Fighting Frailty at the Front Door

Front Door Frailty Conference
Acute Frailty Network

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Stoke-on-Trent
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Accident and Emergency Department (ED) in UHN

- One of the busiest in the country
- In 2016, saw 152,199 attendances
- 30,074 were aged 70 and over
- We perform at 73.5% for under 70 years for 4 to 12 hour national targets
- This compares to 38.8% of those over 70
- CCG data shows higher than benchmarked conversions of attendances to admissions (32% vs 27%; 58% for over 70s)
Food for thought
De-conditioning

Older people in hospital can be more at risk of:
- Reduced bone mass and muscle strength
- Problems with blood pressure control
- Reduced mobility
- Confusion due to changes in environment
- Demotivation

When an older person comes to hospital...

... and lies in bed, it can affect their wellbeing and physical function

KNOWN AS DECONDITIONING
What do the experts advise?

- ECIP and AFN advise using innovative ways to ensure early specialist assessment

- Understanding what safe is and how to achieve it

- Using all available resources to enable patients to return to their own environment as early as possible, safely
Innovation

• Decision made to pilot multi-disciplinary taskforce to manage frailty at the front door
• As patients couldn’t reach to the right team, so the right team went to the patients right at the entrance to the ED
• MDT membership: Senior ANPs, Physiotherapist, Occupational Therapist, Intermediate Care team support and Social Care with experience in frailty assessment
• Close support and guidance of both ED and Frail Elderly Consultants
Some of the Team
The beginning

• New team - teambuilding: having never met or worked together

• No rules, no criteria, but the attitude was positive: Yes We Can

• Team Based at Ambulance Triage to identify appropriate patients that could be seen by MDT and discharged safely with support where needed
<table>
<thead>
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<th>Day</th>
<th>5.7.2016 (09:00-15:30)</th>
<th>06.07.2016 (09:00-15:30)</th>
<th>07.07.2016 (09:00-15:30)</th>
<th>08.07.2016 (09:00-14:30)</th>
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</thead>
<tbody>
<tr>
<td><strong>Number of patient contacts made</strong></td>
<td>17</td>
<td>10</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td><strong>Number of facilitated discharges</strong></td>
<td>14</td>
<td>8</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td><strong>Facilitated discharges back to usual place of residence</strong></td>
<td>12</td>
<td>6</td>
<td>10</td>
<td>7</td>
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<tr>
<td><strong>Facilitated discharges to community hospital beds</strong></td>
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<td>1</td>
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<td><strong>Patients who need to be admitted to UHNMC for further treatment</strong></td>
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<tr>
<td><strong>Patients unable to be discharge by EFOH due to no community capacity</strong></td>
<td>0</td>
<td>2</td>
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Criteria

• Targeted those aged 70 and above but flexible to see those with significant frailty

• Patients with some community services already in place

• Falls and non-septic infections

• Patients presenting with so called ‘Acopia’

• Any patient with major co-morbidities with no acute medical need
Key Aims/Measures

• Aim for 15-20% decrease in ED attendances converting to admissions for patients over the age of 70

• Increase the number of complex discharges from ED

• Increase the number of patients discharged back to usual place of residence

• Capturing internal and external delays
“Give me solutions not problems”

- No additional funding from CCG for increased community capacity

- Reconfiguration of existing resources

- Team challenged to use innovative and creative ways to ensure safe discharge

- Health and social care working together with limited resources to support people in their own environment
Our data: July 16- April 17

- Total patients seen: 2845
- Total facilitated discharges: 2234 (79%)
- Return to usual place of residence: 1976 (88%)
- Discharges to community beds: 258 (12%)
- Admissions to acute beds: 530 (19%)
- Readmissions with in 7 days: 14%

- Readmissions remain unchanged from last year
- A continual reduction in the conversion of attendances to admissions for ages over 70, cp. to same period last year
A&E Attendances by Disposal = Admitted, Age >70 (Admitted Conversion Rate) Weekdays only

Adm % age Last 26 Wk    Adm % age a year ago
Limitations

- Difficult to judge whether or not a patient can be discharged safely from handover from ambulance crew and report form.

- Cases that initially appear simple may turn more complicated thus requiring referral to other specialities.

- Expedited frail patients onto correct pathway in a more timely manner.
Unintended Consequences

- Initial concerns regarding taking resources from back door to cover front door thus extending patients length of stay

- However we found no evidence of disruptions to flow to the rest of the hospital
Revisiting the experts

• We have ANPs with vast experience in both frailty and ED leading the fight right at the front door

• Our patients receive a full holistic MDT approach in ED to ensure they are safe when discharged

• Our team combines health, social and voluntary sectors to ensure our patients are supported fully in the community
Total Figures July 2016 - Jan 2017

- Seen a total of 2,845 patients
- Facilitated 2,234 discharges (79%)
- 1,976 discharges were to usual place of residence (88%)
- 258 discharges were to short stay community hospital beds (12%)
- 121 discharges could not be facilitated immediately due to lack of community resources.
- 14% rate of re-attendance within 7 days, unable to clarify if presented with new or existing complaint.
Potential cost savings

• In 2015 NAIC report that the wait for home intermediate care is 6.3 days, 3.0 for bed based services and 8.7 for re-ablement services

• Our 258 discharges to community hospitals have saved a potential 774 bed days (Approx. £309,600)

• A further £48,400 could have been saved if there was enhanced community support
The Future

- Funding secured for 8 am to 8 pm service 7 days a week
- Voluntary services have brought increased benefits to patients and families
- Transferrable & sustainable nationally across the UK
- No massive resource input required but has had massive impact on patient care and satisfaction.
Why we do this..
References


