Return on Investment (ROI)

Portsmouth Hospitals NHS Trust

The challenge: Upon joining the Acute Frailty Network, Portsmouth was seeing an average of 55 patients in the ED every day, who were aged 75 years and over. The response to these patients was reactive, with no proactive identification and management of frailty, with a high conversion rate and then limited availability of therapies and adult social care support for those who were admitted.

The approach: Portsmouth combined its existing Community ED and Older Persons’ Nurse Specialist teams, to create an enhanced service – the Frailty and Interface Team (FIT). The team includes social workers, therapists, community nurses, older persons’ specialist nurses and administrative support, who since early 2016 have been proactively assessing patients with frailty in the ED and AMU.

The assessment is undertaken using a frailty identification tool, developed, tested and improved through a number of PDSA cycles. The PDSA cycles were undertaken by a multi-disciplinary group including geriatricians, nurse specialists, community nurses, therapists, ED staff, ambulance and information technology staff, patient/carers and social care colleagues, and frequently tested by front-line staff to ensure that the process was fit for purpose.

Alongside the frailty identification tool, the Trust also developed board rounds and operational processes for the new FIT team.

The outcome: Although the number of patients with a length of stay of 72 hours or less has remained unchanged, the conversion rate from attendance to admittance has reduced. 30day re-attendance rates and the amount of time spent by patients in ED has remained stable. The Trust is looking at the data and reviewing processes to increase the number of patients with a shorter length of stay. It is important to note that the model for the flow of expected GP patients changed in March 2016 so that GP expected patients came to AMU directly rather than via ED which may have impacted conversion rates.

Going from a baseline of zero, with no formal frailty screening in place, the number of patients being screened increased to 85% when first introduced, this figure later dropping to 65%. It is thought the drop is due to screening being voluntary - screening will become mandatory in the near future. The number of patients aged 75years and over who are having a formal CGA has also increased to 30%, where previously there was no CGA undertaken.

The quality of documentation has improved and those patients seen by the team get a structured review with multi-disciplinary input and planning, where identified as necessary from the initial assessment. To further understand and improve the patient experience, Portsmouth has taken a number of approaches, including:

- Development of a FIT leaflet to explain the service
- Putting in place an ED frailty champion
- Inclusion of patient experience in teaching on frailty and specific frailty education sessions for ED staff; and
- Direct observations of patient care
The ROI savings described here are based on the number of avoided admissions, with calculations undertaken with the support of the Acute Frailty Network.

A cohort of 60 patients’ notes were reviewed by clinical and coding representatives, to ascertain the potential tariff that would have been incurred. The median tariff for this cohort was £574. It is likely that this is a conservative figure, given the complications that would occur with deconditioning. There is an average admission avoidance of 31 patients per week, which would give an approximate total annual saving of £925,288. Using the 80% variation figures shows a saving of £1,365,884.

### Key System contacts
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