NHS Fife story
Frailty ...?
Challenges

• Older people who are discharged under traditional arrangements often have sub-optimal outcomes

• Acute hospital admission may not be the best pathway for managing the older person with frailty

• Frailty therefore identified within NHS Fife as high volume patient flow priority
Create the standard with consensus across NHS Scotland

Offer improvement support and clinical network for improvement and clinical innovation

Assure care Check against the standard
One-third of VHK patients could/should be in a more appropriate setting

- 468 beds: Day of Care audit in April 2015
- 139 patients (30%) did not satisfy audit criteria for acute care
- Top reasons
  - Wait for Community Hospital Bed
  - Wait for Homecare

BUT, it is not all about too much inflow and not enough outflow
Direct observation is the purest form of data.
Front Door Frailty Team

- Consultant Nurse Older people
- Team Lead Physiotherapist
- G.O.D
- Frailty ANPs
- Advanced Physiotherapists
- Static Occupational Therapists
- Rotational Band 5 Therapists
- Assistant Frailty Practitioners
- Pharmacist
- Social Worker
- Discharge HUB
- Patient Flow coordinators
FRAILTY SCREENING TOOL

Would this person benefit from Comprehensive Geriatric Assessment? If answered “Yes” to any of the following questions please refer to the Integrated Assessment Team

 Practitioner Signature............................................................... Date:______________ Time:______________

1. Has the patient been admitted from a nursing or residential home? □ YES □ NO
2. Does the patient have **NEW functional** decline? □ YES □ NO
3. Dementia diagnosis or are there any concerns about memory/cognition? □ YES □ NO
4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual? □ YES □ NO
5. Has the patient fallen in the past 3 months or is a fall the reason for admission? □ YES □ NO
6. Does the patient attempt to walk alone although unsteady or unsafe? □ YES □ NO
7. Does the patient or their relatives have fear or anxiety re falling? □ YES □ NO

If YES to Question 3, 4 or 5: Complete 4AT below. THINK DELIRIUM
Initiate FALLS PATHWAY if FALLS and COGNITIVE questions positive

FALLS PATHWAY initiated □ YES □ NO

RAPID ASSESSMENT TEST FOR DELIRIUM

4AT

- **1 or more of the following**
  - **Confusion**
  - **Ongoing disorientation**
  - **Inappropriate words**
  - **Acute change in level of consciousness, or fluctuation in level of consciousness**
  - **Acute change in agitation**
  - **Evidences of significant change or fluctuation in activities, cognition, other mental function (e.g. paraplegia, hallucinations ongoing over last 2 weeks and evident in last 24 hours)**

**4AT score**

- **0-1**: possible delirium/ cognitive impairment. THINK DELIRIUM - Initiate TIME Bundle
- **2**: possible delirium/ cognitive impairment
- **3**: delirium score cognitive impairment unlikely (but delirium still possible if question 4 information inconclusive)
- **4 or above**: delirium full-spectrum/ cognitive impairment
IAT: Front door Frailty Team

• Starts at Front Door ED, Medical & Surgical assessment

• CGA + decision-making + Plan + ACTION

• Facilitating discharge direct from ED, AU1, AU2

• Liaising with H@H, Care Homes, GPs and community services including intermediate care & community hospitals

• Advance care planning, Assess to EOL care
FRAILTY HUDDLE
Typical day @ Front door

• Patients screened on admission AU1/ attendance ED.
• 7.00am triage begins of all patients with positive screen and prioritisation system followed.
• Frailty board round – tasks allocated according to skill mix.
• Team assesses priority patients.
• 11.00am Frailty Huddle – real time case conference and pathway determined and whole MDT aware.
• Activity continues, ED and GP Assessment phone with additional referrals and dedicated 30min response time.
• 2.30pm Frailty Huddle – further MDT discussions and pathway decisions made with re: prioritisation of caseload.
• GP Assessment cover by ANPs and Frailty assistant practitioners
Winter capacity ward  Four seasons ward ?

**Front Door Discharge Support Model - Process**

Nursing staff in Emergency Department and Admissions Unit 1 complete Frailty screening

Patient is Frailty Positive

Table 1 below displays the total costs of the support for discharge package versus the potential hospital stay costs avoided for this patient group.

The total cost of the support for discharge Package for 87 patients over the 10 week duration is £17,816. The potential resource savings from the avoided hospital admissions for these patients equates to £283,360. The overall potential resource saving as a result of the Support for Discharge Package is estimated to be £265,544.

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True Integration

Cost comparison results

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# Measurement Framework

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<tr>
<th>Measure</th>
<th>Rationale</th>
<th>Type of measure (process/outcome/balancing)</th>
<th>Improvement noted as</th>
<th>Numerator statement</th>
<th>Denominator statement</th>
<th>Data collection approach</th>
<th>Analysis</th>
<th>Reporting timescales</th>
<th>Baseline</th>
<th>Notes</th>
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<tr>
<td>Frailty @ the front door - Data pack</td>
<td>To assess reliability of the screening process</td>
<td>Process/Outcome</td>
<td>Increase in number</td>
<td>Total patients with completed frailty screening</td>
<td>Total patients admitted to AUI 65+</td>
<td>Sampling/case not review? Or possibly from PatientTrak?</td>
<td>Data presented over time as a run chart</td>
<td>Monthly</td>
<td>Median calculated before and after intervention (April 2015)</td>
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<td>Process/Outcome</td>
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<td>Total patients with completed delirium screening (4AT7)</td>
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<td>Percentage of patients admitted to AUI with completed delirium screening (4AT7)</td>
<td>To see if the intervention has resulted in more patients being discharged to a community setting</td>
<td>Outcome</td>
<td>Decrease in number</td>
<td>Percentage of AUI admissions discharged to community hospital (65+), should this just be “community setting” - i.e. home/hospital?</td>
<td>Total AUI admissions</td>
<td>Administrative data</td>
<td>Data presented over time as a run chart</td>
<td>Monthly</td>
<td>Median calculated before and after intervention (April 2015)</td>
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<td>Percentage of patients on AUI with LoS less than 24 hours (65+)</td>
<td>To see if intervention has resulted in patients spending less time in AUI ward (ALOS may be influenced too much by outliers?)</td>
<td>Outcome</td>
<td>Increase in number</td>
<td>Percentage of patients on AUI 65+ with LoS less than 24 hours (65+)</td>
<td>Total patients in AUI during index month</td>
<td>Administrative data</td>
<td>Data presented over time as a run chart</td>
<td>Monthly</td>
<td>Median calculated before and after intervention (April 2015)</td>
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<td>ALOS for patients discharged from AUI to MOE</td>
<td>To see if intervention has resulted in shorter LoS for patients who do require further acute care</td>
<td>Outcome</td>
<td>Decrease in number</td>
<td>ALOS for patients discharged from AUI to MOE</td>
<td>Total patients discharged from AUI to MOE 65+</td>
<td>Administrative data</td>
<td>Data presented over time as a run chart</td>
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<td>Number of admissions to AUI/GP assessment</td>
<td>To highlight any unusually busy/quiet months- provide context for the other measures</td>
<td>Outcome (or balancing?)</td>
<td>Decrease in number</td>
<td>Number of admissions to AUI/GP assessment</td>
<td>Total patients discharged from AUI to MOE 65+</td>
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“I felt safe and understood”

“I arrived in a state of panic but soon felt calm”

“Very friendly”

“Made me feel at ease”

“I feel positive about my future as everything has been better explained to me and I’m going home with ongoing treatment from hospital at home”

“Staff were very helpful and kind which makes it more hopeful for the future for us golden oldies”

What matters to you? Ask what matters... Listen to what matters... Do what matters...
Data pack for October 2017

Frailty
All admissions 65+ to AU1
March 15 - Frailty huddle introduced

Avg length of stay for patients 65+ who are then transferred to MOE
Avg hospital length of stay for all patients discharged from MOE

MOE
Victorial Hospital

Hours
Number of patients over 65 staying under 24 hours

Victoria Hospital

Count

0 100 200 300 400 500 600 700 800


AU1
Number of patients over 65 staying over 48 hours

April 15 - Frailty huddle introduced
It doesn’t matter how many resources you have...

If you don’t know how to use them, it will never be enough.
Questions

Alan Dye, California