



Royal College
of Physicians



Joint statement on the emergency care of older people

College of Emergency Medicine, British Geriatrics Society, Royal College of General Practitioners, Royal College of Physicians & Royal College of Nursing

The recent Health Service Ombudsman's report highlighted major deficiencies in the care of older people in acute hospitals¹, who represent 40% of the 5 million people admitted to hospital in 2008/9, and the number of admissions is increasing year on year².

The oldest old (aged 85+), who are often frail, are nearly 10 times more likely to have an emergency admission than people aged 20-40². Of admitted the oldest old have the longest lengths of stay, the highest readmission rates and highest rate of long term care use from hospital³. It is essential to provide the best care for frail older people at the first opportunity to ensure optimal efficiency of the health and social care system.

Most patients are admitted to hospital via the Emergency Department which is one of the key points in the health and social care system where older people with medical crises can be managed.

Given the demographic pressures and the economic climate it is crucial that the Emergency Department is appropriately supported in the management of older people. There is robust evidence to support multidimensional assessment and multiagency management of older people leading to better outcomes, including reduced readmissions, reduced long term care, greater satisfaction and lower costs⁴⁻⁷. Integration is key to the delivery of such services across the interfaces between primary and secondary care, and health and social care so that the patient journey is as seamless as possible along the older peoples emergency care pathway. Identifying individuals at risk, preventative measures and early interventions, with support in the community to reduce crises and attendance at Emergency Departments can only be achieved through integrated approaches. Hospital admission is often necessary for those in crises or with emergency care needs. The length of stay in hospital and readmission rates are not only dependent on the quality of the clinical care received but also on the coordinated discharge arrangements and integrated multidisciplinary care to support reablement in the community respectively.

General Practitioners play a vital role in the holistic care of older people with co-morbidities in the community, in dealing with uncertainty, in managing unmet demand and through often early and targeted interventions in those identified as at risk. A consistent and robust proactive management of long term conditions in older people in the community is a crucial part of this response not least for those who reside in nursing homes or who live alone. Nurses have a pivotal role in ensuring a high standard of compassionate care for older people irrespective of setting and targeted to special needs. Health and social care services together with the voluntary sector need to be better integrated for better outcomes for the health and well being of older people

Service planning and delivery needs to strategically align Emergency Physicians, Geriatricians, General Practitioners and social care with multidisciplinary teams in hospital and in the community together with timely information to deliver these outcomes from the moment that an older person presents to the Emergency Department. The combination

not only provides the optimal blend of expertise to provide the right clinical risk assessment and management for the older person who attends the Emergency Department but also to develop systems to reduce the need for these and other older people attending in the future.

Commissioning evidence based integrated health and social care systems that address care across the continuum will help deliver safe, efficient, effective and a high quality care for frail older people in the years to come.

Key action points:

- It is essential to provide the best care for frail older people at the first opportunity to ensure optimal efficiency of the health and social care system
- There needs to be seamless integration of services with multidimensional assessment and multiagency management and across the interfaces between primary, secondary care, health and social care
- General practitioners need to provide early and targeted interventions in the community for older people with long term conditions and those who are in care homes
- Emergency departments need to deliver services for older people by aligning Emergency Physicians with Geriatricians and multidisciplinary teams
- Admission rates, readmission rates and length of stay in hospitals can be influenced by early coordinated discharge planning and integrated multidisciplinary care to support community reablement
- It is crucial to commission integrated health and social care systems

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