

## **Rapid Medical Older Person Assessment clinic (Direct Access/ Hospital avoidance)**

### **Frenchay Hospital**

**This clinic is designed to provide a rapid medical assessment and management plan for a deteriorating patient who may otherwise end up in hospital. The service can help avoid unnecessary admission and support the intermediate care teams.**

#### **What does it involve?**

A comprehensive geriatric assessment is performed by an Associate Specialist in the Frenchay Day Hospital. Diagnostics including bloods, CAT scans and ultrasounds are performed on the same day and a medical summary is dictated and faxed to the GP by the evening. Medications are changed and dispensed as needed.

#### **Which patients are eligible?**

- Patients must be over 60 years old.
- Not obviously requiring acute emergency admission
- Social circumstances clear, no intractable social crises

#### **How do you access this service?**

Please ring the Day Hospital **on 0117 9701212** ext **2261/2265** or direct lines **0117 9753764** or **0117 9186580**. A series of questions will be asked (see direct access referral form). You will then be informed when a patient can attend. Up to three patients per day can be seen.

#### **Patient travel**

Please see if a relative or friend can take the patient to the day hospital (there is a drop off area outside) and collect them once they have finished.

If this is not feasible then the PCT's have an arrangement with WINGS. Please phone the Wings Ambulance service on **0117 9720999**. You need to inform them that this is a **Direct Access Patient**. Please inform the Wings ambulance service of the urgency of the assessment. It is important that the patient gets to the Day Hospital as early as possible to enable all the investigations to be done in a timely way and to enable us to access the results on the same day.

Should results not be available by the time the Day Hospital closes or the patient is deemed more ill than first thought, they will be transferred to the admissions ward 105 under the care of the physician of the day.

## **Direct Access referral Form**

**Date and Time**

**GP**

**Tel GP**

**Patient Name**

**DOB**

**Address and Tel number**

**Referral details**

**PMH**

**Medication**

**Social History**

**Intermediate care team involvement?**

**Community Matron Involvement? Older persons health worker?**

**Ethnic origin**

**Transport/Mobility**

**Have you used day Hospital before?**

**Where would you refer if not here? A/E, MAU/Other**