

Dedicated Frailty AHP support in a District General Emergency Department: changing outcomes for people living with frailty



Claire Bennie, Joel Burton, Alison Falconer,
Hazel Gilmour, Helen Morgan, Claire Ritchie



Introduction:

Early access to specialist care is recognised to be beneficial for older adults living with frailty. Decision-making around assessing function and mobility to facilitate safe discharge can be challenging for staff in the ED. This can result in patients being admitted to await specialist review. This test of change aimed to explore the role and contribution of a Specialist Frailty Allied Health Professional (AHP) within the ED and to evaluate the impact on the care of patients living with frailty.

Methods:

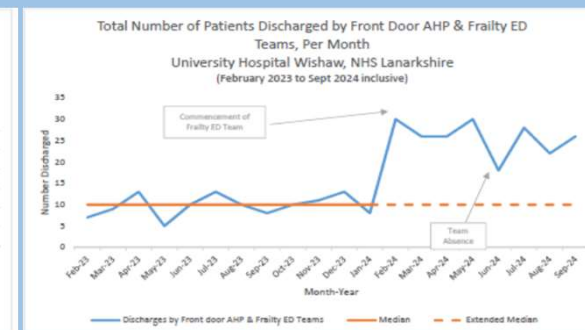
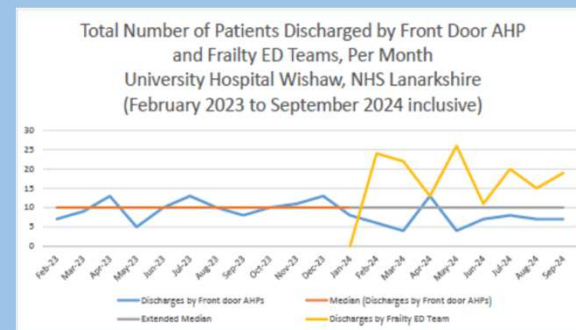
For a 12-month period, it was planned for the ED to have a dedicated frailty AHP to support staff in assessment. The role was adapted based on the needs of the clinical service. The impact of this intervention was evaluated using system-level performance data including frailty ascertainment; length of stay and discharge from ED.

ED staff feedback on the role of the frailty AHP:

- “Drastically improved the flow of the department”*
- “Their knowledge and expertise means patients receive high quality patient centred care”*
- “Helped coordinate patient care”*
- “A great resource for appropriate care of frail patients”*
- “Massively needed in ED”*
- “Amazing work giving care to frail patients”*
- “Proactive, helpful and thorough”*
- “Essential part of the team, they have been a huge asset”*

Results:

There was a 257% increase in patients being assessed by an AHP in ED (implementing early CGA) and a 247% increase in number of patients discharged directly from the ED. In the first five months, there was a significant increase in referrals to appropriate community services, to support patients after discharge home, equivalent to 84-196 bed days. For those who were admitted, their CGA had already commenced and goals established. The department has a greater awareness of both frailty and the services available to support patients after discharge rather than defaulting to admission.



Conclusion:

Having timely access to a dedicated frailty AHP is critical in effective decision making and improving patient outcomes. The Frailty AHP was a well-integrated member of the ED team and wider backdoor services. This benefitted patients who were admitted and discharged.