



Designing the UK's first older friendly Emergency Department

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BACKGROUND

The ED is a crucial interface between hospital and community and health and social care where older people with medical and social crisis present.

EDs need to be supported to deliver optimal care and the build, resources and processes need to be "frailty-friendly".

This is the experience of a large University teaching hospital that is in the process of building the UK's first ED that incorporates design principles to improve care of older people.

Currently >20% of the attendances in this ED are in people >65 years age. The emergency department does not have the capacity for the workload and there was a health community plan to build a new department that was frailty friendly.

METHODOLOGY

The process for incorporating geriatric design had three objectives:

- To ensure that the geriatric and frailty specific elements of the Design Brief for the new ED were fully explored, and the requirements incorporated at the appropriate time
- Three sessions were held; for topical discussion related to the development of the 1:200, departmental layouts, 1:50 room layouts and the interior finishes scheme
- A specialist review group was assembled to review the design at key stages. Partners included doctors and nurses (emergency medicine, acute medicine and geriatrics), allied health services, imaging, architects, representatives from local older people's and visual impairment charities.

RESULTS

Significant changes were made to the design brief based on the empirical literature, expert advice and experiential knowledge amongst the team members:

- Specialist room design affected furniture, bedding and specialist sanitary and patient entertainment equipment.
- Interior finishes including ceiling, floor, door, fixtures, lighting, signage and wall were altered.
- The "front-door" would also include adjacencies, emergency frailty units, imaging and point-of-care testing with access to all therapy services.
- There would be open access for carers and families at all times.
- Greater emphasis on multidisciplinary teams and integrated workforce also emerged from this collaboration.



DISCUSSION

Older people represent the most important "customers" of future emergency care and the need to improve emergency and acute care is well articulated in the empirical literature. This venture represents the hospitals' and ED's plans to "future-proof" provision in the face of growing demand for older peoples services.

Quality in healthcare, simply stated, depends on the right provision of structures and processes that address the outcomes that matter to patients. Structures include environment and physical build that not only affect staff working and processes but also directly impact on the safety and quality in care. The new build has started and is due to be completed in winter 2016.

REFERENCES

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