THE RACE UNIT: RAPID ACCESS AND CONSULTANT EVALUATION

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Aims:
We assess the impact of a dedicated elderly care RACE unit on admission rates, discharge rates within 48 hours, length of stay, and Elderly Medicine bed days in Poole Hospital.

Methods:
We analysed data on admission rates, discharge within 48 hours, length of stay, readmission and death rates, and total number of Elderly Medicine bed days for the year prior to the establishment of the RACE Unit then compared these with the same variables for the year after the RACE Unit was in operation.

The changes to practice implemented with the RACE Unit were as follows:
• The Unit is a dedicated Elderly Medicine Acute Admissions ward.
• Daily Consultant-led “triage” ward round.
• Referrals to the Unit are taken by a Consultant in the mornings, and a Registrar in the afternoons.
• Daily MDT meeting, involving medical and nursing staff, therapists, a pharmacist, and Social Services.
• Integration with community services & Intermediate care.
• Specialist nursing staff, with interest in Geriatric nursing.
• Daily ambulatory RACE Clinic.

Results:
The mean length of stay in the year prior to the establishment of the RACE unit was 13.5 days. In the year following the introduction of the service, this fell to 11.6 days.

The proportion of patients discharged within 48 hours was 20.8% in the year before RACE, increased to 36.5% in the year after.

However, readmission rate has risen from 12% before to 16% afterwards.

Conclusions:
The introduction of the RACE Unit has led to significant improvements in length of stay, discharge within 48 hours, and number of Elderly Medicine bed days.