Acute Frailty Network
Wirral Embraces the 10 Frailty Principles on its Improvement Journey

Wirral University Teaching Hospital NHS Foundation Trust
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Wirral University Teaching Hospital had already taken steps to improve the care of frail older people when it joined the Acute Frailty Network. Since joining, it has implemented every one of the Network’s 10 key improvement principles and has raised the profile of frailty across the organisation. This is their story...

Wirral has a relatively high population of older people, with the number of people over 85 projected to increase from around 8,500 in 2011 to nearly 11,000 by 2021. Dementia is a worsening problem in the area, with nearly 4,450 people living with dementia in 2011, forecast to rise to 5,300 within five years.

Frail older people coming into the Emergency Department (ED) or Acute Assessment Unit (AAU) of Wirral University Teaching Hospital didn’t always have a good experience. They were more likely than other patients to be admitted unnecessarily and to have a long length of stay, putting them at risk of rapid deconditioning and delirium. Rates of readmission were unacceptably high and there was no mechanism in place to ensure that older people underwent a comprehensive geriatric assessment.

Wirral’s Vision

The hospital team wanted frail older people to have parity of esteem with other patients accessing acute care and to enjoy better outcomes. In 2016, the Trust joined the second cohort of the Acute Frailty Network, which was set up to improve services for frail older people using a collaborative improvement model. Network members share their experiences and the Network team holds master classes, webinars and workshops. Members also have access to a team of national clinical experts and their own service improvement coach.

The Acute Frailty Network’s 10 Principles

Based on its work with pilot sites, the Acute Frailty Network has developed 10 key principles that are essential for improving the care of frail older people, (Since Wirral’s involvement in the Network, the Principles have been revised to include patient engagement).

1. Establish a mechanism for early identification of people with frailty

2. Put in place a multidisciplinary response that initiates Comprehensive Geriatric Assessment (CGA) within the first hour
3. Set up a rapid response system for frail older people in urgent care settings

4. Adopt a ‘Silver Phone’ system

5. Adopt clinical professional standards to reduce unnecessary variation

6. Strengthen links with services both inside and outside hospital

7. Put in place appropriate education and training for key staff

8. Develop a measurement mind-set

9. Identify clinical change champions

10. Identify an Executive sponsor and underpin with a robust project management structure

What They Did

Wirral has embraced everyone of the Acute Frailty Network’s 10 principles on its improvement journey. The results are already being felt by staff, patients and the organisation as a whole.

1. Early Identification of Frail Older People

Patients over the age of 85 are now automatically categorised as frail, as well as those over 74 who have had a fall or fragility fracture, altered cognition or who have reduced mobility or incontinence. This process will be greatly strengthened when Wirral adds a ‘frailty flag’ to its IT system early in 2017.

2. A Multidisciplinary Response and Comprehensive Geriatric Assessment

The Trust has created four new posts for specialist nurses for older people (SNOPs). These senior nurses, recruited from the community, play a crucial role in pulling patients from the ED to the Older People’s Assessment Unit. Not only does this relieve pressure on an over stretched ED team but it also provides a better experience for older patients in a calmer frailty-friendly environment. The nurses carry out comprehensive geriatric assessments (CGAs) and liaise with community teams to support complex discharges. Currently, the nurses are using the FRAIL screening tool but the team also plans to record frailty using the Rockwood frailty score once this is built into the hospital’s IT system.
3. Rapid Response

The specialist nurses for older people aim to undertake CGA within an hour of patients arriving. They in-reach into ED and the Acute Medical Unit (AMU) to redirect appropriate patients to the Older Person’s Assessment Unit. The coordinate prompt senior review and the necessary multidisciplinary team interventions.

4. Silver Phone System

A community geriatrician phone line is available from 9am to 5pm, Monday to Friday. Outside these times, a consultant geriatrician is always on call via mobile phone. Wirral is also piloting ‘golden hour’ clinical observations with one of the larger GP practices in the area.

5. Reducing variation through standardised Procedures

Standardising operating procedures is recognised as one of the keys to improving outcomes for frail older patients. Wirral has standardised its procedures in several ways; by introducing the role of specialist nurse for older people; by ensuring on-call consultant geriatricians are an integral part of the acute take, by in-reaching into ED as required, and by further developing the already existing Older Person’s Rapid Assessment Clinic into an older person’s ambulatory care assessment model. It has also introduced a frailty clerking document so that outcomes from CGAs can be recorded and monitored.

6. Strengthening Links with Other Services

The Trust is working more closely with the community-based single point of access (SPA) as part of its commitment to greater community integration. It has just started a pilot home-based discharge to assess model and it participating in a commissioner-led end-to-end review of frailty care in the region, involving the CCG, community trust, mental health and social services.

7. Education and Training for Key Staff

Wirral is working hard with all its stakeholders to embed a ‘home first’ frailty culture. It aims to spread this culture across the Trust through executive and wider staff briefings, as well as email updates, liaison with the acute medical team and ED and though its weekly Older People’s Assessment Unit meetings. It has also encouraged team attendance at the Acute Frailty Network events.
8. Measurement Mind-set

This has been the most challenging area for the team, with little frailty-related data collected initially, and challenges around analyst capacity. However, frailty now has a much greater profile in Wirral, from Board to Ward. Work has been done to implement the Acute Frailty Network's measurement tool and the whole frailty team now recognises the importance of data collection. There have already been some great improvements in frailty identification, CGA completion, length of stay and stranded patient numbers, with more work to be done. This is very obviously demonstrated by the charts in the impact section below.

9. Identifying Clinical Change Champions

The whole Older People’s Assessment Unit team has been involved in spreading the word about frailty across the hospital and embedding the changes that have been made. Involving the whole team right from the outset, coupled with their ‘grit and gusto’ approach, means that major change has been achieved and it has been possible to make a real difference for patients.

10. Executive Sponsor

The involvement of the Trusts Director of Operations has been invaluable in ensuring the frailty plans have been consistent with the Trust’s, and wider system’s, strategies. It has also assisted in setting expectations of culture change and delivery and in addressing challenges, such as analyst capacity.

Impact

Joining the Acute Frailty Network has enabled Wirral to focus on frail older people in the crucial first 72-hours of care, which is the time when the most rapid deconditioning can occur. This is making a significant difference to outcomes and experience, as Dr Deb Low, Consultant Stroke Physician & Geriatrician and Clinical Director for Medicine explained:

“Establishing our frailty criteria has enabled us to identify frail older patients more easily. This accounts for around a third of our acute take every day (15-20 patients). We are using the comprehensive geriatric assessment (CGA) to embed evidence-based care and we have standardised our care of older people through the appointment of specialist nurses for older people. There has been a rise in the number of patients identified as frail and discharged from the Older Person’s Assessment Unit. We have also reduced the average length of stay and the number of stranded patients on other wards.”
Patients Discharged from OPAU
Jan-Sept 2016

- Number of Frail Patients Identified
  - 29/08/16 - Bank Holiday Monday, the number of SNP patients identified as frail dropped to 4

**Graph showing number of patients discharged from OPAU from January to September 2016.**

**OPAU Average LOS - patients 74+**

**Graph showing average length of stay for patients aged 74+ from OPAU.**

- Number of Frail Patients Identified - 06/06/2016

**Legend:**
- Average LOS
- Average
Wirral has an established twice-weekly Older Person’s Rapid Access clinic, which sees around eight patients, typically within 48-hours of referral. There is a plan to change this to an ambulatory care model with increased daily capacity. Weekly multidisciplinary board rounds twice a week to drive discharges. The hospital presented its vision on frailty to the Wirral Clinical Senate and has hosted a site visit for other Trusts hoping to improve their care of frail older people.

**Next Steps**

Despite its many achievements, Wirral is keen to go further in improving the care of frail older people.

The hospital is working with other organisations to develop a Wirral-wide frailty index and plans are also underway to create a frailty dashboard that will be used to monitor performance in key areas. The hospital is working with Single Point of Access to embed frailty criteria so that they can triage patients directly to the Older People’s Assessment Unit or signpost to other more appropriate community services if admission can be avoided. Wirral also intends to extend seven-day working across the frailty pathway. There is a plan to roll out frailty identification and the comprehensive geriatric assessment to other ward to ensure that all frail patients get the same high standard of holistic multidisciplinary care, irrespective of where they are in the hospital. The Trust is spearheading the launch of a Wirral Frailty Strategy in collaboration with health and social care partners.

Both the Trust and the Acute Frailty Network recognise that there is more to be done in Wirral to involve patients and carers in the frailty pathway. The Trust has plans for patient surveys to obtain better information about their views.
Key Learning

**Being part of the Network** gave added momentum to the process of improving frailty services and enabled clinicians to make a powerful case for change to executives. “Seeing what other Trusts were doing, learning from their experience and being able to demonstrate to our executive team the areas where our organisation was falling short was all very helpful for me as Clinical Director,” said Dr Deb Lowe.

**Introducing standard operating procedures** for frail older patients has been a hugely positive step for the Trust as it means that everyone is ‘singing from the same hymn sheet.’ Another positive is the strong working relationship between the Older People’s Assessment Unit and ED. “We have helped them to deal more effectively with the problems posed by frail older people and this has led to the strengthening of relationships between our two departments.”

One of the toughest challenges for the Trust has been to bring about cultural change. It is taking some time for the ‘home first’ model to become the default approach for frail older people, as there is a tendency to want to protect the patient and admit. In the early days, the Older People’s Assessment Unit was often perceived by staff as another elderly care ward and the frailty team has worked hard to change people’s perceptions. “It is important to tell a compelling story,” said Deb, “this is the only way to bring about a change in culture. We kept emphasising the unit’s short length of stay and drawing people’s attention to the flow of patients through the unit. We have also continued to emphasise that hospital is a potentially toxic place for frail patients. You need to win over hearts and minds, to create a shared vision, to make the language of frailty part of our everyday conversation.”
Wirral’s advise for any organisation embarking on a journey to improve the care of frail older people is “Be brave! Don’t be afraid to trial something for a short while and, if it’s not working, stop it. Sometimes you just need to be willing to go the extra mile to demonstrate the benefits of your proposed approach in order for it to be accepted and adopted by your organisation.”

There was a lot of resistance to the term ‘frailty’ at first from staff who didn’t understand what frailty meant and its implications for how we manage patients. There is now a **better understanding that hospital is not the best place for people who are frail**. The Older People’s Assessment Unit does everything in its power to **avoid admitting these patients and ensure rapid discharges** so they can continue to live a healthy independent lifestyle out in the community.
To find out more about Acute Frailty please go to:

www.acutefrailtnetwork.org.uk
or email frailty@nhselect.org.uk