QEUH timeline/ Journey (pre collaborative)

May 2015
Amalgamation of three hospitals - started to think about frailty

Jan - Aug 2016
Pilots and Stakeholder meeting - presentations from other sites

Dec - Feb 16/17
HIS invited to visit/ advise
- Driver diagrams
- Pathway planning
- Frailty charter for QEUH

Feb 2017
Option appraisal paper - short stay frailty
Unscheduled care meetings

March 2017
Additional AHP locums - and formed Frailty team

June 2017
Opening of short stay frailty ward (changed the function of a ward)
QEUH timeline/ journey (post collaborative)

December 2017
Regular monthly frailty meetings
Membership clarified

March 2018 onwards
HIS visit and review
Value stream mapping and subsequent action plan
Frailty pathway
Pj Paralysis work

July 2018
Move to permanent base with 12 beds- short stay frailty
Await staff consultation

August 2018
Care Connections - red bag scheme
MDT Education sessions on ground floor
Sept – October 2018
Collecting CGA data
Review our own data
Rapid access GDH Slots- QI project
Finalise frailty pathway
Meet with IAU/ ED re frailty screening

November 2018
Frailty evaluation
Platform presentation at ‘QEUH celebrate success’
Medicine for the Elderly Frailty Pathway QEUH

Purpose: To provide a dedicated resource for frail patients who would benefit from early Comprehensive Geriatric Assessment

Patient ≥ 75 or > 65 from a Nursing Home

Does the patient require acute hospital care?

**YES**
- Frailty assessment in IAU/ED using HIS Frailty Assessment Tool on Trakcare (complete step 1 and 2). Does the patient meet frailty criteria and have no requirement for other specialty input?

**NO**
- Consider discharge with assessment at home.

**YES**
- Request Acute DME bed on Trackcare.
  - Patient prioritised for ARU4. If not in ARU4 Frailty team will review.
  - Patients identified as frail on HIS frailty tool will be reviewed by the Frailty team within 24 hours Monday to Friday.

**NO**
- Admit to appropriate specialty bed (ARU 1, 2, 3, 5 or orthopaedics if fracture)

- Short Stay Frailty Criteria:
  - NEWS <2
  - Predicted LOS <72 hours - CGA
  - Initiated on ground floor - Short stay frailty request on trackcare

- DME Off-site rehabilitation Criteria:
  - Clinically stable
  - NEWS ≤ 3
  - Not on IV antibiotics
  - No requirement for urgent inpatient specialty review

- DME Acute Assessment Ward

- Discharge

If there is a decline in mobility or ability to perform ADLs refer to SSRS for rehabilitation (community and care home patients). Refer to folder for information.

If patient presents with fall and is medically fit for discharge (with no urgent mobility/ADL issues) refer to Community Falls Team GGC Tel: 0141 427 8311, South Lan Tel: 0141 531 4139 Not care home patients. Mon - Fri only.

If there are medical issues which can be managed as outpatient refer for new patient assessment in Day Hospital (see criteria: http://www.staffnet.ggc.scot.nhs.uk/Acute/Emergency%20Care%20Med%20Specialities/QEUH_DME/Pages/QEUH_DME_Homepage.aspx)

If no acute medical issue and social issues preventing discharge refer to Duty Social Worker on 0141 451 6392.

Frailty Team Contact Numbers: ECAN for IAU 82364, ECAN for PODS 82366, AHP for IAU, PODS and ARU4 83716, AHP Short stay frailty 83701

“CGA is defined as a “multidimensional interdisciplinary diagnostic process focused on determining a frail older person’s medical, psychological and functional capability in order to develop a coordinated and integrated plan for treatment and long term follow up.”
Time hop June 2018

What are your priorities for the next four months?

- **Education sessions on the ground floor (MDT)**
- **Permanent AHPs with ? Weekend cover**
- **Frailty service evaluation**
- **Rapid access GDH post discharge**
- **Finalising data dashboard in conjunction with November Trakcare update**
- **Short Stay Ward: Band 7 leadership, criteria lead discharges**

*Control what you can; cope with what you cant; concentrate on what counts*
Frailty evaluation

- Used Webprool- 30% response rate
  - Consultants 70%
  - Nursing 18.8%
  - Admin/ mx 6.8%
  - Bed Mx 5%

- 98% heard of frailty service, 89% heard of frailty short stay ward
1. On a scale of 1-5 (1 = no impact, 5 = positive impact). What impact if any has frailty service impacted in your area of work?
Frailty evaluation

2. How much do you agree/disagree with the following statements 1-5
A. Frailty service improves flow of older adults

- Agree
- Neutral
- Disagree
Frailty evaluation

2. How much do you agree/ disagree with the following statements 1-5
   B. Improves my care of the older adult

![Pie chart showing the distribution of responses for the statement: Improves my care of the older adult. The chart indicates a majority of positive responses.](image)
2. How much do you agree/disagree with the following statements 1-5

C. Increased the number of patients discharged home directly from the ground floor

- Agree
- Neutral
- Disagree
Frailty evaluation

What developments do you think would have most impact/ would you like to support (1-4)?

1. Weekends (65%)
2. AHP (65%)
3. Co-location of ARU4/ short stay frailty (55%)
4. Increase weekday hours (49%)
Frailty evaluation

- Weekends
- Feedback data
- ED/ Surgery
- Ambulatory care
Rapid access day hospital appointments

- Promote rapid discharge IAU/ ARUs
- ECANS book DH appointments from the ground floor
  - Heart failure - check fluid status/ U&Es
  - Collapse - check BP/ HR / U&Es
- Run charts
  - 4 patients in total ( ED, IAU, ARU4)
  - Median time to be seen 5 days
Design and testing

Number transferred directly to DME bed from ARU 1-3&5

Frailty screening on the ground floor

Number transferred directly to DME bed from Medical wards

Short stay ward and frailty team
Design and testing

Number home from ground floor with ECAN support

- IAU
- ARU1-3,5
- BOTH

Short stay ward opens, Frailty team established

Percentage of frailty bed requests that are successful

Short stay increases to 12 beds
Design and testing

**Measure:** CGAP1/ CGAP2

**Description:** % >75 who are screened for frailty on arrival/ % >75 who have CGA initiated <24h

**Results:**
- Monday- Friday- every patient on ground floor screened for frailty by frailty team
- On random sampling (downstream) every patient identified as frail
- Median time to CGA less than 24 hours 100%
  - March 19 hours
  - Nov 9.6 hours
Time to CGA

Distribution of times from arrival at hospital to initiation of CGA at QEUH
Design and testing (615 HIS questionnaires)

<table>
<thead>
<tr>
<th></th>
<th>CGA01</th>
<th>CGA02</th>
<th>CGA03</th>
<th>CGA04</th>
<th>CGASL2</th>
</tr>
</thead>
<tbody>
<tr>
<td>% discharged &lt;24 hours</td>
<td>% discharged &lt;48 hours</td>
<td>LoS &gt;7 days</td>
<td>Av LoS</td>
<td>Patient pathway</td>
<td></td>
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<tr>
<td>May-July</td>
<td>18%</td>
<td>29%</td>
<td>38%</td>
<td>13.2 days</td>
<td>Short stay 26.6% ARU4 18.6% DME 53.7%</td>
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<tr>
<td>Sept-Oct</td>
<td>14%</td>
<td>20.6%</td>
<td>51.9%</td>
<td>10.7 days (HIS frailty)</td>
<td>?</td>
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Design and testing

**length of stay Gradient frailty Screened**

- **May - July 2018**

- **Sept - October 2018**
Learning

- It’s all about the team
- Keep up the education and the feedback
- Data is key and our main challenge
- There are some things you can’t control
Some thoughts- Scotland SAMBA 2018

- 533 patients in 10 hospitals
- ACP higher than in England
- Less admissions from nursing home
- AEC 12% Scotland 20% SAMBA
- 57% referred by GP (SAMBA 30%)
- Readmission rate 17.2% across all ages (lower than England)
June 2019...

- Action plan after frailty evaluation
- Progression of Short Stay Ward: Band 7 leadership, criteria lead discharges and staff education
- Trakcare icon with business intelligence
- Contribute to SAMBA