

Frailty at the Front Door: A Collaborative Approach

Deborah Lynch, Senior Quality Improvement Facilitator, NHS Forth Valley Dr Sarah Henderson, Ageing and Health Consultant, NHS Forth Valley Carla Tait, Frailty Intervention Team Lead, NHS Forth Valley

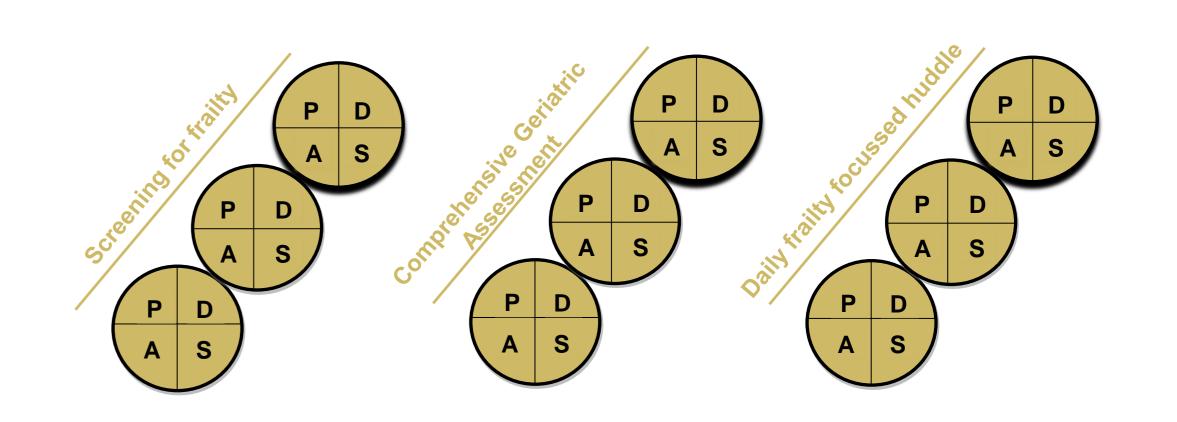
INTRODUCTION

Increasing numbers of people living with frailty are being admitted to hospital as an emergency and some of these people will further deteriorate and/or come to harm during their stay. There is strong evidence¹ to support the benefits of early Comprehensive Geriatric Assessment (CGA), reablement and intermediate care for people living with frailty (Ellis et al, 2017).

The project team has representation from quality improvement, acute care, health and social care partnerships, and allied health professionals. Activities to help understand our current system showed that our approach to identifying and reviewing people who are frail are not consistent. Although focussed on the front door of acute care, our aim was to deliver better experiences and outcomes for people living with frailty across the care pathway.

METHODOLOGY

NHS Forth Valley is part of a Frailty at the Front Door Collaborative run by Healthcare Improvement Scotland (HIS), with 4 other NHS boards in Scotland. A range of local change ideas were developed, measurement plans created and testing strategies deployed. Our approach has been designed to achieve sustainable change, using improvement methodology to test our change ideas, sharing the learning with staff, and collecting an evidence base to show the benefits for people living with frailty.



AIM AND OBJECTIVES

Our aim was to ensure people living with frailty experience well coordinated care with the focus on support at home, or in a homely setting where possible:

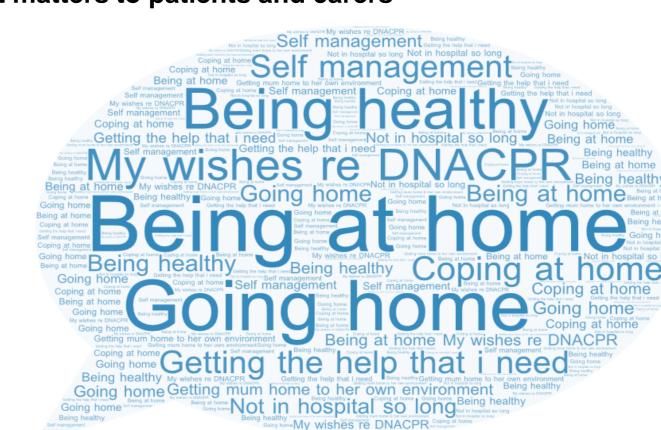
- A frailty intervention team nurse screens all patients over the age of 75 for frailty using the HIS 'Think Frailty' Screening tool
- For those identified as frail, CGA is initiated by a distinct CGA team within 24 hours of admission to hospital
- To improve the coordination of care a daily frailty focussed multi-disciplinary huddle with representation from health, community and social care takes place to support early diagnosis and planning for treatment, rehabilitation, support and long term follow up

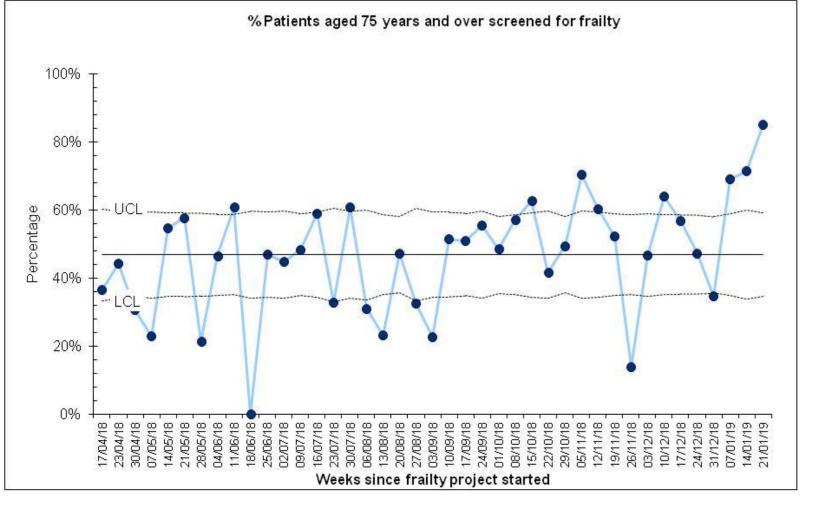
RESULTS / OUTCOMES

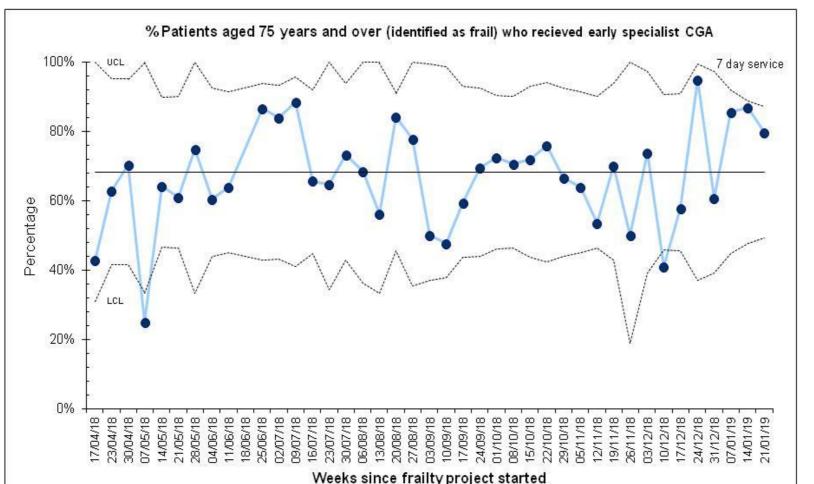
We now have a reliable process for identifying and improved CGA review at the earliest opportunity to diagnose, plan and direct people to the correct pathway of care.

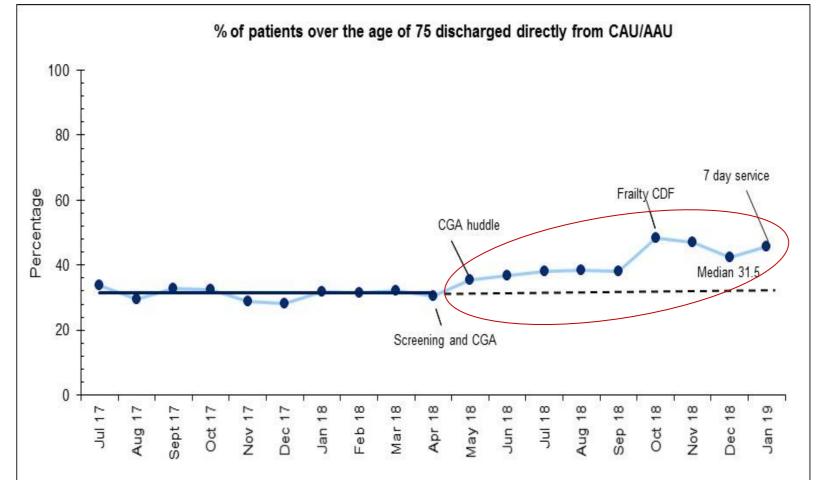
The work has also had a positive impact on outcomes for patients. Data shows improvements in the percentage of patients discharged directly from the Acute Medical Unit (AMU) (to home, community hospital, or short term assessment bed), and within 24 hours of admission to hospital since the frailty project started in April 2018.

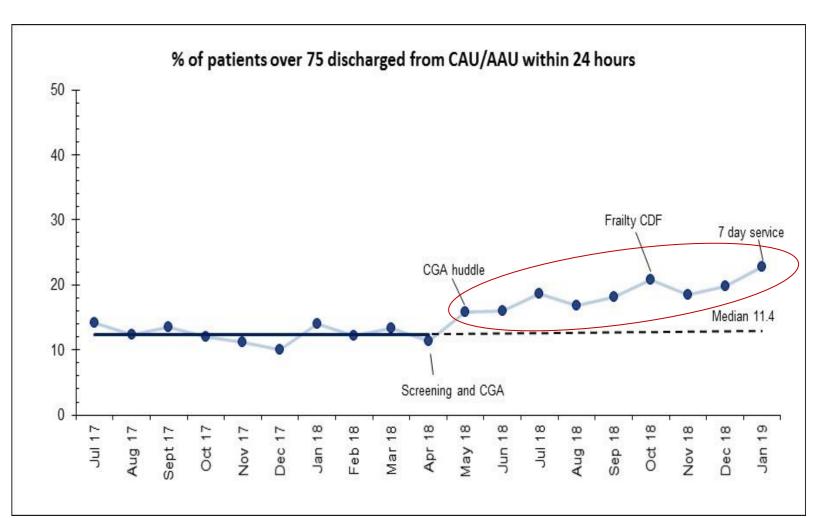
What matters to patients and carers











ACHEIVEMENTS

- The benefits of a collaborative approach between health and social care staff has resulted in closer working relationships, a greater level of responsiveness and more person-centred approach to care for people living with frailty
- Building capacity and capability for Quality Improvement within the frailty project team

NEXT STEPS

- To continue with a collaborative approach to deliver better experiences and outcomes for people living with frailty across the care pathway
- To increase the number of patients screened for frailty and CGAs undertaken, the service was extended to 12 hours, 7 days a week in January 2019
- Work towards an ambulatory frailty unit based within the front door and also to strengthen links with community services throughout the 7 days

ACKNOWLEDGEMENTS

The Frailty at the Front Door Programme Board would like to thank members of the daily frailty focussed multi-disciplinary huddle for their contribution to this project.

References: Ellis G, Gardner M, Tsiachristas A, Langhorne P, Burke O, Harwood RH, et al. Comprehensive geriatric assessment for older adults admitted to hospital. John Wiley & Sons: Cochrane Database of Systematic Reviews; 2017





