The Frail Assessors

Fiona Floyd | Gene Kelly | Una Mulligan | Mary Mulryne | Denise O Reilly | Verona Walsh

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

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 People, (July 2012) and the Emergency Department Taskforce (April 2015) have recommended the development of frail elderly pathways that will identify the frail older person
• From Census 2011 to Census 2016, 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

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 AMU

Evaluation

• Review of site visits including staff satisfaction survey

What We Achieved

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

Retrospective Frailty Population Analysis

<table>
<thead>
<tr>
<th></th>
<th>Total ED Arrives</th>
<th>Total &gt;75 yrs</th>
<th>% Focused ED</th>
<th>% Average Per Day</th>
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</thead>
<tbody>
<tr>
<td>Drogheda</td>
<td>2202</td>
<td>202</td>
<td>9%</td>
<td>164</td>
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<tr>
<td>Cavan</td>
<td>1176</td>
<td>158</td>
<td>13%</td>
<td>119</td>
</tr>
</tbody>
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• Introduced limited FIT team. Analyzed access to HSCP from admission to treatment. (Chart Review In Hours)

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

References

[3] EY006: Population 2011 to 2016 by Age Group, Detailed Marital Status, County and City Census Year, STATBANK, CSO, 2017

Acknowledgments

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

Team

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