PDSA FOR TELEPHONE ESCALATION IN THE FRAILTY DEPARTMENT AT THE ROYAL PRESTON HOSPITAL

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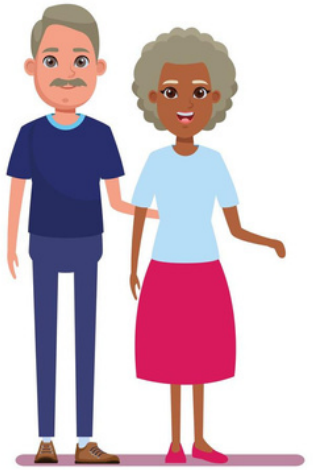
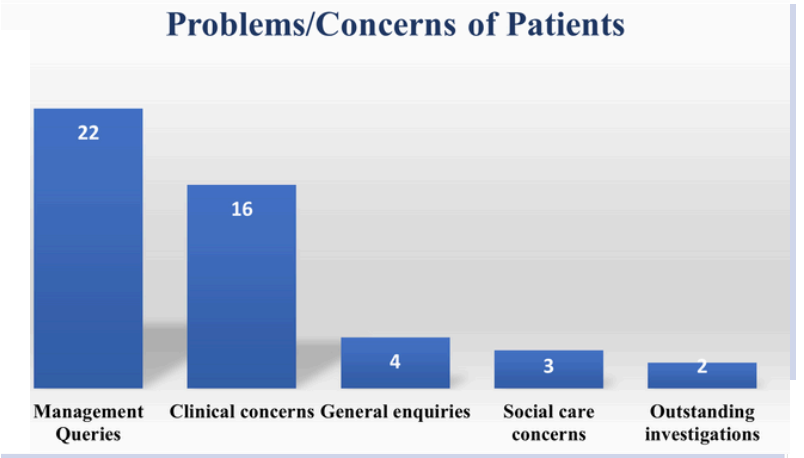
Background:

Hospital admissions for older adults living with frailty increase the risk of physical deconditioning, delirium and hospital acquired infections (BGS, 2021). A key component of the NHS Long term Plan 2019 is to enable older people to live independently at home for longer and to prevent unnecessary admissions to hospital (NHS, 2019). In order to achieve this mandate, services must adapt. The frailty team at Lancashire Teaching Hospitals have provided nurse led telephone follow up for a caseload of older adults living with frailty since the onset of the Covid 19 pandemic. Over the last 2 years the service has adapted to cope with demand which has led to the introduction of a "Frailty Hotline" for patients to self-refer. The Frailty Hotline aims to provide ongoing care and support to patients discharged from the frailty service. Patients who have previously been under the care of the frailty team are given a dedicated phone number that allows them to escalate non-urgent concerns regarding their health and wellbeing. This service ensures that patients continue to receive appropriate care and guidance, at a time when they need it most, while remaining in their home environment, reducing the need for unnecessary hospital visits.





Objective:

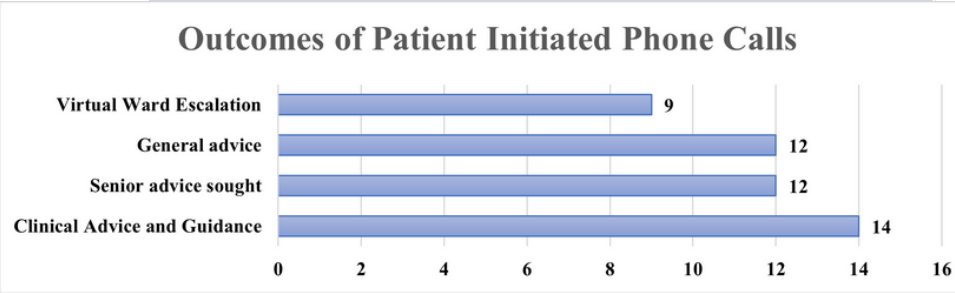
This quality improvement project sought to evaluate the effectiveness of the Frailty Hotline in reducing avoidable ED visits and improving patient care. The PDSA cycle was conducted over a 15-day period. During this time, the frailty practitioners at the Royal Preston Hospital responded to a total of 47 patient-initiated phone calls. Details of the calls were recorded using a pro forma to ensure accurate information was captured.

Methodology:

A Frailty Practitioner was on duty Monday to Friday, from 8:00 am to 4:00 pm, to respond to escalation calls from patients known to the service. The PDSA cycle began on 18th November and operated Monday to Friday over a 15-day period. During this time, the frailty practitioners responded to a total of 47 phone calls. Details of the calls, including community referrals, escalations to existing frailty services, home visits, and advice provided, were documented. Updates were manually recorded using a proforma to ensure accurate information capture.

Conclusion:

Out of the 47 phone calls received, 16 (34%) addressed patients' symptoms that could have potentially resulted in Emergency Department (ED) presentations. Of these 16 patients, 7 were escalated to the Virtual Frailty Ward, potentially preventing hospital admissions. This highlights the effective role of the Frailty Hotline in reducing unnecessary ED visits and hospital admissions. The Frailty Hotline also played a vital role in improving patient outcomes by addressing a range of queries related to medications, symptoms, and pending investigations, which could have resulted to unnecessary phone calls to GP's and other services. The Frailty Service recognises the benefit to patients of having a dedicated number to call to escalate their concerns. The further development of this service including improved access to General Practitioners, Care Homes and Community Services would provide wider access and improved care for people living with frailty.



References:

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British Geriatrics Society. (2021). Right time, right place: Urgent community-based care for older people. https://www.bgs.org.uk/righttimerightplace