

Posters

Clinical Quality - Improved access to Service

699 EMBEDDING A FRAILTY TEAM AND UNIT INTO WYTHENSHAWE HOSPITAL'S EMERGENCY DEPARTMENT

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Introduction: Evaluation of Wythenshawe Hospital's Acute Frailty Service in January–June 2019 demonstrated slow referrals times and poor identification of frail patients due to inaccurate Clinical Frailty Scoring (CFS) at emergency department triage. This project presents the results of ongoing quality assessment of our service between June 2019–January 2021, following two quality improvement (QI) interventions.

Aims: To evaluate our service's ability to deliver early identification and intervention for complex frail patients via Complex Geriatric Assessment (CGA), as set out in National and Regional Frailty standards.(1,2). -To improve and maintain better outcomes for patients accessing our frailty service.

Method: Intervention1 (July'19): Specialist frailty nurses relocated to ED. Dedicated frailty clinical fellows and Consultant geriatrician input 0900–1700 weekdays. Intervention2 (Sep'20): Short-stay frailty unit opened. Junior clinical fellow cover increased (0900–1900 weekdays and 0900–1700 weekends). 299 patients seen at intervals between Jun'19–Jan'21 analysed using electronic records and completed CGA proformas.

Results: Pre-intervention Intervention1 Intervention2 June'19(n = 22) July'19(n = 198) Nov'19(n = 25) Sep'20(n = 26) Jan'21(n = 28) Time from triage-to-CGA (mins) (CI 95%)* 372.0 ± 178.2 56.0 83.4 ± 31.0 72.9 ± 35.7 48.4 ± 20.0 Discharge(%): Same day 22.7 39.4 21.7 36.0 25.0 < 72 hr(cumulative) 72.7 63.6 47.8 68.0 57.1 Ave. length of stay(days)(CI95%) 10.4 ± 5.9 20.6 20.0 ± 8.7 7.1 ± 3.4 5.4 ± 2.1 Readmission <30 days(%) 30.0 9.0 17.4 12.5 25.0 CGA Quality(%) CFS completion 100 96.0100 89.3 ReSPECT discussion 29.3 64.0 61.5 67.9 Full medication review 46.5 96.0 80.8 89.3 Therapy assessment 85.5 92.0 92.3 89.3 *patients triaged between 0800–1700.

Conclusion: Since Intervention1, Wythenshawe frailty service has sustained a reduction in triage-to-CGA time, maintained high percentages of same-day and < 72 hr discharges, and sustained high rates of CFS completion and therapy assessments. Following intervention2, average length of stay reduced. Increased readmission rates in Jan'21 were impacted by COVID-19. Additional interventions targeted at reducing readmission rates and increasing ReSPECT discussions should be implemented. 1. Greater Manchester Frailty Collaborative and Network, 2019. 2. Same-day acute frailty service, NHS improvement, 2019.