Getting FIT in Hull!
The story of our Frailty Intervention Team.

Dr Kirsten JC Richards
Outline

• Background
• Pilot Study
• Implementation of current FIT model
• Performance Measures
• Further development of the FIT model
• Tips, Hurdles and Learning points
Kingston Upon Hull and East Riding of Yorkshire
HEY NHS Trust

- University Teaching hospital covering a large geographical area
- Catchment area of 600,000
- 1075 inpatient beds
- Newly reconfigured and expanded Emergency Department
- 375 attendances through ED daily
Department of Medicine for the Elderly

- 135 inpatient beds
- 4 baseward areas
- 21 bedded frailty assessment unit
  - ED and GP direct admissions
- Approximately 66 rehabilitation community beds
- Recruitment difficulties. (9 substantive, 4 locum consultants, 2 ANP’s in frailty)
Trust performance in 2015-16

• Elderly Medicine LOS consistently around top 10% nationally.
Trust Performance 2015-16

- ED performance poor (worst nationally in 2015-16)
Pilot Day of MDT in ED – March 2016

- Geriatrician (myself)
- 2 Frailty ANP’s
- Physiotherapist
- Occupational Therapist
- Social Worker
- Intermediate Care team availability
- Mental Health Liaison availability
Pilot Day in ED – March 2016

• 16 patients seen (15 with frailty markers, 1 gen med patient)
• 14 discharged (87.5%)
• Reversed usual ED conversion rate older patients (ED baseline: conversion rate in >75 yr olds approx 70%)
5 day pilot in ED – April 2016

- Used a variety of different consultants and therapists
- 28 patients reviewed in 5 days
- 23/28 discharged (82%)
- Coincided with junior doctors strike
Implementation of ‘ad hoc’ FIT sessions

• Regular afternoon sessions June 2016 (1pm – 5pm) when staffing available
• Increased to full day sessions Dec 2016 (9am – 1pm/1pm – 5pm)
• Occasional weekend sessions (volunteer dependent)
• No dedicated therapist / social worker in ED but available on bleep
196 Ad hoc session days between
17/07/2016 and 17/05/17

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<th>Ad Hoc FIT Model</th>
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<tr>
<td>Ad Hoc Session Days</td>
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<tr>
<td>Percent Admitted</td>
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<td>Percent Home</td>
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<td>Outcome Unknown</td>
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<tr>
<td>No. Patients Seen</td>
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<td>Mean No. pts seen / day</td>
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Updated 18/05/2017
Ad Hoc FIT Sessions:
Percentage of Patients Not Admitted

- Jul-16: 66%
- Aug-16: 52%
- Sep-16: 61%
- Oct-16: 58%
- Nov-16: 54%
- Dec-16: 50%
- Jan-17: 61%
- Feb-17: 54%
- Mar-17: 66%
- Apr-17: 60%
- May-17: 67%
Successfully achieved Frailty CQUIN 2016-17

- £1.6 million
  - Reduction of conversion rate for over 75 yr olds (6.8%)
  - Reduction of stranded over 75 yr olds (129 fewer)
  - Reduction in GP referred patients in ED (10%)
  - Reduction in patients >65yrs breeching ED 4 hr target (UEC target of no more than 14%, achieved 11.3%)

- Achieved despite increased ED attendances
Also......

• Reduction of frail older patients admitted to medical assessment unit rather than frailty assessment unit by 50% since March 2016
• No significant increase in departmental LOS (currently 15th best out of 137 acute trusts)
• Readmission rates deteriorated slightly from baseline but were within normal variation
Improved ED Performance
National ED Survey 2016 - 15th of 75 Trusts

League Table
Of the 75 trusts that Picker worked with for the National Emergency Department Survey 2016 your Trust is ranked no. 15
National ED Survey 2016 – 2\textsuperscript{nd} most improved of 75 Trusts

In the graph below, a negative change in problem scores means that performance has improved.

The graph shows that of the 75 trusts that worked with Picker in both 2014 and 2016 your Trust is the no. 2 most improved with 8.63\% fewer patients on average reporting a problem.
Future plans for FIT

• Successful business case to fully resource the model
  – ANP/Dedicated therapy recruitment
  – Dedicated pharmacy support
• Look to extend hours over time.
• Consideration of frailty training opportunities for ED staff
Tips, Hurdles and Learning points

• Staff
  – Need dedicated FIT staff including Geriatrician, ANP, therapist. Consider HCA / PDA
  – Only involve staff who are genuinely interested in the model
  – Staff continuity for the full day works best
  – Do not share individual performance data!
Tips, Hurdles and Learning Points

• Integration with ED team and subsequent horizontal learning goes a long way – forms trust and establishes rapport
  – 2 hrly ED board Rounds
  – Formal and informal feedback on management of frailty cases seen
  – Improved confidence within ED at managing frailty
Tips, Hurdles and Learning Points

• Operational issues
  – Discharge letters – are the ED discharge letters read by GPs?
  – ANP telephone follow up calls helpful
  – ED environment
  – Wise use of patient areas (eg patient discharge lounge)
  – ‘Just In Case’ Meds availability in ED
  – Frailty Identification Tool
FIT team Winners of HEY Golden Hearts Award
‘Making it Better’ 2017

Thankyou!

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HEY THINK FRAILTY