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Posters

Clinical Quality: Clinical Effectiveness

155 ESTABLISHING A COMMUNITY FRAILTY UNIT DURING THE COVID19 PANDEMIC

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Introduction: In response to the Covid19 pandemic a community Hospital was transformed in to a Community Frailty Unit (CFU). The aims were to meet the needs of patients living with frailty including medical instability and end of life care outside the acute setting, to improve patient flow and to improve integration of acute and community frailty services.
Method: Existing community teams were integrated with an acute based multidisciplinary team including a frailty practitioner and pharmacist. Supported by programme managers they rapidly transformed (within 3 weeks) processes to align these with the acute site including paperwork, assessments, use of a flow board, board rounds and discharge to assess. Technology was used to organise transfers via the NHS Digital approved App Pando. Point of care testing and oxygen concentrators were put in place.
Results: Median and mean length of stay (LOS) in the acute site reduced by 59% (14.5 to 6 days) and 56% (18 to 8 days) respectively. Median and mean LOS in the community site reduced by 38% (16 to 10 days) and 39% (18 to 11 days) respectively. Readmissions fell from 10% to 2%. 85% of staff rated the following better or much better: the capability of the service to manage every aspect of the patient's care; integration; co-ordination of transfers. 83% of staff rated patient experience better or much better and 79% rated discharge co-ordination better or much better. At 85% bed occupancy at a cost of £67 k/bed/year this released 5,525 bed days and 16.9 beds with a return on investment of £1,132,300.
Conclusion: It is possible to rapidly integrate community and acute services and to establish acute frailty unit care in a community setting. A CFU can lead to improved integration, patient flow, patient and staff experience at reduced system wide cost.