there is limited understanding of the impact in Geriatric settings. We conducted a survey in an inpatient Older Peoples Service (OPS) on the prevalence, impact and actions taken in response to patient racism towards staff.

Methods: A cross-sectional survey (Total N=47; Black and Minority Ethic (BME) staff: N=32; White staff: N=15) of staff experiences of racist behaviour from patients and carers (July 2021) in a tertiary level inpatient OPS in an ethnically diverse London borough, both in terms of patients and staff, in the United Kingdom. The survey was developed in collaboration with OPS staff and the BME network. The anonymous survey was offered to all nurses, doctors, allied healthcare professionals and non-clinical staff on two 26-bed wards.

Results: Sixty-nine percent (22/32) of BME staff had personally experienced racist behaviour from older patients, while witnessing racism towards colleagues was reported by 62% (18/29) of BME staff and 80% (12/15) of White Staff. Sixty-seven percent (30/45) of respondents had witnessed a patient request a different ethnicity of healthcare professional. The majority of racist incidents went unchallenged and unreported with only 39.1% challenging the patient or carer, 21.7% reporting to a senior and 8.7% reporting via the electronic incident reporting system. The impact of such incidents on staff well-being included self-reported depression (56%, n=11/21), anxiety about work (28%, n=6/21) and insomnia (14%, n= 3/21).

Conclusion: With an ageing population, staff recruitment and retention in Geriatrics is critical. Comprehensive policies that have a zero-tolerance approach to racism, support staff and encourage reporting are crucial. Future research that considers the impact of mental capacity and cognitive impairment would be beneficial.

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2142. SP - Scientific Presentation - E&L (Ethics and Law)

Shared Decision-Making on Treatment Escalation Planning in the acute medical setting for older patients: a qualitative study

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Introduction: Shared Decision-Making (SDM) is increasingly expected in most aspects of UK medical practice and can be particularly important for older patients to guide goals of care. Treatment Escalation Plans (TEP) summarise medical intervention to be attempted in the event of acute deterioration. Current guidance advocates SDM in TEP but it is unclear whether this is considered practicable by clinicians. This study aims to understand clinicians' perspectives on SDM in TEP for older patients in the acute medical setting.

Methods: This was a qualitative study following a relativist constructivist approach. 26 consultant and registrar doctors were recruited from general internal medicine, intensive care, palliative care and emergency medicine. A clinical doctoral student conducted semi-structured interviews including vignettes of older multi-morbid patients with capacity to discuss treatment escalation. Reflexive thematic analysis was performed. Ethics approvals were obtained from the Health Research Authority 22/HRA/4387.

Results: Three themes were generated: 'An unequal partnership', 'Options without equipoise' and 'Decisions with shared understanding'. SDM incorporating patient preferences with clinical opinion was seldom perceived to be appropriate. Clinical complexity and use of intuition, together with lack of perceived moral equipoise, motivated clinicians to develop medically acceptable TEPs. Shared understanding with the patient and family and avoiding conflict were important.

Conclusions: Contrary to current guidance, SDM was considered a potential barrier to formulating appropriate TEPs in the acute medical setting. This study suggests potential incompatibility between policies prioritising patient autonomy and the right to make unwise decisions, and those stating clinicians' prerogative to determine realistic chance of treatment success and not provide intervention considered medically inappropriate.

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WITHDRAWN

2225. SP - Scientific Presentation - HSR (Health Service Research)

Geriatric patients in virtual wards; technology adoption style, ease of use, and adherence to remote monitoring technology

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Introduction: NHS England is committed to the expansion of virtual wards, necessitating patient engagement with home care technology. Literature suggests there is a technology adoption lag among older populations. We investigated if this lag was evident in geriatric virtual ward patients.

Methods: Data from three NHS trusts using a virtual care platform (March 2021-August 2023) were aggregated to assess differences in perceived ease of use, technology adoption style, and measures of adherence. All patients received the Telehealth Usability Questionnaire Ease of Use (EOU) subsection (higher scores indicate higher EOU). Patients completed surveys via tablet, wore monitoring devices, and took blood pressure readings. We dichotomised age (<75 vs. 75+) and used Fisher's exact and Wilcoxon-Mann-Whitney tests.

Results: Of 857 patients, 36.9% were geriatric (mean age 81.5 years). The younger group (mean age 59.1 years) had 541 patients. Gender was evenly split between age groups (p=0.62). Median EOU scores were 5.5 (geriatric) and 6.2 (younger) (p<0.001). Geriatric patients were more likely to avoid or delay technology adoption (82% vs. 56% in younger patients, p<0.001). Geriatric patients had higher adherence to the wearable device (median 95.3%) compared to younger patients (93.3%, p<0.001). Blood pressure (median 81.6%) and survey adherence (median 83.3%) did not significantly differ between groups (p=0.076, p=0.0501).

Conclusions: Despite perceptions and literature suggesting older patients are less comfortable with technology, our findings demonstrate high engagement in virtual ward technology. While differences exist in technology adoption and EOU scores, geriatric patients exhibit equal or higher adherence to remote monitoring tasks. These results challenge stereotypes and underscore the importance of incorporating technology in geriatric care.

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2287. SP - Scientific Presentation - HSR (Health Service Research)

Residents with dementia had an increase in BMI after the introduction of an extra meal in nursing homes in Norway

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Introduction: The past decade, many nursing homes in Norway have introduced an extra meal daily, with a hot lunch, and pushing dinner to later in the day. This initiative aims to reduce the long-time interval between breakfast and supper. This study examines how an extra meal affects the residents' body mass index (BMI) at nursing homes in Norway. Research questions include how an extra meal affects BMI among residents in the dementia unit.

Method: We used a cross-sectional design to analyse data from residents over 65 years old in dementia care units. Both parametric and non-parametric statistical tests were used to evaluate changes in BMI.

Results: The results of the study show that the dementia unit experienced an increase in BMI following the introduction of an extra meal. At most, we saw a weight gain of up to 7 kg over two years among residents. Our study reveals that the introduction of an extra meal resulted in a slight increase in BMI among the residents with dementia, which does not correspond with previous studies indicating malnutrition among these residents. The dementia disease reduces functional abilities, and challenges related to mealtime behaviour, restlessness, and depression can lead to weight loss. The fact that our results show a slight increase in BMI at the dementia units may be related to these residents often being troubled with restlessness and not finding the peace to consume a full meal. By introducing an extra meal, the total food intake increases since residents still eat a little at each meal, and focusing more on accommodating each resident might have influenced the increase in BMI values.

Conclusion: The study indicates that the introduction of an extra meal has a positive effect on the BMI value of residents with dementia in nursing homes.

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PRESIDENT'S ROUND: THURSDAY

2327. SP - Scientific Presentation - PD (Parkinson's Disease)

Delirium predicts poor outcomes in Parkinson's Disease

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Introduction: Reported delirium prevalence in inpatients with Parkinson's disease (PD) varies widely across the literature and is often underreported. Delirium is associated with an increased risk of institutionalisation, dementia, and mortality, but to date there are no comprehensive prospective studies in PD. We aimed to determine delirium prevalence in PD compared to older adults and its associated risk with adverse outcomes.

Method: Participants from the 'Defining Delirium and its Impact in Parkinson's Disease' (DELIRIUM-PD) and the 'Delirium and Cognitive Impact in Dementia' (DECIDE) studies were included. People with PD (DELIRIUM-PD) or older adults from the Cognitive Function and Ageing Study II – Newcastle cohort (DECIDE) admitted to hospitals in Newcastle were approached to take part. Delirium was assessed prospectively using the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition criteria. Outcomes were determined by medical note reviews and home visits 12 months post discharge. Cox regression or binary logistic regression were used to evaluate the effect of delirium on institutionalisation, dementia, and mortality, independent of covariates.

Results: Delirium developed in 66.9% (n=81/121) of PD participants compared to 38.7% (n=77/199) of controls (p<.001). Delirium was associated with a significant increased risk of developing dementia in one year in PD (OR=6.1 (1.3-29.5), p=.024) and in controls (OR=13.4 (2.5-72.6), p=.003). However, in only PD participants, delirium was associated with a significantly higher risk of institutionalisation (OR=10.7 (2.1-54.6), .004) and mortality (HR=3.3 [95% CI 1.3-8.6], p=.014).

Conclusion: This is the first comprehensive prospective study of delirium in PD, showing that over two-thirds develop delirium during hospitalisation compared to a third of older adults. Delirium in PD is associated with a significant risk of dementia, institutionalisation, and death in one year. Furthermore, this is the first study to show that PD increases the risk of mortality and institutionalisation over and above a delirium in older adults.

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PRESIDENT'S ROUND: THURSDAY

2318. SP - Scientific Presentation - Psych (Psychiatry & Mental Health)

The interrelationship between multiple long-term conditions (MLTC) and delirium: A scoping review

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Introduction: Delirium and multiple long-term conditions (MLTC) share numerous risk factors and have been shown individually to be associated with adverse outcomes following hospitalisation. However, the extent to which these common ageing syndromes have been studied together is unknown. This scoping review aims to summarise our knowledge to date on the interrelationship between MLTC and delirium.

Methods: Searches including terms for delirium and MLTC in adult human participants were performed in PubMed, EMBASE, Medline, Psycinfo and CINAHL. Descriptive analysis was used to summarise findings, structured according to Synthesis Without Meta-analysis reporting guidelines.

Results: After removing duplicates, 5256 abstracts were screened for eligibility, with 313 full-texts sought along with 17 additional full-texts from references in review articles. 151 met inclusion criteria and were included in the final review. Much of the literature focusing on hospitalised participants (n=140) explored MLTC as a risk factor for delirium (n=125). Fewer studies explored the impact of MLTC on delirium presentation (n=5), duration (n=3) or outcomes (n=6) and no studies explored how MLTC impacts the treatment of delirium or whether having delirium increases risk of developing MLTC. The most frequently used measures of MLTC and delirium were the Charlson Comorbidity Index (n=107/151) and Confusion Assessment Method (n=88/151), respectively.

Conclusion: Existing literature largely evaluates MLTC as a risk factor for delirium. Major knowledge gaps identified include the impact of MLTC on delirium treatment and the effect of delirium on MLTC trajectories. Current research in this field is limited by significant heterogeneity in defining both MLTC and delirium.

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POSTER

2216. CQ - Clinical Quality - Improved Access to Service

Geriatric overactive bladder and Botulinum toxin A: Feasibility and tolerability in the outpatient setting under local anaesthetic

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Introduction: Urinary incontinence significantly impacts the lives of older adults increasing their susceptibility to falls, social isolation and long term care Intravesical Botulinum Toxin A (Botox) offers a well-established treatment for overactive bladders in women. In select centres, it can be administered under local anaesthetic, allowing access for frailer patients at higher risk from general anaesthetic and in whom anti-muscarinic therapies are best avoided. This project performed an analysis of geriatric patients who underwent intravesical Botox under local anaesthetic in an outpatient setting and assessed the tolerability and feasibility.

Method: 50 women (mean age 66, range 34-88) with overactive bladders underwent Botox administration in 2023. The procedure utilised local anaesthesia (Instillagel) while patients held a supine position with abducted hips on an outpatient couch. A LiNA OperaScope and injeTAK® needle facilitated administration. A sub-analysis focused on patients aged 75+. Pain levels were compared to past cervical smear experiences for reference.

Results: All 50 patients successfully completed the procedure. 15 were aged 75+ (mean 80.8, range 76-88), with 8 classified as "frail" based on the Prisma 7 score (mean 2.3, range 0-5). The geriatric cohort reported lower average pain levels (1.8/10, range 1-3) compared to the non-geriatric group (2.2/10, range 1-5). Both groups pain perception was also lower than for past smears (2.9/10, range 1-4 vs. 3.4/10, range 1-7). Total 'operative' time was <3 minutes for all patients. Two non-geriatric participants experienced post-procedure UTIs, successfully treated with oral antibiotics (Clavien-Dindo II).

Conclusion: Intravesical Botox under local anaesthesia demonstrated promise as a safe and well-tolerated treatment for geriatric patients with overactive bladder, where lower levels of pain were reported compared to their younger counterparts. Tolerability was also better than previous smear tests and notably offers a relatable and novel comparison point to facilitate clearer counselling for patients and their families regarding this procedure.

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POSTER

2143. CQ - Clinical Quality - Patient Centredness

Minimal Ingredient Wipes for Geriatric Care

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Introduction: Wipes are a practical solution for cleansing skin and widely used in children, neonates, and in geriatric care. Effective cleansing requires low liquid surface tension (<40 mN/m), and many wipes contain surfactants to achieve this [1, 2]. However, these compounds may cause dryness, itching, irritation, and inflammation [1]. Age-related degeneration in skin suppleness decreases skin viability, often leading to irritation and incontinence-associated dermatitis, especially in frail nursing home residents [3]. By utilising purification technology, it is possible to lower liquid surface tension for cleansing and mitigate negative skin reactions caused by surfactants and additives. One minimal ingredient surfactant-free wipe (SF-wipe) achieves a solution surface tension of <35 mN/m, facilitating effective cleansing without surfactants [2]. These SF-wipes demonstrated superior results in a prospective study where neonates experienced significantly fewer days of clinically significant irritant diaper dermatitis [4]. The aim of this exploratory study was to understand current behaviours around personal hygiene and attitude towards SF-wipes in nursing homes.

Method: Four nursing care homes (n=71 residents) received SF-wipes to trial. Feedback on effects and usability was gathered through interviews and reported qualitatively.

Results: Nursing staff indicated that the SF-wipes were soft, non-drying, non-abrasive, and facilitated faster in-bed bathing versus previous methods. Using SF-wipes did not lead to skin irritation in most residents, though some experienced transient skin coldness after use.

Conclusions: The high prevalence of skin conditions like incontinence-associated dermatitis in nursing home residents [5] means SF-wipes may prove beneficial versus surfactant-containing wipes, mirroring findings in neonates. Further studies are needed to prove this.

References: [1] Liu L. J Cosmet Sci. 2020;71(2):91–109; [2] WaterWipes data on file; [3] Hurlow J and Bliss DZ. Geriatr Nurs. 2011;32(4):257-62; [4] Price A, et al. Pediatr Neonatol. 2021;62(2):138–45; [5] Völzer B, et al. Int J Nurs Stud. 2023;141:104472

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2254. CQ - Clinical Quality - Patient Centredness

Improving the quality and breadth of advance care planning discussions on gerontology wards in an acute London trust

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Introduction: Advance care planning (ACP) offers people the opportunity to plan their future care whilst they have capacity to do so and is supported by national guidance. Decisions regarding future care are more likely to be individualised and holistic when patients and their significant others are involved. This QI project aimed to address this by increasing the frequency of ACP discussions being offered and recorded on gerontology wards in an acute London Trust.

Method: A multi-professional steering group was established to improve ACP using PDSA methodology. A new ACP toolkit, training programme and electronic flowsheet (within the hospital's patient record system) were implemented. ACP documentation quality was audited on gerontology wards pre and post implementation (over one to four months respectively). Data was compared using Pearson's Chi-squared test.

Results: ACP flowsheets were completed by junior and senior doctors, and clinical nurse specialists in frailty and palliative medicine. The initial audit found disparity between documented topics of ACP conversations, with cardiopulmonary resuscitation recommendations being most discussed. Post implementation, 24 ACP flowsheets were reviewed, showing that more ACP topics were documented where these conversations were had; preferred place of death increased from 24% to 60% (p 0.011); treatment escalation plan increased from 41% to 75% (p 0.014); preferred place of care increased from 59% to 71% (p 0.066). Topics not showing significant improvement in documentation (despite inclusion in the flowsheet) were spiritual needs, information needs and prognostic discussion, broader social needs and what was most important to the patient.

Conclusion: The implementation of an electronic ACP flowsheet improved documented ACP conversations in some topics, guiding healthcare professionals to deliver care that aligns with peoples' wishes and preferences. Documented conversations became easier to access, review and audit. Work is still needed to promote ACP conversations being centralised around what matters most to patients.

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POSTER

2294. CQ - Clinical Quality - Patient Centredness

Improving communication and documentation in patients receiving End of Life care

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Royal Berkshire NHS Foundation Trust

Introduction: Improvement project in response to several bereavement meetings with families reporting concerns with communication and care received during their loved ones' end of life care (EOLC).

Methods: Retrospective review of 79 inpatients documentation who died between August 2021-March 2022 in comparison against the Royal College of Physicians National Care of the dying audit to identify targets for intervention. Survey of 22 members of ward staff between (January-March 23) including medical, nursing, and allied health professionals to understand confidence, clinical knowledge and available resources to care for EOL patients and families.

Results: Retrospective audit showed 13.9% of families expressed concerns about EOLC received. Discussions held of the potential for progression into EOLC were 82.4% of cases and that of approaching the terminal phase of life 83.5%, which is similar to the national findings of 83% and 79% respectively. There was an absence in offering holistic support to families and patients like food vouchers, parking permits, and referral to chaplaincy team at only 27.8% cases. This theme was seen in the staff survey, with 16.5% of staff suggesting offering parking permits and 15.2% suggesting food vouchers. The survey also highlighted the relative lack of confidence of allied health professionals 5.9/10 vs the remaining team average of 8.1/10 when providing EOLC.

Conclusions: The audit and survey identified gaps in patient care and communication for our ward staff. To improve quality of care, teaching sessions in collaboration with palliative care team are set to start for ward staff. To improve communication, two proformas were developed; one tackles patient and family communication preferences in cases of acute health deterioration. Another proforma aims to standardise death verification documentation across the trust. These are first cycle interventions to help improve patients and families holistic.

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POSTER

2259. CQ - Clinical Quality - Patient Safety

Assessing Antibiotic Usage on a geriatric ward

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Croydon university Hospital

Introduction: The World Health Organisation lists antibiotic resistance as one of the biggest threats to global health [1]. We contribute to this as clinicians, through errors such as delayed review of prescriptions or prescribing against local trust guidelines.

Method: We have carried out a quality improvement project to improve antibiotic prescriptions on a geriatric ward at Croydon University Hospital. We carried out a fortnightly cross-sectional analysis of the antibiotic prescriptions on a geriatric ward. This included looking at the antibiotic prescribed, indication, duration, route of administration and presence of a review date. These were then compared to trust guidelines. After the first 8-weeks, we delivered a departmental teaching session on antibiotic prescriptions. We then re-audited the prescriptions. Following this, we sent out weekly email reminders on locating trust guidelines and information on prescriptions. We then re-audited following this. Finally, we created an e-learning resource to deliver to the ward on antibiotic prescriptions. We are planning to deliver this to the ward and re-audit afterwards.

Results: Initially, up to 90.0% of prescriptions differed from trust guidelines. Common reasons for differences when compared included incorrect drug prescribed, incorrect frequency of dosing, or non-specific indications leading to difficulty comparing. Following all interventions, approximately 32% of prescriptions differed from trust guidelines. This showed sustained improvement across 2 complete PDSA cycles (plan, do, study, act). A 3rd PDSA cycle is ongoing at present and preliminary data has shown approximately 28% of prescriptions differed from trust guidelines.

Conclusion: This quality improvement project has successfully contributed to a reduction in prescription errors and safe prescribing. We will continue to provide information to our colleagues on antibiotic stewardship, to further encourage safe prescribing. [1]. Antibiotic resistance (2020) World Health Organization. Available at: https://www.who.int/news-room/fact-sheets/detail/antibiotic-resistance (Accessed: May 2023).

POSTER

2275. CQ - Clinical Quality - Patient Safety

Enhancing Delirium Awareness Among Patients' Relatives: A Quality Improvement Project in Elderly Care

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Aim: This Quality Improvement Project (QIP) addressed the pressing need for increased awareness of delirium among patients' relatives. With a 26% rise in the elderly population in Cambridgeshire, surpassing the 18.6% national average, the project provides crucial information to enhance patients' relatives access to information about delirium, a condition affecting up to 50% of older hospitalised patients.

Method: This prospective QIP was conducted across seven Cambridge University Hospital (CUH) geriatric wards. Qualitative surveys determined delirium awareness, understanding, interest and perception of information availability among patients' relatives with delirium. Measurements included data on the views of online Trust delirium information. Interventions included designing a new eye-catching delirium information poster with a QR code linked to the Trust delirium information leaflet, strategically placing QR code-enabled posters in wards, awareness campaigns targeting healthcare professionals, liaison with the inpatient Dementia team, and targeted communication at Dementia and Delirium Champion training sessions for nursing and healthcare staff.

Results: Pre- and post-intervention questionnaires, involving 13 relatives visiting these wards, showed a 16%, 10% and 20% respective increase in respondents' awareness, understanding, and interest in delirium. There was a 29% increase in awareness of location of delirium information post intervention. After the interventions, views of the Trust delirium website increased by 132%. Cycles of the QIP highlighted the importance of laminated posters to comply with infection control measures and the need liaison with ward teams about strategic poster placement.

Conclusion: this QIP successfully demonstrated the effectiveness of QR code enabled access to patient/relative information and that a multi-faceted approach is required to facilitate effective information provision. We also demonstrated these measures increased delirium awareness in relatives. Future recommendations include continuous monitoring of the availability of posters within clinical areas, content evaluation, and work with the Dementia team to roll this out to all wards with older people within Trust.

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2328. SP - Scientific Presentation - HSR (Health Service Research)

Knowledge of dying in place and preferences for place of death among older adults in Hong Kong

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Introduction: The preference for place of death and the concept of dying in place have been subjects of debate in numerous jurisdictions. Despite the growing prevalence of ageing populations and the increasing demand for dying in place, there is a limited body of literature exploring older adults' knowledge of dying in place and their preferences for the place of death. In Hong Kong, there are ongoing legislative efforts to revise the policy on dying in place. This study aims to investigate the knowledge of dying in place and the preferences for the place of death among older adults in Hong Kong.

Methods: This cross-sectional study recruited 503 older adults. A questionnaire was disseminated through online social media platforms and face-to-face interview. ANOVA was conducted to compare the differences in knowledge scores among participants with varying preferences for the place of death.

Results: Participants demonstrated a sub-optimal knowledge level (mean = 3.55; range 0-8). Notably, 54.7% of participants were unaware of the existing law that regulates dying in place in Hong Kong, and 43.5% did not know about the availability of community resources to support patients who choose to die at home. A greater number of participants (55.5%) preferred to die at home. Other preferences included hospital (18.9%), hospice (17.1%), and care home (8.5%). Participants who preferred to die at home exhibited a higher knowledge score (mean 3.84) compared to those who preferred to die in hospital (mean = 2.79) ($F = 5.323$, $p = 0.001$).

Conclusions: The findings of this study provide insights that can inform the revision of current policies, the enhancement of community resources supporting dying in place, and the strengthening of life and death education targeted at older adults.

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2350. SP - Scientific Presentation - HSR (Health Service Research)

A Scoping Review of Guidelines and Resources to Promote Evidence-Based Prescribing for Older People with Sensory Impairment

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Introduction: By 2030, hearing impairment is expected to affect one in four people globally (WHO, 2022) and one in five in the UK (Hearing Link, 2023). Visual impairment is projected to impact 2.7 million people in the UK by 2030 (ONS, 2020), rising to 4 million by 2050. The prevalence of hearing and visual impairment (hereafter referred to as sensory impairment (SI)) increases with age and older people with SI often experience substantial challenges with medicine management compared with older people without SI (Alhusein, 2019). This review aimed to identify guidelines and resources for prescribing decisions for older people with sensory impairment (OPwSI).

Methods: Standard Joanna Briggs Institute [JBI] methodology (Page, 2021) for scoping reviews was used. Electronic databases were searched: MEDLINE (Ovid), EMBASE (Ovid), Cochrane Library, and Cumulative Index to Nursing and Allied Health Literature (CINAHL). Qualitative and quantitative studies published between January 2012 and April 2023 were included. Grey literature sources, including Google and Google Scholar, were also searched. Eligible studies focused on prescribing behaviour for OPwSI (aged ≥ 65 years) in primary care settings. Duplicate independent screening and data extraction was undertaken and critical appraisal completed for all included studies.

Results: A total of 3,590 records were identified through database searching and 10 full text articles were retrieved. Grey literature identified a further 61 records. Despite extensive searches, no studies or resources fulfilled the inclusion criteria. Several generic guidelines and resources were identified related to medicines and safe prescribing for older adults in general i.e., without specified SIs.

Conclusions: This review highlights a dearth of guidelines or other resources to support safe and effective prescribing for OPwSI. There is an urgent need to provide bespoke guidance and/or the modification of existing guidelines, to address the additional medicine-related needs of OPwSI.

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2319. SP - Scientific Presentation - Other (Other medical condition)

Deficits comprising multi-dimensional frailty indices based on routine data: sub-analysis of a scoping review

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Introduction: The frailty index (FI) is a frailty assessment tool calculated as the proportion of the number of deficits, or "things that individuals have wrong with them", to the total number of variables in the index. Routine health and administrative databases are valuable sources of deficits to automatically calculate FIs. There is large heterogeneity in the deficits used in FIs. This sub-analysis of a scoping review on routine data-based FIs aimed to describe and map the deficits used in multi-dimensional FIs.

Methods: Seven databases were searched to find literature published between 2013 and 2023. The main inclusion criterion was multi-dimensional FIs constructed from routinely collected data. Multi-dimensional FIs should have deficits in at least two of the following categories: "symptoms/signs", "laboratory values", "disease classification", "disabilities", and "other".

Results: Of the 7,526 publications screened, 57 distinct FIs were identified from 56 included studies. Most FIs were developed in the USA (n=15) and in hospital settings (n=19). The most dominant data source of deficits to calculate the FIs was hospital records (n=21). Twenty-five FIs were developed for specific conditions and populations, for example, cancer, HIV, dementia, organ transplant recipients, and veterans. The median number of deficits used in the FIs was 36 (range = 5–72). Almost all the FIs (n=56) had at least one deficit in the "symptoms/signs" category, followed by "disease classification" (n=55) and "disabilities" (n=50). Approximately two-thirds of all the deficits were "symptoms/signs" and "disease classifications".

Conclusion: These findings highlight the reactive approach to frailty assessment, as most of these FIs were calculated from hospital data and used symptoms/signs and diseases as deficits. Given the heterogenous manifestations and long-term impacts of frailty, using a more proactive approach that leverages non-clinical routine data is warranted to prevent frailty development and progression.

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POSTER

2351. SP - Scientific Presentation - Psych (Psychiatry & Mental Health)

Clinical Phenotype and Epidemiology of Delirium-Onset Dementia with Lewy Bodies – A Scoping Review

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Introduction: Dementia with Lewy bodies (DLB) is the second most common form of dementia, however it can be difficult to recognise and is often misdiagnosed. Many cognitive, motor and psychiatric symptoms occur in the prodromal phase of DLB, years before clinical diagnosis. Delirium-onset DLB is one of three purported prodromal pathways by which DLB develops (McKeith et al., 2020). As delirium itself is an under-recognised clinical syndrome, this scoping review aimed to determine the epidemiology and clinical phenotype of delirium-onset DLB.

Methods: Electronic databases MEDLINE (ALL), Embase, Web of Science and PsycINFO were searched in December 2023. Two reviewers then independently screened titles, abstracts and full-text reports. Conflicts were resolved by a third reviewer. Data were then extracted by the lead reviewer and quality assessments were conducted.

Results: Following the removal of duplicates, the search yielded 719 results. Of these, 154 studies underwent full-text review and 38 were eligible for inclusion. This review describes 64 cases of delirium-onset DLB in case studies/reports (n=18), observational studies (n=3), retrospective cohort studies (n=12) and clinicopathological studies (n=5).

Conclusion: Delirium-onset DLB is an under-researched area. There is a dearth of evidence regarding both the epidemiology and clinical phenotype of this prodromal phase. Clear and systematic methods for the diagnosis of both delirium and DLB are needed to elucidate this pathway. At present, it is not clear what role biomarkers play in the detection of delirium-onset DLB. Further investigation of these tools, combined with neuropathological studies, could shed light on the pathogenesis of this disease.

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2296. SP - Scientific Presentation - Stroke (Stroke)

Co-developing a qualitative study exploring the determinants of safe anti-coagulation in frail older adults.

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Introduction: Despite the knowledge that oral anti-coagulation (OAC) is effective in secondary prevention of stroke, prescribing rates are low in frail older patients with atrial fibrillation (AF), dementia, and high fall risks. A joint decision-making approach between clinicians, patients and carers is needed to negotiate the risk-benefit balance. The aim of this participatory study was to engage with a group of older adults, their carers and healthcare professionals to identify key themes that will inform a planned qualitative study exploring frail older patients' acceptance of and adherence to OAC.

Methods: We identified a group of twenty-eight adults (aged >65 years) and carers from community partners: 'Ageing Well' platform, Health Watch team, and the University of the Third Age (U3A) in Brighton and Hove, East Sussex, UK. Using two case vignettes of hypothetical OAC decisions, we hosted two virtual focus group meetings with the above cohort, followed by a virtual meeting with four geriatricians, two pharmacists, a GP and a patient champion. Inductive thematic analysis was performed on the group discussions by two researchers independently.

Results: Five key themes were identified as crucial to include in the future qualitative study discussions : (i) age should not be a barrier to anti-coagulation (ii) individualised, holistic assessment by a specialist is mandatory (iii) annual review of anti-coagulation should be performed, revisiting patients and carers' understanding of the risks and benefits (iv) patient and carer education should be tailored to their medical and social background, and (v) quality of life should be a key factor in OAC decisions.

Conclusion: Engaging with a group of older adults in a co-development exercise helped identify key themes for a future study of anti-coagulation in frail older adults with AF.

POSTER

2258. SP - Scientific Presentation - HSR (Health Service Research)

The need for delirium education and psychosocial care after discharge: A realist analysis of interviews with key stakeholders

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Introduction: There is limited understanding of long-term delirium care after discharge from hospital for older people. A realist approach was used to investigate the contextual factors and mechanisms of care that influence recovery from delirium. Realist evaluation is fundamentally theory-driven. A preliminary programme theory was used as the foundation for theory testing and refinement to develop the RecoverED intervention.

Method: Realist interviewing techniques were used to obtain real-world and lived experiences of delirium recovery and service use in the community for theory-building and testing. Semi-structured interviews were conducted with a purposive sample of people with delirium (N=7), informal carers (N=14), and healthcare professionals (N=24). Data from the interviews were analysed using a deductive codebook of Context-Mechanism-Outcome (CMO) configurations. Open coding was also performed to identify inductive themes, which were then aggregated to elicit explanatory statements.

Results: There was support for a multicomponent delirium intervention including cognitive and physical rehabilitation, and psychosocial support. The analysis revealed the need for an additional component which focused on improving awareness and understanding about delirium amongst those with lived experience. In the context of insufficient knowledge about delirium, people experienced increased fear and anxiety among other negative outcomes. Offering a focused educational component as part of the intervention is expected to contribute to recovery outcomes. This was associated with CMOs identifying the need for positive relationships with staff, improving communication with staff and sense-making through staff emotional support.

Conclusion(s): The preliminary programme theory was refined based on the realist analysis data. Additional components were included, one of which was targeted education for people with delirium and carers. Following a consultation with an expert panel, the intervention is being tested in a feasibility trial and process evaluation, which will analyse data from multiple sources using realist methods to further refine the intervention.

POSTER

2146. CQ - Clinical Quality - Clinical Effectiveness

Evaluation of pulmonary hypertension by echocardiogram in geriatrics patients with SARSCOV2 from a Latin American cohort

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Introduction: Pulmonary hypertension evaluated by echocardiography and ROX index in older patients with COVID-19 could be linked to worse outcomes.

Methods: We conducted a retrospective cohort of adult patients with COVID-19. The main objective was to evaluate pulmonary hypertension as an echocardiographic finding and its association with hard outcomes in patients with COVID-19 infection. In the inferential statistical analysis, the OR with confidence intervals greater than 95% was used as a measure of association. Qualitative variables were evaluated using the Chi square test or Fisher's exact test. In quantitative variables, the Student's T test, or Mann-Whitney test, was used.

Results: 306 individuals with COVID-19 infection were included; the majority of these were men (78% vs. 22% women). Patients who died had lower ROX values at 2 hours compared to survivors (4,5 with a SD of 3,6–5,6, vs. 5,8 with a SD of 4,7–6,1, respectively). This trend was maintained at 12 hours (4,9 with a SD of 3,8–6,0 for deceased patients vs. 7,8 with a SD of 5,2–8,7 for survivors). For the ROX index at 2 hours, an OR adjusted for age and gender of 8,5 with a CI of 2,0–91,4 was found, and at 12 hours, an OR of 17,6 with a CI of 2,8–93,6 was found. Low values of the ROX index were associated with pulmonary hypertension ($p = 0.048$) and higher mortality ($p = 0.037$).

Conclusions: In patients with COVID-19, the presence of pulmonary hypertension estimated by ecocardiography and the ROX index is associated with worse outcomes, including a higher rate of comorbidities and mortality in patients over 70 years of age. Prospective studies with a more representative population sample are required to validate the results found here.

2192. CQ - Clinical Quality - Clinical Effectiveness

Implementation of 4AT and Delirium Bundle in Patient Management – a Quality Improvement Project

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Introduction: Delirium affects up to 50% of older individuals within hospital environments, with a notable occurrence in 30% of those aged 65 and above in emergency departments. This QIP aimed to enhance the early recognition of delirium by implementing the 4AT assessment and optimize assessments and investigations by implementing the Delirium Bundle.

Method: A survey involving 39 doctors was conducted to evaluate their comprehension of delirium and awareness of the Delirium Bundle. PDSA 1 involved retrospective data analysis of medical records for patients admitted with delirium and used as a preliminary baseline to evaluate how the delirium bundle is being utilized. PDSA 2 integrated multiple teaching sessions and the implementation of the Delirium Bundle, assessing the effectiveness of these interventions.

Results: In PDSA 1, twenty-nine patients were identified. None of the patients had a 4AT assessment done. Twenty patients (69%) had a haematological screen done, eight patients (27%) had an ECG done, twenty patients (69%) had a CXR done, eighteen patients (62%) had an MSU test done, eight patients (28%) had cultures done, and twenty-three (79%) had a CT head scan done. In PDSA 2, thirty patients were identified. Seven patients had a 4AT assessment done, sixteen patients (53%) had a haematological screen done, nineteen patients (63%) had an ECG done, twenty-two patients (73%) had a CXR done, fifteen patients (50%) had an MSU test done, fourteen patients (47%) had cultures done, and 20 patients (67%) had a CT head scan done.

Conclusion: The implemented changes showed effectiveness with increased 4AT assessments and enhanced confusion screening. Improvements in assessments and investigations for diagnosed delirium patients were evident. To further enhance efforts, future initiatives include incorporating the 4AT assessment in clerking booklets, conducting continuous teaching sessions, and displaying posters in relevant wards.

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2211. CQ - Clinical Quality - Clinical Effectiveness

Improving the proportion of patients >65 years presenting with delirium who have appropriate bloods checked within 12 hours

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Introduction: Early identification and management of all contributory factors is vital in the management of delirium. Delay in investigation can lead to morbidity, mortality, longer length of stay or inappropriate discharge from hospital. We carried out a Quality Improvement project looking to ensure all patients with delirium had appropriate blood tests taken in the Emergency Department (ED).

Methods: For the first cycle, 25 patients > 65 years admitted through ED in December 2022 and January 2023 with delirium were identified based on medical clerking and post take ward round diagnosis. Patients who had a cause for confusion which was clearly known, for example sepsis, were excluded. Data analysis revealed the percentage of patients who had their calcium and CRP bloods checked within 12 hours of admission was only 20% and 76%, respectively. We introduced a simple change: adding bone profile and CRP to the "confusion button" on the ICE electronic requesting and reporting system. A second cycle of data collection was completed for a further 25 patients admitted with delirium between June and July 2023 to measure the effectiveness of the implemented change.

Results: From our initial analysis, only 20% of patients aged >65 years presenting with delirium had their calcium and 76% of patients had their CRP checked within 12 hours of admission. Following our intervention, we found that 88% of patients had their calcium and 96% of patients had their CRP checked within 12 hours of admission.

Conclusion: The amendment of the 'confusion screen' button, on the ICE requesting system in the hospital, resulted in a significant increase in the number of patents having appropriate blood tests within 12 hours of admission.

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POSTER

2229. CQ - Clinical Quality - Clinical Effectiveness

A review of CT Head Scans in Elderly Patients admitted to hospital with Falls and adherence to the NICE Guidelines.

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Introduction: Falls remain the leading reason for elderly people to attend emergency department (ED), which in 2023 led to 250,000 hospital admissions in the UK. A seemingly large number of geriatric patients undergo CT head as an initial workup in ED which might not be necessary, especially in minor head trauma. NICE (National Institute for Health and Care Excellence), recommended risk stratification to reduce unnecessary head scanning which may potentially reduce ED length of stay, hospitalisation and medical expense. Our study evaluated the current practice of adherence to NICE guidance on Head Injury: assessment and early management for performing CT head scans in elderly admitted to Basildon hospital.

Methods: Two cycles of retrospective data collection were undertaken across three elderly care wards. Elderly patients admitted with falls who had CT head scans were identified. Indication for scanning were evaluated to determine adherence with NICE guidelines for head injury. Between cycles, formal educational sessions were provided to Junior Doctors by departmental teaching and distributing leaflets/posters explaining NICE guidance for indication of CT head scans in head injury.

Results: Following the interventions implemented, patient compliance to the NICE guidance for undergoing CT head with a history of falls, rose from 77.33% to 93.99%. No significant difference in abnormal CT head findings were demonstrated between cycles. In addition, mortality observed between cycles was near equivalent, 12% and 11.67% respectively. The mean time for CT head scans performed also improved, from 13 hours to 4 hours.

Conclusion: We demonstrated education regarding the indication for CT head scans in elderly with falls improved the appropriateness of scans performed in accordance with NICE guidance. CT head scans performed which more robustly met NICE guidance demonstrated no difference in adverse findings or patient mortality and may have contributed to reduced mean scan time, thus improving resource allocation.

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2256. CQ - Clinical Quality - Clinical Effectiveness

Assessing vision as part of the CGA in frail patients admitted with fractures

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Introduction: Falls are a common cause of morbidity and mortality in frail patients, with visual impairment doubling the risk of falls. NICE advises a multifactorial approach to identify risk factors to be treated, improved and managed. This includes sensory/visual assessment, which is poorly done in practice. The aim is for 50% of relevant patients admitted with fractures following falls to have a vision assessment within 5 days of admission.

Methods: A modified RCP 'Look out! Bedside vision check for falls prevention' aid for healthcare professionals was utilised. Patients excluded were those with significant delirium/dementia or medically unwell. We regularly collected data on how many patients had a vision assessment performed whilst implementing interventions such as Teaching Sessions, Posters and including visual assessments in the Comprehensive Geriatric Assessment (CGA).

Results: Initial results demonstrated poor rate of visual assessments in patients. With implementation of the modified tool, rates of visual assessments improved from 11%(n=1) to an average of 22%(n=4). Further interventions increased the overall average to 80%(n=36).   The most effective intervention was including a visual assessment checkbox in the CGA. This improved rates of visual assessment in a subgroup of patients considered to have had falls due to visual impairment, from 33% to consistent rates of 100%. Additionally, the average days to assessment greatly reduced from 10.2 days to consistently under 5 days.

Conclusion: Identification of visual impairment reduces recurrent falls and hospital admissions. The project demonstrated the clinical significance of vision assessments - aiding the diagnosis of PSP, prescribing eye drops, and optician follow-up. Utilisation of the modified 'Look Out' tool is a simple way to assess vision on the ward. Posters and teaching sessions improved clinicians' confidence. However, implementing sensory impairment in the CGA proforma proved the most sustainable effort. Next steps include implementation in other Geriatric wards and Falls clinics.

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2280. CQ - Clinical Quality - Clinical Effectiveness

A QIP to Improve Pain Management in Elderly Patients presenting with Falls to A&E and being referred to the OPAL Team

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Introduction: Falls account for one of the most common and serious issues contributing to a disability, especially among elderly individuals (1). Injuries resulting from a fall range from mild to severe, but they are all usually painful (2). According to RCEM 'Recognition and alleviation of pain should be a priority when treating the ill and injured'(3). The aim of this project was to improve pain management in patients with falls being referred to the OPAL team. Studies have shown that patients whose primary pain is well managed and treated in the ED have a higher overall satisfaction with hospital services (4).

Method: Two PDSA cycles have been completed. Initial data was collected retrospectively from 3/9/23 to 9/9/23 to gather baseline information on current practice. Data was collected from hospital patient's electronic records. This was followed by teaching sessions and poster distribution to improve staff education highlighting ways to address pain and its management. Post intervention data was collected from 11/12/23 -17/12/23. Duplicate records and non-fallers were excluded.

Result: Initial data was collected on total 75 patients which showed nearly 50% of the patients were in pain when referred to OPAL team. Among the patients in pain, OPAL team advised for pain relief in only 1/3rd of them. Following intervention, data was collected on 57 patients following exclusion. It showed only 26.3% of the patients were in pain at the time of referral, a significant improvement from nearly half in the previous cycle. Also, OPAL team advised regarding pain relief in almost all patients in pain. As a result, 79% of the patient were pain free during OPAL assessment.

Conclusion: The QIP showed importance of staff education in improving pain management in elderly patients presenting with falls. Further PDSA cycles are planned to sustain the current improvement in practice.

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2303. CQ - Clinical Quality - Clinical Effectiveness

Improving the assessment and management of osteoporosis in a district general hospital

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East Sussex Healthcare NHS Trust

Introduction: Over 500,000 fragility fractures occur in the UK each year (1). NICE guidelines state that all women aged ≥65 and all men aged ≥75 should be considered for a fracture risk assessment. It was recognised that locally these guidelines were not being met. The aim of this quality improvement project was to improve the number of patients being assessed for osteoporosis across two medical wards.

Method: This quality improvement project followed two "Plan Do Study Act" (PDSA) cycles. The first cycle involved teaching sessions for junior doctors on using the FRAX tool – a tool recommended by NICE guidelines to estimate 10-year predicted absolute fracture risk. Posters and visual reminders were placed around the wards. The second cycle involved creating a sticker which was placed in patients' medical records prompting doctors to calculate FRAX scores and document the results. Patients deemed inappropriate for bone protection and patients already receiving bone protection prior to admission were excluded.

Results: A baseline set of data showed that 0% of patients had undergone fracture risk assessment, therefore resulting in no patients being prescribed bone protection or being referred to osteoporosis clinic. Repeat assessment after the first intervention showed 29.7% of patients had undergone fracture risk assessment, 13.5% were prescribed bone protection and 16.2% referred to osteoporosis clinic. After the second intervention, 80% of patients had undergone fracture risk assessment, 10% were prescribed bone protection and 55% referred to osteoporosis clinic.

Conclusion: Use of the FRAX tool was moderately increased by the targeted training of junior doctors and markedly increased by using a visual memorandum in the patient records. This led to an increase in treatment for osteoporosis, reducing patients' future risk of fragility fractures.

References: 1. National Osteoporosis Society. Susan's story: Osteoporosis 2017. https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/02/rightcare-susans-story-full-narrative.pdf

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2289. SP - Scientific Presentation - Cardio (Cardiovascular)

The association of heart rate and cholinesterase inhibitor use among elders living with dementia: A retrospective cohort study

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Introduction: Cholinesterase inhibitors (ChEIs) are the primary medication for dementia treatment. Bradycardia is a potential adverse effect associated with ChEIs. However, the relationship between ChEIs and bradycardia has not been definitively established, particularly in the Asian population. We conducted a study investigating the association between ChEIs and heart rate.

Method: We retrieved data from electronic medical records (EMR) of patients aged over 60 who were diagnosed with mild cognitive impairment or dementia or prescribed ChEIs at Ramathibodi Hospital between January 2009 and December 2022. These patients had outpatient records at 3, 6, and 12 months after diagnosis or ChEIs initiation. Patients were categorised into ChEIs and non-ChEIs use, and baseline characteristics were matched between the groups. We compared heart rate changes between the groups using Student's t-tests and Bayesian linear regression. New-onset bradycardia was analysed using survival analysis.

Results: Our study included 872 eligible patients, with 436 patients in each group. The median changes in heart rate in both groups were -0.5 beats per minute (BPM) (p = 0.049), -1.5 BPM (p = 0.12), and -1.5 BPM (p = 0.002) at 3, 6, and 12 months, respectively. The incidence of new-onset bradycardia was higher in the ChEIs group (27.5%) compared with the non-ChEIs group (34.3%) at 12 months, but this difference was not statistically significant (p = 0.065). The patient's baseline heart rate was found to be associated with bradycardia, with adjusted hazard ratios (aHR) = 0.88 (95% CI 0.87–0.90, p<0.001).

Conclusions: The use of ChEIs was found to be associated with a decrease in heart rate. However, the changes were minimal and may not have had clinical implications for the patient.

POSTER

2238. SP - Scientific Presentation - Education / Training

How can effective teaching about dementia be integrated into the undergraduate medical curriculum? A realist review

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Introduction: The prevalence of dementia is increasing and yet healthcare professionals (HCP) do not always have sufficient education and training to deliver optimal care for patients with dementia (PWD). There is an evidence base as to how to deliver effective undergraduate education about dementia but this is infrequently integrated into the medical curriculum.

Methods: We undertook a realist synthesis to review the barriers to integrating effective interventions on dementia into the medical curriculum. A realist synthesis differs from a traditional systematic review in terms of explaining how interventions might succeed (or not) in a particular context, involving iterative cycles of literature review and synthesis to develop and refine a "programme theory" (PT).

Results: We analysed and synthesised twenty relevant studies of undergraduate educational interventions on dementia to identify common themes. We constructed an "initial programme theory" (IPT) to illustrate the contexts where teaching on dementia occurs and outline four main categories of barriers to curriculum integration: culture, concern for patient welfare, student attitudes, and logistics.

Conclusion: We have identified key barriers to implementation of undergraduate education about dementia, and potential mechanisms to overcome them. The next stage of our realist synthesis is to gather stakeholder feedback on the validity of the IPT before returning to the next cycle of literature review to refine and finalise our PT. This model will serve as a guide for those aiming to successfully integrate effective education about dementia into the medical curriculum.

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2252. CQ - Clinical Quality - Patient Safety

Competencies Required By All Hospital Doctors Caring for Older Adults: A Group Concept Mapping Study

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Introduction: It is increasingly recognised that for the foreseeable future most hospital inpatient contacts with older adults will be completed by doctors not specifically trained in geriatric medicine. To guarantee the delivery of sufficient healthcare, it is essential that every hospital doctor is equipped with geriatric medicine competencies. Which exact competencies are required and how they should be prioritised for hospital doctors serving the older adult population remains unclear. Allowing for the broad, complex and multidisciplinary nature of geriatric medicine, we carried out a group concept mapping (GCM) study to determine the geriatric medicine competencies required by all hospital doctors.

Methods: GCM is a mixed methods approach utilising six phases to generate expert group consensus, enabling participants to organise and represent their ideas in order to identify a common understanding about competencies required by all hospital doctors. Healthcare professionals, patient advocacy groups and clinical educators generated and sorted ideas and then rated identified competencies. Hierarchical cluster analysis and multi-dimensional scaling were utilised to analyse participant input.

Results: Thirty-four stakeholders generated 88 competencies. Twenty completed the subsequent sorting and rating of competencies. Nine competency domains were identified by participants as integral for all hospital doctors to care for older adults: communication skills, medicolegal affairs, prescribing, delirium, falls and bone health, engaging specialist services, universal principles of care, managing hospitalisation and components of specialist gerontology. Domains rated most important related to interpersonal communication skills, medicolegal concerns, recognition, and management of delirium.

Conclusion: The nine competency domains indicate the diverse skillset required by all doctors to provide comprehensive care to older adults within a hospital setting. This study identifies competencies that may serve as a foundational framework for ensuring quality healthcare for the ageing population. Future initiatives should consider incorporating these competencies to improve inpatient care provided by hospital doctors to older adults.

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2217. SP - Scientific Presentation - HSR (Health Service Research)

Experiences of older residents in anticipation of transitioning to a new nursing home

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Introduction: Transition is potentially a stressful incident to individuals as it requires major life adjustment. Older residents living in a nursing home consider it as their last place of life. When the older residents need to be relocated to a new nursing home, they inevitably face a significant transition due to their high dependency on the physical, psychological, and social needs. There is limited empirical evidence revealing the experiences of older residents who anticipate a transition from the existing nursing home to a new nursing home, thereby hampering our understanding of their needs and limiting the health care professionals, families, and friends to provide appropriate support in such major life event. The aim of this study is to explore the experiences of older residents in anticipation of transitioning to a new nursing home.

Method: A descriptive qualitative approach was adopted. Thirty older residents who were going to be relocated from the existing nursing home to a new nursing home were recruited through purposive sampling. Semi-structured interviews, each lasted for around 30-minute, were conducted and audio-taped. Data were analysed through thematic analysis.

Results: Experiences of older residents were summarised in four themes, namely preparing for the transition, having expectations on the new living environment, worrying about changes in daily living, and valuing the support from others. In general, the older residents viewed the transition positively and perceived well-prepared for the transition. Such positive experience was mainly due to the support provided by nursing home staff and families before the transition took place.

Conclusion: The findings significantly expanded our understanding on the experiences of older residents in anticipation of transitioning to a new nursing home, which is largely absent from empirical evidence.

POSTER

2218. SP - Scientific Presentation - HSR (Health Service Research)

Experience of Family Caregivers for Older Patients with Delirium: A Qualitative Study

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Background: Delirium is associated with psychological and cognitive complications that have impacts beyond the patients. Although family members and carers can play a significant role in the management and recognition of delirium, there is limited research on the experience of family caregivers in the context of delirium. This study aims to explore the needs and experiences of family caregivers for a person with delirium and offer suggestions to support them.

Method: A qualitative interview study with family caregivers of persons with delirium. Data were analysed using an abductive analysis approach.

Results: Fourteen family caregivers were interviewed. Carers explained their feeling of responsibility to support their loved ones with delirium, however, they perceived their caregiving role negatively because of increasing demands and the lack of sufficient support. Carers attributed their emotional exhaustion and distress to the onset of delirium, change in the personality of the person with delirium, confusion and progression of delirium. Additionally, carers indicated the negative impact of caregiving on the quality of the relationship between them and person with delirium. This highlights the need to enhance the support provided to carers to mitigate the emotional and relationship impact of caregiving on the carer. We identified the needs of carers for people with delirium including: education on delirium, reassurance, information on care pathways and support from formal carers to take breaks.

Conclusions: Viable solutions to assist family caregivers include more support for the carer in formulating care plans for people with delirium, the development of support groups for family caregivers of people with delirium, and a case worker. These solutions may help to decrease re-hospitalisation and admission to care homes. Future research should focus on approaches to better support carers of people with delirium, and to shift the care plan from person-centred into person and family-centred approach.

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2207. CQ - Clinical Quality - Clinical Effectiveness

Outcomes and decision-making around cardiopulmonary resuscitation in frail older adults: A mixed methods Quality Improvement Project

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Background: There is growing evidence that older people with frailty (CFS>5) are unlikely to benefit from cardiopulmonary resuscitation (CPR) in the event of an in-hospital cardiac arrest (IHCA). Despite this, decision making around Do Not Attempt CPR (DNACPR) is contentious. As a result, these patients often receive CPR for IHCA.

Aims: To examine the clinical outcomes for patients CFS>5 post CPR for IHCA. To understand the barriers to DNACPR decision-making, to inform intervention design.

Methods: A retrospective observational review of cases of patients >65 years who received CPR for IHCA at a hospital in the North West of England (July 2020 - September 2023). Cases were identified from the resuscitation audit registry and clinical notes reviewed. Thematic analysis of barriers to DNACPR implementation was undertaken.

Results: 93 patients met inclusion criteria for the final analysis. 86 (92.5%) died. Only 2 (2.2%) were discharged at their functional baseline. DNACPR was discussed with only 14 (15%) patients/relatives prior to IHCA. Thematic analysis of these discussions points to disagreements between clinicians and relatives over perceived benefits of CPR due to pre-IHCA quality of life and faith.

Discussion: We add to the literature describing poor outcomes for patients CFS >5 who receive CPR following IHCA. Our data shows the biggest barrier to decision making around DNACPR is that discussions between clinicians and patients and relatives are not undertaken; disagreements were observed in a minority of cases. Findings will be used to inform intervention development to improve DNACPR decision making and communication for frail older adults.

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POSTER

2226. CQ - Clinical Quality - Clinical Effectiveness

Assessing Quantitative Sonographic Changes in the Muscle Mass of Geriatric Patients Hospitalised Using Point of Care Ultrasound

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6. Department of Geriatrics and Long-term Care, Hamad Medical Corporation, Doha, Qatar;
7. School of Medicine, Bolton University, United Kingdom.

Introduction: One of the most important consequences of hospitalisation in older patients is sarcopenia. This study aims to determine the impact of hospitalisation on the muscle mass, functional status, nutritional status, and short-term clinical outcomes.

Methods: A prospective study of patients admitted to an Acute Geriatric Ward between 1st November and 30th December 2022. Muscle ultrasound, utilising Point of Care Ultrasound (POCUS) at bedside, was employed to estimate rectus femoris muscle thickness (MT), area (Ar), pennation angle (PA), and fascicle length (FL) at the time of hospital admission, 3 days post-admission, and at hospital discharge.

Results: 30 patients included, with a median age of 84 years (SD 72-93), 63.3% male, and 70% Clinical Frailty Scale score ≥ 4. Barthel Index and Functional Ambulation Category revealed median values of 72.33 and 3.87 respectively. Global Deterioration Scale median was 2.47. Mini Nutritional Assessment Short-Form (MNA) and total serum protein showed median values of 7.40 and 6.35 respectively. The median length of hospital stay was 5.79 days, with inpatient mortality rate of 10% and 53.3% incidence of delirium. Ultrasound showed a decrease in PA by 36.31%, Ar by 34.30%, and MT by 24.50%, and increase in FL by 10.47%. Sarcopenia classification at admission and discharge revealed an increase in mean index from 5.04 to 7.74.

Conclusions: In our cohort of patients admitted to an acute geriatric unit, POCUS identified real-time decreases in MT, Ar, and PA at the muscular level before these manifested as functional changes. It demonstrated an inverse relationship between frailty and muscle morphology as living with frailty associated further decreases in muscle mass at discharge. The study also established a direct relationship between MNA, muscle thickness, PA, and fascicles length at discharge. POCUS assessment of muscle mass could indirectly predict outcomes and guide decisions to address muscle mass abnormalities.

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2242. CQ - Clinical Quality - Clinical Effectiveness

Retrospective study of inpatient falls resulting in patient harm April-September 2023. Comparing our care to the BSG guidelines.

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Objective: To identify good practices and highlight areas for improvement in the prevention and management of inpatient falls.

Method: Fifteen patients had serious inpatient falls between April and September 2023 within the hospital. Electronic notes and fall panel meeting minutes were used to provide an analysis of the "pre-fall" and "post-fall" assessments. Data was collected and analysed using AMaT and then compared to the standards set by RCP National Audit of Inpatient Falls (NAIF) – from KPI overview, 25% of patients had good quality Multi Factorial Risk Assessment (MFRA) in our Trust compared to National average of 33%.

Results: 70% of patients had been identified as high risk of falls at admission. Patients were prescribed a median of 10 medications, with a median of 3 falls-risk increasing drugs (FRID). Before the inpatient fall: the majority of patients received an ECG and mobility assessment early in admission. Only 40% of patients had a lying/standing blood pressure (LSBP) 100% of those that showed a deficit were acted on appropriately. Only 20% had a documented medication review. Following the inpatient fall: A LSBP was done in only 33% of patients. A medication review was completed in 53% yet the average patient was discharged with 3 more medications. 73% of patients suffered fragility fractures due to the fall however bone protection was only considered in 40%.

Conclusion: This audit highlights that there are areas of MFRA that require improvement, specifically LSBP, and a medication review. 33% of falls occurred in "medically-optimised" patients - resulting in at least 60 additional inpatient days. The results have been discussed with the multi-disciplinary team – intervention to improve performance will be piloted in two areas with the highest incidence of inpatient falls, with continuous learning and sharing of lessons embedded into our Falls Collaborative Initiative.

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POSTER

2264. CQ - Clinical Quality - Clinical Effectiveness

A Novel Frailty Specific Same Day Emergency Care (SDEC) Score – An Initial Retrospective Validation Cohort

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Aim: Several scores have been developed to identify SDEC patients from Emergency Department (ED) triage and acute medical intakes. Scores are designed to improve system efficiency, overcrowding and patient experience but none have been developed for older adults. Previous work has shown that existing scores e.g. Glasgow Admission Prediction Score, Sydney Triage to Admission Risk Tool and the Ambulatory Score were not able to predict admission in our population(1). We have developed a novel, frailty-focused score.

Methods: The Older Person's Assessment service (OPAS) is ED based, accepting patients with frailty syndromes aged >70 years to provide a comprehensive geriatric assessment (CGA) and is extended into medical SDEC. The databases were retrospectively analysed and interactions with age, Charlson Co-morbidity index (CCI) and Clinical Frailty Score (CFS) were evaluated alongside NEWS, 4AT, including who with and where the patient resides.

Results: 1011 attendances, 414 (40.9%) Male, mean age 82.3(±8.4) years, CFS 5.3(±1.2) and CCI 8.0(±1.8), 701(69.3%) discharged same-day and 629(62.2%) fallers. OPAS: 776 attendances, 306 (39.4%) Male, age 82.4(±8.7) years, CFS 5.3(±1.1) and CCI 7.9(±1.9), 540 (69.5%) discharged same-day, 557(71.8%) fallers. SDEC: 234 attendances, 108(46.2%) Male, age 81.8(±8.0) years, CFS 5.2(±1.3) and CCI 8.2(±1.7),162(69.2%) discharged same-day, 72(30.1%) fallers. There was significant difference between groups with NEWS (p<0.02), mortality (P<0.001) and presenting complaint(p<0.001). We used a cut-off Score >6.5 indicating admission(p<0.0001). Each variable's weighing was determined using T-tests and Chi-squared analysis. Overall score Sensitivity 0.75, Specificity 0.63, Positive Predictive Value 0.65, Negative Predictive value 0.57, Area under Curve 0.65.

Conclusion: Frailty is an important determinant in identifying whether ambulatory care is appropriate. The efficacy of the score is comparable to the results derived in validation cohorts of existing and recommended scores. We are currently prospectively testing the score but clinical judgement, alongside a MDT providing a CGA is gold standard care.

2297. CQ - Clinical Quality - Clinical Effectiveness

Impact of creation and subsequent expansion of the Acute Frailty Team at Queen Elizabeth Hospital, Gateshead on patient outcomes

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Introduction: An Acute Frailty Team pilot was launched in December 2022 at the QEH. The aim was to reduce unnecessary hospital admissions and length of stay (LOS) by providing interventions in the Emergency Admissions Unit (EAU), through comprehensive geriatric assessment. Following the pilot's success additional recruitment was made to the multi-disciplinary team (MDT) and the service revaluated. The MDT consists of a Consultant Geriatrician, Specialist Frailty Practitioner, Frailty Fellow, Physiotherapist, Technical Instructor, Occupational Therapist, and Pharmacist.

Method: To allow comparisons a pre-pilot control group audit of 100 patients ≥65 with a clinical frailty score >5 was undertaken. This data has subsequently then been compared to a phase-1 (Consultant Geriatrician, Specialist Frailty Practitioner team) audit of 121 patients and a phase-2 (full MDT) audit of 133 patients with the same parameters.

Results: The creation and expansion of the acute frailty team has reduced the average length of stay from 13.8 days, pre-pilot, to 9.4 days in phase-1 and subsequently been maintained at 9.56 days during phase-2. More frail patients are now being discharged from the emergency admission unit (EAU). Pre-pilot 7% of patients were discharged from EAU, increasing to 13% during phase-1 and 18.75% phase-2. 16% of patients were originally discharged within 72 hours of admission, this increased to 20% during phase-1 and 24.81% phase-2. This is also reflected in 7-day discharge data (37%, to 39% to 44.36%).

Conclusion(s): MDT expansion of the acute frailty team at the QEH has resulted in improved recognition and holistic assessment of frail patients' needs and reduced their length of stay.

2222. CQ - Clinical Quality - Improved Access to Service

Individual telephone calls to frail older adults improve outpatient clinic attendance rates

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Introduction: The multidisciplinary assessment clinic (MDAC) is an outpatient service for older people at a district general hospital. Patients are triaged to the MDAC clinic if they have geriatric syndrome (for example falls) plus comorbidity and/or mobility, social or cognitive concerns. The service had a high 'did not attend' (DNA) rate compared with other geriatric outpatient clinics. This project aimed to reduce MDAC DNA rates and improve cost effectiveness through implementation of a new pre-appointment telephone service.

Method: We analysed six months of attendance data prior to establishing the pre-appointment telephone service. The existing system consisted of a standardised trust appointment letter and a text message reminder. For the new system a healthcare assistant (HCA) telephoned patients the day before their appointment to confirm attendance and discuss any concerns. We analysed six months of attendance data following the implementation of the new system and compared DNA rates.

Results: Prior to implementation of the new pre-appointment telephone service, 29 of 268 patients DNA (11%). From the second data set, following implementation of the new telephone system, 11 of 253 patients DNA (4%). Successful contact was made with 72% of those phoned, allowing confirmation or cancelled appointments to be rebooked. Chi square analysis found a significant difference between the two systems, with a p value of <0.01 indicating an improvement in attendance rates with the new system.

Conclusion: Telephoning frail older patients prior to an outpatient clinic appointment significantly reduces DNA rates – a similar system could be implemented in other geriatric medicine outpatient settings.

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2283. CQ - Clinical Quality - Patient Centredness

Early Supported Discharge for Fragility Fractures -Collaborative Working to Deliver Responsive High Quality Patient-Centred Care

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Introduction: During 2022, non-femoral fractures that didn't require operative management had 30 days median inpatient length of stay (LOS) at SBUHB.   Femoral fracture patients >65 years had LOS 36 days (GIRFT average 19 days), with 720 admissions. High local incidence is believed to be contributed by historical failures to identify and treat non-femoral fragility fractures. A new service was created from a collective effort to do better for our patients and prevent avoidable harm by breaking down barriers between services and promoting effective collaborative working.

Methods: A collaboration between the following key services was formed :-
1.   Older Persons Assessment Service (OPAS) -identify fragility fractures presenting to ED
2.   Orthogeriatrics -identify suitable femoral fracture patients
3.   Physiotherapy -early assessment and transfer to reablement into the community.
4.   Virtual Wards –ongoing CGA and reablement in the community.
Additional resource was secured to provide short-term bridging of care and community therapy input. Data was prospectively collected and included demographics, site of fracture, referrer and LOS.

Results: From March 2023, the service identified 457 patients, 312(68.7%) Female, median age 86 years. 157(34.6%) patients had a femoral fracture and 300(65.4%) were non-femoral fragility fractures, majority identified by OPAS, with 206(68.7%) being discharged same day. Overall, admission was avoided in 207(45.3%) patients and 247(54.6%) had an early discharge/reduced LOS with 3(0.1%) re-admissions avoided. The mean LOS on discharge is 6.6 days with a calculated monthly bed saving of 13.9 days across the service.

 Conclusion: Collaborative working has created an early supported discharge pathway. Femoral fracture patients are discharged earlier, some 3 days post-op, with the necessary support to continue reablement at home. Fragility fractures are identified at the front door and offered same-day discharge with ongoing comprehensive geriatric assessment and reablement within the virtual wards with positive feedback from patients and their families.

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2285. CQ - Clinical Quality - Patient Centredness

Medicines and Falls – what does the audience participation indicate about future learning needs?

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Introduction: On behalf of National Falls Prevention Coordination Group, we were tasked with creating a user-friendly guide on Medicines and Falls. We delivered two sessions on this topic one at British Geriatric Society Conference in November 2022 and another to Specialist Pharmacy Service audience in January 2024.

Method: Audience participation was used in both sessions as part of the discussion on "What do you consider important when completing a medication review in a person who is at risk of falls?" and "Which group of medicines do you prioritise for deprescribing discussion in patients at risk of falls?". The results from slido contribution were analysed for trends and future learning needs.

Results: In the SPS audience, greater level of importance was imparted on individual drug classes when considering question of "what is important when reviewing a person at risk of falls" with anticholinergic burden being quoted most frequently and patient goals being second. Reducing risk and patient goals were the two items which the BGS audience prioritised. In terms of groups of medication to prioritise for deprescribing discussion, SPS audience once again chose anticholinergic medication followed by sedatives while BGS categorised antihypertensives and diuretics most commonly.

Conclusion(s): When completing falls medication reviews, medication groups were generally thought to be important by pharmacy-focused audience, with patient goals the second most important aspect whilst the BGS audience prioritised reducing risk and patient goals. There should be greater emphasis on managing risk as part of teaching offerings to teams where therapeutics is the core focus. In terms of groups of medications to deprescribe, better guidance around reviewing antihypertensives and diuretics would facilitate more effective falls medication reviews. The difference observed between prioritising anticholinergic burden reduction indicates that general geriatric audience would benefit from further awareness raising of their contribution to falls risk.

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POSTER

2306. CQ - Clinical Quality - Patient Centredness

Bone health after hip fracture; does introducing a 10-day vitamin D loading regime increase use of inpatient intravenous zoledro

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Background: Patients who experience a hip fracture have a high re-fracture risk. Prompt initiation of anti-osteoporosis treatment is therefore vital. Oral bisphosphonates are less well tolerated in some older people resulting in poor adherence. A single dose of IV zoledronate however, can be effective for up to 3 years and is shown to reduce fracture rate by 35% (Gregson, Age and Ageing, Vol 51, 2022).

Aim: To increase use of IV zoledronate post hip fracture in Salford Royal Hospital Local barriers: a trust guideline advising a 7-week vitamin D loading regime means inpatient IV zoledronate post hip fracture is limited. Waiting time for outpatient parental therapy is > 6 months.

Intervention: A new trust wide guideline was written, approving rapid vitamin D loading over 10 days post fragility fracture to promote IV zoledronate use.

Methods: Retrospective analysis of case notes for 100 patients admitted with hip fracture at baseline (August 2021) and after the intervention (August 2023). We recorded FRAX recommendation, bone health plan on discharge and osteoporosis treatment implemented.

Results: There was an increase in inpatient zoledronate use to 16 % (5% at baseline). Oral bisphosphonate use reduced to 10% (28%). There was 98% adherence to the new rapid vitamin D loading regime. In cycle 2, 6% of patients did not receive planned IV zoledronate as discharged before vitamin D loading completion. 2% did not receive planned IV zoledronate despite vitamin D loading complete.

Conclusions: Rapid vitamin D loading allowed more patients to receive inpatient IV zoledronate post hip fracture. There is scope to increase this further. Future plans include adding 'date for IV zoledronate' to the electronic notes template and including bone health in the pre-weekend check list to minimise delay in IV zoledronate administration.

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POSTER

2320. CQ - Clinical Quality - Patient Centredness

DNAR: All or Nothing: Impact of Education Sessions Re-Audit

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Introduction: Do Not Attempt Resuscitation (DNAR) orders are implemented to obviate inappropriate Cardio-Pulmonary Resuscitation (CPR) in patients with low chances of survival post-CPR. However, ambiguity regarding ceilings of care for patients with a DNAR order can arise. This re-audit aimed to review DNAR and ceilings of care documentation according to national Irish Health Service Executive (HSE) guidelines after education sessions in a Model 3 Hospital.

Methods: A point-prevalence chart review of thirty-one adult medical inpatients with a DNAR order was conducted after two education sessions were held for Non-Consultant Hospital Doctors (NCHDs) and Consultants.

Results: Of all thirty-one charts, 35% documented DNAR status in the medical notes, with 32% documenting the reasoning for DNAR status, both unchanged from the first audit cycle. There was an increase in documentation of patient discussion (61% versus 45%) and reasons if this was excluded (66% versus 41%). There was no change in documentation of patient relatives' discussion (48%) but there was an increase in the reasons if this was excluded (25% versus 18%). There was an overall increase in ceilings of care documentation for ICU admission (three-fold increase), intubation (two-fold increase), inotropic support, and comfort measures, but rates of documentation were still less than 15%.

Discussion: This audit elucidates the efficacy of education sessions in improving DNAR documentation adherence. Recent studies have highlighted uncertainty among NCHDs regarding treatment escalation in acutely unwell patients in the absence of adequately filled DNAR orders and clear documentation of ceilings of care. We posit the introduction of a Ceilings of Care document, akin to the United Kingdom's Medical Advance Plan.

Conclusion: Accurate recording of DNAR status and ceilings of care is essential for quality care and treatment escalation. While simple education strategies have proven beneficial in enhancing compliance, additional efforts are needed to enhance ceilings of care documentation.

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2326. CQ - Clinical Quality - Patient Centredness

Improving Recording and Documentation of Lying Standing Blood Pressure In Patients >65 Admitted With/ At High Risk Of Fall(s)

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Introduction: The World Falls Guideline 2022 recommends that measurement of lying-standing blood pressure (LSBP) is an integral part of the multifactorial falls assessment (1). Pre-intervention less than half of eligible patients had a LSBP recorded and documented. The aim was to improve the recording and documentation of LSBP for adults aged 65 and over admitted with a fall or at high risk for falls.

Method: All patients aged 65 and over admitted with fall or identified as at high risk for falls to a care of the elderly ward were included over the period of 15th September 2023-15th November 2023. Royal College of Physicians (RCP) guidance (2017) for standard measurement of LSBP was used2. Data was collected on electronic spreadsheets from electronic observation charts. Two plan do study act (PDSA) cycles were conducted. Firstly, ward posters demonstrated how to record and document LSBP. Secondly ward-based one-to-one teaching interventions using RCP LSBP lanyard flashcards(2) were conducted.

Results: Following cycle one, 50% of eligible patients had LSBP documented. Following cycle two, 80% of eligible patients had LSBP documented. Following two PDSA cycles, there was a 37.1% increase in the average number of eligible patients who had LSBP correctly recorded and documented.

Conclusion(s): Interventions of aide memoirs and education for nursing and medical staff improved the recording and documentation of LSBP. Indications and correct measurement guidance for LSBP should be included in future ward staff induction information and departmental teaching sessions.

References: 1) Montero-Odasso, M, Van der Velde N, Martin FC et al. The Task Force on Global Guidelines for Falls in Older Adults, World guidelines for falls prevention and management for older adults: a global initiative, Age and Ageing, Volume 51, Issue 9, September 2022.
2) Measurement of lying and standing blood pressure: A brief guide for clinical staff. 2017. https://www.rcplondon.ac.uk/projects/outputs/measurement-lying-and-standing-blood-pressure-brief-guide-clinical-staff

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2151. CQ - Clinical Quality - Patient Safety

A retrospective analysis of outcomes in inpatient fallers who sustain a Neck of Femur fracture

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Morriston Hospital - Swansea Bay University Health Board

Introduction: Inpatient fallers make up the minority of neck of femur fractures (NOF) in Morriston Hospital but it was observed that outcomes were less favourable than those in patients who sustained their fracture outside of hospital.

Method: Retrospective analysis was conducted of all NOF patients managed in Morriston Hospital whose injury was the result of an inpatient fall between January 2022 and December 2023. Outcomes were compared to those in all other NOF patients including pathological and occult fractures managed in the centre over the same two-year period. Anonymised data were collected from departmental and electronic patient records.

Results: A total of 1383 NOF patients were analysed of whom 51 sustained their fracture whilst as inpatients across four hospital sites. Amongst inpatients 35% were identified as requiring supervision when mobilising, the majority required walking aids (73%) and fell on medical wards (65%). Median length of stay prior to falling was 25 days (range $1 - 171$). Patients who sustained a NOF as an inpatient had a lower initial abbreviated mental test scores (p 0.001) and higher frailty scores (p 0.0001) compared to all others, they also had a longer length of stay post injury (Median 23 days vs 17 days p 0.002). Mortality was significantly higher amongst inpatient fallers Odds Ratio (OR) 4.0 and they were significantly less likely to be discharged to their own home OR 0.3. Post-operative delirium was also seen more frequently OR 2.1.

Conclusion: This data demonstrates that morbidity and mortality is significantly greater amongst those who fall and sustain a NOF fracture as an inpatient compared to all others. Further work, particularly the timing of inpatient falls in relation to staff handover, is being continued to investigate whether there are any modifiable factors to reduce inpatient falls and the burden of their consequences.

2269. CQ - Clinical Quality - Patient Safety

Preventing Frailty Crises: improving the care of frail patients in an Acute Hospital Ward setting

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Introduction: Frailty is common in hospitalised older patients and hospitalisation can lead to negative outcomes. Our study aimed to provide insights into current decision-making processes on treatment, care and discharge by clinical teams.

Methods: We conducted a prospective cohort study in frail older patients ≥ 65 years old admitted to acute medical and surgical wards. Clinical Frailty Scale ≥ 5 was used to identify frail patients and process mapping was undertaken to identify common themes, trajectories and potentially modifiable factors. We followed patient journeys from admission to discharge and examined factors contributing to longer hospitalisation. We documented existing processes, environmental, system and clinical factors influencing patient care. Comprehensive geriatric assessments identified underlying geriatric syndromes and where gaps in management were identified, we recommended frailty interventions.

Results: Fifteen patients provided informed consent, of whom 73% were female and average age 80 years, ranging 69-95 years. 67% were frail (CFS 5-6) and 33% were severely frail (CFS 7-9). Most patients were sarcopenic with a SARC-F score of ≥4 and had functional and gait impairment. 60% were underweight (BMI <22). Process mapping revealed gaps in frailty-focused care and included delayed transfer to acute wards, delayed investigations, and multiple unidentified geriatric syndromes which were prevalent in this cohort. Patients fell into three broad groups, short (1-7 days), intermediate (7-14 days), or long (>14 days) length of stay and delays in discharge-planning were common, mean of 4.17 days, as were delays in identification of a caregiver. Recommendations for community support services were provided to >50% patients.

Conclusion: Our study shows that mapping the frail patient's journey can identify gaps in existing processes and opportunities for improvement and collaboration. Integrating geriatric care into general wards could improve patient outcomes. We aim to use this work to guide frailty-attuned care for hospitalised older patients.

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POSTER

2199. SP - Scientific Presentation - BMR (Bone, Muscle, Rheumatology)

The prevalence of pre-admission vitamin D levels in the management and outcomes of proximal femur fractures

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Introduction: The aim of this study was to examine the prevalence of vitamin D deficiency in elderly   patients with fragility fractures of the hip by estimating 25-hydroxyvitamin D levels, whether low levels of Vitamin D at the time of admission affects the functional outcomes and mortality at 28 day and one year.

Methods: A retrospective study of all the patients admitted with a fracture neck of femur from Jan 2018 to March 2021 was carried out. The data was obtained from NHFD (National Hip Fracture Database) and Medway software. A total of 1221 patients were admitted during this period. Patient demographics including age, sex, fracture pattern, Vitamin D levels at the time of admission, function at 120 days, mortality at one month and one year were calculated.

Results: Of the 1221 patients, 106 patients did not have the Vit D levels checked at the time of admission. The average age was 81.91 (range-60 to 108). There were 845(70%) females and 376(30%) males. The serum Vit D levels were low in 611(55.3%) patients. The mobility in patients with Vit D deficiency 261(40.9%) has dropped significantly in the 3 months after surgery for fractures of proximal femurs. The 28 day and one year mortality was 6.74% and 30.3% compared to 4.7% and 27.3% for those with low and normal levels of vitamin D respectively. Patients with low Vit D levels at the time of admission with proximal femur fractures has got higher 28 day and one year mortality rates compared to those with normal levels.

Conclusion: Our study showed that low levels of Vitamin D at the time of admission with proximal femur fractures are associated with poor functional mobility, higher perioperative and one year mortality

2214. SP - Scientific Presentation - Epid (epidemiology)

Using poisons centre data to identify potential safety risks associated with the use of monitored dosage systems.

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Introduction: Monitored dosage systems (MDS) encompass a wide range of devices to help management of medication. This research uses poison centre data to explore risks associated with their use.

Method: A search of accidental overdose enquiries to the UK National Poisons Information Service (NPIS) between 1/01/2017-31/12/22, classified as "therapeutic error/medical error" involving patients aged 65 or over was performed. Enquiries involving an MDS were identified. Data were analysed using descriptive statistics and chi-square test.

Results: There were 394 enquiries concerning 393 patients and mean patient age was 81 years. There were significantly more females(n=266) than males(n=127), p = <0.0001. Exposures occurred at home (n=372), in care homes(n=18), in prisons(n=2) and in hospital(n=1). Cognitive impairment was reported in 32.5% patients(n=127). The 10 most common medications involved were bisoprolol (n=74), lansoprazole(n=59), atorvastatin(n=58), aspirin(n=47), omeprazole(n=43), amlodipine (n=44), paracetamol(n=42), clopidogrel(n=42), ramipril(n=42) and metformin(n=35). Most patients were asymptomatic(n=312). Common symptoms recorded were somnolence(n=16), dizziness (n=13), confusion(n=11), fatigue(n=7) and hypotension(n=5). Common reasons for incidents were a mistake by patient or family member(n=189), medications taken unwitnessed(n=88), MDS incongruent with current prescription(n=22), patient took another person's medications(n=19), patient took medication in MDS in addition to that in normal packaging (n=15) and extra doses administered by different people(n=15). Almost 51% of patients were recommended to attend Emergency Department (ED) by the NPIS(n=200) and 18% were advised to contact their GP(n=71).

Conclusion: MDS are perceived to improve adherence, these results reveal their potential harm. For example, most of patients in these enquiries were advised to seek medical help. MDS harm is likely underreported as this was a retrospective study and some information was not routinely collected. Further work including a prospective study is needed alongside support of safer medicine use through improved communication, education, and alternative tailored support.

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POSTER

2277. SP - Scientific Presentation - Falls (Falls, fracture & trauma)

Predictive factors of Delirium in Neck of Femur Fracture and Post-Operative Outcomes at Morriston Hospital

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Introduction: Neck of femur fractures (NOF) remain a significant cause of mortality in the elderly, especially in those who develop delirium post operatively. The aim of our study is to identify risk factors that may contribute to developing a delirium.

Method: A prospective cohort study of 717 patients presenting to Morriston Hospital who underwent operative management for a NOF fracture.

Results: A total of 103 patients developed a post-operative delirium, an incidence of 14.4%. Clinical Frailty Score (CFS) and Abbreviated Mental Test Score (AMTS) proved to be significantly associated with developing delirium ($p<0.0001$). Delirium was highly prevalent in patients with moderate frailty (CFS6≥) and an abnormal AMT score (<8), present in 70% and 73% respectively with individual odds ratios of 4.1 and 5.2. Delirious patients suffered higher inpatient mortality (16% v 5%, p 0.0004), an increased length of stay (32 vs 23 days, p <0.0001) and were more likely to be directly institutionalised (10% vs 3% p 0.002) without rehabilitation. Admission inflammatory markers and prolonged waiting times for theatre were highly prevalent in both groups and not pursued.

Conclusions: Patients presenting with moderate frailty and abnormal AMTS were at greatest risk of developing a delirium which was associated with poorer outcomes. We propose identifying high-risk patients from the point of admission to ensure early targeting of potential reversible factors. A delirium toolkit could aid in identifying these patients and there may also be an argument for the prioritisation of high-risk individuals in theatre list given their increased mortality.

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POSTER

2198. SP - Scientific Presentation - HSR (Health Service Research)

Evidence of systematic missingness in frailty data: A European Cohort Study

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Introduction: Emergency department (ED) frailty screening is recommended in guidelines for its potential to trigger earlier and more appropriate comprehensive evaluation and intervention for the most vulnerable patients. Post-implementation studies of the Clinical Frailty Scale (CFS) typically observe around 50% concordance with screening. Little is known regarding the characteristics of those people omitted.

Methods: The Frailty in European Emergency Departments (FEED) cohort study observed prevalence of frailty, administering the CFS to consecutive attenders over twenty-four hours. Retrospective "normal day" data from two weeks prior were also collected, where sites used retrievable electronic health records. Age, sex, ethnic group, mode and time of arrival and departure, NEWS2 score, and use of resuscitation areas were recorded. CFS missingness was assessed for distribution and dependency with other variables using chi-squared tests. The frailty distributions in prospective and retrospective data were compared with the Kruskal-Wallis test.

Results: Only five of sixty-two sites collected CFS scores in retrievable electronic records. The cohorts included 368 individuals prospectively and 399 retrospectively. At these sites, 14% prospective and 55% retrospective CFS observations were missing. CFS entries were more frequently missing in people with non-white ethnic group (p=0.007) and self-presentation (p<0.001). The distributions of CFS differed significantly (p=0.009); on the retrospective day, no individuals were assigned CFS scores 1 or 9, and CFS scores 4 and 6 were over-represented.

Conclusion: Acknowledging the limited participation and use of snapshot data, these findings alert the presence of systematic, non-random missing data in routine CFS screening. Systematic missingness in frailty data has critical implications for research in geriatric emergency medicine, presenting real limitations in validity where studies seek to analyse routinely collected data to reach representative inferences. Screening practices and retrievability of data warrant further study and improvement.

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POSTER

2197. SP - Scientific Presentation - N & N (Neurology & Neuroscience)

Effectiveness of Horticultural Therapy on the Psychosocial and Physical Function of Older Adults with Normal Cognitive Function.

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2. Saw Swee Hock School of Public Health, National University of Singapore; 3. Ministry of Health Holdings (MOHH)

Introduction: Horticultural therapy (HT) is not uncommonly used as non-pharmacological therapy for patients with dementia. However, less is known about its effects on older adults with normal cognition. This systematic review and meta-analysis syntheses available evidence to evaluate the effects of HT on psychosocial and physical function in cognitively intact older adults.

Method: A systematic search in 9 electronic databases for experimental and quasi-experimental studies was performed between January 1, 2001, and July 19, 2021. Studies involving participants above 60 years old with normal cognition, analysing psychosocial and physical effects of HT, were included. Cochrane Risk of Bias 2 (RoB2) tool and Risk of Bias in Non-randomised Studies- of Interventions (ROBINS-I) were used to assess risk of bias. Meta-analysis was conducted using Stata software. Cochran's Q test and I2 were used to explore statistical heterogeneity. Narrative synthesis was conducted for trials unsuitable for quantitative pooling.

Results: Nineteen articles (2191 participants) were included. Meta-analyses found that HT showed moderate-large effects on psychosocial outcomes, with improved self- efficacy (Hedges' g=0.49, 95%Confidence Interval:0.07,0.91, 3 trials, I2 :0.00%) and self-esteem (g=1.01, 95%CI:0.33,1.68, 2 trials, I2 :0.00%), and decreased depressive symptoms (g=-3.33, 95%CI:-6.29,-0.37, 4 trials, I2 :98.51%). Narrative synthesis suggested benefits in Health-related Quality of Life. Regarding physical effects, HT improved exercise duration and intensity (g=1.37, 95%CI:0.92,1.82, 2 trials, I2:0.00%). Effects on anxiety, social engagement and fitness did not achieve statistically significance.

Conclusion: The findings support the potential role of HT in promoting psychosocial and physical function among older adults with intact cognition. Given high statistical heterogeneity, more work is needed to explore the effect of possible moderators on treatment effects.

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POSTER

2324. SP - Scientific Presentation - Other (Other medical condition)

Feasibility of screening for frailty, sarcopenia and nutritional status in elective surgery for colorectal cancer

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Introduction: Preoperative frailty is a key determinant of post-surgical outcomes and often co-exists with sarcopenia and malnutrition. Older patients account for a significant proportion of patients undergoing surgery for colorectal cancer and are therefore more likely to be affected by these risk factors.

Methods: Patients aged 65 and over undergoing planned surgery for colorectal cancer were recruited across five sites. Participants were screened preoperatively using the Clinical Frailty Scale (CFS) and Groningen Frailty Indicator (GFI). Nutritional status was assessed using the short form mini nutritional assessment (MNA-SF) and participant collection of spot urine samples to objectively measure habitual dietary intake. Sarcopenia was assessed through grip strength, gait speed and psoas muscle measurement using preoperative CT imaging. The non-radiological screening measures were repeated eight-weeks postoperatively, with additional urine samples collected in the first and fourth weeks.

Results: Forty-three participants (mean age 76 years, 60 % male) were recruited, of which 32% were frail. Using the mini-nutritional assessment 42 % of participants were identified as at risk of malnutrition and 9 % as malnourished. Urine assessment of habitual dietary intake is ongoing. There was a high prevalence of sarcopenia - 67 % determined by hand grip strength and 42% by CT analysis. Mean length of stay following surgery was 6.9 days. 28 % of participants were unable to complete the in-person post-operative follow up due to ill health, poor appetite and exhaustion.

Conclusions: This ongoing study has demonstrated the feasibility of incorporating frailty, nutritional status and sarcopenia screening alongside routine clinical care, in older adults undergoing surgery. However, retaining participants in observational studies during postoperative periods of convalescence, or whilst undergoing adjuvant treatment, is challenging. This study has also highlighted the potential of home urine sampling as a viable method of dietary assessment within community settings to aid malnutrition screening.

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2247. SP - Scientific Presentation - Pharm (Pharmacology)

Clinical pharmacists working in primary care supporting people living with dementia: a UK survey

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Background: Clinical pharmacists are increasingly working as part of primary care teams in UK. Many people living with dementia live at home with the support of primary care. Given the complexity of their health problems and their use of several medications, clinical pharmacists may potentially play a crucial role in their support.

Aims: To explore clinical pharmacists' experiences of working in primary care with people living with dementia and identify any specific training needs to provide effective support for this patient group.

Methods: An online survey sent via email in 2023 through professional organisations, social media, and utilising research team contacts. The survey covered topics including clinical pharmacists' background, experience of working with people with dementia, and training needs.

Results: 57 clinical pharmacists responded to the survey; the mean time working as a clinical pharmacist was 9.6 years (standard deviation 8.6) and within a primary care setting was 6.1 years (standard deviation 6.1). Just over three-quarters of respondents (n=31, 77%) work with people living with dementia. While almost two thirds (n=35, 61%) had undertaken training for dementia care, such training often lasted a few hours (less than a day) (n=17, 49%). Most respondents (n=39, 89%) wanted further information or training; including non-pharmacological interventions to improve quality of life in dementia and how to support carers and relatives. Practice challenges reported included a lack of face-to-face consultations and getting assurance that the patient could safely take medications.

Conclusions: These findings indicate an interest in dementia care, a willingness to undertake further training but practice uncertainties that suggest a system approach might be beneficial.

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POSTER

2153. SP - Scientific Presentation - Psych (Psychiatry & Mental Health)

Yesavage Geriatric Depression Scale (GDS) and mini mental test as characterization tools in a South American cohort with type 2

M Medina[1]; L Dulcey[2]; M Amaya[1]; J Gomez[1]; J Vargas[1]; A Lizcano[1]; C Hernández[1]; M Ciliberti[1]; J Blanco[1]; M Estévez[1]; S Castillo[1]; E Gutiérrez[1]; R Angulo[1]; J Martínez[1]; D Acevedo[1]; A Arias[1]; G Ramos[1]

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Introduction: T2DM is a chronic disease that affects millions of people worldwide. In older adults, T2DM may be associated with an increased risk of two serious conditions: cognitive impairment and depression.

Objective: The aim of this research was to assess the mental health of older adults with type 2 diabetes mellitus (T2DM) in Mérida, Venezuela. Methodology A cross-sectional study was conducted with 100 older adults with T2DM and 100 older adults without T2DM. Two assessment instruments were used: the Mini Mental State Examination (MMSE) to assess cognitive function and the Geriatric Depression Scale (GDS) to assess depression.

Results: The results showed that older adults with T2DM had a higher risk of cognitive impairment and depression than older adults without T2DM. In particular, 25% of older adults with T2DM were cognitively impaired, compared to 5% of older adults without T2DM. In addition, 20% of older adults with T2DM had depression, compared to 10% of older adults without T2DM.

Conclusions: The results of this study suggest that older adults with T2DM are at increased risk of cognitive impairment and depression. It is important for health professionals to be aware of these risks and provide interventions to prevent or treat them.

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2293. CQ - Clinical Quality - Falls (Falls, fracture & trauma)

Targeted Geriatric Assessment in the Emergency Department: does it make a difference?

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Changi General Hospital

Introduction: Older people represent between 21 to 40% of Emergency Department (ED) users and proportionally use more ED services than any other age group.

Method: Retrospective review was undertaken from 13th January 2022 until 23rd December 2022 in older patients discharged from the ED ambulatory area following a targeted geriatric assessment and recommended follow-up interventions at the geriatric clinic. Two groups were identified, those compliant to follow-up interventions (GpC) and those that defaulted (GpD). Demographic information, hospital utilisation and mortality (up to one year), and any post-visit fragility fractures were reviewed. Data collection included identification of osteoporosis or osteopenia and cognitive decline during or following the visit and findings were compared across the 2 groups.

Results: 137 patients were reviewed, and 79 patients (58%) compliant to geriatric follow-up (GpC) and 58 patients (42%) non-compliant (GpD). Age and sex were similar, 80 vs 80 years, range 65-98 years and female s 58% vs 62%.   ED 7-day re-attendances were similar, 9% vs 12%, but 30-day hospital admissions were lower 10% vs 16%, although 1 year ED attendances were higher in the compliant group, 56% vs 45%, which did not translate to more 1 year hospital admissions 35% vs 33%. Mortality was 11% vs 14%. More patients were identified as having osteoporosis 30% vs 21% or high-risk osteopenia 18% vs 9%, and a larger number of patients had unevaluated bone health in the non-compliant group 19% vs 47%. However, fragility fractures were similar, 9% vs 7%. AMT was 7.94 vs 5.02, range 0-10 and cognitive impairment identified in 43% vs 33%, with dementia in 24% vs 14%, Mild Cognitive Impairment in 15% vs 7% and suspected but not evaluated in 4% vs 12%.

Conclusion: Targeted geriatric assessment has shown earlier and improved identification of underlying frailty and geriatric syndromes.

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POSTER

2210. CQ - Clinical Quality - Clinical Effectiveness

The Adjustable Transobturator Male System (ATOMS) for urinary incontinence: 9 year sub analysis within the geriatric population

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Introduction: The ongoing rise in prostate cancer rates and consequent prostatectomy have led to an increase in rates of male stress urinary incontinence. ATOMS is an adjustable sling requiring no manual input and suitable for frailer patients. We investigated the long term efficacy of the ATOMs in managing SUI and performed a sub-analysis within the geriatric population (aged 75+).

Method: 69 men (mean: 70.2, range 50-81) underwent an ATOMS insertion between 2015-2019. Follow up data for up to 9 years were analysed (mean: 5.8, range 5-9 years). Out of the 69 men in the original cohort, 19 were aged 75+ (mean: 76.5, range: 75-81). 17 had SUI post radical prostatectomy, 1 post TURP and 1 post AP resection.

Results: Out of the 19 men, 14 (74%) were dry post ATOMs implant insertion (ie using maximum one pad per day for reassurance). This rate is lower compared with the original cohort (79.7%). The average number of top ups to achieve dryness was 3 (same as the initial cohort). Out of the 14 men who remained incontinent in the initial cohort, 5 were 75+. Of these, 2 reported a significant improvement in their incontinence without meeting the 'dry' criteria. 1 had his ATOMs device removed due to infection. 1 was switched to an artificial urinary sphincter. 1 remains incontinent and is being managed with botox injections. There were no cases of mechanical failure.

Conclusions: ATOMS appears to be an efficacious and safe procedure in the geriatric population, with only marginal difference in dry rates compared to the non-geriatric cohort. The main benefit over an artificial sphincter is that it exerts a passive effect to prevent incontinence and requires no patient input for every void. This is especially prudent as geriatric patients may lose hand dexterity or cognitive ability over time.

POSTER

2308. CQ - Clinical Quality - Clinical Effectiveness

A Pilot Project Implementing a Dysphagia Screening Tool for Femoral Fracture Patients.

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Background: Evidence suggests 30-40% of patients with a neck of femur fracture (NOF#) develop oropharyngeal dysphagia (OPD) during the perioperative period.1-2 Our data, collected over two months, shows our Speech and Language Therapy Team (SLT) identified only 12% of cases. Given the importance of nutrition and medication in the perioperative period, early identification of OPD is critical. We launched a new dysphagia screening tool for all patients admitted to our hospital with a NOF#.

Methods: A retrospective review of patient notes allowed collection of data regarding age, hip injury, frailty score, comorbidities, and staff compliance with tool. Patients with a completed screening tool had outcomes recorded (low, medium, high risk), timeliness of referral to SLT if appropriate, and if OPD was present on assessment. Balancing measures included length of time kept nil by mouth. We completed four PDSA cycles over 5 months.

Results: During this period, 157 patients were admitted with a NOF# and 58 had a completed screening tool.   By producing a training pack and expanding into the emergency department, compliance improved by 33% over the 4 cycles. 19 of the 58 patients with a completed screening tool had OPD; 79% had mild, 14% moderate and 7% severe. The screen was adjusted during each cycle improving the suitability of SLT referrals from a 25% identification rate in cycle 1 to 100% in cycle 4. No patients were kept nil by mouth.

Conclusions: The screening tool has increased OPD identification by 21%. However, this requires staff training and high compliance rates to be effective. Next steps include adding the tool to the NOF# proforma, creating a training pack for the wider MDT, and improving the specificity of the tool.

References   1. Love et al. Age and Ageing, 2013. 42(6):782-5.   2. Mateos-Nozal J et al. Age and Ageing, 2021. 28;50(4):1416-1421.

POSTER

2316. CQ - Clinical Quality - Clinical Effectiveness

Adverse events associated with anticholinergic burden among geriatric patients admitted to a tertiary care hospital in South Ind

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Introduction: Anticholinergic burden (ACB) in geriatric population is a global concern, yet often neglected. Despite ACB-associated cognitive impairment, delirium, dry mouth, falls and increased hospitalizations, anticholinergic drugs are commonly prescribed among the elderly. Polypharmacy, on account of multiple co-morbidities and chronic diseases, is a major reason behind ACB among the elderly. Major objectives of our study were to determine the prevalence of ACB from prescription anti-cholinergic drugs and the associated incidence of delirium, falls, cognitive impairment and activities of daily living among elderly patients admitted to a tertiary care hospital in South India.

Methods: This cross-sectional, observational study enrolled 162 elderly patients admitted to a tertiary care hospital in South India. We recorded age, gender, comorbidities, dementia, falls (over 1 year), delirium, dry mouth, and number of prescription drugs. ACB was calculated, based on the Anticholinergic Cognitive Burden scale, and statistically analysed by Pearson chi-square test.

Results: We enrolled 162 elderly patients (≥60years) of whom 63% were male and 37% were females with an average age of 73.3 (SD = 8.1) years. 78.4% were hypertensive and 68.5 % were diabetic. Patients with ACB score <3 encountered fewer adverse outcomes than those with ACB score>3 [dementia (16.9% Vs 83.6%), falls (47.2% Vs 63%), dry mouth (14.6% Vs 80.8%), delirium (15.7% Vs 24.7%)]. 45.06% had clinically relevant anticholinergic cognitive burden (ACB score ≥ 3). Polypharmacy was also correlated to ACB scores. Incidence of polypharmacy was greater (48%) in patients with ACB score ≥ 3 than those with ACB score <3 (21.1%). There was a statistically significant correlation between ACB score and dementia, falls, dry mouth, and polypharmacy ($p < 0.001$.)

Conclusion: We found a statistically significant association between ACB and adverse outcomes such as dementia, falls (over 1 year), dry mouth and polypharmacy ($p< 0.001$). Minimizing ACB should be encouraged.

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POSTER

2330. CQ - Clinical Quality - Clinical Effectiveness

Community Frailty Hotline Service: an innovative hospital avoidance model for frailer older people in Mid and South Essex Health

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Introduction: Frailty Hotline Service (FHS) was set up initially in January 2021 to provide 24/7 advice and guidance to care home medical staff within the Mid & South Essex Health and Care Partnership footprint as a part of covid response. This was expanded to support GPs, Urgent Care Response Team (UCRT), community hospitals, hospices etc and later established as Community Frailty Hotline Service (FHS) with an aim for hospital avoidance and provide support to frailer older patients in their own places. Later, a Frailty Virtual Ward (FVW) was established to complement FHS within the MSE HCP.

Methods: FHS was led by 5 secondary care consultant geriatricians with direct access to telephone, 7 days service operating from 9 am till 10 pm weekdays and 9am till 10pm weekends in 1:5 rota. Unified online portal 'Netcalls' was used to directly call consultants. Documentation completed on dedicated Frailty Consultant Hotline Tab on SystmOne to be visible to all care providers. Data-collection automated via Netcall and SystmOne from March 2023 till January 2024.

Results: Average number of call was 487/ month, 2098 advices given over 11 months. Referral mostly done by UCRT 1511 (72%) followed by GP 193 (9.19%). Hospital admission avoided in 7 days and 30 days where the advice given in 82.9% and 73.6% cases, respectively. Total bed days saved was 13920 Cost saving was over six million. Frailty score completed in 2982 cases. FVW referral done in 853 cases (40.6%). Feedback from FVW and UCRT, 95% found FHS was useful.

Conclusion: Our innovative model of FHS with direct access to geriatrician showed a safe and efficient model to support frailer older patients in the community with appropriate signposting to FVW and other community services as an alternative to acute hospital emergency admission and treat the right patient in the right place.

POSTER

2354. CQ - Clinical Quality - Clinical Effectiveness

Clinical assessment and documentation of delirium in older patients undergoing vascular surgery: a quality improvement project

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The Leeds Teaching Hospitals NHS Trust

Introduction: The Centre for Perioperative Care recommends the assessment and documentation of delirium using a validated tool such as the 4-AT in older people undergoing surgery.

Aim: This quality improvement project (QIP) aimed to improve the assessment and documentation of delirium in patients aged 65 and above following vascular surgery in a tertiary centre.

Methods: Patients aged ≥65 years who had undergone vascular surgery were identified and data was collected with access to the electronic patient record system. Analysis was carried out using Microsoft Excel and SPSS. Following baseline measurements taken in August 2023, 1 plan-do-study-act (PDSA) cycle was completed between September 2023-January 2024.

Baseline measures: Baseline data collected between August 1-31st 2023 identified 51 patients, of which delirium was screened using the 4-AT tool in 39.2% (n=20), on average 90 hours post-operatively. The 4-AT was never documented in a consultant-led surgical post-operative review (100%, n=51). There were clinical concerns of post-operative delirium documented in 7 patients, with the 4-AT documented in 5 of those cases.

Intervention: Interventions included stakeholder discussions to identify key barriers in the assessment and documentation of delirium, multidisciplinary team education and poster reminders across the ward. These were introduced between November-December 2023.

Results: Post-intervention results reviewed between 10th-31st January 2024 showed that the 4-AT was used to screen for delirium in 61.9% of patients (n=13), on average 45 hours post-operatively. The 4-AT was never documented in a consultant-led surgical post-operative review. In addition, 2 patients developed delirium post-operatively with the 4-AT reported in both cases.

Conclusions: This QIP has demonstrated a marked improvement in compliance with national guidelines on the assessment of delirium, highlighting the impact of multidisciplinary education in improving the perioperative clinical pathway for older people undergoing surgery. Future PDSA cycles will focus on improving the documentation of 4AT in the post-operative surgical review.

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2307. CQ - Clinical Quality - Efficiency and Value for Money

ICPOP Community Rehabilitation Service

B Kenny; B Laycock; R Nee; R O'Toole; E Hogge; N O'Neill; E Clarke; S Keating; J O'Shea; A Quinn; A Higgins

Integrated Care Team for Older Persons affiliated with St James' Hospital

Hip fractures are a major public health issue due to ageing populations and Ireland has one of the highest hip fracture rates in Europe[1]. The cost of acute hip fracture care was 48.5 million euros in 2022[1]. The Irish Hip Fracture Database in 2022 revealed that 84% of people presenting to acute hospitals with hip fracture were admitted from home, however only 29% were discharged directly home[1].   NICE guidelines recommend early supported discharge for patients who are medically stable and mentally fit to participate with rehabilitation and who can transfer and mobilise short distance but have not yet achieved their full potential[2]. The National Integrated Care Programme for Older Persons (NICPOP) improves the life of older people by providing access to integrated care and support that is planned around their needs and choices, supporting them to live well in their own homes[3].

This poster outlines the rehabilitation pathway established by the SJH ICPOP team to provide early supported discharge for hip fracture patients.

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2317. CQ - Clinical Quality - Efficiency and Value for Money

Geriatrician-led Perioperative Services: an example of Value-Based Care

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Background: Perioperative services must adapt to the needs of an increasingly older surgical population. Perioperative medicine for Older People undergoing Surgery (POPS) services integrate geriatric medicine teams into surgical pathways to provide quality and cost-effective medical care. This project aims to examine value-based outcomes (clinical and financial impact) of embedding a POPS service at a district general hospital.

Methods: Following a period of implementation on an acute Trauma and Orthopaedic (T&O) ward, a two-week pilot was undertaken. All emergency fragility fracture admissions aged over 65 years with Clinical Frailty Scores (CFS) of ≥5 were included. Patients with hip fractures were excluded. The POPS service provided medical consultation, medicine rationalisation, proactive treatment escalation planning and shared decision making, as well as leading multidisciplinary team meetings. Outcome metrics: geriatric medicine consults, medical emergency team (MET)/cardiac arrest calls, staff/patient satisfaction and clinical coding. The REDUCE trial cost calculator was used to estimate savings.

Results: 35 patients were included, mean age 84 years, mean CFS score 7. Ward MET calls and cardiac arrest calls were reduced from a weekly average of 2.5 to 0, and weekly referrals to geriatric medicine reduced from 3 to 0. Experience-based design surveys identified thematic improvements relating to leadership, communication, dignity and respect. Improved quality of documentation resulted in the comorbidity score tariff increasing from £3325 to £6096 per patient. For services introduced by POPS including Comprehensive Geriatric Assessment and delirium assessments, the REDUCE trial cost calculator estimated an additional saving of £2926 per patient totalling hospital savings of £2 million per year (for an estimated 700 patients per year).

Conclusion: Implementation of a POPS service at a district general hospital can lead to cost savings, improved patient and staff experience, and improved clinical outcomes within a sustainable workforce model.

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2347. CQ - Clinical Quality - Efficiency and Value for Money

EXPEDITE: a sustainable initiative to improve Average Length of Stay (ALOS) in an Acute Geriatric Ward in Singapore

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Introduction: Prolonged hospitalisation is associated with increased mortality, increased risk of hospital acquired infections, functional decline and institutionalisation in older adults. Baseline data collected for patients admitted to the Acute Geriatric ward of Alexandra Hospital, a tertiary hospital in Singapore, from 28 Feb to 31 Aug 2022 (n = 299, age >65 years) revealed an average LOS of 12.3 days. Potential contributing factors identified • 98% did not have a documented medical clearance date • 3.54 days required to decide for medical social worker referral • 9 days before discharge plans are communicated to family. Aim: To reduce average length of stay (ALOS) from 12.3 days in Aug 2022 to 9.81 days by Aug 2023. This was a target set at the hospital level on our Geriatric service in the setting of a rising national pressure for inpatients beds.

Method: The EXPEDITE Huddle was a regular 30 minute huddle introduced, in addition to the existing weekly multidisciplinary meeting. It was developed based on the QI methodology and streamlined from 3x/week frequency to 1x/week following PDSA cycles. A chat group on the secure hospital mobile phone messaging system was also created for ease of communication amongst stakeholders.

Results: • ALOS reduced from 12.3 days to 9.1 days (3.4 days) • 91.8% of patients (n=154) now have a documented medical clearance date • Communication on discharge plans initiated within 3 days from admission • Sustainability: -In light of positive results, a discharge care navigator (DCN) to lead the discharge planning efforts was offered by the hospital to the Geriatric service. -The EXPEDITE huddle (now led by the DCN) continues and ALOS has remained within target.

Conclusion(s): Early discharge planning with a focus on system level factors that contribute to delayed discharge can help reduce ALOS in hospitalised older adults.

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2349. CQ - Clinical Quality - Efficiency and Value for Money

How to provide a cost-effective geriatric peri-operative service within general surgery in line with NELA BPT

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Introduction: More than 50% of patients undergoing emergency general surgery are > 65 years. The Emergency Laparotomy and Frailty (ELF) study showed strong associations between frailty (CFS ≥ 5) and increased mortality, risks of complications, and length of hospital stay.

Methods: For nearly 10 years, we have had geriatric liaison input for general surgery and colorectal patients in a tertiary teaching centre. This has transformed into a fully embedded service involving consultant geriatrician, registrars and senior house offices, providing 3-day a week medical input. NELA best practice tariff (BPT) April 2023 emphasises perioperative Geriatric team involvement in frail patients aged 65 and above. The main metrics include CFS, an MDT-based risk assessment, treatment escalation decision making and perioperative geriatrician involvement.

Results: The service has previously demonstrated significant improvement in patient care and holistic management including reducing the length of stay in hospital (average decrease of 5.5 days). Simple job planning, use of current resources and efficiency can mean Trusts can incorporate geriatricians with essential skills to improve patient management and reach NELA BPT.

Conclusion: Changes in NELA BPT emphasise the importance of comprehensive geriatric assessment in the management of older laparotomy patients. Introducing a multidisciplinary geriatric liaison service into the general surgical department can achieve high levels of compliance with national guidelines, resulting in better outcomes for patients as well as financial benefits for Trusts. This is particularly pertinent given the financial constraints on many services across the NHS, this is an opportunity to increase revenue and build a geriatric workforce.

2203. CQ - Clinical Quality - Improved Access to Service

Avoiding therapeutic nihilism in critically ill older adults: a single centre approach to enhanced care in patients with frailty

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Introduction: Enhanced care units (ECU) are a novel concept, targeting the gap between ward-level and critical care. They care for patients requiring intensive medical or nursing care, who may not require, desire, or be suitable for, escalation above ward care (Society of Acute Medicine and Intensive Care Society, 2022). The ECU at Barnet Hospital opened in March 2022, and, because of the local population demographic, admits a high number of older patients living with frailty. We aimed to assess the performance of the ECU for this subset of patients.

Methods: A retrospective audit of electronic records of 75 randomly selected patients admitted to ECU between March and August 2023. Data were gathered on Clinical Frailty Score (CFS) at baseline, comorbidity, escalation status, APACHE II illness severity score, and outcome measures.

Results: The majority of patients in the sample, 52 of 75 (69.3%), were over 65 years of age with an average of 69.1 years. Baseline frailty score was high, with a modal CFS of 6. Of these patients, 32 (61.5%) had a DNACPR, and 17 (32.7%) had treatment ceiling at ECU level. Illness severity was similar across CFS groups, with a mean APACHE II score of 15.2 (representing a 25% mortality risk). Overall mortality in the over 65s was 23.1% (12/52), without significant change when stratified by CFS. Mortality in the under 65s was 8.7% (2/23).

Conclusions: Acutely unwell patients with frailty may benefit from ECU level care. In our centre, we found no significant increase in mortality linked to a higher frailty score. We suggest that this may represent good case selection by clinicians experienced in working with frailty: admitting patients with more reversibility and targeting therapies towards reversible causes. Limitations remain, especially in assessing illness severity, as the assessment tools are not targeted to this cohort.

2311. CQ - Clinical Quality - Improved Access to Service

Doing nothing is NOT an option - Successful collaboration as part of wider quality improvement exercise in frailty services

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Introduction: Population is growing old worldwide and UK is no exception. Health service models designed to cater the needs of service users are under immense pressure due to the aging phenomenon. With unprecedented demand, their often low acuity, hence low priority and delayed conveyance to hospital and unavailability of services to address their needs due to delayed arrival; frail older patients often have to wait longer in emergency department (ED) to receive care in ED. Innovation and news models of care are therefore need of the hour to address this challenging situation.

Methods: Quality improvement initiative to establish acute frailty service. Development of Older Person assessment unit (OPAU) in Oct 2022 with already established and functional acute frailty team. Plan for direct referral to OPAU from South East coast ambulance service (SECAmb) colleagues. Weekly meetings with SECAmb. Geriatrician of the Day supporting alternative pathways instead of ED. Development of frailty poster with criteria to referral and uploaded on SECAmb work iPads, displayed in ambulances delivery area and ambulance queuing area inside the hospital. Single point of access phone number launched April 2023 to access frailty team & other alternative services from outside the hospital. SECAmb webinar for education and awareness of alternative pathways (UCR, SDEC, frailty, virtual ward), attended by 40 front line SECAMB staff.

Results: October 2022 – 0 patients. November 2022 – 2 patients. December 2022 – 8 patients. January 2023 – 18 patients. February 2023 – 32 patients. March 2023 – 33 patients. April 2023 – 39 patients.

Conclusion: With sustained efforts and effective collaboration, number of patients being referred to alternate pathway (frailty team) are increasing with anticipated significant reduction to SECAmb conveyance to ED in the long run, addressing overcrowding issues.

2322. CQ - Clinical Quality - Patient Safety

Passing the Baton from Emergency visit to Community Care: factors that impact delivery of Targeted Geriatric Care?

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Introduction: Older patients attending the Emergency Department (ED) and discharged home are at higher risk of adverse outcomes. Geriatric Ambulatory ED services were developed with the aim to deliver goal-directed care of older patients from ED using onward referral to Community Providers.

Method: A retrospective review was undertaken from 13th January 2022 to 23rd December 2022 in older patients discharged from the ED following a targeted geriatric assessment and recommended community follow-up interventions. Demographic information, functional ability, hospital utilisation and mortality (up to one year), and any post-visit fragility fractures were reviewed. Data collection included identification of osteoporosis or osteopenia during or following the index ED visit.

Results: 108 patients were assessed, of whom, 74% were female, average age 76 years, range 61-93 years. 65% of patients were CFS scored, 9% were CFS 6 or 7, 15% CFS 4 or 5 and 41% CFS 1-3. GP review was advised for 76% of patients and 61% attended and therapy interventions were recommended for 9.3%, of whom, 3% attended. The majority presented with falls (82%) and half of those who fell, sustained a fracture. Osteoporosis or osteopenia was newly identified in 30% but in 44% of patients bone health remained unevaluated and only 8% had newly initiated anti-resorptive and 9% existing treatment. 4% experienced fragility fracture following their ED visit. Uptake was low for therapy (30%) and nursing interventions (14%). Following the index ED visit, 7% patients attended ED within 7-days, and 5% admitted to hospital within 30-days. 35% of patients re-attended ED and 22% were hospitalised within one year. One year mortality was 5%.

Conclusion: ED targeted geriatric assessment can identify patients with falls and fragility fractures but better collaboration and communication between primary and secondary care is needed. Recommended bone health assessment occurred in a relatively small proportion of patients.

WITHDRAWN

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2245. SP - Scientific Presentation - Big Data

Disease Trajectories and Medical Expenditures of Older Long-term Care Residents in China: Prospective Observational Study

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Introduction: Global aging and an increasing disability population impose huge health and economic burdens on societies, and understanding the impact of disability on mortality and medical expenditures among the elderly is vital.

Methods: This study was based on the government-led long-term care insurance program initiated in July 2017 and followed up to June 2021. Diagnosis and hospitalization costs were extracted from electronic medical records and medical insurance system. The networks of the disease trajectories were established by combining disease pairs with overlapping diseases. Medical expenditures relating to exact disease were calculated and compared between age groups.

Results: The 30003 participants had a mean age of 79.6 ± 11.1 years, with 57.0% females. After a mean follow-up time of 21 ± 16 months, 17428 (58.1%) death were observed. Diseases with the highest HRs included septic shock (HR 3.59, 95% CI, 3.36-3.84), respiratory failure (HR 3.19, 95% CI, 3.05-3.34), sepsis (HR 2.98, 95% CI, 2.80-3.18), malnutrition (HR 2.38, 95% CI, 2.27-2.48), and decubitus ulcer (HR 2.27, 95% CI, 2.14-2.41). The disease trajectories were initially related to hypertension and diabetes mellitus, while mortality was associated with malnutrition, infectious diseases, and organic failure. In subgroup analysis, participants with older age, those living in nursing institutions, and males had more complex disease trajectories. The medical costs gradually decreased with increasing age, and there was a rapid increasing trend before death for the decedents. Among the diseases of top 30 frequent hospitalization visits, intracerebral haemorrhage, sepsis, and respiratory failure ranked as the top three total medical costs.

Conclusions: The study shows that malnutrition and infection-related diseases contribute to death in older disabled and the latter account for part of the highest medical cost, calling for comprehensive strategies for infection prevention and treatment.

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POSTER

2191. SP - Scientific Presentation - Falls (Falls, fracture & trauma)

Physiotherapists' perspectives of barriers and facilitators to effective community provision after hip fracture

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Introduction: to investigate physiotherapists' perspectives of effective community provision following hip fracture.

Methods: qualitative semi-structured interviews were conducted with 17 community physiotherapists across England. Thematic analysis drawing on the Theoretical Domains Framework identified barriers and facilitators to implementation of effective provision. Interviews were complemented by process mapping community provision in one London borough, to identify points of care where suggested interventions are in place and/or could be implemented.

Results: four themes were identified: ineffective coordination of care systems, ineffective patient stratification, insufficient staff recruitment and retention approaches and inhibitory fear avoidance behaviours. To enhance care coordination, participants suggested improving access to social services and occupational therapists, maximising multidisciplinary communication through online notation, extended physiotherapy roles, orthopaedic-specific roles and seven-day working. Participants advised the importance of stratifying patients on receipt of referrals, at assessment and into appropriately matched interventions. To mitigate insufficient staff recruitment and retention, participants proposed return-to-practice streams, apprenticeship schemes, university engagement, combined acute-community rotations and improving job description advertisements. To reduce effects of fear avoidance behaviour on rehabilitation, participants proposed the use of patient-specific goals, patient and carer education, staff education in psychological strategies or community psychologist access. Process mapping of one London borough identified points of care where suggested interventions to overcome barriers were in place and/or could be implemented.

Conclusion: physiotherapists propose that effective provision of community physiotherapy following hip fracture could be improved by refining care coordination, utilising stratification techniques, employing enhanced recruitment and retainment strategies and addressing fear avoidance behaviours.

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POSTER

2304. SP - Scientific Presentation - HSR (Health Service Research)

Models of care and the role of clinical pharmacists in UK primary care for older people: findings from a scoping review

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Introduction: Pharmacists have traditionally worked in primary care, in the community, and with GPs. However, the role of the clinical pharmacist in primary care is evolving and there are plans to employ more clinical pharmacists in the NHS. With an ageing UK population, there is an increase in the number of people living with multiple long-term conditions, accompanied by polypharmacy, posing numerous challenges to healthcare systems. This review investigates the evidence about the varied roles and services delivered by clinical pharmacists in primary care, capturing the perspectives of health and care professionals, older adults, and their carers.

Method: Our scoping review followed the framework for scoping reviews in accordance with the Joanna Briggs Institute (JBI) methodology. A broad search was conducted in 2023 in CINAHL, Cochrane, Medline, SCOPUS, and Web of Science. We included articles that explored the landscape of clinical pharmacy services for older people in the UK, focusing on roles and services delivered, perceptions, and experiences.

Results: A total of 23 articles was included. These shed light on the multifaceted responsibilities of clinical pharmacists for older people. Stakeholder perspectives, including healthcare professionals and care home staff, emphasise the positive outcomes of clinical pharmacist involvement, from reducing other practitioners' workloads to improving patient safety. However, communication gaps amongst the primary care team and those living with dementia, concerns about competence, and the need for clear role definitions of clinical pharmacists emerge as challenges.

Conclusions and implications: The review enhances our understanding of the clinical pharmacist service in the UK and identifies gaps in research evidence, emphasising the need for empirical studies on the experiences of older people with cognitive impairment and those from minority ethnic backgrounds. The findings can be used for policymaking, workforce planning, and healthcare provision to improve the services for older people in the UK.

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POSTER

2200. SP - Scientific Presentation - N & N (Neurology & Neuroscience)

Association between gait speed deterioration and EEG abnormalities

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Introduction: Physical and cognitive decline at an older age is preceded by changes that accumulate over time until they become clinically evident difficulties. These changes, frequently overlooked by patients and health professionals, may respond better than fully established conditions to strategies designed to prevent disabilities and dependence in later life. The objective of this study was twofold: to provide further support for the need to screen for early functional changes in older adults and to look for an early association between decline in mobility and cognition.

Methods: A cross-sectional cohort study was conducted on 95 active functionally independent community-dwelling older adults in Havana, Cuba. We measured their gait speed at the usual pace and their cognitive status using the MMSE. A value of 0.8 m/s was used as the cut-off point to decide whether they presented a decline in gait speed. A quantitative analysis of their EEG at rest was also performed to look for an associated subclinical decline in brain function.

Results: Results show that 70% of the sample had a gait speed deterioration (i.e., lower than 0.8 m/s), of which 80% also had an abnormal EEG frequency composition for their age. While there was no statistically significant difference in the MMSE score between participants with a gait speed above and below the selected cut-off, individuals with MMSE scores below 25 also had a gait speed<0.8 m/s and an abnormal EEG frequency composition.

Conclusions: Our results provide further evidence of early decline in older adults – even if still independent and active - and point to the need for clinical pathways that incorporate screening and early intervention targeted at early deterioration to prolong the years of functional life in older age.

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POSTER

2213. SP - Scientific Presentation - N & N (Neurology & Neuroscience)

The prevalence of medication-related harm in people with dementia – a systematic review

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Introduction: Medication-related harm (MRH) is defined as any negative outcome, harm or injury caused by taking a medication (Falconer et al. Eur J Clin Pharmacol, 2018;75(2):137-145). People living with dementia (PLWD) take more medications than those without dementia, increasing their risk of MRH (Mueller et al. Exp Gerontol 2018;106:240-245). There is urgent need to explore the scale of MRH affecting PLWD. This systematic review aimed to determine the prevalence of MRH in PLWD and evaluate various outcomes to assess its impact.

Methods: Twelve databases were systematically searched for articles published in English from date of inception to April 2023. Papers of any study design reporting on the prevalence and/or outcomes of MRH in PLWD were eligible for inclusion. Quality was assessed using the Cochrane Risk Of Bias tool for randomised trials (ROB-2) or the Risk Of Bias In Non-randomised Studies of Exposures (ROBINS-E). Due to lack of consensus on the definition of MRH and the heterogeneity of included studies, a narrative synthesis will be undertaken.

Results: In total, 5,951 articles were identified, and 4,946 remained following removal of duplicates. After title/abstract screening, 419 full-text articles were assessed for eligibility. Ninety-eight studies were included in the review. Quality assessment is ongoing. Overall, 29 studies investigated adverse drug events, affecting 5-83% of participants, and 22 studies assessed mortality associated with drug use, with most reporting an increase in mortality. Antipsychotics were the most commonly implicated medication class, studied in 24 papers.

Conclusion: This systematic review is the first to report on the prevalence of MRH in PLWD. However, it will not be possible to conduct a meta-analysis to fully analyse the scale of this issue. This review will identify gaps in the current evidence base and inform future research aiming to explore factors contributing to, and ways to reduce, PLWD experiencing MRH.

2248. SP - Scientific Presentation - N & N (Neurology & Neuroscience)

Clinical Relevance of Donanemab Treatment

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Objective: To assess in Alzheimer's disease (AD), the treatment impact of donanemab, an amyloid plaque-reducing monoclonal antibody, on readily interpretable item-measures and constructs that matter to patients, care-partners, and clinicians.

Background: Positive outcomes were reported from TRAILBLAZER-ALZ2, a randomized, double-blind, placebo-controlled, 18-month, phase 3 study evaluating donanemab as an investigational treatment for mild cognitive impairment (MCI) or mild dementia due to AD. In 1736 participants, donanemab significantly slowed the rate of clinical decline (by 22-36%) as measured by the integrated AD Rating Scale (iADRS) and the Clinical Dementia Rating Scale—Sum-of-Boxes (CDR-SB); both measures of cognition and function as indications of global clinical severity. In these subsequent post-hoc exploratory analyses, the impact of donanemab treatment on individual iADRS cognition and function items, CDR domains, and risks of advancing to greater disease severity were assessed.

Methods: Mixed model repeated measures and Cox proportional hazard modelling methodology assessed treatment effects on iADRS items and CDR domains.

Results: Donanemab treatment was associated with significant beneficial effects on: 1) iADRS cognitive items related to episodic memory and executive function, and instrumental activities of daily living items related to communication and others (e.g., being left alone, making a meal, using household appliances); 2) all CDR-SB cognitive and functional domains (i.e., memory, orientation, judgment/problem solving, community affairs, home/hobbies, and personal care); and 3) lowering risk of progression to a more advanced clinical stage of disease.

Conclusions: These analyses explored the impact of donanemab treatment on constructs that matter to and are considered more readily interpretable by patients, care-partners, and clinicians. These results provide further support that treating those with MCI or mild dementia due to AD with donanemab can meaningfully reduce risk of progression to more severe clinical stages (e.g. moderate stage dementia), and potentially allow greater independence for a longer period of time.

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2272. SP - Scientific Presentation - Psych (Psychiatry & Mental Health)

Methodological challenges and strategies in understanding the lived experiences of childless Chinese older couples

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Introduction: With more cases of delayed marriage, voluntary childlessness and infertility among Chinese, childless older couples are anticipated to increase. Although evidence suggests that being childless in Western societies may benefit older couples, older Chinese couples without children are marginalised as no one is available to take care of their physical, psychosocial and financial burdens because children in the Chinese societies are often responsible for caring and supporting older individuals. This ongoing study explores the lived experiences of ageing among childless Chinese older couples. While the research methods are novel in the literature, this study highlights the methodological challenges encountered by the researchers.

Method: This qualitative study adopts the interpretive phenomenological approach with photovoice. Twenty childless older couples are recruited to participate in two face-to-face interviews and submit photos before the second interview. The photos convey contextual details that are challenging to express in words, thereby enhancing the richness of the interview data. Data are analysed using the van Manen's thematic analysis and Oliffe's photographic analysis.

Results: Some challenges experienced so far include difficulties in recruiting participants, as certain spouses refuse to participate while their partners choose to do so. Also, certain couples are reluctant to talk about dying as the last stage of their ageing or be interviewed simultaneously. Similarly, certain couples may not know how to take and submit photos. Strategies utilised include providing simple and clear explanations before the interview, allowing some couples to be interviewed separately, assuring confidentiality in data handling, and recruiting those competent in using smartphones.

Conclusion: The methodological challenges and related strategies surrounding recruiting older couples and using photovoice provide valuable implications for future researchers. Acknowledgement   The work described in this paper was fully supported by a grant from the Research Grants Council of the Hong Kong Special Administrative Region, China (UGC/FDS16/M09/23).

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POSTER

2321. SP - Scientific Presentation - Psych (Psychiatry & Mental Health)

Therapeutic use of film screenings for care home residents: A scoping review

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Introduction: Symptoms of depression and anxiety, with and without dementia, are common in older care home residents. It is postulated that that watching films can help residents to share emotions, enhance social connectedness and engage in reminiscence. As such, films can ameliorate depression and promote well-being. This scoping review summarises the evidence for the therapeutic benefits of film-based interventions in care homes.

Methods: Electronic databases MEDLINE, Embase, EMCare and CINAHL were searched for quantitative and qualitative studies in English including adults aged 65 years and older in years 2005-2023. The search terms were: older adults, dementia, depression, carers, caregivers, care homes, and film.

Results: Five studies met our criteria: Campbell-Sills, 2006, USA; Kim, 2014, Korea; Davison et al., 2016, Australia; Bjornskov et al., 2018, Denmark; and Breckenridge et al., 2020, UK. All subjects were care home residents except for Bjornskov et al., who included 63 institutional caregivers. The number of study participants ranged from 11 to 120. There was a female predominance throughout the studies, and all residents had dementia of varying severity. Study designs included: direct comparison of participants with mood/anxiety disorder versus controls (Campbell-Sills); non-equivalent control group pretest/posttest (Kim); randomised single-blind crossover (Davison); qualitative focus-group caregiver interviews (Bjornskov); and cross-sectional observation (Breckenridge).   Observation/follow up periods ranged from 6 -10 weeks.

Findings were as follows: Campbell-Sills: residents with mood/anxiety disorders were identified by suppressing negative emotions induced by films;   Kim: group reminiscence therapy using cinema increased ego integrity and reduced depression severity;   Davison et al: using a personal computer platform that included films resulted in reductions in anxiety, depression and agitation;   Bjornskov et al.: caregivers reported that films can evoke reminiscence;   Breckenridge et al.: small-group film viewing enhanced social connectivity.

Conclusions: Film screenings for ageing care home residents have the potential for improving mood and encouraging social connections.

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POSTER

2346. SP - Scientific Presentation - Planned and ongoing trials

Modified Hospital Frailty Risk Score (mHFRS) as a Tool to Identify Frail Hospitalised Older Adults

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Introduction: Frailty is common in hospitalised older adults. This study compared efficacy of a modified Hospital Frailty Risk Score (mHFRS) to standard HFRS and Clinical Frailty Scale (CFS) to determine whether mHFRS can be used to identify frail hospitalised patients.

Methods: Anonymised retrospective review of Electronic Health Records was undertaken in patients =>65 years old attending the Emergency Department (ED) and admitted to hospital 1st July 2022 to 31st March 2023. mHFRS utilises 2 prior emergency admissions within 2 years to generate a frailty risk score, whereas HFRS requires an index admission plus 2 prior emergency admissions. Hospitalisation outcomes and predictive models were evaluated with correlation and measures of agreement between CFS and HFRS, CFS and mHFRS using Spearman's rank correlation and Cohen's kappa.

Results: Of 3042 patients, CFS categorised 1635 patients as non-frail (CFS 1-4) and 1407 as frail (CFS 5-9). Using mHFRS, only 1623 patients could be categorised and of these, 608 were deemed low, 657 intermediate and 358 high risk of frailty. Frail patients were older (81.8 years, SD 8.41 vs 75.3 years, SD 7.20, $p=<0.001$), had longer LOS (52.5% % vs 31.5%, $p=<0.001$), higher 30-day unplanned hospital readmissions (18.5% vs 9.9%, $p=<0.001$) and higher in-patient (6.1% vs 2.0%, $p=<0.001$), 30 day (9.1% vs 2.3%, $p=<0.001$) and 90 day mortality (15.8% vs 5.1%, $p=<0.001$). mHFRS achieved comparable association with hospitalisation outcomes compared to CFS and HFRS. Cohens's kappa, showed fair agreement, across CFS vs HFRS and CFS vs mHFRS, κ of 0.235 and 0.243 and precision was 0.512 vs 0.581 respectively. mHFRS was less sensitive at identifying frail patients compared to HFRS but had better specificity to identify non frail patients.

Conclusion: mHFRS is a comparable frailty screening tool that doesn't require clinical assessment but is standardised and easy to use in those who can be scored.

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2341. CQ - Clinical Quality - Clinical Effectiveness

Qualitative assessment of introducing bone health assessment for Parkinson's disease patients in a University Hospital Setting

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Introduction: Parkinson's disease (PD) patients with or without psychosis are at higher risk of recurrent falls and fracture and as a consequence, higher mortality and morbidity NICE (13) Henderson et al. (2019). We conducted a qualitative study to understand barriers and facilitators of introducing 'bone health assessment' for PD patients.

Method: We conducted a pilot study to identify and implement a bone health assessment tool to communicate falls and fracture risks to GPs. • SWOT and Stakeholder analysis was conducted to identify an appropriate bone health assessment tool. • PDSA cycles were completed to assess barriers and facilitators of bone health assessment in all PD clinical areas. • 4 Participants were identified from all possible PD clinical settings and trained on how to use the FRAX assessment tool. • Semi structured interviews were conducted to explore themes from 6-week pilot study.

Results: Bone health assessments were not conducted routinely in PD clinical settings in our Trust Literature review/ SWOT and Stake holder analysis identified 'FRAX' score as an appropriate bone health assessment tool for PD patients. Interviews with participants identified time constraints during the clinical consultation as a major barrier to conducting bone health assessment using the FRAX assessment tool. All participants agreed that this improved communication with patients and GPs in understanding bone health and risk of falls and fractures. Face to face PD Nurse Clinics were deemed the most appropriate clinical settings for these assessments.

Conclusion: As a result of this service improvement project bone health is now assessed in all PD Nurse clinics. This has enabled GPs to start the most appropriate bone protection treatment for PD patients.

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POSTER

2145. CQ - Clinical Quality - Patient Centredness

Physical and mental health needs of older transgender adults in the U.K.: A scoping review

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Introduction: The number of adults in the UK who identify as transgender is increasing, through greater recognition of trans identity and growing numbers of individuals transitioning in later life. The term "Transgender" encompasses a diverse range of experiences and identities, including those who identify as non-binary, gender-fluid, and gender-queer. However, within this review, we use the shortened term "trans" and the following broad definition: "people whose gender is different from the gender assigned to them at birth." We conducted this exploratory review to examine the literature regarding the specific health and social care needs of older trans adults.

Methods: We utilised scoping review methodology and thematic qualitative analysis to systematically search and map the literature related to the physical and mental health challenges related to the ageing experience among trans adults in the UK.

Results: We identified 22 relevant papers through combined systematic search and additional manual reference review. We recognised five key themes within the literature: Systems and Structural Factors, Health and Mental Health, Social Care, Diversity and The Future. The former three themes relate to limitations presented by current models of care, barriers within services and potential areas for development. Key areas identified include challenges related to the application of a binary gender model within healthcare systems as well as advanced care planning and ensuring gender-affirming care where capacity is lost including living with dementia. The latter two themes identify gaps in the current literature and provide examples of trans-inclusive positive practice.

Conclusions: There is an ongoing need for researchers, clinicians and policymakers to ensure that the needs of older trans adults are studied, understood and accommodated within policy and practice. Service providers delivering care to older adults must understand trans-specific needs, particularly around advanced care planning, to ensure that trans people are supported to age well.

POSTER

2148. CQ - Clinical Quality - Patient Centredness

Filtering 75 Domiciliary Visit letters through a CGA sieve: Does Community Geriatrics need a clearer job plan?

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Introduction: The Geriatrics specialism has domiciliary visits as its exclusive preserve. No other specialism is afforded this opportunity to assess the patient within their own domain, and, to assess multiple domains (physical, psychological, functional, social and environmental) through an extended history and examination that can often last an hour.

Methods: 75 domiciliary visit letters were scrutinised, dated between January and July 2022; all new referrals to a Geriatrics department consisting of more than 20 consultants. Letters were analysed for 25 Comprehensive Geriatric Assessment parameters.

Results: The key findings were as follows: 94.7% of patients had a medication review. 78.7% had their mobility reviewed, and 64% their current activities of daily living. 66.7% had a documented falls history and given that when the patients did receive a Clinical Frailty Score it was either a 6 or 7 this appears inadequate. Only 17.6% of patients had a Clinical Frailty Score documented on the consultant letter. 46.7% had some sort of cognitive evaluation, of which only 13.3% had a formal assessment (either mini-ACE or AMT). Mood was assessed in 41.3% of patients; of which just 1 out of the 75 had a formal assessment (Geriatric Depression Score). Advanced Care Planning stood out as one of the least reviewed aspects considered: just 32% had a DNAR review or acknowledgement of it in the subsequent letter; and similarly, just 39% had a review or acknowledgement of planned future levels of care if they deteriorated in the community.

Conclusions: There was wide variation in the depth and breadth of what the domiciliary visit entailed. One option would be to develop a template to capture an agreed set of parameters. A bigger question lies behind this: What exactly should the job plan be of a Community Geriatrician?

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2150. CQ - Clinical Quality - Patient Centredness

Understanding the COTE lingo: a quality improvement project

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1 Cardiff University; 2 Aneurin Bevan University Health Board

Introduction: The terminology surrounding manual-handling equipment and discharge planning is rarely taught in medical school. Yet, it is crucial for medical staff, particularly those working on Care of the Elderly (COTE) wards, to comprehend these terms to accurately assess a patient's function and optimise discharge planning.

Methods: A 17-question survey was distributed to establish the baseline knowledge of medical staff in a district general hospital, with the aim of using PDSA (plan, do, study, act) cycles for improvement as needed. Following preliminary data analysis, a lunchtime hospital teaching session was designed to educate individuals on these key terms and equipment. Ten clinicians attended and took part in a mentimeter quiz reassessing knowledge post-teaching.

Results: Seventeen participants, ranging from physician associates and junior doctors to consultants, completed the initial survey anonymously. Knowledge varied widely, with scores ranging from 15% to 91%. All participants accurately identified a Zimmer frame, 15 (88%) correctly labelled a PAT slide and 13 (76%) a hoist. Reassuringly, all knew that the acronym "POC" stood for Package of Care. Poorly recognised equipment included turn discs, standing hoists and hover jacks. Furthermore, the term "reablement" and the healthboard-specific "complex needs booklet" lacked clear definitions. While many participants could define fast track discharge, they could not distinguish between the two types. The average score per question increased from 53% in the pre-teaching survey to 59% post-teaching, however this was not statistically significant (P=0.57).

Conclusions: Although medical staff were familiar with certain equipment, they lacked understanding of more specialist aspects of discharge planning and less commonly used equipment. Unfortunately, these results did not significantly change post-teaching, likely due to low attendance; however, we are hopeful that the survey distribution and teaching will spark discussion throughout the hospital. We have now adapted the teaching content into posters for the next PDSA cycle.

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2168. CQ - Clinical Quality - Patient Centredness

A survey of non-consultant hospital doctors' perspectives, knowledge, and practices towards delirium in a large Irish Hospital

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Background: Delirium is a common condition in hospitals, especially among older people. This refers to a dramatic decline in mental capabilities marked by diminished concentration and consciousness.

Aims: The purpose of this study is to assess the views, knowledge, and behaviour of non-consultant hospital doctors about managing delirium in a large Irish hospital. Methods: Questionnaires were given to 28 healthcare professionals from various departments according to Davis and MacLullicin (2009). It was conducted between July and September 2023 with emphasis on finding out its prevalence rate, diagnostic criteria, and management strategies for delirium.

Results: The study established that majority of the respondents recognized the importance of delirium but there appears to be a gap in practical management of this clinical syndrome. Although many doctors agreed that delirium was significant, most lacked confidence in diagnosing as well as managing it. The use of standardized assessment tools like the 4AT was limited.

Conclusions: This study highlights the disparity between what is known and practiced by hospital doctors concerning delirium care. It implies increased training for delirium management with frequent use of assessment tools and ongoing education aimed at enhancing patients' outcomes during cases of delirium.

Keywords: Delirium Management, Hospital Doctors, Medical Training, 4AT, Clinical Practice, Elderly Care.

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POSTER

2184. CQ - Clinical Quality - Patient Centredness

QIP: To Assess the Effect of Education, Timesheets and Timers on the Administration Times of Parkinson's Medications

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University Hospital Aintree

Background: NICE guidance for administration of dopaminergic medications is within thirty minutes of the prescribed time. Patients with Parkinson's Disease are frequent attenders of the ED, often leading to admission for a variety of reasons. Medication timing as an inpatient is frequently sub optimal, leading to potential harm of the patient and prolonged inpatient stays. Interventions previously seen to be beneficial include medication posters and alarms, tested across multiple wards at a different trust. This project aims to assess three interventions looking to improve the administration time of dopaminergic medication at Aintree University Hospital.

Method: Three interventions were assessed: education, medication timesheets ad medication timers. These were assessed on one surgical and one medical ward. Baseline data was collected prior to implementation, then following each data was recollected. Nursing staff opinion and knowledge were also assessed using surveys at baseline, following education and at the end of the project.

Results: Baseline data showed an average of 18.75% of doses given out of range on the surgical unit. Education proved to be useful, reducing the average to 12.5%. Medication timers were the most promising intervention, improving the average to 10.7%. However, when plotted on a control chart the changes appear unconvincing for significance. Surveys showed an initial reluctance for the use of timers, but following their use they then became the preferred intervention. Obstacles to their use were identified, such as loss of instructions and difficulty in changing the settings.

Conclusion: This project has found evidence to support the use of medication timers to facilitate more accurate administration of dopaminergic medications. However further assessment is required with a follow up QI project given the uncertainty seen on the control charts.

POSTER

2223. CQ - Clinical Quality - Patient Centredness

Older patients admitted with a Fragility Fracture – a Review of Discharge Summary Documentation in accordance with HIQA National

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Background: Fragility fractures, defined as fractures resulting from low energy trauma (1), are consistent with a diagnosis of osteoporosis. When a patient is discharged from hospital, guidelines recommend principal and additional diagnoses, relevant co-morbidities contributing to primary diagnosis, medications and relevant investigations are recorded (2).

Methods: This audit reviewed discharge summaries of all patients discharged from a rehabilitation unit over two months, in accordance with the Health Information and Quality Authority's (HIQA) National Standard for Patient Discharge Summary Information (2). Patients with fragility fractures were identified through medical record review. Principal and additional diagnoses were reviewed, with cause and mechanism of falls considered relevant co-morbidities. Discharge prescriptions for anti-resorptive medications were noted. Dual-energy x-ray absorptiometry (DXA) was recorded as a relevant investigation (3).

Results: 33 discharge summaries met inclusion criteria. 12 patients were admitted with fragility fractures with a mean age of 81 years (69-90). 83.3% (n=10) were female. Osteoporosis was mentioned in 50% (n=6) of discharge summaries of patients with fragility fractures. On review of relevant co-morbidities, likely cause of the fall was documented in 58.3% (n=7) and mechanism in 75.0% (n=9). Bone protection was planned in 83.3% (n=10). Plan for DXA was documented in 8.3% (n=1)

Conclusion: This audit demonstrates suboptimal communication between hospital and community teams, despite chronic disease being predominantly managed in the community. In Europe, Ireland has one of the largest disease burdens relating to osteoporosis and the largest increase predicted in the next ten years (4). It is of utmost importance we improve communication to minimise disease burden.

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2233. CQ - Clinical Quality - Patient Centredness

Incidence of Inappropriate CPR in the Emergency Department – Is ReSPECT making a difference?

A Lisseter

Emergency Department: St Helier Hospital

Introduction: A BMJ study suggested that 1 in 5 sick, older patients have a 'do not resuscitate' document and a large proportion only had this completed in the Emergency Department (ED) (1). Current ED pressures could cause greater delay in this discussion, resulting in inappropriate cardiopulmonary resuscitation (CPR). The ReSPECT form was established to bring consistency to the communication of patients wishes, including 'do not attempt CPR' (DNACPR) (2). This QUIP assessed the incidence of inappropriate CPR in two ED's by investigating the proportion of CPR performed on those with a prior DNACPR or ReSPECT form.

Method: Data was collected retrospectively from cardiac arrests in two ED's between the 1st of January 2023 and the 17th of November 2023. The three parameters assessed were the number patients undergoing CPR, number with prior DNACPR/ReSPECT forms, and how often CPR occurred within 30 minutes of patient arrival. Hospital A used ReSPECT forms, whereas Hospital B did not.

Results: Over the assessed period, CPR was performed on 21 patients at Hospital A. Of these, 19% had prior DNACPR/ReSPECT forms and 43% of CPR was within 30 minutes of patient arrival. 10 patients received CPR at Hospital B. Of these, 0 patients had prior DNACPR/ReSPECT forms and 40% of CPR occurred within 30 minutes of patient arrival.

Conclusion: Hospital A performed CPR on more patients with prior DNACPRs compared to hospital B. Occasionally, these DNACPRs were on the GP portal but were not easily accessible in the hospital setting due to the hospital's paper-based notes system. Both sites performed CPR on a similar proportion of patients within 30 minutes of admission. This highlights the importance of prompt decisions, communication and the need for community discussion with documentation that is easily accessible across healthcare settings.

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POSTER

2276. CQ - Clinical Quality - Patient Centredness

IN REACH. It's everyone's responsibility. Improving inpatient access to food and drink.

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Background: 'IN REACH' was established, having identified a significant need to improve nutrition for cognitively and physically frail hospital inpatients, admitted to the Complex Medical Units (CMU) at the John Radcliffe Hospital. The IN REACH team includes the CMU multi-disciplinary team (MDT), representatives from patient and volunteer groups, caterers and medical illustrators.

Introduction: IN REACH identified that food and drink is often unreachable by inpatients. The project's aim is to ensure food and drink is always within patient reach, improving nutritional intake, avoiding dehydration, reducing weight loss, reducing family anxiety, promoting independence and improving health outcomes.

Method: MDT members, patients and their families were engaged in the design. Baseline observational data included whether both food and drink were in reach and whether the patient had cognitive impairment. Interventions to be evaluated by Plan-Do-Study-Act (PDSA) methodology include: Focussed education, presenting observational data to MDT and catering team; raising awareness at daily MDT meetings, emphasising shared responsibility. Prompting by signage, physical and digital. IN REACH Champions to be introduced. PDSA cycles 1 and 2 were completed. 3. and 4. are planned. Improved inpatient nutrition will be correlated with data on length of stay and health outcomes, monitored by repeat PDSA cycles. Improved rates of return to baseline function and independence are anticipated, by keeping food and drink, in reach.

Results: Out of 319 inpatients, 33% had both food and drink within reach. 67% had cognitive impairment; 73% of those were unable to reach their food and drink. Following PDSA cycles 1-2, 34% of patients had food and drink within reach, a negligible change.

Conclusions: Most CMU patients have food and drink left out of reach. Patients with cognitive impairment are particularly at risk. Changing ward culture is challenging. Further and repeated interventions are necessary.

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2278. CQ - Clinical Quality - Patient Centredness

Adding value to the patient experience through a clinically optimised pathway approach

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Introduction: High numbers of clinically optimised patients in a DGH were having daily clinical input. RAAC clinical incident resulted in movement of clinically optimised patients from the district general hospital to a community hospital increasing the community bedbase from 32 to 72. This gave the opportunity to review how these patients were managed.

Method: In the first PDSA cycle, it was recognised that daily medical ward rounds for clinically optimised patients were neither necessary nor optimal and potentially perpetuated the impression that patients required in hospital care. These observations were sought using process mapping and fish bone diagram. In the second cycle, all clinically optimised were planned to be seen once a week on ward round. All patients were discussed on the daily multidisciplinary board round and if needed were changed on the board to not clinically optimised which prompted review. Nurses could also ask for review outside of the board round.

Results: During a four week period one third, (24/72) of patients needed review outside of the weekly planned review. Of these 79.2% required only one review. Consequentially junior doctors reported to save an estimated cumulative of 16-48 hrs per week. Balancing measures of falls, mortality, pressure sores and complaints showed no change in the four months after implementation of the change. Patient, family and staff qualitative feedback was gathered. The next two cycles involved polypharmacy review and offered clinically optimised patients a "What Matters to Me"; meeting with their family utilising the time saved to improve communication, medication review and future care planning.

Conclusion: Data suggested no adverse impact of change in practice. Staff were redeployed to the front door frailty team rather than community hospital to improve access to Comprehensive Geriatric Assessment, and a new pathway was designed to create uniformity in flow for admissions to frailty.

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2279. CQ - Clinical Quality - Patient Centredness

Experiences of healthcare staff in an acute hospital-nursing home collaboration: a quantitative study

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Introduction: We implemented an acute hospital-nursing home collaborative pilot in two nursing homes with an objective to reduce emergency department visit and inpatient hospitalisation among nursing home residents. We aim to study the experiences of the healthcare staffs from the two nursing homes.

Method: Focus group discussions using semi structured interview guide were conducted on 26 nursing home staffs who have had experience in using the collaboration intervention. Transcripts were analysed using qualitative interview analysis.

Results: Five main domains were explored: knowledge and understanding; service satisfaction; challenges; enablers; and service improvements. Most of the ground staffs had incomplete grasp of the purpose and logic of the collaboration. However, the consensus obtained were that they felt reassured knowing they could consult hospital providers easily without activating emergency services immediately. Nursing home staffs also acknowledged having equipped themselves with skills to identify residents who required escalation of care. Interventions used such as NEWS assessment tool, hospital transfer forms and teleconsultation portal were found to be easy to use. Among the challenges faced on the ground were pressure by next-of-kins, nursing staffs' lack of confidence, additional tasks of filling up pre-conveyance information. One of the key enablers is the motivation of staffs to improve patient care at nursing home. Increasing staffing, continuous training, and skills training were among aspects suggested for collaboration improvement.

Conclusion: Healthcare providers in nursing home faced adaptation issues during the initial pilot of the collaboration; nevertheless, they were in agreement that the collaboration is helpful for better patient care.

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2271. CQ - Clinical Quality - Patient Safety

Older Trauma in the Emergency Department

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Aim: Improve the care of patients aged 65+ presenting with trauma to the emergency department by ensuring earlier senior reviews (ST4+) and consideration of trauma calls and appropriate imaging.

Method: Staff survey to assess awareness of older trauma and its management. Data analysis and collection followed by use of PDSA cycles to implement change. Teaching session on primary survey assessment and management of older trauma. Development of older trauma standard operating procedure.

Results: Improvement was seen in both primary outcomes over a period of 8 months. Documentation of primary survey improved from 30% from the initial 5 weeks to 52% over the final 5 weeks on average. Senior doctor review or discussion improved from 30% average in the first 5 weeks to 80% averaged across the final 5 weeks. There was no evidence of effect on waiting times in the emergency department for these patients.

Conclusion: This quality improvement initiative has positively impacted the early assessment of older trauma patients, aiming to mitigate the likelihood of missed injuries and adverse outcomes. While we haven't formally assessed more complex outcome data, a notable achievement is the initiation of a cultural shift among our frontline medical and nursing staff. This shift involves approaching older trauma patients with a heightened index of suspicion. Among the interventions, the most straightforward and reproducible was the implementation of regular educational emails. We anticipate continued progress and hope that this poster serves as inspiration for other departments. Encouraging a review of how they assess and treat this expanding cohort of vulnerable, complex, and potentially critically ill patients. Unfortunately, it is not uncommon that for our growing elderly population, a trip and fall can lead to fatal consequences. We aspire for this work to contribute towards broader efforts in changing that narrative.

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POSTER

2329. CQ - Clinical Quality - Patient Safety

A quality improvement project to improve bone health plan in Trauma and Orthopaedic discharge summaries

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Introduction: In 2022, 293 hip fractures had been admitted to the Bristol Royal Infirmary. As recommended by National Osteoporosis Guideline Group (NOGG) intravenous zoledronate is the first line treatment option following a hip fracture.

Aims: We wanted to improve bone health summaries on discharge summaries for the benefit of the General practitioner (GP), Fracture liaison service and patient.

Results: We used our local National Hip Fracture database to identify the patients who had had a fractured hip in September 2023. We then introduced our changes as part of the PDSA cycle. The change was copying and pasting a blank bone health paragraph into every discharge summary on day 1 of the patient's admission to make it easier for the Trauma and Orthopaedic (T&O) junior doctor completing the discharge summary pre discharge. We then used an excel spreadsheet to collect results in September and October 2023 and analyse them and display them using pie charts. In September, 28.3% of discharge summaries did not have a bone health plan, compared to 25% in October. Not mentioning of Vitamin D levels in discharge summaries has increased from 57.1% to 59.4%. Mentioning of administration of inpatient zoledronic acid post fracture decreased from 32.1% to 25%.

Conclusion: Despite the intervention, the bone health plans are poorly communicated to the GP and the Fracture Liaison service, which leads to delay in administering bone health medication in a timely manner to prevent a second fracture.

Next step: Teaching Session with the T&O juniors to find out if they think it's a good idea and discuss why they have not found the current standardised paragraph helpful. Then we can work together to make a further change (s) and start another PDSA cycle.

References: National Osteoporosis Guideline Group.UK (NOGG),2021

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POSTER

2343. CQ - Clinical Quality - Patient Safety

A Retrospective Analysis of Improvement Strategies in the Prevention of Inpatient Falls at a District General Hospital

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Introduction: Falls result in physical injury, functional decline, and psychological distress, with an increased incidence of these complications in patients aged over 65.

Method: We worked with our local falls steering group to implement strategies to target modifiable risk factors. We audited our review against NICE guideline CG161. Patients excluded from the analysis included those aged under 65 and those admitted for less than 48 hours total. Data extracted included: timing and location of the fall, medications evaluated using the British Geriatric Falls Safe Care Bundle medication list, lying and standing blood pressure, baseline mobility, physiotherapy assessment and 4AT. Data analysis was conducted between 1st January 2021 - 31st July 2021 with the following action points implemented: Trust wide communications, poster display highlighting existing falls prevention interventions and a dedicated section within our trust wide handbook for falls prevention. The second audit cycle was completed between 16 May 2023 -1st September 2023.

Results: In 2021, 88 inpatient falls occurred, compared to 74 in 2023. 82% (n=60) of patients in 2023 took a moderate or high-risk medication compared to 98% (n=87) in 2021. Before the fall, 55% (n=40) had a lying and standing blood pressure in 2023, compared to 45% (n=40) in 2021. Data from 2021, shows 61% (n=53) of patients had baseline mobility recorded, which had improved by 29% in 2023 (90%, n=66). In 2023, 47%, (n=34) had a 4AT completed, which increased from 36%, (n=32) in 2021.

Conclusion: Improvement in nearly all parameters was identified on reaudit, however further progress targeting high-risk medication is necessary. Therefore, we are collaborating with our pharmacy team to develop a flag alert on our electronic medical record as well as circulating the falls risk medication list utilised within this project. To conclude it is essential to facilitate a multidisciplinary approach to falls prevention.

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2144. SP - Scientific Presentation - Education / Training

Improving PA Students confidence in managing geriatric patients with a bespoke teaching programme and a novel bleep simulation

L Thompson

Sheffield Teaching Hospitals

Introduction: BGS reports in its 'Case for more Geriatricians' that the number of people age over 85 is set to double by 2045. As well as Geriatric specific policies in the Ageing Well programme of the NHS Longterm Workforce Plan there are plans to expand the number of allied health professionals including Physician Associates (PA). We set out to improve PA students' knowledge of and confidence in managing geriatric patients with a bespoke teaching programme culminating in a novel bleep simulation.

Methods: We identified the students' needs with a preliminary survey and then created a teaching programme on medical topics and issues common to geriatric wards with weekly lectures and small group work. The programme culminated in a bleep simulation where students were contacted via bleep to come to different parts of the medical education centre and respond to scenarios which would be common on geriatric wards. These included reviewing unwell patients and issues such as aspiration, constipation and urinary retention. The students were required to amend or create prescriptions and interpret test results with access to the BNF and relevant local guidelines.

Results: Students were asked how useful the simulation was and how much it had improved their confidence in working on geriatric wards. The average score for both statements was greater than 9/10. The students were asked before and after the simulation how confident they were responding to bleeps and managing clinical scenarios in geriatric patients. Both scores doubled following the simulation to 6.7/10 (from 2.5 and 3.3 respectively).

Conclusion: The Faculty of Physician Associates curriculum does not necessitate placements in geriatrics and its matrix of core clinical conditions does not include any specific to geriatrics. Through a bespoke teaching programme and a novel bleep simulation we increased PA students' confidence in managing geriatric patients.

2165. SP - Scientific Presentation - Education / Training

Barriers perceived by medical students when considering a career in geriatric medicine.

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1. Warwick Medical School; 2. University Hospitals Coventry and Warwickshire

Introduction: Despite the UK's increasing life expectancy, and increase in the elderly population, there is an overwhelming lack of Geriatricians in the UK; as of 2022, there is only 1 consultant Geriatrician per 8,031 individuals over the age of 65 (BGS, 2023). To meet the complex care needs of this population, there must be a focus on increasing the interest that doctors have towards Geriatric Medicine, with the overall aim being to recruit more doctors into the speciality.

Method: The aim of this review was to investigate what factors medical students perceive as barriers to pursuing a career in Geriatric Medicine and then, from identifying these, generate a set of comprehensive suggestions as to how to tackle these barriers at a medical school level to increase the interest and ultimately uptake of Geriatric Medicine. The qualitative review contains literature published between 2003 and 2023 accessed using MedLine.

Results: Six themes were identified in answering our question: (a) high emotional burden, (b) caring for patients with complex needs, (c) negative preconceptions of non-clinical factors (prestige, salary, career progression), (d) negative influence of clinical educators, (e) lack of intellectual stimulation and (f) lack of exposure to the speciality and the elderly.

Conclusion: The barriers perceived by medical students when considering Geriatrics as a speciality are complex and multifaceted; these barriers must be tackled promptly in order to secure the next generation of Geriatricians. We suggest that this work can be used as a foundation for further qualitative studies with UK medical students to investigate barriers that are specific to UK students. From this, interventional courses designed to increase Geriatric Medicine uptake could be developed to strengthen the UK Geriatric Medicine workforce.

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2253. SP - Scientific Presentation - Education / Training

Establishing a national network of trainee representatives in geriatric medicine higher specialty training

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1. University hospital Coventry; 2. John Radcliffe Hospital, Oxford

Introduction: This study demonstrates how a network of geriatric medicine trainee representatives was established across the UK. The intention of the network was threefold: accurately represent the interests of trainees by gathering national feedback, develop a job description of deanery trainee representatives and create a community of practice between representatives.

Method: Deanery trainee representatives were identified through TPDs then contacted to participate in an online questionnaire which also consented for whatsapp group invitation. Results: Deanery representatives were identified for 12 out of 13 deaneries, the final post was vacant. The survey response rate was 83% and all respondents gave permission to be added to the whatsapp group. We gathered information regarding eligibility, appointment and the role of deanery trainee representatives.

Results: Most deaneries (73%) do not require representatives to be a minimum grade whereas 27% required representatives to be ST4 or above. Over half (55%) were appointed following an expression of interest without an election, 27% required an election and 9% were approach and appointed directly either by the TPD or current representative. Once appointed 82% had no fixed term whilst 18% would have a term limited to two years.   Once appointed the role entails an invitation to the local higher specialty training committee for 73% of respondents and 73% also reported a role in organising regional training.

Conclusions: The aim of this project to create a network between deanery representatives has been achieved and produced an engaged network of representatives facilitating accurate representation of trainees at a national level. Further applications include collaboration between trainees to share training practices. In a period of training recovery following the Covid-19 pandemic and a new geriatric medicine curriculum a community of practice between trainee representatives has enormous potential to improve training quality and experiences for geriatric medicine trainees in the UK.

2263. SP - Scientific Presentation - Education / Training

Learning Geriatric Syndromes through Case-Based Discussion (CBD)

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Introduction: Geriatric syndromes are traditionally taught through didactic teaching and bed side tutorials. However, these do not consider the science of learning and the strategies needed for a novice learner. It is prudent to manage cognitive load, create associations through testing and enforce deliberate practice for a novice as opposed to an advanced learner. Case- Based discussions (CBD) serve as an apt tool to deliver knowledge covering geriatric syndromes; aimed at testing learner's understanding through its application to a simulated patient profile. This pilot aimed to test the applicability of CBD to teach geriatric syndromes to novice learners.

Method: A scoping review was completed by medical officers starting on their geriatric medicine rotation in a Singapore tertiary hospital to determine syndromes which they request dedicated teaching for within curriculum. Learners ranked Incontinence and Falls with Osteoporosis management as the top 2 geriatric syndromes of interest. Focus group discussion using Rogers's theory of diffusion principle was undertaken to understand both the advantages and challenges of CBD. Clinical scenarios were curated specific to the 2 topics with learner's completing a pre session quiz beforehand to determine their baseline knowledge. The topic specific CBD was done via zoom platform with questions applied in a graded fashion; components include that of diagnosis, evaluation, and management of select syndrome. Learners completed a post session quiz 1 week after the CBD to determine retention of knowledge.

Results: Quantitative Feedback received from the learners highlighted that more than 90% would want CBD to be implemented for other geriatric syndromes. There was an improvement in the average score obtained in post session quiz for Osteoporosis from 6.09 to 6.75. However, there was notably poor participation in the post session quiz.

Conclusion: This pilot highlights that CBD should be utilized to enhance teaching of clinical concepts in geriatric medicine.

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2249. SP - Scientific Presentation - Other (Other medical condition)

Exploring the Experiences of Sedentary Behaviour in Older Adults Aged ≥75 Years

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Introduction: Older adults are the fastest growing and most sedentary group in society. With sedentary behaviour associated with deleterious health outcomes, reducing sedentary time may improve overall well-being. Adults aged ≥75 years are underrepresented in sedentary behaviour research. This study aimed to qualitatively profile the sedentary behaviour of adults aged ≥75 years. This included ascertaining older adults' understanding of sedentary behaviour; identifying the activities performed in sitting and standing and identifying the barriers and facilitators towards reducing sedentary time.

Methods: Four focus groups with community-dwelling older adults aged ≥75 years were held between October-December 2022. Audio recordings and workshop notes were transcribed verbatim and inductive and deductive thematic analyses were conducted.

Results: Six community-dwelling older adults with a mean age of 83 were recruited. Group members were largely unaware of their sedentary behaviour, and the risk associated with prolonged sedentary behaviour. The activities performed in sitting and standing, and barriers and facilitators to reducing sedentary time were charted to the Capability Opportunity Motivation-Behaviour (COM-B). Analytical themes explored sedentary behaviour throughout older adulthood, the influence of sedentary behaviour on sleep, and the importance of social connectedness to reduce sedentary time.

Conclusions: This study provided novel insights into older adults' reports of sedentary behaviour progressing throughout older adulthood. Sedentary behaviour in adults aged ≥75 years present similarly to a younger subset of older adults with regards to the activities performed in sitting, and the barriers and facilitators to reducing their sedentary time. However, the activities performed in sitting may be performed for longer, and the barriers to reducing sedentary behaviour may present more frequently. Social support appears valuable when attempting to reduce sedentary time, however, further research is necessary to explore the views of older adults who are socially isolated.

`POSTER`

2300. SP - Scientific Presentation - Pharm (Pharmacology)

A survey on the underlying knowledge of doctors' in conducting polypharmacy review and medication optimisation in older adults.

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Introduction: Polypharmacy is common amongst older adults and could result in adverse outcomes if not reviewed and optimised regularly (Davies et al, 2020). The aim of this survey is to assess and report on the variation in doctors' understanding of medication reviews at Maidstone and Tunbridge Wells hospitals (MTW).

Method: A short, anonymised, online questionnaire was circulated to all current doctors at MTW via email and WhatsApp groups.

Results: 38 doctors of different grades (Foundation Year One-Consultant) from a variety of medical and surgical specialties responded. Of these, 41% could correctly define appropriate polypharmacy, but only 6% could define problematic polypharmacy. Most respondents (59.5%) had not received any training on structured medication reviews (SMR). 51.4% were not aware of any tools used in medication optimisation. 43% said they "always carry out" medication reviews in clinical practice and 8.3% said that they never do. Less than half (38%) felt confident in completing SMR. The main barriers to routine implementation of SMR identified by the respondents were: lack of confidence (27%), time pressures (26%), senior clinicians not giving importance to SMR (16%), 3% felt it was not the doctor's responsibility. Most respondents (91.7%) said that they would benefit from further training in SMR.

Conclusions: The results show that there is a wide variation in the respondents' understanding and practice of medication reviews. Also, that there is a clear and well-founded demand for training. Once training has been formulated and delivered a follow up survey of those attending should be used to help gauge its effectiveness. The small sample size is a limitation of this study affecting its generalisability as is the fact that it was a self-selected group completing the survey.

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2336. SP - Scientific Presentation - Pharm (Pharmacology)

Prevalence of Anticholinergic Burden across a cohort of frail older adults in a District General Hospital in South West Wales

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Background and Objectives: Polypharmacy is common in frail older adults who often live with multiple co-morbidities. This polypharmacy can carry a significant anticholinergic burden. Frail older adults are particularly sensitive to the anticholinergic side effects of medications which can include constipation, urinary retention and dry mouth. Medications with a high anticholinergic burden scores have also been evidenced to contribute to an increased frequency of falls, cognitive decline and increased mortality. For frail older adults, a medication review, considering anticholinergic burden, is therefore an essential part of Comprehensive Geriatric Assessment. A local frailty census was completed for all medical inpatients over the age of 65 years old and as part of this anticholinergic burden scores were collated.

Materials and Methods: As part of this whole hospital frailty census, an anticholinergic burden score (ACB) was calculated for 77 inpatients. This was calculated using the Anticholinergic Cognitive Burden Scales and Anticholinergic Burden scores.

Results: The average age of the patients was 80.19 (± 9.35). 80.01% of patients were taking one or more medications with an anticholinergic burden. Of those, 40.25% had a significant ACB score of 3 or more (3-8). The patients with the highest ACB scores were those with multi-morbidity, an already established diagnosis of dementia and patients with recurrent falls.

Conclusions: The ACB score for patients included within this frailty census appeared to correlate with certain co-morbidities as would be expected from the known complications associated with these medications in frail older adults. The proportion of our inpatients with a significant ACB score informs us that we need to develop a more robust approach to delivering polypharmacy reviews as part of Comprehensive Geriatric Assessment within our hospital and will help us to inform future service planning and delivery.

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POSTER

2352. SP - Scientific Presentation - Resp (Respiratory)

Disease Burden of Respiratory Syncytial Virus (RSV) in Adults 60+ in the United Kingdom: Targeted Literature Review (TLR)

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Introduction: It is increasingly clear that RSV infections in older adults significantly impact the UKs already strained public health system. However, the true burden remains underestimated (Korsten K, Eur Respir J, 2021, 57, 2002688; Sharp A, Influenza Other Respir Viruses, 2022, 16, 125-131). We conducted a TLR to scrutinise the available data and reveal evidence gaps.

Methods: A TLR search was conducted in OVID Medline, Embase, and ECON Lit to identify existing literature from Jan 2011-Aug 2023 and grey literature. Eligibility criteria were defined based on population (intervention/comparator (no limit), outcomes (clinical, epidemiological, economic and QoL) and limited to UK-only results.

Results: Despite the broad criteria, only 14 out of 1,013 studies were included. Nine studies reported on epidemiological outcomes, one on epidemiology and costs, and four on model outcomes. Due to the small number of studies and the heterogeneity in study design and outcomes, it was not possible to draw reliable conclusions on incidence, prevalence, and mortality. One model paper showed that a hypothetical RSV vaccine could be cost effective in the UK, depending on incidence, vaccine effectiveness and cost. All identified studies emphasise the challenges in estimating the true burden due to limitations in testing and a lack of standardised disease definition in older adults. There is a lack of evidence for risk groups, particularly clinical and economic consequences for RSV patients at a higher risk of infection and severe sequelae.

Conclusion: Only a limited number of studies meeting the criteria focused on RSV infection in older adults were found, with nearly no data on risk groups and related cost. It is imperative that surveillance and testing are improved to understand the true burden. This will serve as a basis for evaluating cost-effectiveness and decisions on the most effective measures to lower the burden, including vaccination programmes.

AUTHORS' INDEX