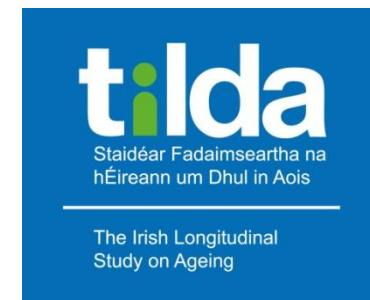


## 'Front-Door' Comprehensive Geriatric Assessment for Older Patients with Falls

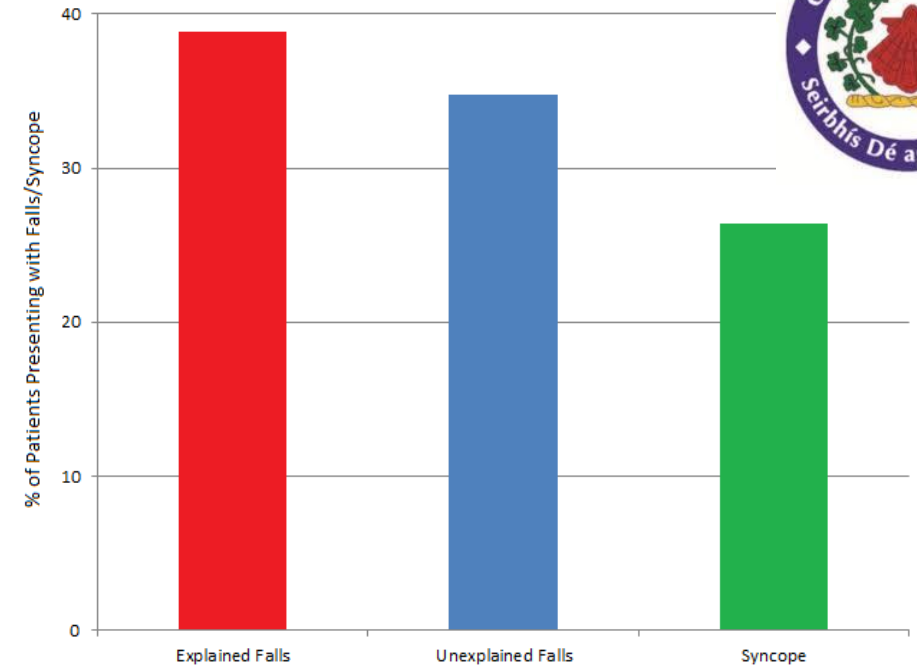


Dr Robert Briggs, [briggsr@tcd.ie](mailto:briggsr@tcd.ie) Consultant Geriatrician,  
Falls & Syncope Unit, St James's Hospital, Dublin

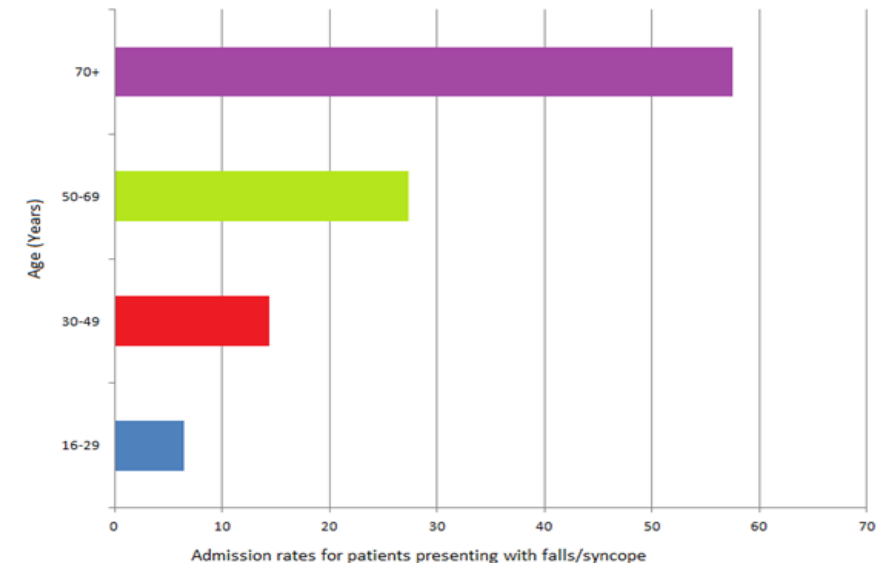


# The Problem...

- 20% of older people presented w/ falls / faints / injury (most frequent reason)
- Almost 60% of  $\geq 70$  years admitted
- Long LOS (average  $>10$ )
- Highest use of hospital bed days
- Almost half no diagnosis for fall/faint on DC



**Figure 8: Admission rate by age category**

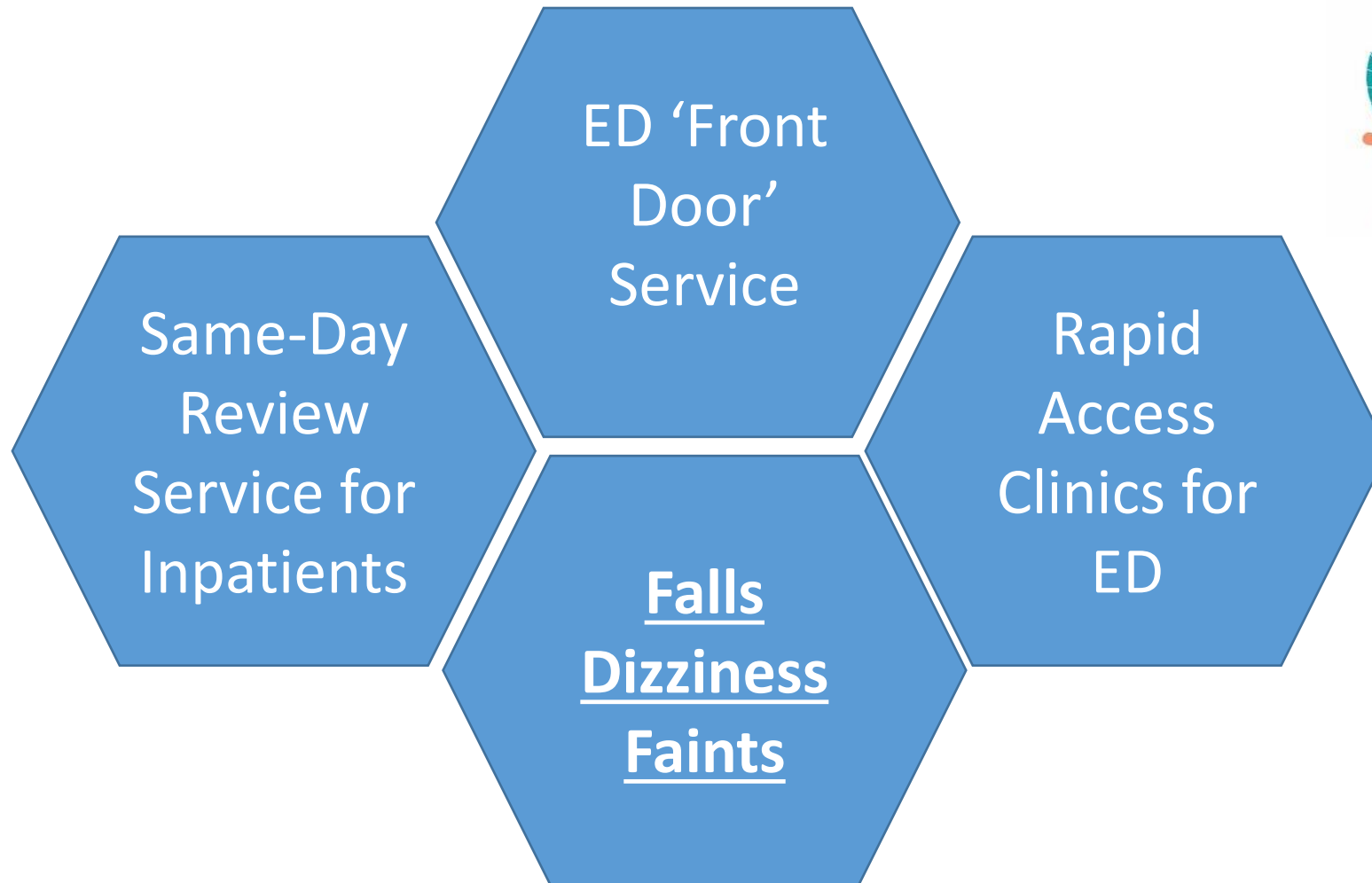


# Emergency Department Falls & Syncope Service (ED-FASS)

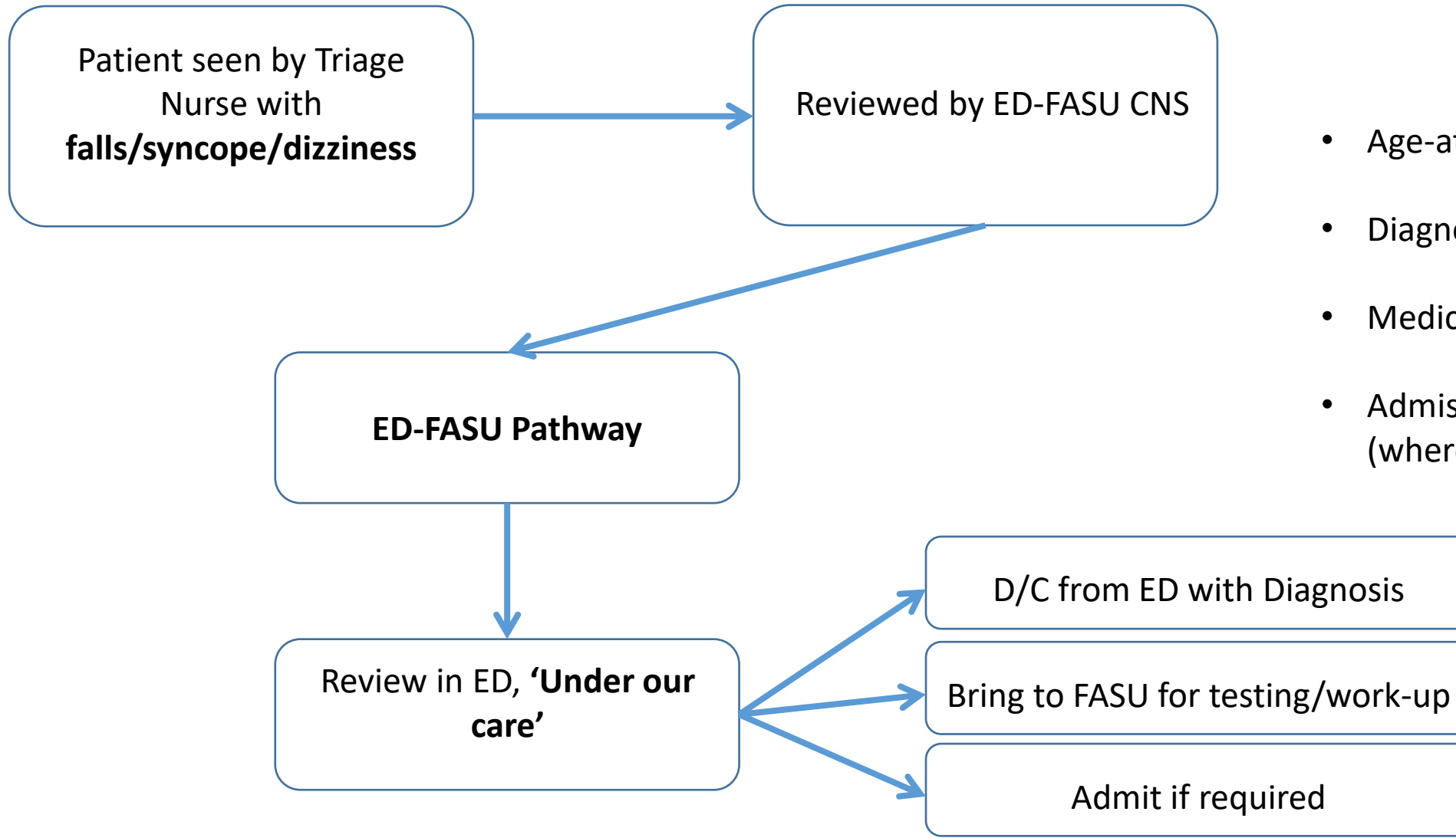
- Front door assessment for (older) patients with falls
- Improve care, earlier diagnosis
- Reduce unnecessary admissions by directing to more appropriate ambulatory care pathways in FASU
- Reduce LOS of pts admitted with falls/syncope



# ED-FASS Service

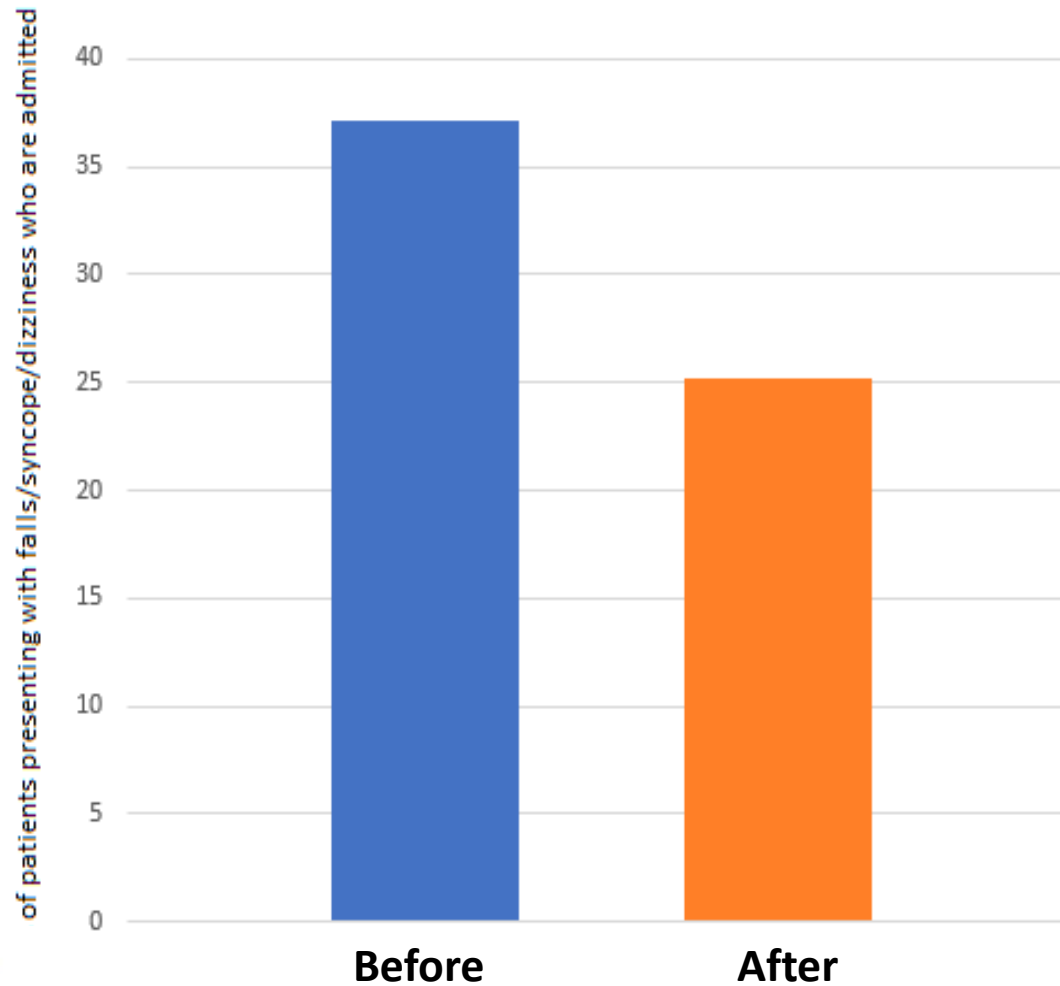


# ED-FASS



- Age-attuned assessment
- Diagnosis!!!
- Medication Review
- Admission Avoidance (where feasible)

# Admission Rates: Before vs After

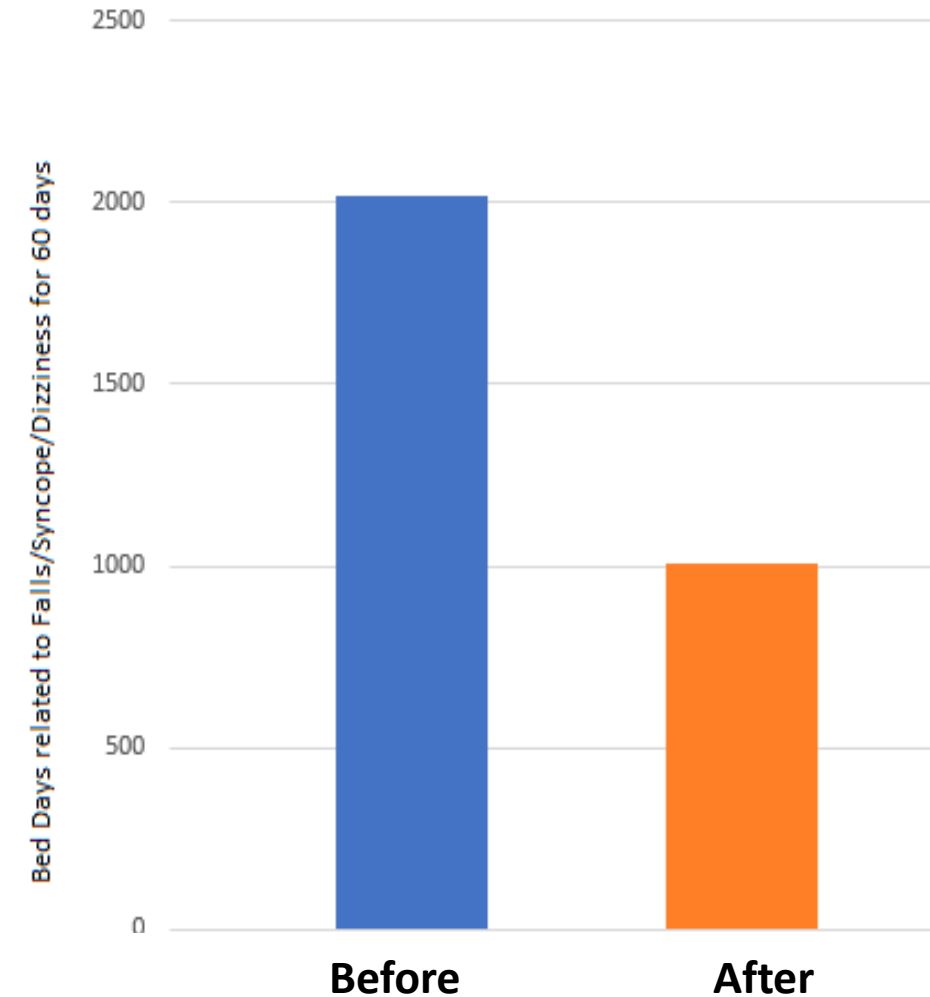
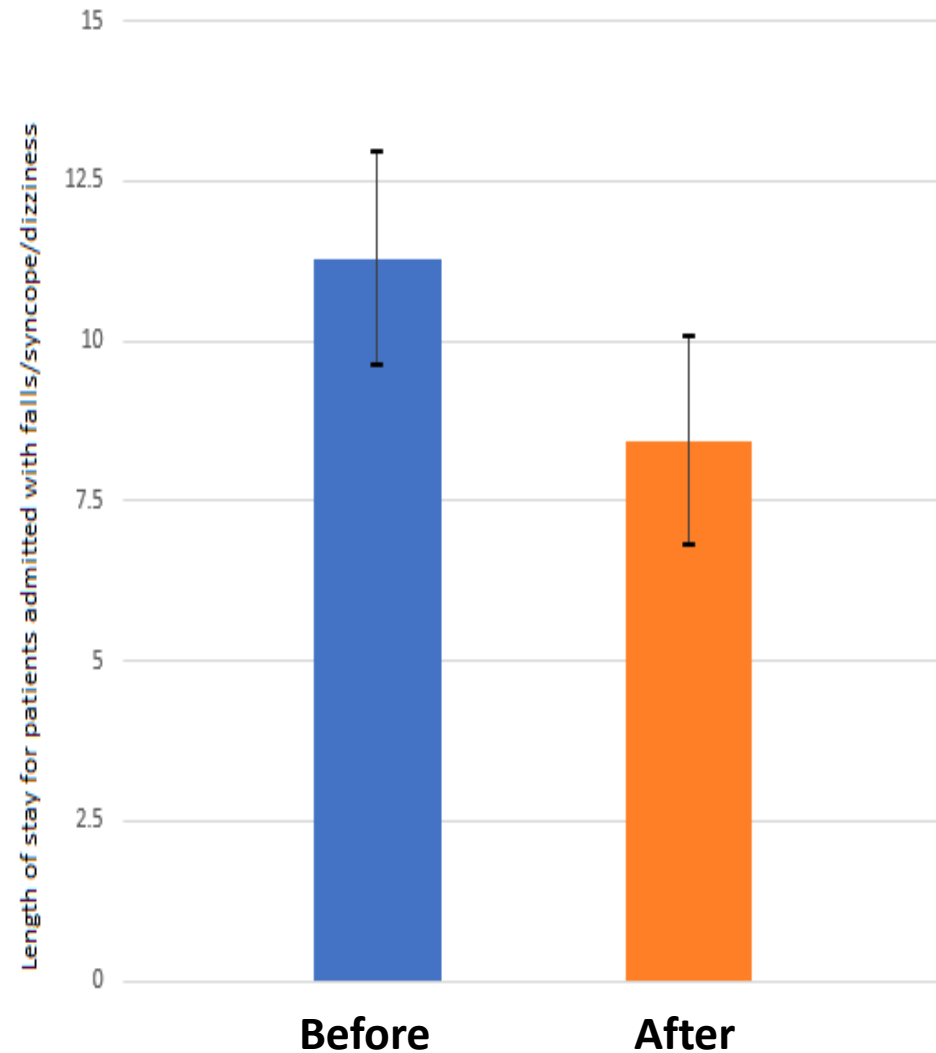


**Admissions of patients presenting with falls/faints have reduced by one third since the introduction of the service.**

**NB this is ALL presentations, including weekends and out-of-hours.**

**Most patients seen during the day are discharged home**

# LOS / Bed Day Use: Pre and Post



Admitted patients stay on average 3 days fewer in hospital  
'Bed Days' attributable to falls care have halved

# Adjusted for Age, Sex, Presentation...

Admission from ED	Odds Ratio (95% CI)	z	p
<b>Age (Years):</b>			
- 16-39	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>
- 40-64	1.89 (1.41 – 2.53)	4.22	<0.001
- ≥ 65	4.80 (3.62 – 6.36)	10.92	<0.001
<b>Male Sex</b>	1.12 (0.94 – 1.34)	1.28	0.201
<b>Manchester Triage Score:</b>			
- Cat 2	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>
- Cat 3	0.22 (0.18 – 0.26)	-15.85	<0.001
- Cat 4	0.07 (0.05 – 0.10)	-14.67	<0.001
<b>Presentation Type:</b>			
- Explained Fall	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>
- Unexplained Fall	2.88 (2.26 – 3.67)	8.58	<0.001
- Syncope	2.08 (1.63 – 2.66)	5.83	<0.001
- Presyncope / Dizzy	2.14 (1.66 – 2.76)	5.86	<0.001
<b>OOH Presentation</b>	0.96 (0.81 – 1.15)	-0.41	0.684
<b>ED-FASU Service</b>	0.67 (0.56 – 0.80)	-4.44	<0.001

After accounting for age, sex and type of presentation, patients presenting post ED-FASU with falls/syncope/dizziness have a 33% higher likelihood of discharge home since introduction of the ED-FASU Service.

## JOURNAL ARTICLE

Impact of a specialist service in the Emergency Department on admission, length of stay and readmission of patients presenting with falls, syncope and dizziness

K Jusmanova, C Rice, R Bourke, A Lavan, C G McMahon, C Cunningham, RA Kenny, R Briggs

QJM: An International Journal of Medicine, Volume 114, Issue 1, January 2021, Pages 32-38, <https://doi.org/10.1093/qjmed/hcaa261>

Published: 31 August 2020 Article history

Readmission 3 Months	Odds Ratio (95% CI)	z	p
<b>Age (Years):</b>			
- 16-39	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>
- 40-64	0.99 (0.49 – 1.98)	-0.03	0.972
- ≥ 65	0.92 (0.48 – 1.77)	-0.24	0.807
<b>Male Sex</b>	1.82 (1.29 – 2.56)	3.44	0.001
<b>Manchester Triage Score:</b>			
- Cat 2	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>
- Cat 3	1.59 (1.13 – 2.25)	2.63	0.009
- Cat 4	1.20 (0.49 – 2.95)	0.39	0.696
<b>Presentation Type:</b>			
- Explained Fall	<i>Ref</i>	<i>Ref</i>	<i>Ref</i>
- Unexplained Fall	1.90 (1.22 – 2.98)	2.81	0.005
- Syncope	0.71 (0.42 – 1.19)	-1.30	0.195
- <u>Presyncope / Dizzy</u>	0.66 (0.38 – 1.16)	-1.45	0.147
<b>OOH Presentation</b>	0.72 (0.51 – 1.02)	-1.87	0.061
<b><u>ED-FASU Service</u></b>	0.71 (0.50 – 0.99)	-1.97	0.049

After accounting for age, sex and type of presentation, patients presenting post ED-FASU with falls/syncope/dizziness have a 30% lower likelihood of readmission within the next 3 months.

#### JOURNAL ARTICLE

Impact of a specialist service in the Emergency Department on admission, length of stay and readmission of patients presenting with falls, syncope and dizziness 🟩

K Jusmanova, C Rice, R Bourke, A Lavan, C G McMahon, C Cunningham, R A Kenny, R Briggs ✉

QJM: An International Journal of Medicine, Volume 114, Issue 1, January 2021, Pages 32–38, <https://doi.org/10.1093/qjmed/hcaa261>

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# ED-FASS: Cost Effectiveness

- Acute hospital bed day cost €850
- 12 month bed-day saving 9,000, almost equivalent to full ward
- Doesn't include cost saving on investigations (CT, EEG, ECHO)
- To Run Service: €500,000



# Case Study: MP, 84 y/o FM



## **Pre:**

Admitted with fall due to T-LOC.

Seen initially in ED and referred for admission under medical team.

**16 hrs** in ED in total.

In hospital **x5 days** under medical team.

**Echo, Telemetry, CT Brain.**

DC home. T-LOC episodes remained **unexplained.**

Intermittent further events since.

## **Post:**

Re-presented with injury due to T-LOC.

**Seen directly** by ED-FASU Team, bypassed ED.

Working diagnosis and management plan in place.

DC from ED within **2 hours.**

Seen again in **Rapid Access FASU Clinic** x3/7 later for specific testing.

Diagnosis: OH

Linked with **Day Hospital** for ongoing care, MDT input etc.

# Take-Home Messages:

- Embedding age-attuned, specialist falls service in ED:
  - Admissions reduced by 30%
  - Patients spent 3 days less in hospital if admitted
  - Patients were 30% less likely to be readmitted within the next 3 months
- **Highlights the significant benefits of embedding dedicated age-attuned services at the hospital front door for older people presenting with falls.**

