The Older Persons’ Assessment Unit -
creating failure from success

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Does a routine community service follow-up within 24 hours of hospital discharge reduce 30-day readmission rates from AMU A?

AMU A – circa 25% 30D readmission rate. Highest rate in trust.

Methods

• Discharged between 6th – 10th Dec 2015
• MDT patient identification (Geriatrician, therapy, ICARES)
• Patient consent
• Telephone call within 24 hrs +/- home visitation and care coordination

Results

• N = 37 patients
• Median age 75
• Median LOS 0.6 days
• 30 day virtual caseload management
• All 37 contacted
• 14 home visits
• 2 ambulatory care appointments at Rowley

Impact on readmissions...
30-day unplanned readmission rate from AMU A, SGH

- Readmission rate
- Mean
- UCL
- LCL

Weeks 1 to 22
Undertaken at SGH between June – July 2016

**Recruitment**

Case selection

**Sex**
10 female (n = 10)

**Mean age**
90.3 years (87 – 96)

**Presentations**
Fall 9; reduced mobility 1

**Median CFS**
6 (4 – 6)

**Outcome**
Home 9 (90%); admitted 1 (10%)

**Mean LOS**
2.95 hours (1.48 – 4.65 hrs)

**Mean CGA time**
1.22 hours (0.58 – 1.75 hrs)

**30-Day mortality**
10% (1/10)

**30-Day RR**
11.1% (1/9)
OPAU from concept to reality

**Capability**
- MDT Knowledge & skill
- Supporting infrastructure
- Belief in a ‘better way’

**Motivation**
- Build on good work done
- Bed closure programme
- Staff will/passion

**Opportunity**
- Executive support
- Demand+++ 
- Empty10 bedded unit!

= Behaviour change
OPAU The mechanics of quality

Structure

• Available estate
• MDT
• CGA tool
• Staff education

Process

• Direct ED admissions
• CGA
• Quality checklist

Outcome

• Daily flow metrics
• Length of stay
• Readmission rate
• Harm
• Mortality
• Experience
OPAU presentations

Primary Diagnosis

- Fall: 27%
- Immobility: 9%
- Delirium: 11%
- Dementia: 6%
- Chest: 17%
- Heart: 7%
- Urinary: 4%
- Mental Health: 1%
- Other: 18%
- Other: 18%
## OPAU performance

<table>
<thead>
<tr>
<th>Domain</th>
<th>Total</th>
<th>Breakdown</th>
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<tbody>
<tr>
<td>Admissions</td>
<td>825</td>
<td>ED 338 (41%)</td>
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<tr>
<td></td>
<td></td>
<td>AMU A 478 (58%)</td>
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<tr>
<td></td>
<td></td>
<td>Other 9 (1%)</td>
</tr>
<tr>
<td>Discharges</td>
<td>822</td>
<td>Left acute hospital 670 (82%)</td>
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<tr>
<td></td>
<td></td>
<td>Acute wards 142 (17%)</td>
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<td></td>
<td></td>
<td>RIP 10 (1%)</td>
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<tr>
<td>Mean LOS</td>
<td>59 hours</td>
<td></td>
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<tr>
<td>Daily discharge (mean)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>30D readmission rate</td>
<td>23%</td>
<td></td>
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<tr>
<td>Time to CGA start (mean)</td>
<td>12.2 hours</td>
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<tr>
<td>Median age</td>
<td>82.5 yrs</td>
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</table>

Data source: eBMS/OPAU clinical database  
09/09/16 – 10/04/17
## OPAU How does it compare?

<table>
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<tr>
<th></th>
<th>Frailsafe on AMU</th>
<th>OPAU</th>
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<tbody>
<tr>
<td>N =</td>
<td>236</td>
<td>215</td>
</tr>
<tr>
<td>Age</td>
<td>85.6</td>
<td>82.5</td>
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<tr>
<td>Frailty score</td>
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<td>CFS 5</td>
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<td>Time to CGA (hrs)</td>
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<td>12.2</td>
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<tr>
<td>Length of stay (d)</td>
<td>7.5</td>
<td>2.47</td>
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<tr>
<td>Readmissions (30D)</td>
<td>24%</td>
<td>23%</td>
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<tr>
<td>Mortality 30D</td>
<td>23.7%</td>
<td>9.3%</td>
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<td>Mortality 90D</td>
<td>33.9%</td>
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<tr>
<td>Mortality 2 yr</td>
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<tr>
<td>Source</td>
<td>ED</td>
<td>39%</td>
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<td>AMU</td>
<td>61%</td>
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OPAU discharge by weekday

N=216
Examining the weekend effect

OPAU discharges in December 2016 - run chart
Does quality improvement improve quality?

Future Hospital Journal 2016 Vol 3, No 3: 191–4
Authors: Mary Dixon-Woods^A and Graham P Martin^B

• System and sector considerations
• No magic bullets
• Plan escalation and scale up from the start
• Over reliance on projects – think coordinated programmes
A forward view

- 100% capacity increase
- Close the inequality gap
- Embrace and learn from ‘failure’
- Address variability
Questions