
CONFERENCE ABSTRACT

Two European examples of acute geriatric units in intermediate care facilities, for older adults with exacerbated chronic conditions

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Introduction

Health care systems are faced with an increase in older adults requiring acute care services. This rise is accompanied by an increase of multiple chronic conditions among these patients. For older adults with multi-morbidity, hospitalization outcomes are poor and hospitalization costs are high. This has led to the development of models of care that provide an alternative to conventional hospitalization. We will describe existing practices of admission to acute geriatric unit in intermediate care in Europe: from Sanitari Pere Virgili, in Barcelona, Spain and from Amsterdam University Medical Centers (AUMC) in Amsterdam, the Netherlands. The aim of this paper is to provide preliminary data comparing settings, baseline characteristics and outcomes of two acute geriatric units in intermediate care.

Methods

Patient data were collected in both completed and ongoing prospective cohort studies. The Subacute Care Unit (SCU) in Barcelona, located in an intermediate care hospital and the Acute Geriatric Community Hospital (AGCH), located in a nursing home, are acute geriatric units with 16-24 beds. Admission criteria for both settings are 1) chronic condition exacerbation or “minor” acute medical problems requiring hospitalization 2) hemodynamic stability 3) no need for complex diagnostic testing 4) a return to previous living situation within 10-14 days. Demographic characteristics, main admission diagnosis, comorbidities, discharge destination and length of stay were compared between the two settings.

Results

Data from 909 patients admitted to the SCU and 174 to the AGCH were available. The mean age was (standard deviation, SD): 85.8 years (6.7) at the SCU and 81.9 years (8.5) ($p < .001$) at the AGCH. At the SCU, patients were more often delirious upon admission (38.7% versus 22.4%, $p < .001$) and had a dementia diagnosis (43.8% versus 19.5%, $p < .001$). At both units, infection was the most common admission diagnosis, other

diagnoses included exacerbations of heart failure or Chronic Obstructive Pulmonary Disease (COPD). 95% did not have an acute transfer and could receive all acute care at the facility, the average length of stay (SD) was 8.8 (4.4) days at the SCU and 9.9 (7.5) days at the AGCH.

Discussion

Both units admit patients with acute problems such as infections or exacerbations of chronic conditions such as COPD. We found that the SCU admitted older patients and had higher rates of delirium compared AGCH patients, however the units had a similar length of stay.

Conclusion

We suggest that these units provide a distinct model of acute care for older adults.

Lessons learned

Acute geriatric units in intermediate care facilities can provide an alternative to conventional hospitalization in older adults. These units are operational in at least two different healthcare systems in Europe.

Limitations

Data were collected in two different settings which may have reduced comparability of the data collection methods.

Suggestions for further research

Models of care that provide acute geriatric care can be compared between more European countries.