The acute frailty pathway and assessment unit (OPAU) in Queen’s Medical Centre, Nottingham

Darren Aw Aamer Ali (Consultant Geriatricians)
Russell Pitchford (Specialty General Manager, Department of Healthcare of Older people, QMC)
Background

- To improve emergency access performance, and better care for frail elderly patients attending ED
- CGA earlier in the emergency attendance/admission pathway
- Reduce admissions
- Reduce overall LOS
This is how it began...

- Winter resilience funding for an 8 month pilot
- Acute Frailty Pathway and OPAU – started September 2016 (12 beds, close proximity to ED)
- CGA at the front door-Geriatrician, SpR, ANP, STOC
- Direct admission to OPAU and base wards (less bed moves)
Information technology

• Use of Nervecentre – To flag up frailty
• Customised ‘HCOP profile’ enabling creation of smart list (OPAU or base ward accepted) and also alert for community matron input
• Use of Medway – ability to create a frailty note, or electronic clerking proforma (1st medical admissions unit within QMC utilising ‘electronic clerking booklet’)
“AS IS” PROCESS

Ambulance

Triage by Nurse

Categorised and moved to appropriate area

YELLOW  GREEN  BLUE  RESUS.

Reviewed by Senior Decision Maker

ENP     DR.     ANP
Investigations ordered

Senior Decision Maker

ENP     DR.     ANP
Reviews outcomes of investigations

Decision to

ADMIT or DISCHARGE

taken

DISCHARGED from Department

DISCHARGE LOUNGE

HOME  WARD
+/− SUPPORT
COMMUNITY HOSPITAL
COMMUNITY BED
RESPITE
PROPOSED AFP PROCESS

Ambulance

Walk In

Triage by Nurse

Streaming by Nurse

FRAIL CRITERIA TRIGGERED

Categorised and moved to appropriate area

YELLOW  GREEN  BLUE  RESUS.

Reviewed by Senior Decision Maker
ENP     DR.     ANP

Investigations ordered

DISCHARGED from Department

Reviewed by DR. / ANP Frailty Team – Investigations ordered

DR. / ANP Frailty Team reviews outcomes of Investigations

Decision to ADMIT, DISCHARGE

DISCHARGED LOUNGE

OPAU

HCOP WARD

HOME +/- SUPPORT

WARD

COMMUNITY HOSPITAL

COMMUNITY BED

RESPITE
Frailty criteria (EMAHSN)

Is your patient suitable for the

**FRAILTY PATHWAY**

Is your patient

≥ 80 years old

With

2 or more of

1) Confusion
2) Falls in the last 6 months/concerns regarding mobility
3) Continence issues
4) In receipt of care
5) On end of life pathway/palliative care needs

If your patient meets the above criterion, then tag them for Frailty and our team will see them with the view of:

a) Admitting them to OPAU
b) Admitting directly to a HCOP base ward
c) Discharging from ED with support

**How to tag for Frailty?**

a) Log on to the Nervecentre
b) Select your patient
c) Select **ED Adults** under Notes
d) Under the option **Frailty**, select yes

Health Care for Older People (HCOP), Queen’s Medical Centre
‘Exclusion criteria’

- LOS greater than 3-5 days expected
- EWS >2
- Patient fits a different pathway eg NOF pathway
<table>
<thead>
<tr>
<th>Patient Details would be here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted</td>
</tr>
<tr>
<td>CPR Status</td>
</tr>
<tr>
<td>Ceiling of Treatment</td>
</tr>
<tr>
<td>Advanced directive</td>
</tr>
<tr>
<td>Risks and Alerts</td>
</tr>
<tr>
<td>Diabetic</td>
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<tr>
<td>Discharge Plans</td>
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<tr>
<td>Predicted Date</td>
</tr>
<tr>
<td>Medically Safe</td>
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<tr>
<td>Home Today</td>
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<tr>
<td>TTO Status</td>
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<tr>
<td>Medical Status</td>
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</table>

Current working diagnosis: 1. NOF fracture - for surgery (AO screw fixation)
2. Left sided pleural effusion? transudate? exudate. For therapeutic tap pre-surgery
3. Deranged PT and APTT
4. Contrast induced nephropathy
5. Right sided heart failure

Management Plan: 1. Medical optimisation (24-48 hours) - Vitamin K given. Need to recheck coag. Therapeutic tap after Anaesthetics review (X)
2. Haemodilution - AO screw fixation

Outstanding issues: New patient

Specialty Information: HCOP

Allergies/Reaction: nil

Radiology Plans:

MDT Issues:

Falls: High risk cohort

Safeguarding: None

Physiotherapy: A/W hip surgery prior to mobility Ax. Needs pleural effusion draining first.

Occupational Therapy: 7/6/17 await MRI before OT input CB

Psychology & mental functioning:

SALT:

Pharmacy:

Discharge Information: 7/6/17 - deranged INR - surgery for fracture NOF postponed

D/C Pathway:

Frailty: Yes

Community Matron:

HCOP Destination:

Preferred Speciality: HCOP
<table>
<thead>
<tr>
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<th>Advanced directive</th>
<th>Risks and Alerts</th>
<th>Diabetic</th>
<th>Discharge Plans</th>
<th>Predicted Date of Medically Safe Discharge</th>
<th>Home Today</th>
<th>TTO Status</th>
<th>Medically Safe?</th>
<th>Potential Outlier</th>
<th>Weekend Review</th>
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<td>For CPR</td>
<td>Full active management</td>
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<td>Yes for discharge lounge</td>
<td>09</td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td>Supported - Ward to Hub</td>
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<td>No</td>
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<tr>
<td>05 Jun 2017</td>
<td>For CPR</td>
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<td>Supported - IH SCL referral</td>
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<td>02 Jun 2017</td>
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<td>Supported - Ward to Hub</td>
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<tr>
<td>04 Jun 2017</td>
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<td>Simple</td>
<td>13 Jun 2017</td>
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<td>02</td>
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ED Frailty Continuation Note

ED Frailty Continuation Note

Completed by
Trainor, Michael (Mr)

Date & Time
08-Jun-2017 11:15
<table>
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<tr>
<th><strong>Baseline Mobility</strong></th>
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<tr>
<th><strong>Smoking Status</strong></th>
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<table>
<thead>
<tr>
<th><strong>How often have you had 5 or more units on a single occasion in the last year?</strong></th>
</tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Is this Presentation Related in Any Way to the Consumption of Alcohol?</strong></th>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Family History</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Frailty Score</strong></th>
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<td></td>
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</table>

Click below for: Clinical Frailty Scale
http://geriatricresearch.medicine.dal.ca/pdf/Clinical%20Frail%20Scale.pdf

<table>
<thead>
<tr>
<th><strong>Frailty Scale</strong></th>
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<table>
<thead>
<tr>
<th><strong>Falls</strong></th>
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<table>
<thead>
<tr>
<th><strong>Number of Falls</strong></th>
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</table>

<table>
<thead>
<tr>
<th><strong>Does the Patient Have a Fear of Falling?</strong></th>
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<tbody>
<tr>
<td>Yes</td>
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</table>

<table>
<thead>
<tr>
<th><strong>Previous Fracture</strong></th>
</tr>
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<tbody>
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</tbody>
</table>
Cognition

AMTS

- Age
  - Correct
  - Incorrect
- Time (to nearest hour)
  - Correct
  - Incorrect
- Address Repetition
  - Correct
  - Incorrect
- Year
  - Correct
  - Incorrect
- Name of Building
  - Correct
  - Incorrect
- Identification of Two People
  - Correct
  - Incorrect
- Date of Birth
  - Correct
  - Incorrect
- Year of First World War
  - Correct
  - Incorrect
- Name of Present Monarch
  - Correct
  - Incorrect
- Count back from 20 to 1
  - Correct
  - Incorrect
- Address Recall
  - Correct
  - Incorrect

AMTS Total
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are You Basically Satisfied With Your Life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have You Dropped Many of Your Activities or Interests?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do You Feel That Your Life Is Empty?</td>
<td></td>
<td></td>
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<tr>
<td>Do You Often Feel Bored?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are You in Good Spirits Most of the Time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are You Afraid That Something Bad Is Going to Happen to You?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do You Feel Happy Most of the Time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do You Often Feel Helpless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do You Prefer to Stay at Home, Rather Than Going out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do You Feel You Have More Problems With Your Memory Than Most</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do You Think It Is Wonderful to Be Alive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do You Feel Pretty Worthless the Way You Are Now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you Feel Full of Energy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do You Feel That Your Situation is Hopeless?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Geriatric Depression Scale - Score

Nutrition

Skin Integrity

Malnutrition Universal Screening Tool

BMI Score (BMI kg/m²)
- >20 (>30 Obese)
- 18.5 - 20
- <18.5

Unplanned Weight Loss in Past 3-6 Months
- <5%
- 5-10%
- >10%

Patient is ill, Likely no Nutritional Intake for >5 Days
- Yes
- No

MUST Score

Continence

Faecal Incontinence
- Yes
- No
- Unknown

Urinary Incontinence
- Yes
- No
- Unknown

Impression

ECG Findings

Any Safeguarding Concerns Raised at this Stage? *
- Yes
- No
Active Issues

Resolving Issues

Plan

Guidance for Frailty Team

MUST Advice

Plan

Patient/Relative Communication (What information has been told to patient and/or relative)

Destination

Sign-off

Completed by
Trainor, Michael (Mr)

Date & Time
08-Jun-2017 11:16
Bed modelling
Resources

• 1 WTE consultant geriatrician, 1 WTE ANP, 1.7 WTE SpR, 1.7 WTE SHO, 1 WTE band 6 nurse, 0.65 WTE pharmacist, 0.65 WTE pharmacy technician, and 1.3 WTE discharge coordinator

• Additional STOC input

• ‘7 day working’ – daily consultant ward reviews, supported by STOC and additional ANP/junior doctor at weekends

• Mon – Fri 8 to 5, Sat – Sun 8 to 5*
<table>
<thead>
<tr>
<th>Measure</th>
<th>Baseline Comparison</th>
<th>Acute Frailty Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(September 2015 - March 2016)</td>
<td>(September 2016 - March 2017)</td>
</tr>
<tr>
<td>HCOP Average LoS (Days</td>
<td>Total Spell)</td>
<td>11.3</td>
</tr>
<tr>
<td>HCOP Average LoS (Days</td>
<td>Just on HCOP Wards)</td>
<td>10.3</td>
</tr>
<tr>
<td>Average OPAU Length of Stay (Days</td>
<td>Just on OPAU)</td>
<td>4.6</td>
</tr>
<tr>
<td>Total HCOP discharges</td>
<td>4171</td>
<td>4404</td>
</tr>
<tr>
<td>% of HCOP patients readmitted</td>
<td>17.6%</td>
<td>18.0%</td>
</tr>
<tr>
<td>% of OPAU patients readmitted</td>
<td>22.0%</td>
<td></td>
</tr>
<tr>
<td>A&amp;E Attendances (All Adults)</td>
<td>8am - 5pm</td>
<td>36,024</td>
</tr>
<tr>
<td>Expected Frailty Prevalence (10%)</td>
<td>3,602</td>
<td></td>
</tr>
<tr>
<td>Patients Identified as Frail</td>
<td>3,605</td>
<td></td>
</tr>
<tr>
<td>Median Wait to be seen in ED</td>
<td>80+</td>
<td>8am - 5pm</td>
</tr>
<tr>
<td>Median Wait to see Geriatrician in ED</td>
<td>80+ Frail</td>
<td>8am - 5pm</td>
</tr>
</tbody>
</table>
LoS of HCOP patients

- Avg Spell LoS
- Avg LoS on HCOP Ward

*OPAU opened 05/09/2016
HCOP discharges

*OPAU opened 05/09/2016
Evaluation and PDSA

• Weekly steering group meetings
• Issues log
  – Inappropriate admissions
  – ED not flagging frailty
  – Multiple consultant reviews on OPAU
  – Improved medical (consultant presence) in ED
  – Case reflections (what could we have done better/different)
Future challenges

• 12 to 28 beds (incorporate a frailty unit combined with acute geriatrics unit)
• Improved identification of frailty at the front door
• Consultant of the week (or at least ½ week...)
Discussion and questions