

at Queen Elizabeth the Queen Mother Hospital, Margate

Dr Jacqueline Gilbert, Lorna Shadbolt, Kelly Park

INTRODUCTION

Frailty SDEC (FSDEC) is a new concept in the National Health Service (NHS). Same day emergency care (SDEC) has been around for many years.⁽¹⁾ The development of acute frailty services is crucial to meet the needs of our ageing population and is recommended by the NHS England. Medical same day emergency care (SDEC) services are rapidly expanding as an alternative to ED. However, to date, there is a limited evidence base for specialist frailty SDEC units. SDEC's that do not specialise in Frailty are likely to be seen as 'unsuitable' for those with frailty due to demands on workforce and a higher likelihood of hospital admissions. ⁽²⁾

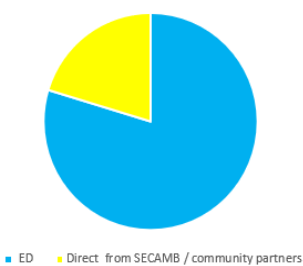
METHODS

We ran a 6-week pilot of a 7-day specialist frailty SDEC open from 8am-6pm. The unit was staffed by consultant geriatricians, frailty ACPs, specialist nurses, junior doctors, a therapy team and resident pharmacists. Patients were accepted both directly from the community (GPs, ambulance crews community frailty teams) and from ED. Criteria were loosely defined by Clinical Frailty Score (CFS 5 or above) and NEWS <3.

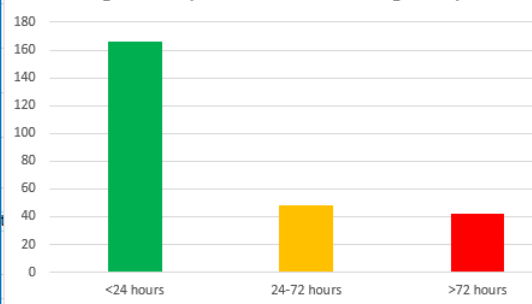
RESULTS

A total of 256 patients were reviewed in the frailty SDEC over the 6 week pilot period. The majority were referred from ED and 166/256 (65%) of patients were discharged the same day. The commonest presentations were falls, delirium, infection, heart failure and electrolyte disturbances. Post frailty SDEC review, 7-day ED re-attendance rates remained low at 6% (16/256). 10% (26/256) of patients were re-admitted to hospital within 30 days of discharge (compared to 17.9% England national average for 2023-2024). 81% of patients had advance care planning completed during their Frailty SDEC attendance and 41% were referred for early community / virtual ward follow up.

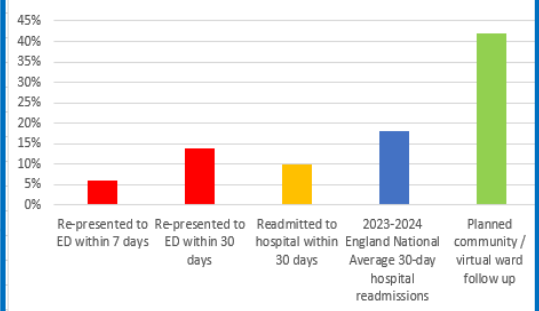
Source of Referrals to Frailty SDEC



Length of Stay for Patients Attending Frailty SDEC



Frailty SDEC Readmissions Rates



CONCLUSIONS

FSDEC needs to be clearly defined ⁽³⁾ due to the significant difference in the provision of Frailty services across the country but we have been able to prove to some extent that Frailty SDEC provides a safe, effective environment for rapid comprehensive geriatric assessment of patients living with frailty. Through close links with community teams we can facilitate admission avoidance and person centred care in the right place, first time. Thanks to the success of this pilot funding has now been secured to continue the service for the longer term.

References:

- 1.Knight, T. et al. (2023) 'The impact of frailty and geriatric syndromes on metrics of Acute Care Performance: Results of a national day of care survey', eClinicalMedicine, 66, p. 102278. doi:10.1016/j.eclinm.2023.102278
- 2.Atkin C, Gallier S, Wallin E, Reddy-Kolalu V, Sapey E. Performance of scoring systems in selecting short stay medical admissions suitable for assessment in same day emergency care: an analysis of diagnostic accuracy in a UK hospital setting. BMJ Open. 2022; 12:e064910
- 3.McNamara, R, van Oppen, J, Conroy, S. Frailty same day emergency care (SDEC): a novel service model or an unhelpful distraction?, Age and Ageing, Volume 53, Issue 4, April 2024, afae064, https://doi.org/10.1093/ageing/afae064