Evaluating the impact of implementing additional hours of Frailty Services in the Emergency Department

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INTRODUCTION

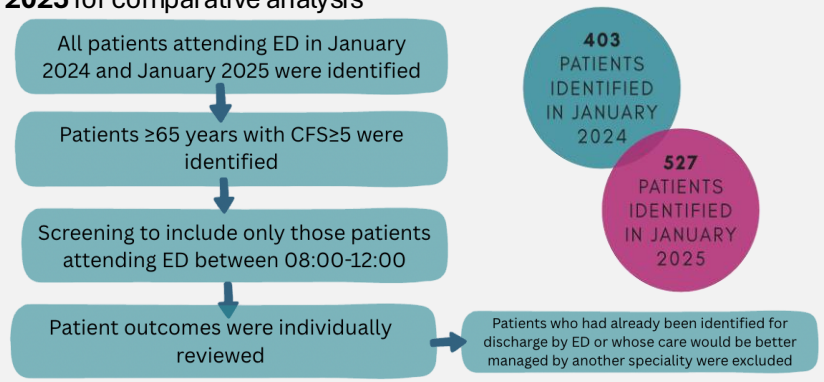
Due to the **increasingly frail** nature of the general population, **early identification** and **multidisciplinary management of frail patients** in acute care is a **national priority**[1,2,3]. Frailty services operate across the UK to provide these services at the **earliest opportunity in admission**. The aim was to **quantify the impact of frailty services in ED**.

THE PILOT

- Sunderland Royal Hospital have a dedicated frailty service who operate daily **08:00-20:00 on the Emergency Assessment Unit (EAU) and Emergency Department (ED)**
- They **initiate Comprehensive Geriatric Assessments** (CGA) for patients ≥65 years with a **clinical frailty score ≥5**
- Mornings are dedicated to **reviewing overnight admissions to EAU** which often results in **delays to CGAs in ED on arrival to hospital.**
- The pilot involved **additional frailty presence in ED 08:00-12:00**, alongside the existing EAU presence from December 2024-February 2025

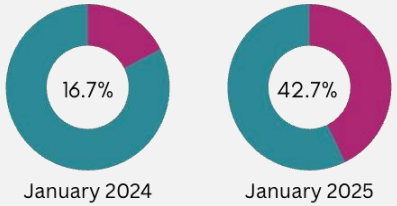
METHODOLOGY

A trust-based database was used to collect **retrospective** data in the months of **January 2024** and **January 2025** for comparative analysis

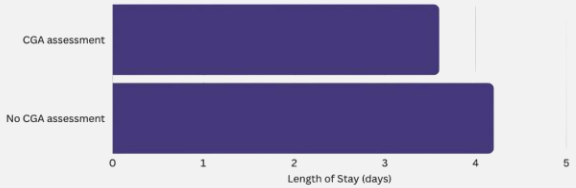


KEY FINDINGS

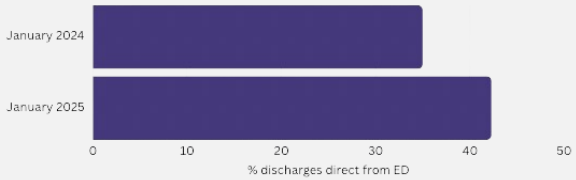
1. A **significant increase** in the **number of CGAs** performed during additional operational hours ($p<0.05$)



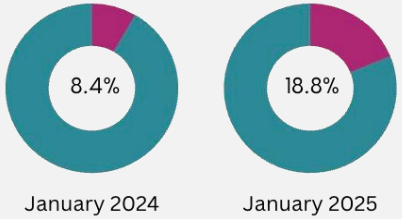
2. A **significant reduction in length of stay** for those admitted <7 days with a **CGA** compared to those without (P=0.04).



3. A **significant increase** in the **number of patients discharged directly from ED** (35.2% vs 42.4%, P=0.02)



4. A **significant increase** in the **number of admissions direct to elderly care wards** ($p<0.01$), bypassing EAU.



CONCLUSIONS

Access to frailty services in ED has been proven to **positively impact patient outcomes** by allowing **access to comprehensive geriatric assessment** at the earliest opportunity

Additional ED frailty presence enabled **significantly more CGAs** to take place - leading to a **reduction in the number of admissions** and **earlier access to specialised care** for frail individuals requiring admission

Initiation of a comprehensive geriatric assessment on arrival to hospital can **improve hospital efficiency** by **improving patient flow**

Further **investment** into the **expansion of acute frailty services** will **improve the quality of care to frail individuals**

References: 1. NHS England. The NHS long term plan. Version 1.2. NHS England; 2019. p. 22-24. Available from: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf 2. NHS England. FRAIL strategy [Internet]. NHS England; 2024 [cited 2025 Mar 22]. Available from: https://www.england.nhs.uk/long- read/frail-strategy/ 3. Getting It Right First Time (GIRFT). Geriatric medicine report. NHS England; 2021. p. 41-43. Available from: https://gettingitrightfirsttime.co.uk/wp-content/uploads/2021/09/Geriatric-Medicine-Sept21b.pdf