Medical Crises in Older People: cohort study of older people attending acute medical units, developmental work and randomised controlled trial of a specialist geriatric medical intervention for high-risk older people; cohort study of older people with mental health problems admitted to hospital, developmental work and randomised controlled trial of a specialist medical and mental health unit for general hospital patients with delirium and dementia; and cohort study of residents of care homes and interview study of health-care provision to residents of care homes

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Plain English summary

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Plain English summary

This research studied three groups of frail older people: patients discharged from short-stay hospital wards, hospitalised patients with dementia and delirium, and care home residents.

For patients discharged from short-stay hospital wards we involved specialist doctors in geriatric medicine in their care and evaluated the impact of this in a randomised controlled trial (RCT). The specialist doctors brought about no benefit compared with usual practice and they were not cost-effective.

For hospitalised patients with dementia and delirium we developed a specialist unit to care for them and evaluated the impact of the unit in a RCT. We found that the unit had no significant benefits over usual care in terms of mortality, institutionalisation, mental or functional outcomes or length of hospital stay but there were benefits in terms of patient experience and quality of care and carer satisfaction with care. The unit was cost-effective.

For care home residents we interviewed staff who delivered health care to them. We found that the organisation of health care was variable, leaving many residents at risk of poor health care. This variability was explained by the types and sizes of care homes, the training of care home staff, the relationships between care home staff and the primary care doctors and the organisation of care for care homes and training in care home medicine among primary care doctors.
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