RCHT Eldercare workforce mapping to identify needs and alternatives to cover the frailty pathway

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Dr Amit Arora, Consultant Geriatrician and Chairman of the England Council of the British Geriatrics Society, 'It is often said that for every 10 days of bed rest in hospital, the equivalent of 10 years of muscle ageing occurs, in people over 80 years old.'

After a hospital admission, 12% of people over 70 experience a reduction in their ability to undertake activities of daily living between admission and discharge.

Older people who saw a deterioration in their balance and mobility in the first 48 hours of hospital admission had a relative risk of death within fourteen days of 17.1%"

What We Know

Average number of frail patients arriving to ED
20

Average length of stay for a frail patient
171 days

9
Average number of patients seen by a frail nurse

Average length of stay for a patient seen by a frailty nurse
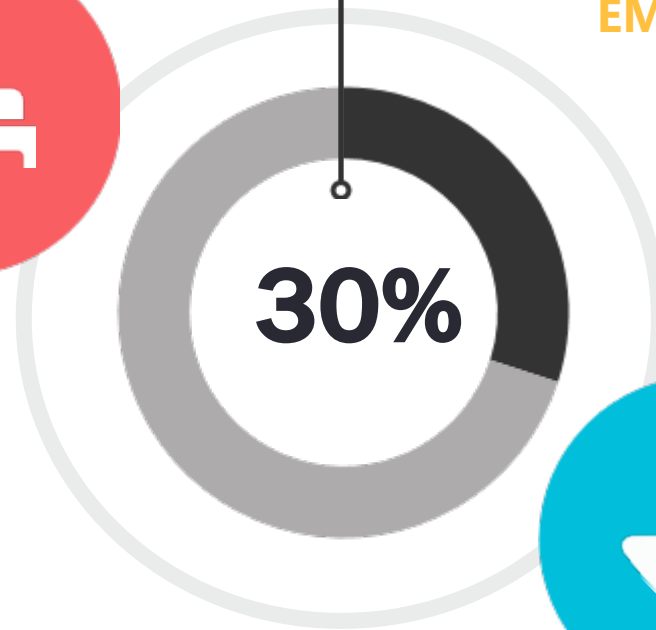**65 days**

OPAL BEDS

12 DEDICATED FRAIL BEDS

Set over two bays on our Acute Medical Assessment Ward where the Frailty Team is based

OPAL BEDS ARE ONLY UTILISED BY 30% OF EMERGENCY FRAIL PATIENTS

30%

REDUCING LENGTH OF STAY

Being seen by the appropriate team brings down a patient's average length of stay, directly reducing the patients muscle wastage and risk of death, improving their quality of life and saving the Trust money

Problem

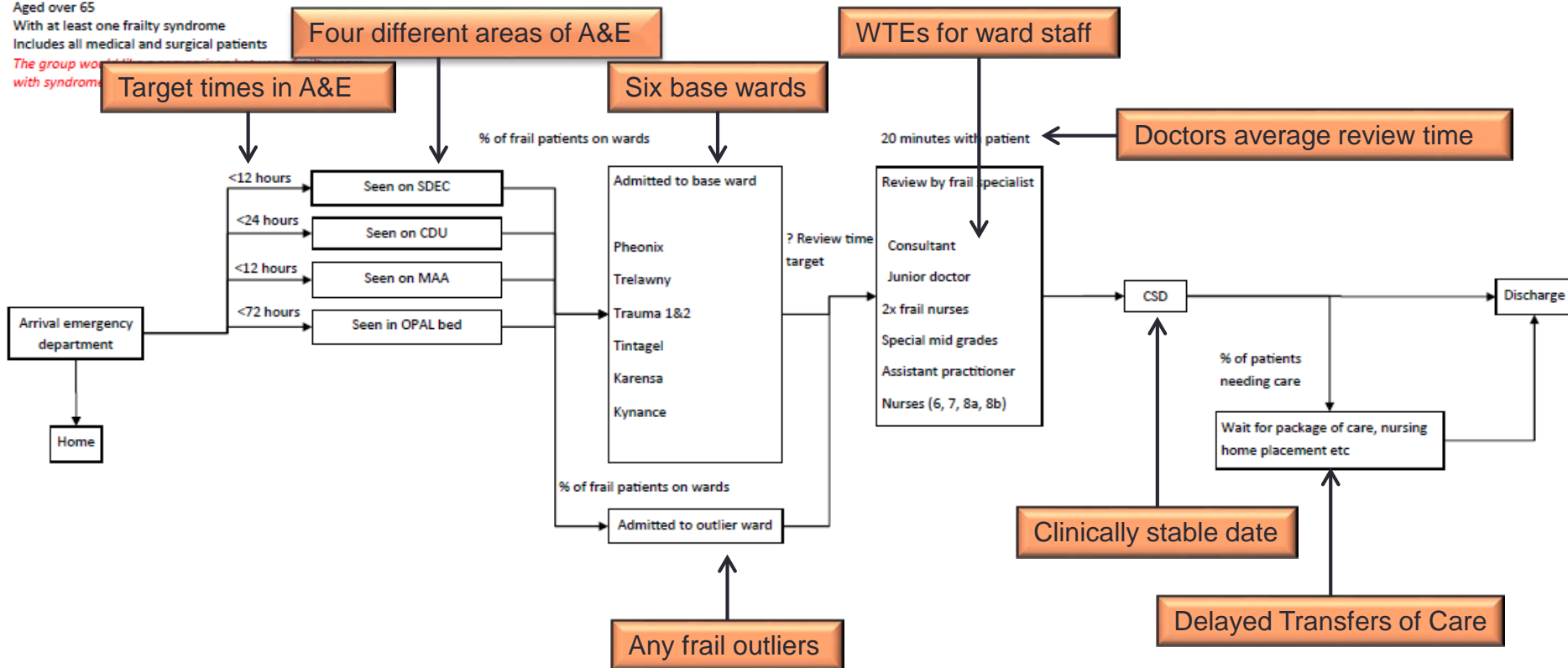- The older people's services group
  - Nurses
  - Matrons
  - Therapists
  - Consultants
  - Junior doctors
  - Service Improvement Facilitators
  - Directors
  - Service Leads
  - SWAST operations officers

- Where do we base our existing frailty workforce in order to impact as many patients as possible and reduce their length of stay as well as improving the quality of care and patient experience?

Idea #1 AKA The Complex One

Frail patient :

Frailty score above 6
Aged over 65
With at least one frailty syndrome
Includes all medical and surgical patients
The group would like... between...
with syndrome...

RCHT Eldercare workforce (consultant body) mapping to identify needs and alternatives to cover the frailty pathway

Four different areas of A&E

WTEs for ward staff

Target times in A&E

Six base wards

Doctors average review time

% of frail patients on wards

20 minutes with patient

<12 hours	Seen on SDEC
<24 hours	Seen on CDU
<12 hours	Seen on MAA
<72 hours	Seen in OPAL bed

Arrival emergency department

Home

Admitted to base ward

Pheonix
Trelawny
Trauma 1&2
Tintagel
Karensa
Kynance

? Review time target

Review by frail specialist

Consultant
Junior doctor
2x frail nurses
Special mid grades
Assistant practitioner
Nurses (6, 7, 8a, 8b)

CSD

Discharge

% of patients needing care

Wait for package of care, nursing home placement etc

Clinically stable date

% of frail patients on wards

Admitted to outlier ward

Any frail outliers

Delayed Transfers of Care

Data

- RADAR

- Workforce

- Frail nurses

Getting Hands on

- Cryptic Messages

- Shadow the frail nurses

- Huge learning outcomes

- Making medical staff's lives easier
  - Onward care's daily email more frequent
  - Improving accuracy of care home field
  - Utilisation of the Referred Type field
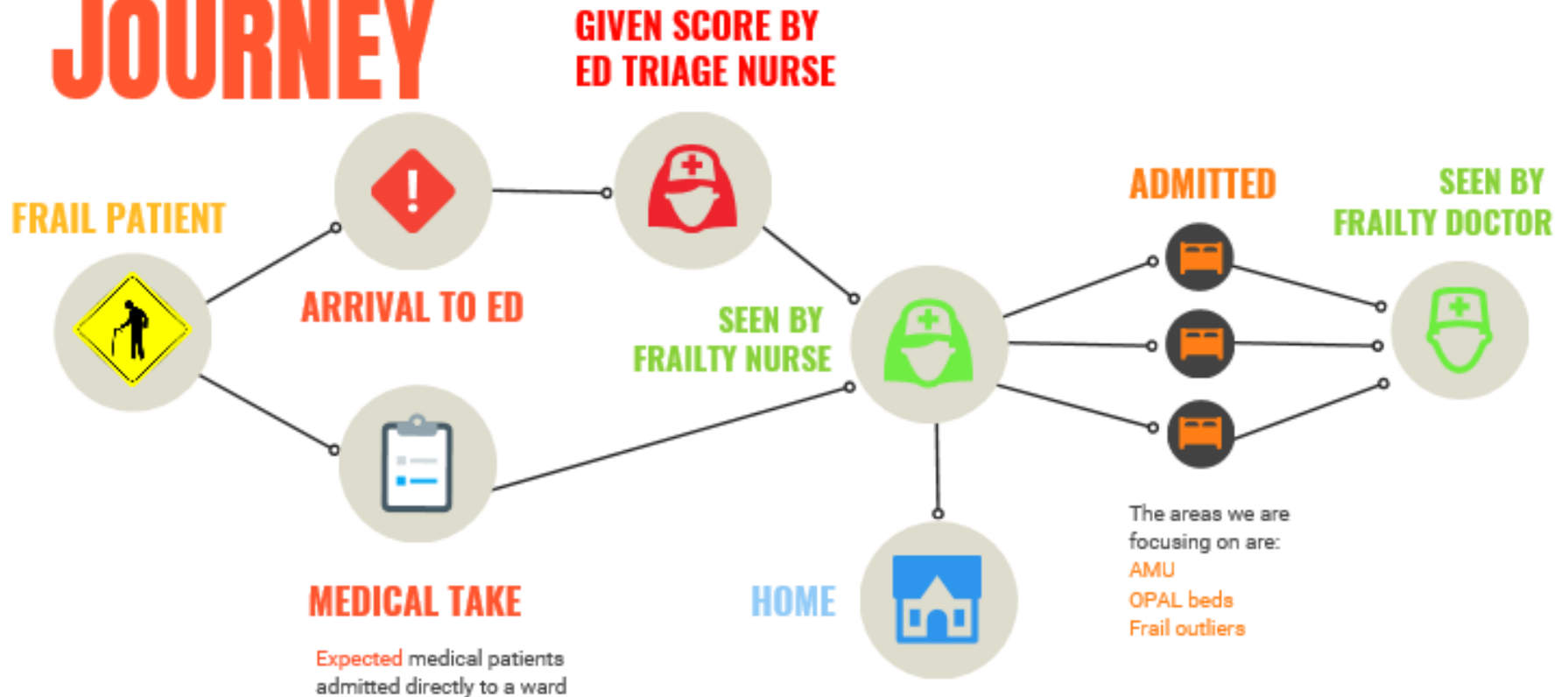
Data Problems

- Frailty Score Black Hole
  - What we currently do
    - Score by a triage nurse in ED
  - Problem
    - Frail nurses spend a little longer with these patients
    - Sometimes no score given
    - No way of updating the system
    - Unable to translate their day

- Staff who provided me WTE numbers mostly said they didn't always have complete data and for some wards none at all.

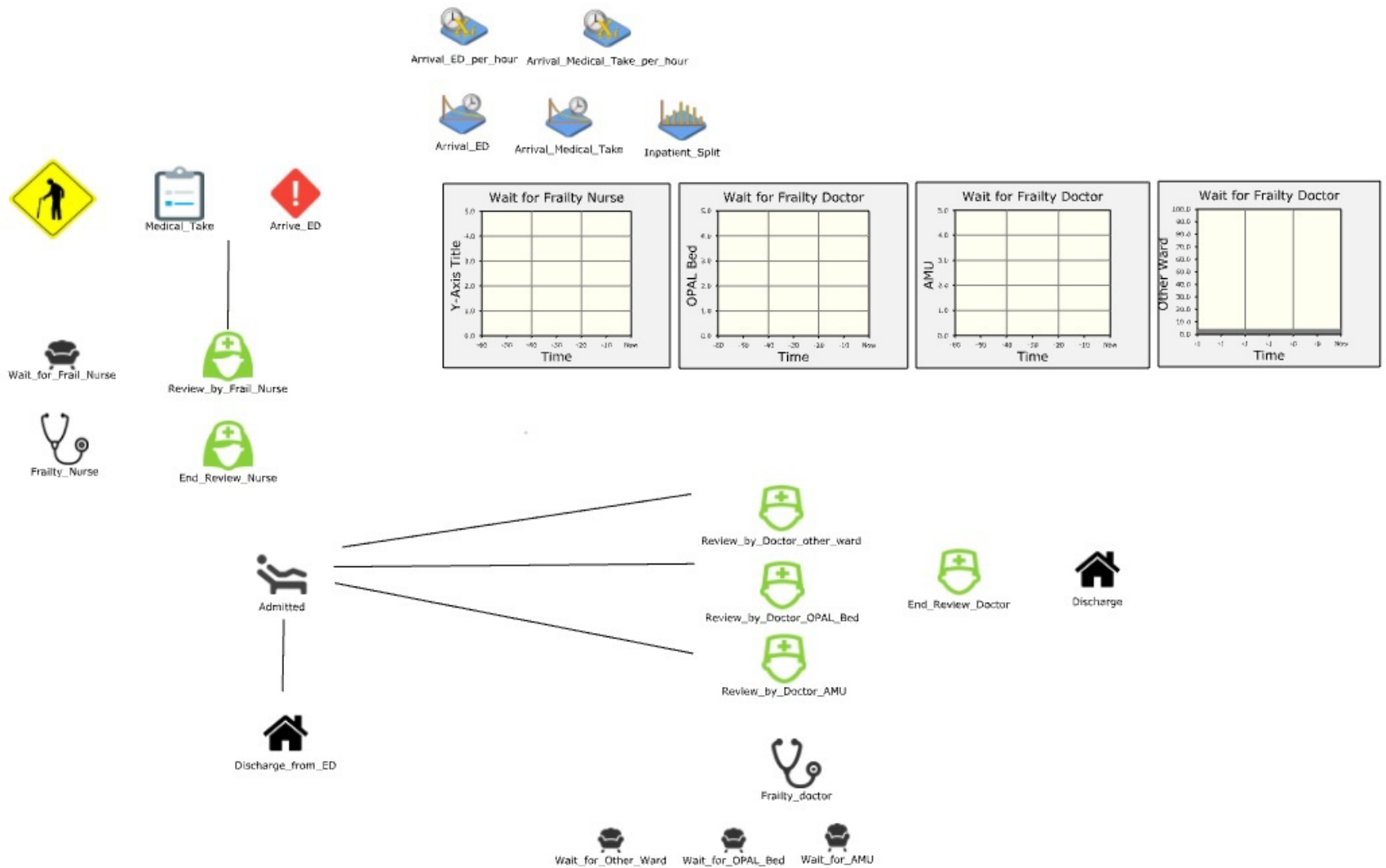- Model moving more away from the question

Add a new field to our bed management tool

Add a new observation on ED system

SYSTEMS

Look at areas where no score is given in ED

Resus patients?

Re-enthuse ED team about filling out frailty scores

EXPLORE

BETTER CARE FOR PATIENTS

January 2019

Pull in new observation from ED into warehouse

ADAPT

Pull in new frailty scores from inpatient system

Calculate latest score given

CAPTURE

Account for no scores, ensuring patients are still referred

Highlight appropriate patients to appropriate beds

Draw on other data resources

THE FRAIL PATIENT JOURNEY

Frail Patient Definition:

Frailty score of 5 or over
Aged 65 or over
Medical emergency
One frailty syndrome

GIVEN SCORE BY ED TRIAGE NURSE

FRAIL PATIENT

ARRIVAL TO ED

SEEN BY FRAILTY NURSE

ADMITTED

SEEN BY FRAILTY DOCTOR

MEDICAL TAKE

Expected medical patients admitted directly to a ward

HOME

The areas we are focusing on are:
AMU
OPAL beds
Frail outliers

Model

Aspirations and Next Steps

- Collection of data January 2019
- To build in all eldercare wards to the model
- To calculate the cost of bed days lost if patients have not been seen by a Frailty Nurse
- To build in season distributions
- To jump on projects that come up within the Older People's Services Group as well as elsewhere in the hospital

- New job in January