

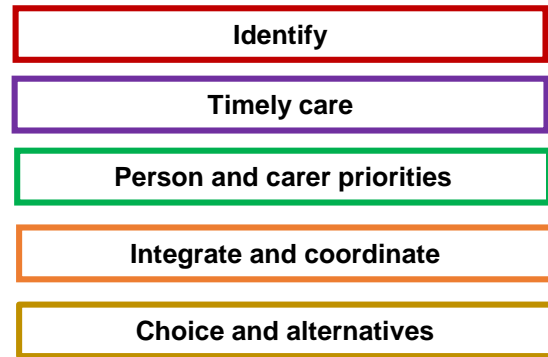
L Duffy, J Cassidy, S Le Sommer, K McArthur, P Murray, J Queen, E Walker
Older Peoples Services (OPS), Glasgow Royal Infirmary, Castle Street, Glasgow

Background

Older people living with frailty are core users of health and social care. Services attuned to the needs of people with frailty afford better outcomes, help avoid harm and improve the experience for people and those who care for them. The Glasgow Royal Infirmary (GRI) Team, in conjunction with health and social care partners, aimed to advance current services in order to enhance the quality and provision of care for older people living with frailty.

Methods

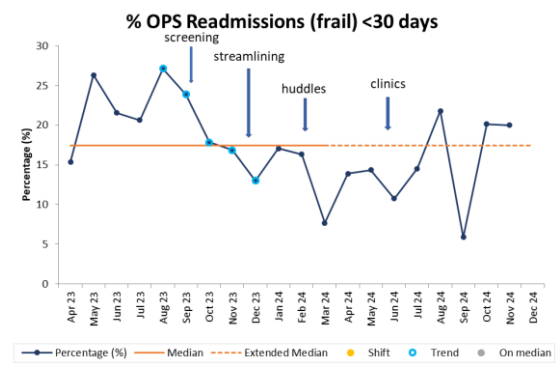
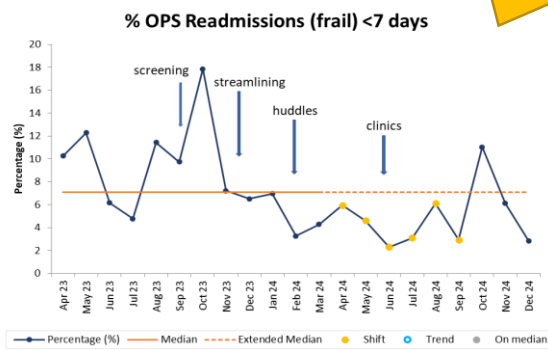
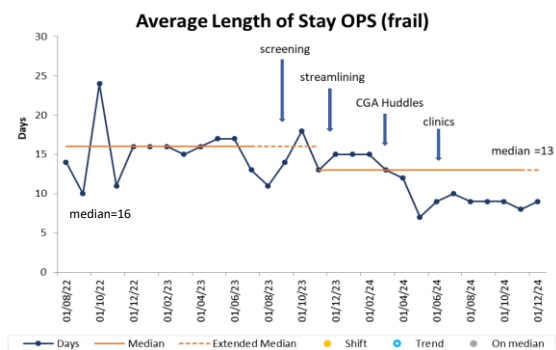
- Processes developed to identify people living with frailty, using the electronic Healthcare Improvement Scotland Frailty Assessment Tool.
- Processes designed to streamline patients with frailty to a specialist team and areas of care, in order to initiate early Comprehensive Geriatric Assessment (CGA).
- Frailty Assessment Pro Forma created to promptly identify the priorities, concerns and goals of patients and their carers and to also gather key collateral information early.
- Daily CGA Huddles developed, which include partners from various health and social care services.
- Rapid Access appointments created at the Assessment and Rehabilitation Centres. Work ongoing to further develop the dedicated acute area for older people living with frailty.



Results

- 74% patients admitted through the Acute Medical Receiving Unit screened for frailty.
- Increased proportion of older people living with frailty cared for in a dedicated receiving area.
- Reduced length of stay without an increase in readmissions.
- Improvement in coordinated and collaborative ways of working.
- 78 early supported discharges via the Assessment and Rehabilitation Centres.

> 900 patients discussed at CGA Huddles.



Conclusions

Frailty attuned acute services can help patients receive timely, coordinated, person centred, specialist care. They can reduce length of stay and positively influence hospital flow and capacity.

Next steps

- Structured patient and carer interviews to help mould the service and plan with people.
- Expand the alternatives to admission.
- Enhance the dedicated acute area for older people with frailty.
- Develop third sector links.