



Aim

To identify Frail Elderly patients on presentation to the Emergency Department and improve access to Health and Social Care Professionals. (HSCP)

Context

- The National Clinical Programme for Older People₁ (July 2012) and the Emergency Department Taskforce₂ (April 2015) have recommended the development of frail elderly pathways that will identify the frail older person
- From Census 2011 to Census 2016₃, there has been an increase in people aged >75 Years in Louth/Meath **18.7%** Cavan/Monaghan **6.7%**
- Our Lady of Lourdes Hospital and Cavan General Hospital do not have a formal pathway for the identification of frail elderly patients
- The effect of not having a Frail Elderly pathway results in delayed access to HSCP and increased inappropriate admissions

What are we trying to accomplish?

- Mid January 2017 to have met key stakeholders and carry out a site visit to Connolly Hospital and Beaumont Hospital
- By end of March 2017 to conduct a retrospective study to identify the level of Frailty presenting to ED
- By end of April 2017 to pilot the introduction of a frail assessment tool at Triage in the Emergency Department in Our Lady of Lourdes Hospital and Cavan Hospital
- Introduce a limited Frail Intervention Team (FIT) for 2 weeks and conduct a prospective analysis on the impact on access to HSCP and Admission Avoidance

Team

Fiona Floyd - Drogheda
Gene Kelly - Drogheda
Una Mulligan – Drogheda
Mary Mulryne - Drogheda
Denise O Reilly - Cavan
Verona Walsh – Cavan

What We Did



Initiation & Planning

- Identify Key Stakeholders
- Site visit to Connolly Hospital
- Researched and selected appropriate Frailty Assessment Tool
- Data collection analysis of Frail Elderly population attending both Emergency Departments and reviewing access to Health And Social Care Professionals

- Developed A Standard Operating Procedure for Pathway
- Developed Health & Social Care Professional Common Assessment Tool

Implementation

- Multidisciplinary Meetings & Training.
- Daily FIT Team Huddle
- Use of Whiteboard / Logbook for tracking activity
- Prospective data analysis

Mainstreaming

- Continuation and development of Frail Assessment Steering Group on each site
- Development of Business Plan to resource FIT Team
- Scope extending pathway to AMAU
- Evaluation and review including staff satisfaction survey

References

- [1] HSE. (2012) National Clinical Programme Older People. Specialist Geriatric Services Model of Care Part 1: Acute Service Provision.
- [2] HSE. (2015) Emergency Dept Taskforce Report
- [3] EY006: Population 2011 to 2016 by Age Group, Detailed Marital Status, County and City Census Year, STATBANK, CSO, 2017

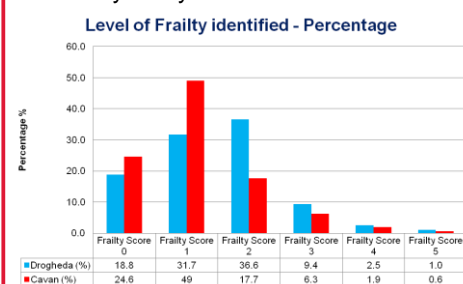
What We Achieved

- Met Key Stakeholders / Site Visit
- Retrospective analysis identifying Frail Elderly population presenting to ED

Retrospective Frailty Population Analysis

	Total ED Attend	Total >75 Yrs	%	Flagged as Frail	%	Average Per Day
Drogheda	2202	202	9%	164	81%	11.7
Cavan	1176	158	13%	119	75%	8.5

- Introduced Frail Assessment tool to identify frailty level



- Introduced limited FIT team. Analysed access to HSCP from admission to treatment. (Chart Review In Hours)

HSCP	Pre		Pilot	
	Cavan	Drogheda	Cavan	Drogheda
Physio	24 + Hrs	47 Hrs	0-6 Hrs	20.4 Hrs
OT	24 + Hrs	120 Hrs	0-6 Hrs	59.9 Hrs
SLT	18-24 Hrs	47.5 Hrs	12-18 Hrs	4.3 Hrs
Dietitian	24 + Hrs	84.7 Hrs	12-18 Hrs	2.4 Hrs
Social Work	-	115.6 Hrs	-	1.75 Hrs
Pharmacy	-	35.2 Hrs	24 Hrs	2.65 Hrs
PHN	24 Hrs +	30 Mins	-	30 Mins

Admission Avoidance During 2 Week Pilot

Cavan	Drogheda
25 Patients	16 Patients

Key Learning

Personal

- Developing and practicing confident leadership behaviours. (Networking, Team Building, Leadership Stretch)
- Develop ability to identify and manage obstacles and challenges.
- The importance of effective communication to enable leading across boundaries.
- The value of adopting a Balcony View

Organisational

- The reality that change can be difficult but not insurmountable
- The value of team work and engaging project champions
- Significant momentum has developed to progress this pilot into a sustainable quality initiative via a steering group

Acknowledgments

Staff involved in Project. Hospital Management. Line Managers. Connolly Hospital FIT Team. RCSI Facilitators.