Identification of the Frail Patient on AMU
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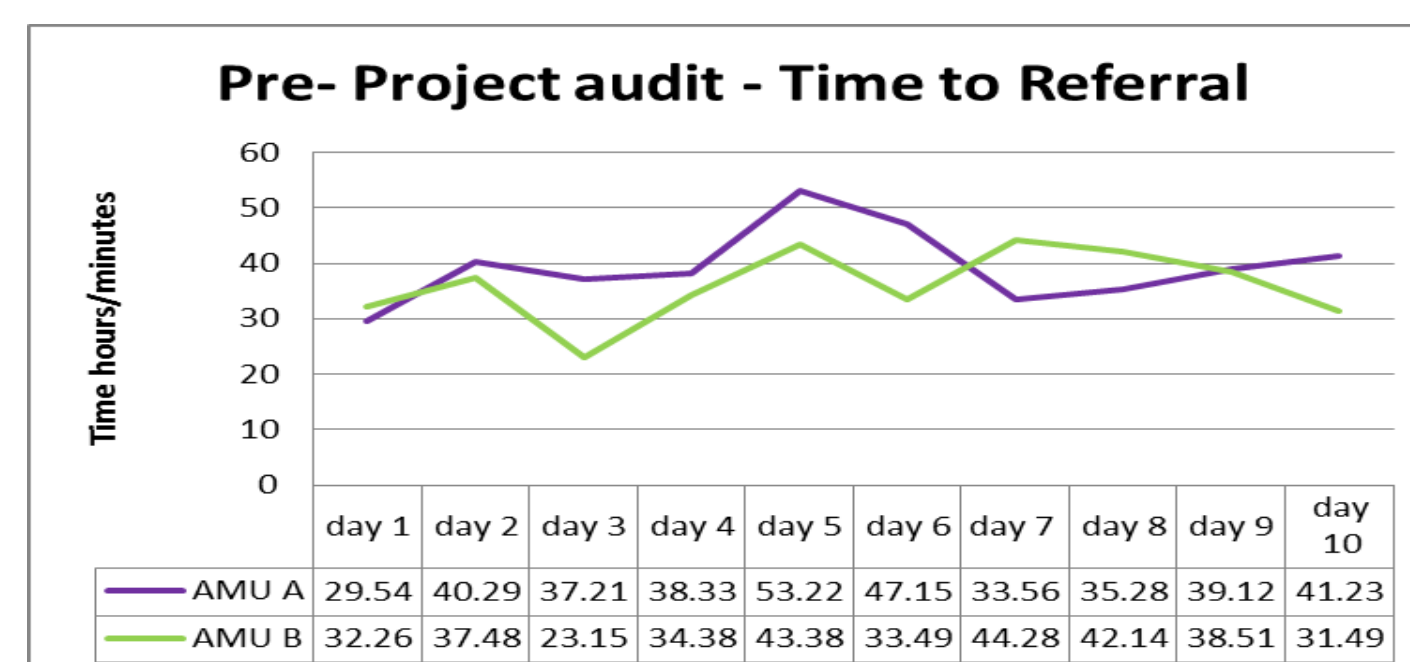Safe | Personal | Effective

Background

- Frailty is a medical syndrome with multiple causes and contributors that increases an individual's vulnerability for developing increased dependency and/or death (Morley et al, 2013).
- The Rockwood tool has been introduced to identify frail patients within the trust.
- Inconsistent identification of frailty within AMU.
- Older people living with frailty are at risk of adverse outcomes (British Geriatric Society, 2014).
- ELHT community services are available to support our patients in their own home.
- Un-identified patients are at risk of re-admissions, increased hospital stay and delayed referral times to the appropriate part of the multi-disciplinary team (Rockwood et al, 2005).

Project Aim

Reduce the length of time taken by 20%, (for a patient targeted as frail on their Rockwood score), to be referred to the appropriate services.

- Follow a devised pathway to aid rapid referrals and support a safe discharge from AMU by May 2018.
- To improve upon patient flow, enabling quicker assessment and implementation of the required needs in anticipation for discharge.

Initial Audit Results

showing time to referral from initial admission time.

Pre- Project audit - Time to Referral

	day 1	day 2	day 3	day 4	day 5	day 6	day 7	day 8	day 9	day 10
AMU A	29.54	40.29	37.21	38.33	53.22	47.15	33.56	35.28	39.12	41.23
AMU B	32.26	37.48	23.15	34.38	43.38	33.49	44.28	42.14	38.51	31.49

Implementation - Kotter (1996)

Create a sense of urgency
- Embedding the awareness of Frailty
- CQUIN target for the trust

Forming a powerful coalition
- Audit results presented to key stakeholders
- Obtain feedback, concerns and ideas

Create a vision
- Obtain key stakeholders input.
- Informed and gain approval from organisational management

Communicate the vision
- Develop staff knowledge
- Overcome barriers and negativity

Empower action
- Eliminate obstacles -combining frailty assessment with admission documentation

Create quick wins
- Posters & emails provided to celebrate successes
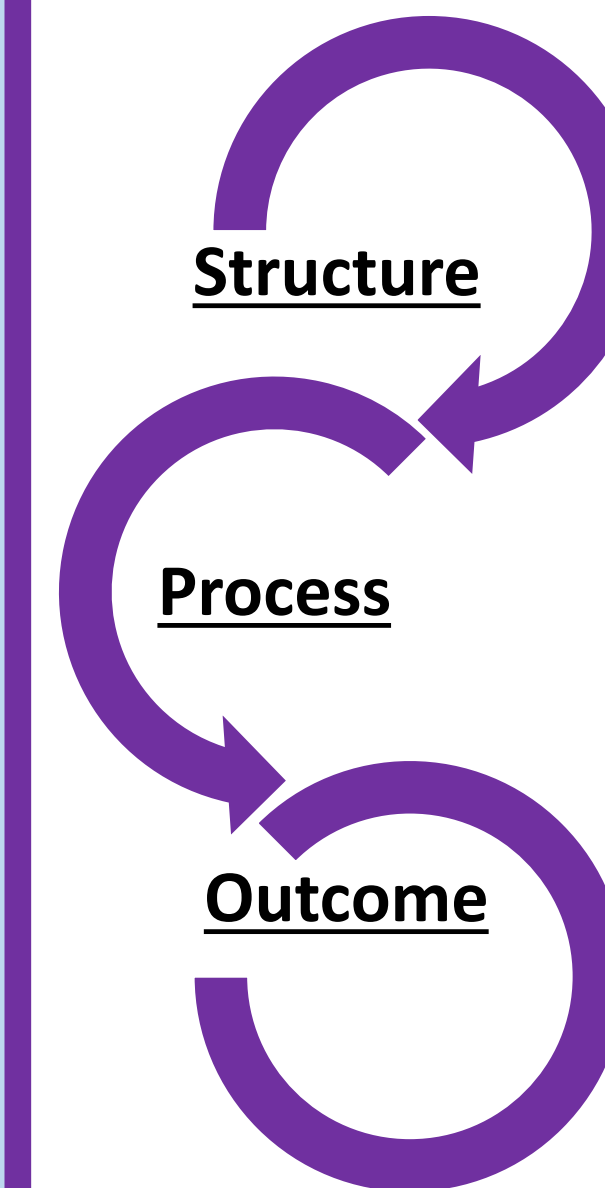- Audit results displayed- motivating staff to achieve and comply

Build on the change
- Attend Steering group meetings
- Contribute to Frailty Pathway

Reinforce change
- Embedded into everyday practice
- Cascaded within ward environment's
- Can be used as a trigger tool for future medical attendances
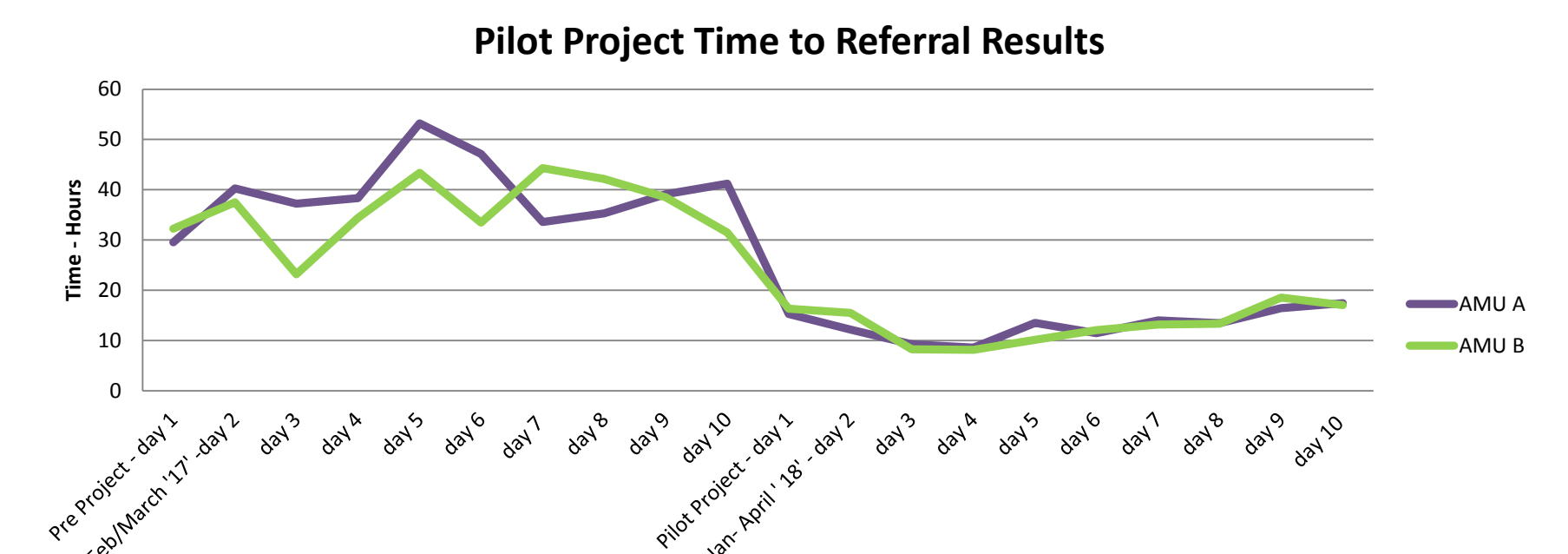
Evaluation - Donabedian (1988)

Structure
- British Geriatric Society Guidelines (2014)
- NICE Guidelines (2015)
- Acute Medical Unit
- Nursing staff and Medical staff

Process
- Adherence & accuracy of Rockwood scoring
- Time to Referral Audit
- Increase Education
- Patient receive a holistic assessment
- Appropriate referrals made

Outcome
- Reduce Length of Stay & re-admissions
- Increase time to referral
- Holistic assessment prior to discharge
- Supported Discharge
- Standardised process plan of how to manage a Frail patient

Results

Pilot Project Time to Referral Results

(Graph: AMU A, AMU B — Time - Hours, showing Pre Project - day 1 Feb/March '17 day 1–day 10, Pilot Project - day 1 Jan-April '18 day 1–day 10)

Sustainability & Dissemination

- NHS Sustainability tool. (NHS institute for innovation and improvement, 2010).
- Further dissemination throughout the trusts medical wards.
- Used within surgical division
- Frailty scores identified on discharge letters and recorded by community services on EMIS

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