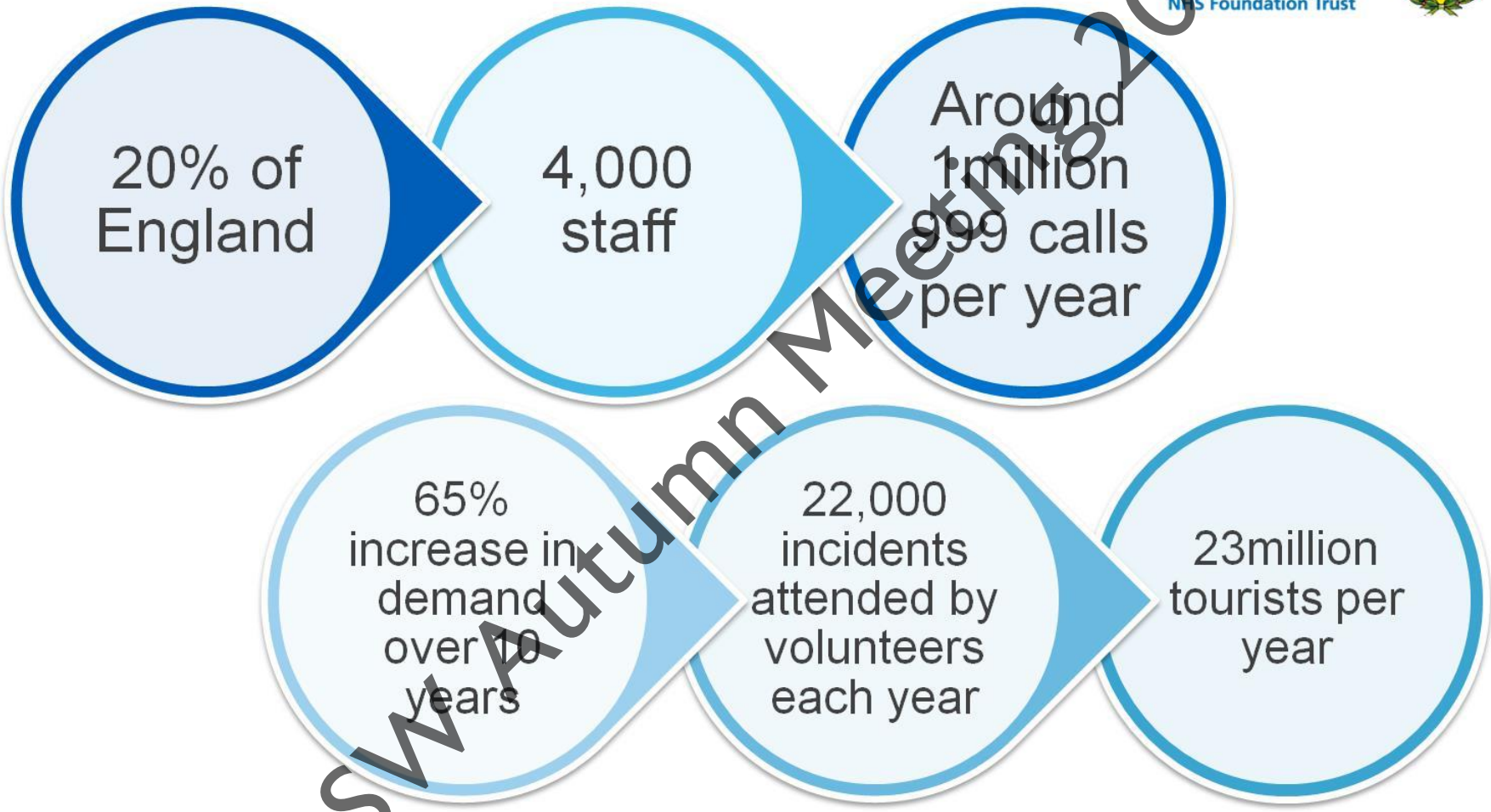
South Western Ambulance Service NHS Foundation Trust

Frailty

Alex Sharp & Katy Richards
Clinical Leads- SWASFT



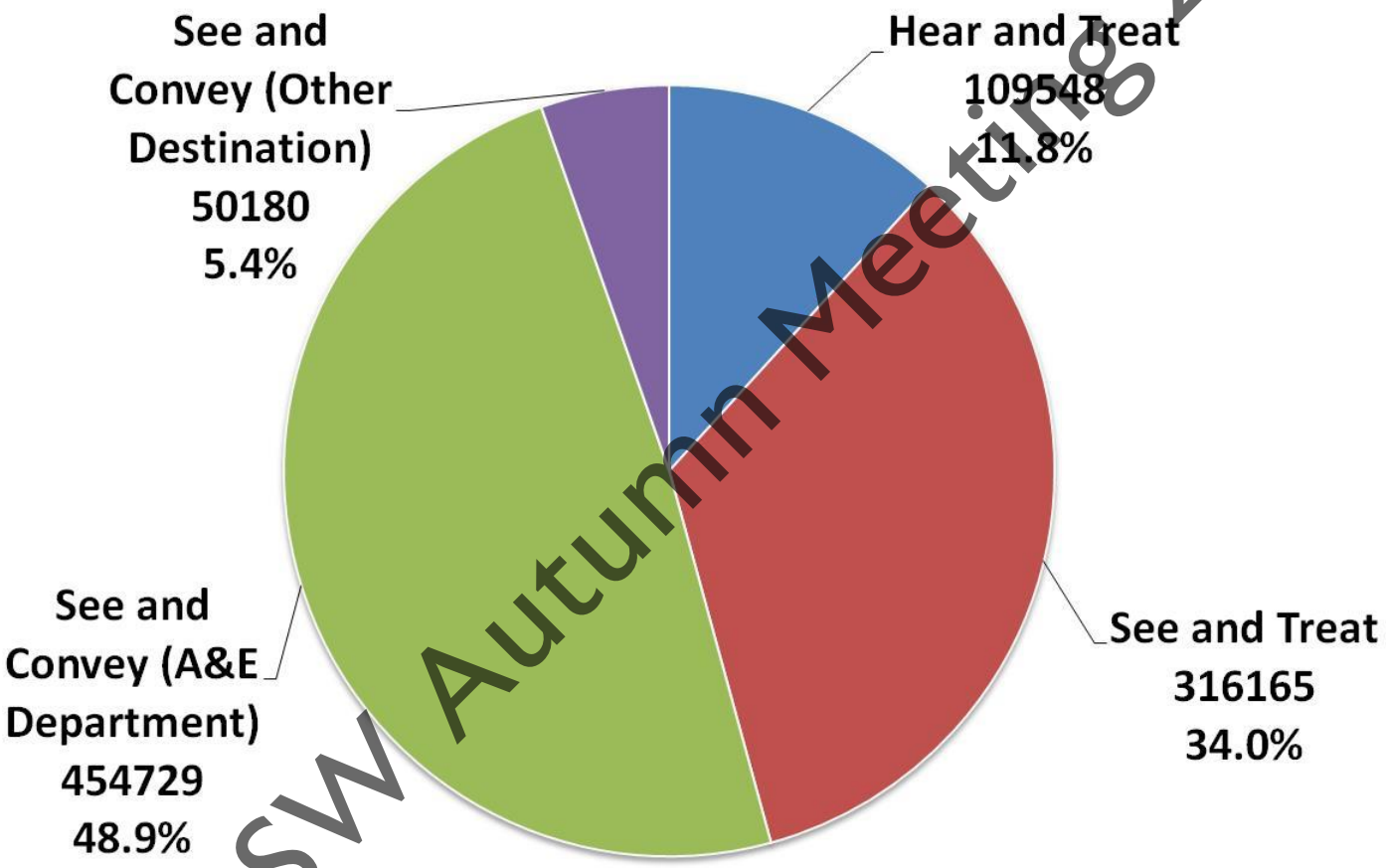
About SWAST

South Western Ambulance Service NHS Foundation Trust

What we do

- Urgent and Emergency care within 4 hours
- Incidents from Health Care Professionals, members of the public and 111
- Interhospital transfers with urgent requirement for *upgrade* in care

- Routine, or planned Interhospital journeys
- Admissions to nursing or residential homes
- Transportation to out-patient appointments or discharges from Acute Trusts.



Conveyance

Category		
Category 1 Average ≤7 minutes 90th centile ≤15 minutes	Time critical life-threatening event needing immediate intervention and/or resuscitation EG: cardiac/respiratory arrest, airway obstruction, ineffective breathing, unconscious with abnormal or noisy breathing, hanging. Mortality rates high where a difference of one minute in response time is likely to affect outcome and there is evidence to support the fastest response	
Category 2 Average ≤18 minutes 90th centile ≤40 minutes	EG: Probable MI, stroke, major burns sepsis, serious injury,	Potentially serious conditions that may require rapid assessment, urgent on-scene intervention and/or urgent transport. Mortality rates are lower; a difference of an extra 15 minutes response time is likely to affect outcome and there is evidence to support early dispatch.
Category 3 Average ≤60 minutes 90th centile ≤120 minutes	EG: Hyperglycaemia, isolated limb fractures, non-major burns, abdominal pain	Urgent problem (not immediately life-threatening) that needs treatment to relieve suffering (e.g. pain control) and transport or assessment and management at scene with referral where needed within a clinically appropriate timeframe. Mortality rates are very low or zero; a difference of one hour or more might affect outcome and there is evidence to support alternative pathways of care.
Category 4 Average - being monitored 90th centile ≤180 minutes	999 calls that may require a face to face ambulance clinician assessment	Problems that are not urgent but need assessment (face to face or telephone) and possibly transport within a clinically appropriate timeframe
Category 5 EOC Clinician Hear & Treat 90th centile ≤180 minutes	EG: Home management advice or referral	Calls which do not require an ambulance response but do require onward referral or attendance of non-ambulance provider in line with locally agreed plans or dispositions, or can be closed with advice (Hear & Treat)

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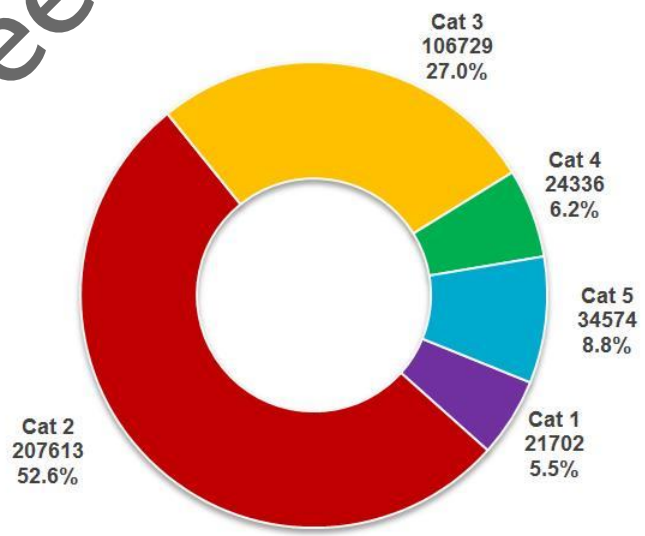

Categorisation

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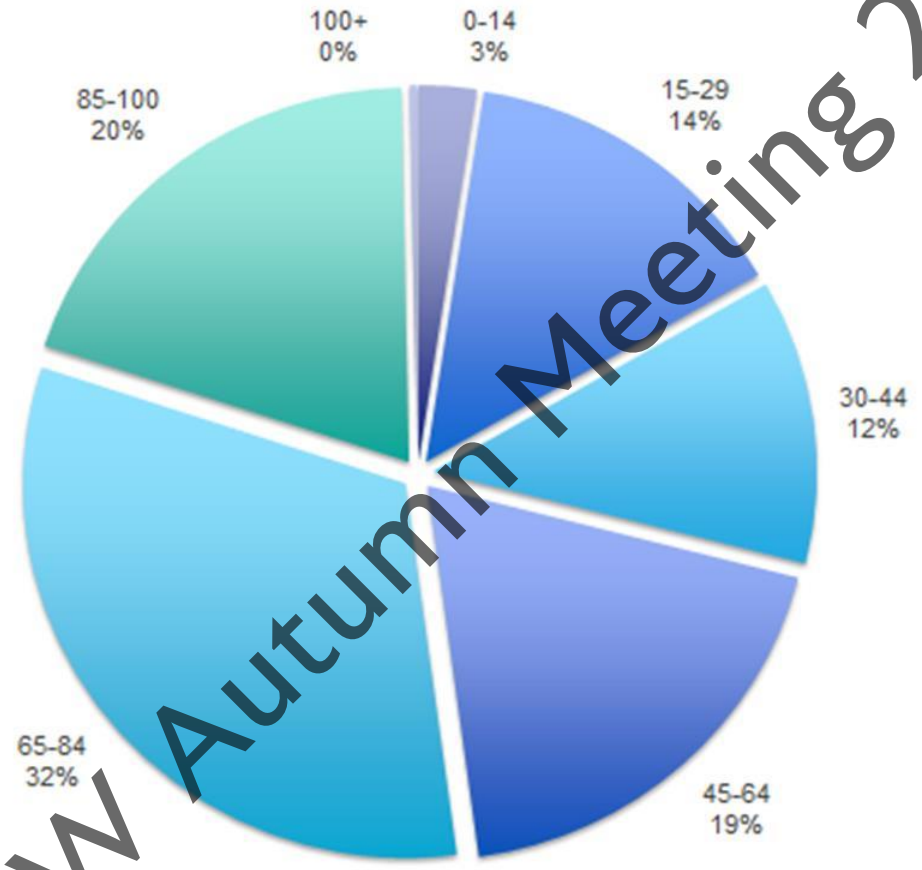
Example interventions offered at each level of frailty

HEALTHY WESTON

Engagement



SWASFT Activity by age

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Clinical Frailty Scale*

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

3 Managing Well – People whose **medical problems are well controlled,** but are **not regularly active** beyond routine walking.

4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities.** A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have **more evident slowing,** and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive)*. Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9. Terminally Ill - Approaching the end of life. This category applies to people with **a life expectancy <6 months**, who are **not otherwise evidently frail.**

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

DALHOUSIE UNIVERSITY

Assessing frailty

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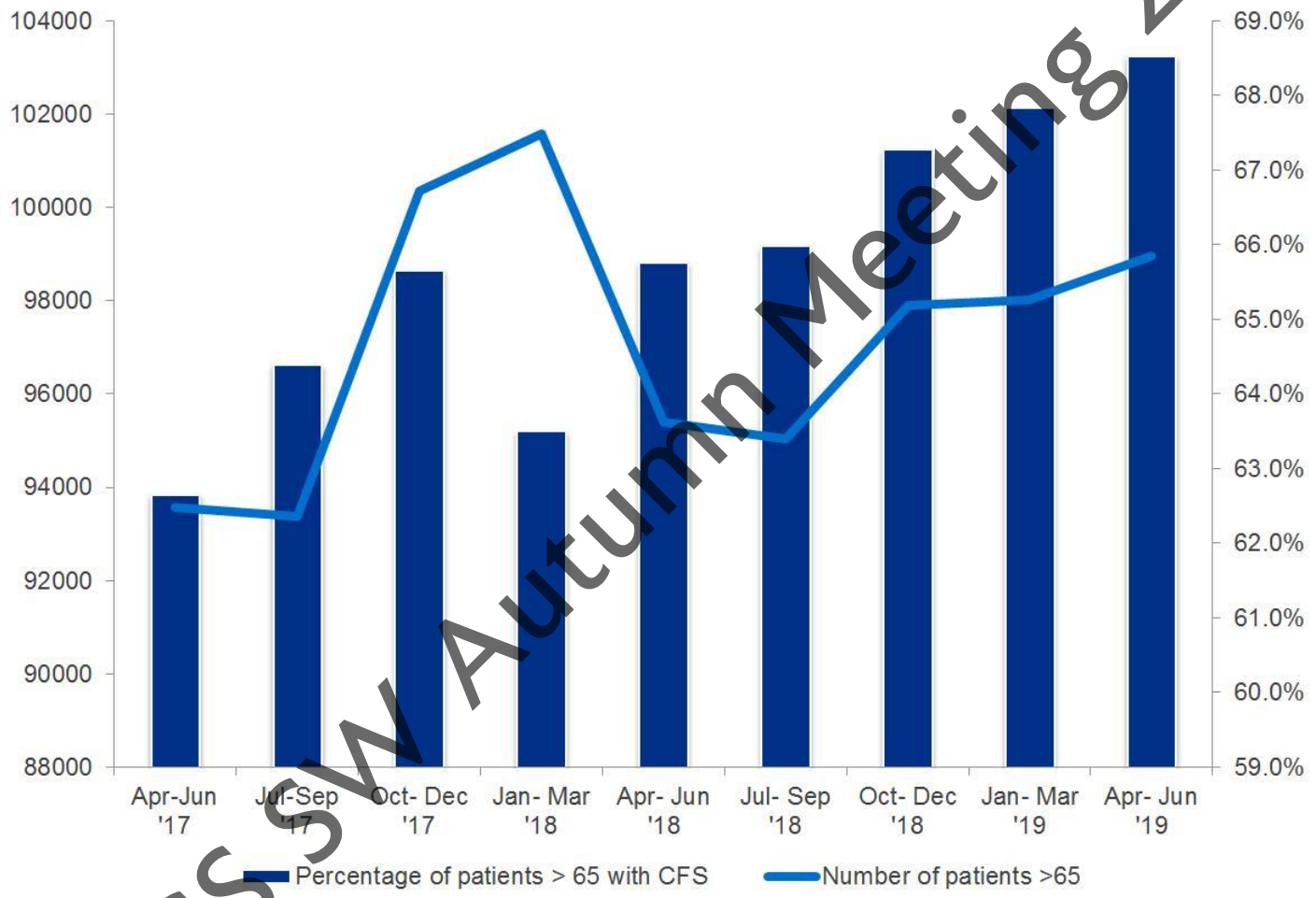

Documentation

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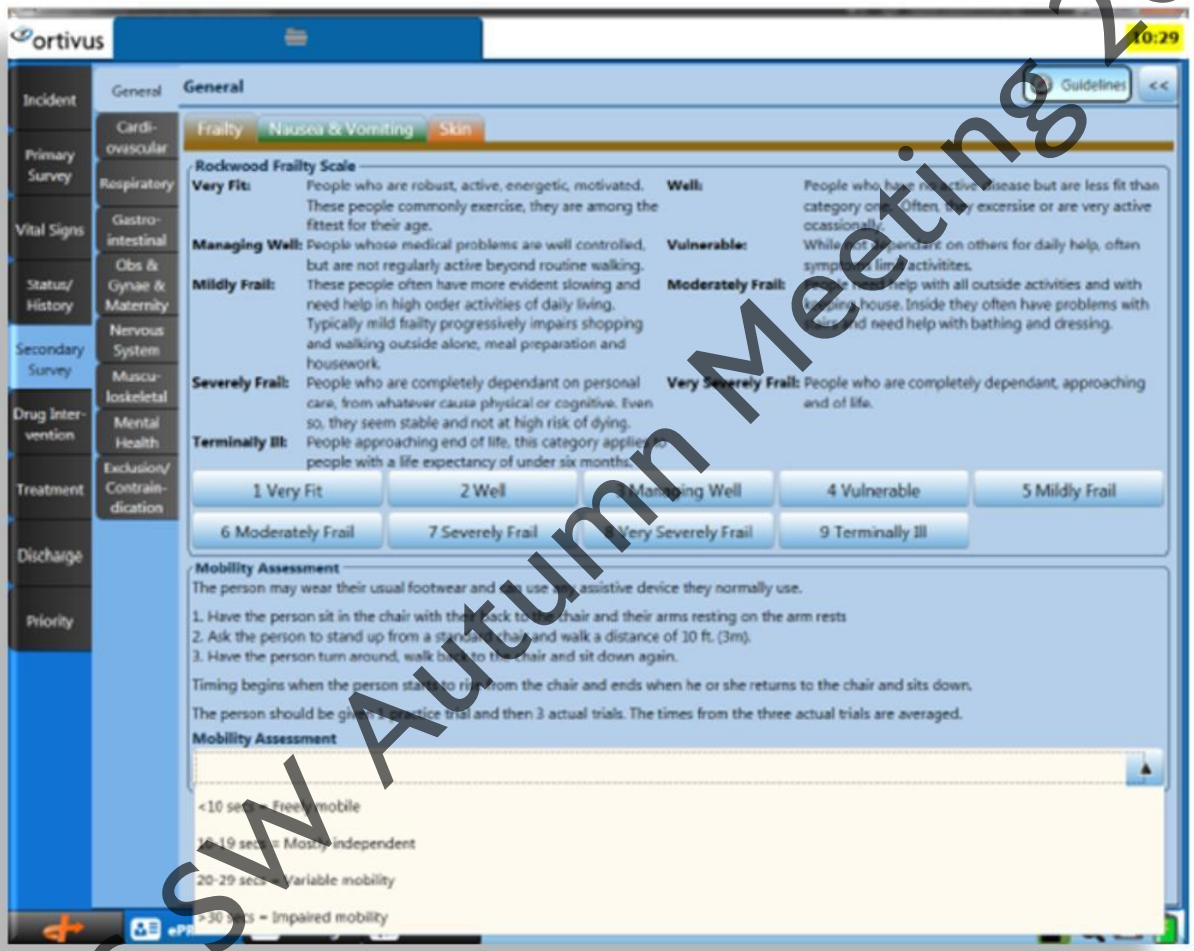
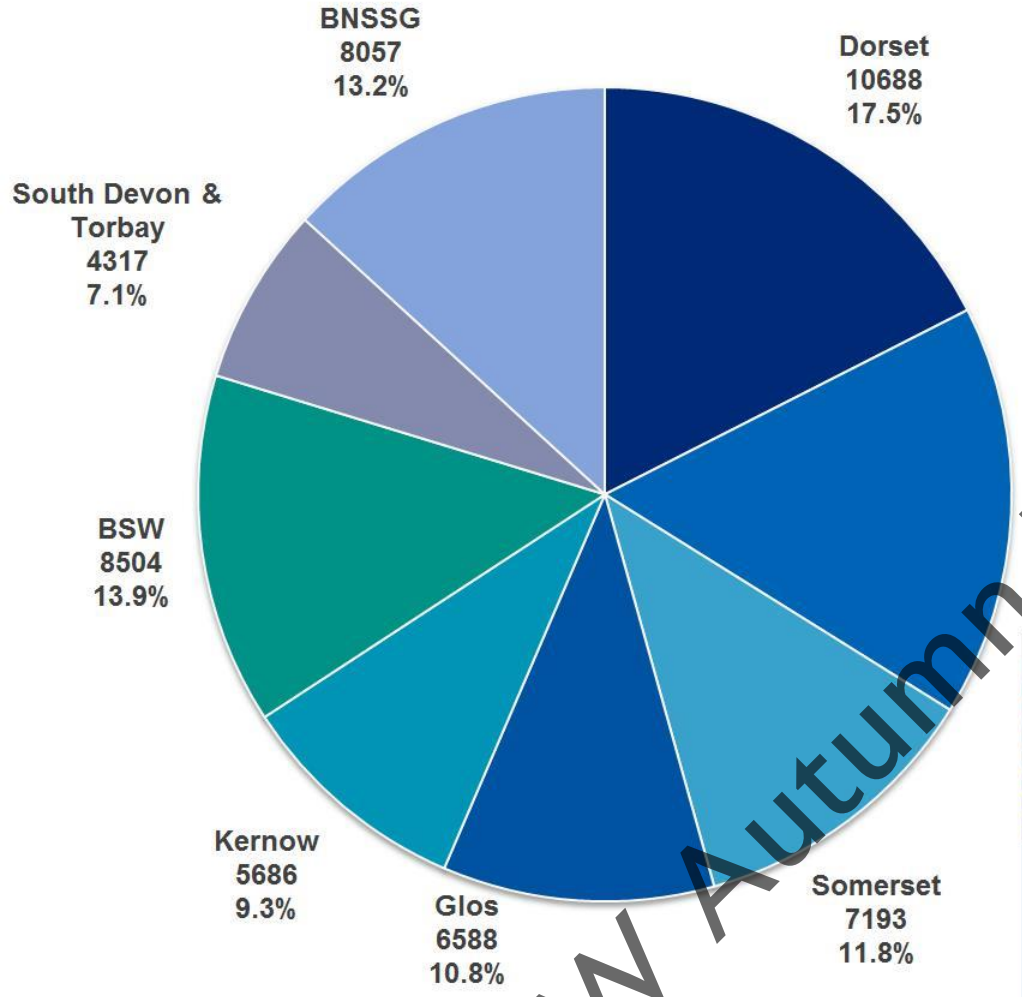


Documentation



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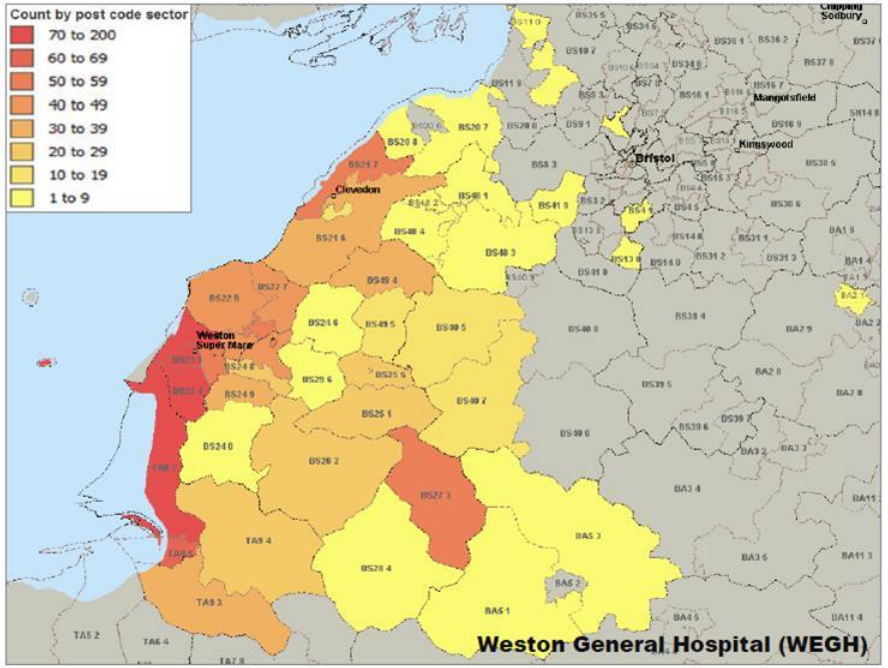
Data



Education

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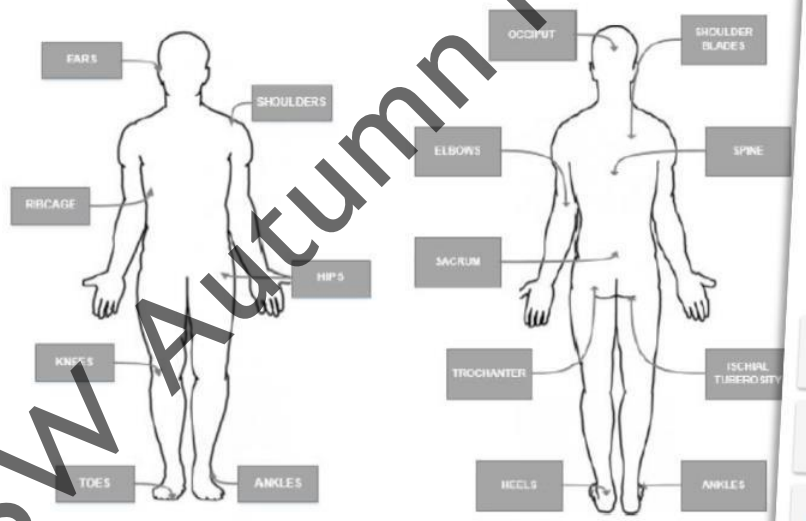
Appendix B. Falls assessment checklist

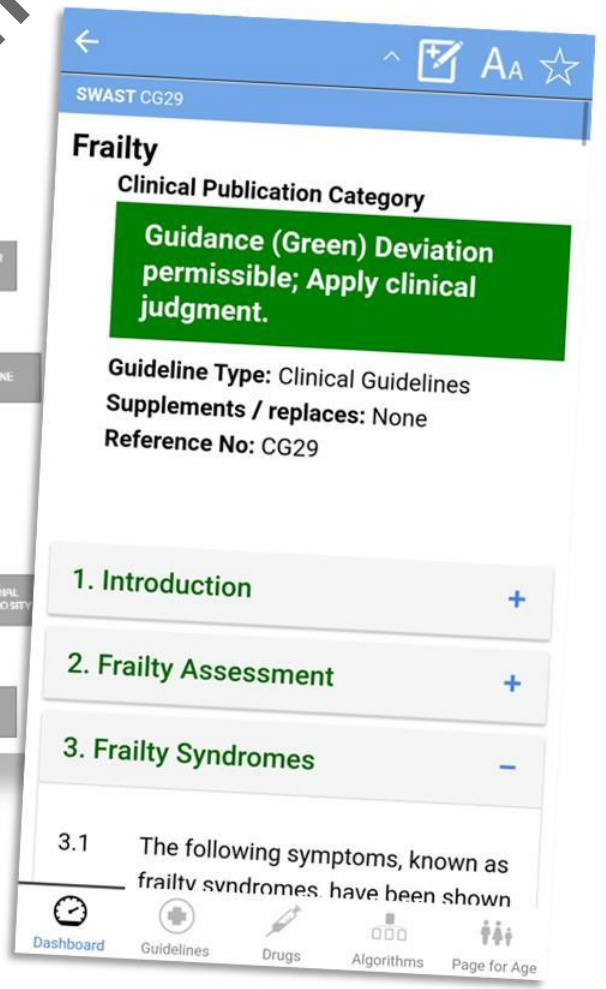
Falls history	• See section 5.
Cardiovascular	• Consider cardiac arrthymias, TLoC and postural hypotension (NB: postural hypotension may be affected by drugs, disease or age-related deterioration of autonomic nervous system)- see section 6.
Neurological	• Consider delirium; refer to Confusion Assessment Method in SWAST CG29- Frailty

Functional, mobility and gait assessments	• Record an informal assessment of mobility- see section 14
	• Consider footwear, availability and appropriateness of mobility aids and orthotics
	• Assess frailty and consider referral for Comprehensive Geriatric Assessment (SWAST CG29 - Frailty)
	• Is the patient able to undertake basic Activities of Daily Living (ADLs):
	  ▪ Personal hygiene e.g. bathing and grooming
	  ▪ Dressing,
	  ▪ Eating
	  ▪ Maintaining continence
	  ▪ Transferring/Mobility

GI/GU	• Assess alcohol intake- see section 9. • Consider nutritional intake and dehydration • Assess urgency or frequenc… and any symptoms indicative of Urinary Tract Infection. Noct… poor lighting, not using mobility a…
Mental Health	• Depression • Sleep disturbance • Social isolation • Fear of falling
Sensory disturbance	• Ask if the patient noted los… at night, if an eye test has… or required. • Ask if the patient has noti… they are working adequa…
Musculoskeletal	• Undertake a C-Spine ass… Immobilisation) and asse… • Assess joints and musc… gradual onset. • Consider low muscle m… • Undertake a skin asses… (SWAST CG44 - Press…
Medication/ Drug History	• Consider prescribed a… anticoagulants and ps… prescriptions and if th… • Date of last medicatio… changes during this t… • Adherence to regime… prescribed • Ability to self-admini…

3.4. *Figure 1. High risk areas for the development of a pressure ulcer.*





Guidelines

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MiDoS

TA1 1AA | test1234 | Branch (Church St Martock) The West Street Surgery South Petherton | Frail Elderly

Home

Services Show: All Available Rank By: Distance Name

1. Emergency Department, Musgrove Park Hospital Taunton (1.46km or 0.9miles) OPEN NOW
2. GP OOH Clinical Assessment, Somerset (4) (1.46km or 0.9miles) PROFESSIONAL REFERRAL ONLY CLOSED NOW
3. GP OOH Clinical Assessment, Somerset (16.12km or 10.02miles) PROFESSIONAL REFERRAL ONLY CLOSED NOW
4. GP OOH Clinical Assessment, Somerset (2) (31.49km or 19.57miles) PROFESSIONAL REFERRAL ONLY CLOSED NOW
5. Community Based Service - Rapid Response Team - Somerset (32.53km or 20.22miles) PROFESSIONAL REFERRAL ONLY OPEN NOW
6. Emergency Department, Yeovil District Hospital, Yeovil (34.47km or 21.42miles) OPEN NOW
7. GP OOH Clinical Assessment, Somerset (5) (34.47km or 21.42miles) PROFESSIONAL REFERRAL ONLY CLOSED NOW
8. GP - Out of Hours Doctor Dorset – 3 (39.42km or 24.49miles) CLOSED NOW
9. OOH DN - District Nurse - Out of Hours Dorset (Bridport) (39.42km or 24.49miles) CLOSED NOW
10. SPoA - Intermediate Care Single Point of Access - Eastern Devon (42.80km or 26.59miles) PROFESSIONAL REFERRAL ONLY

Community Based Service - Rapid Response Team - Somerset

Patient signposted | Report an issue

Address: Post code for return purposes only BA6 8JD

Telephone: 01749 836700 SWASFT and GP only

Service Information

Professional Notes

Opening Hours

prevent unnecessary admissions to hospital.

Service aims to reduce the number of inappropriate admissions to hospital for patients who may otherwise been able to remain at home.

Referrals are taken seven days a week 09:00-21:00

Referral process
Referrals from GP and Ambulance crews only.

Referrals can be made Monday to Friday between 09:00-21:00

Exclusion Criteria
Acute confusion of unknown cause (ie. without a known diagnosis and where pattern of behaviour is unusual)
Wound closure
Presenting complaint of mental health crisis
Dental problems

Location

Highlighted Services:

Map

All services:

Map

midosweb.co.uk

MiDoS

TA1 4AA

Test1234

Branch GP - Martock, West Street Surger

Hide Advanced Options

0-1 | 2-4 | 5-15 | 16+ | 65+

Frail Elderly

Search

Back Forward Home Bookmarks Tabs

MiDoS

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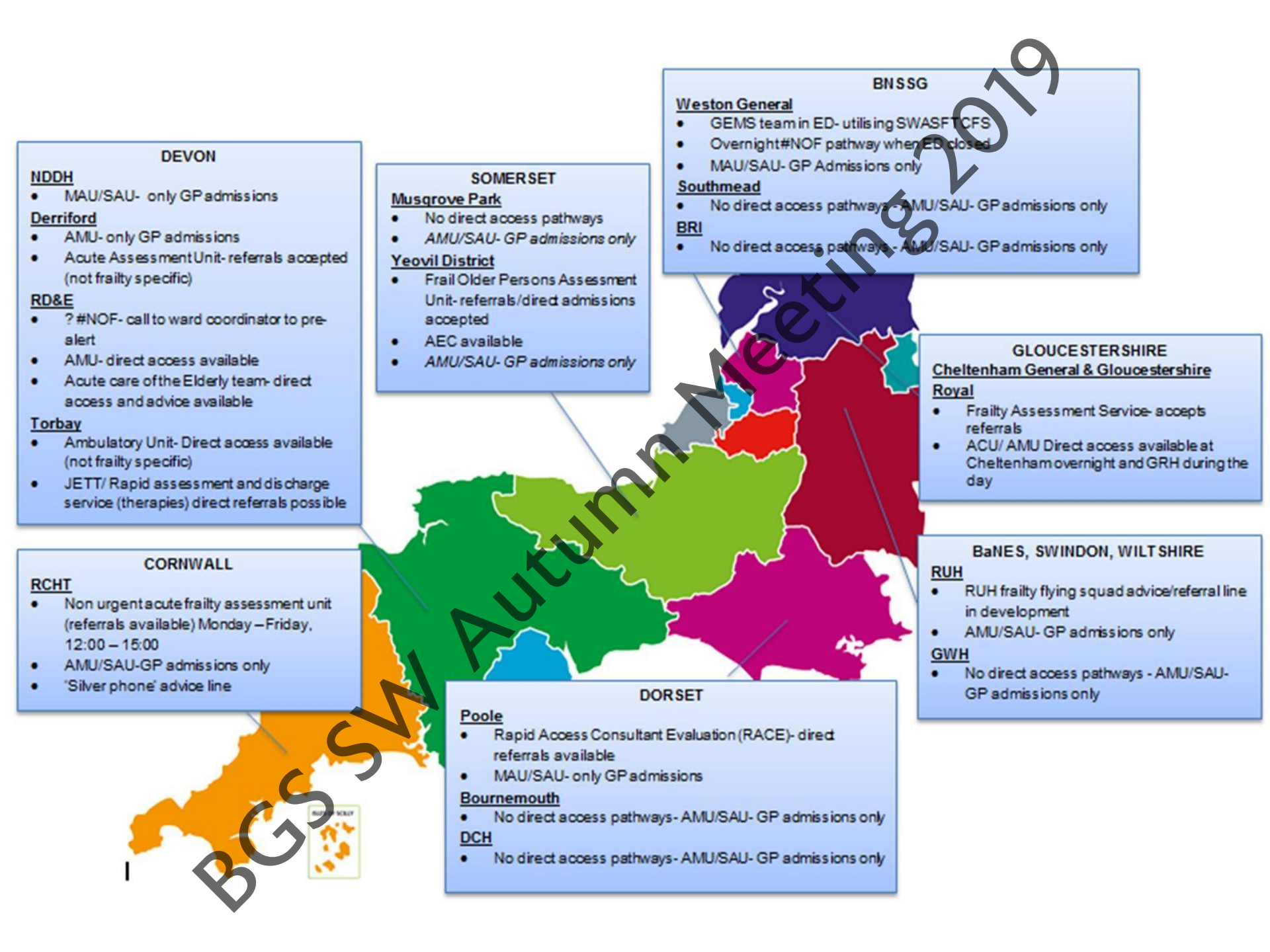

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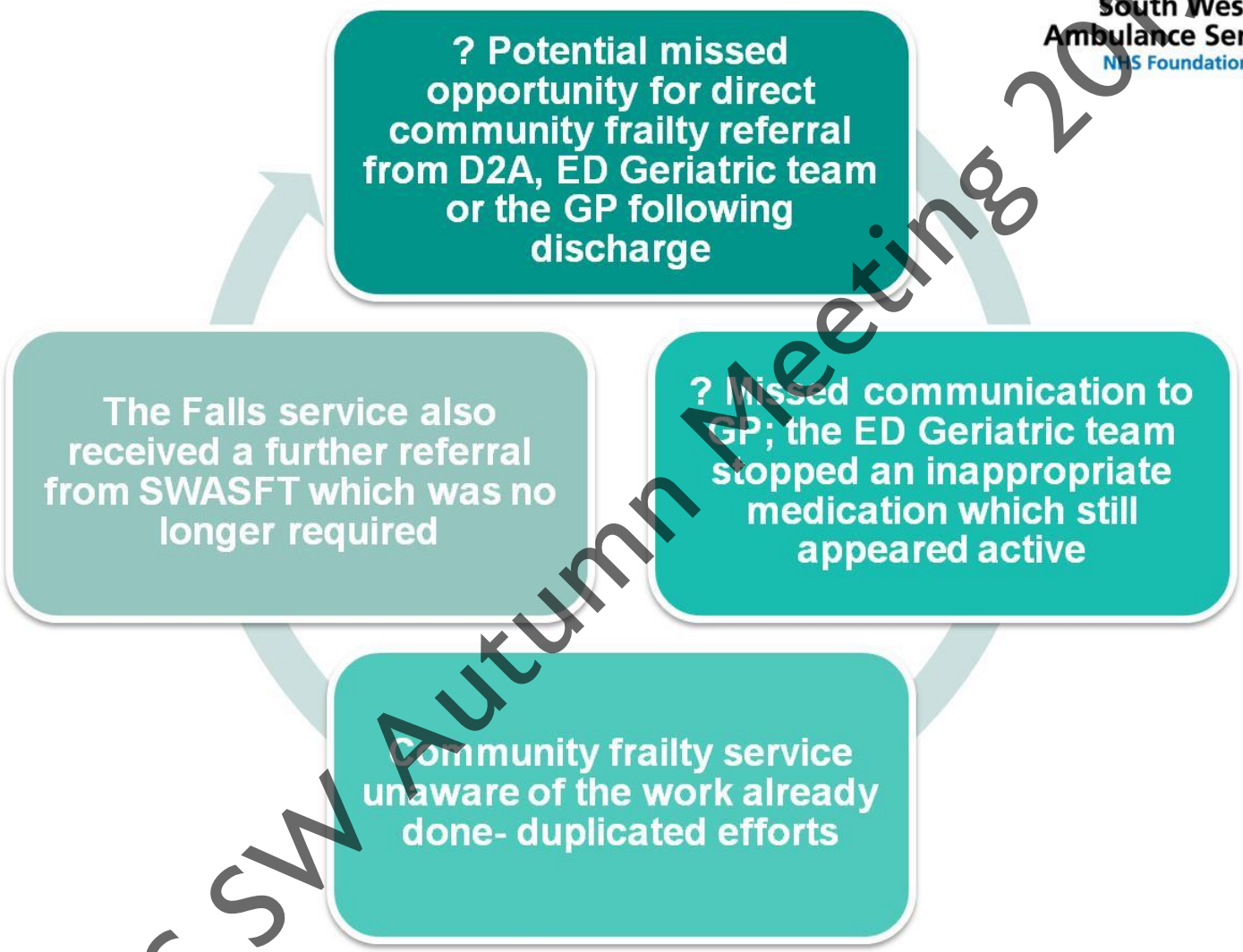
Case study

SWASFT attended patient following a fall and referred to the community frailty service via email prior to conveyance to ED.

The lady was admitted and remained in hospital for a week. On discharge she was seen by D2A for a few days. Geriatric team in ED stopped an inappropriate medication.

After discharge the frailty service visited the patient and completed a full CGA (90 minutes) and identified another 4 recommendations, one being need for urgent physiotherapy as her balance remains very poor, Roberg's test was positive in line with cerebrovascular changes identified in scan ordered by GEMS on admission.



Challenges

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Access to care plans

Summary Care Records

Your emergency care summary

One Vision
One Record
One South West

Wave 1
- Greater Manchester
- One London
- Thames Valley & Surrey
- Wessex
- Yorkshire & Humber

Wave 2
- Great North Care Record
- Share 2 Care
- South West

Wave 3*
- Eastern
- West Midlands
- Remaining Areas that did not bid

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Back | Atrial Fibrillation

SWAST CG06

Atrial Fibrillation

Clinical Publication Category

Guidance (Green) Deviation permissible; Apply clinical judgment.

Guideline Type: Clinical Guidelines
Supplements / replaces: None
Reference No: CG06

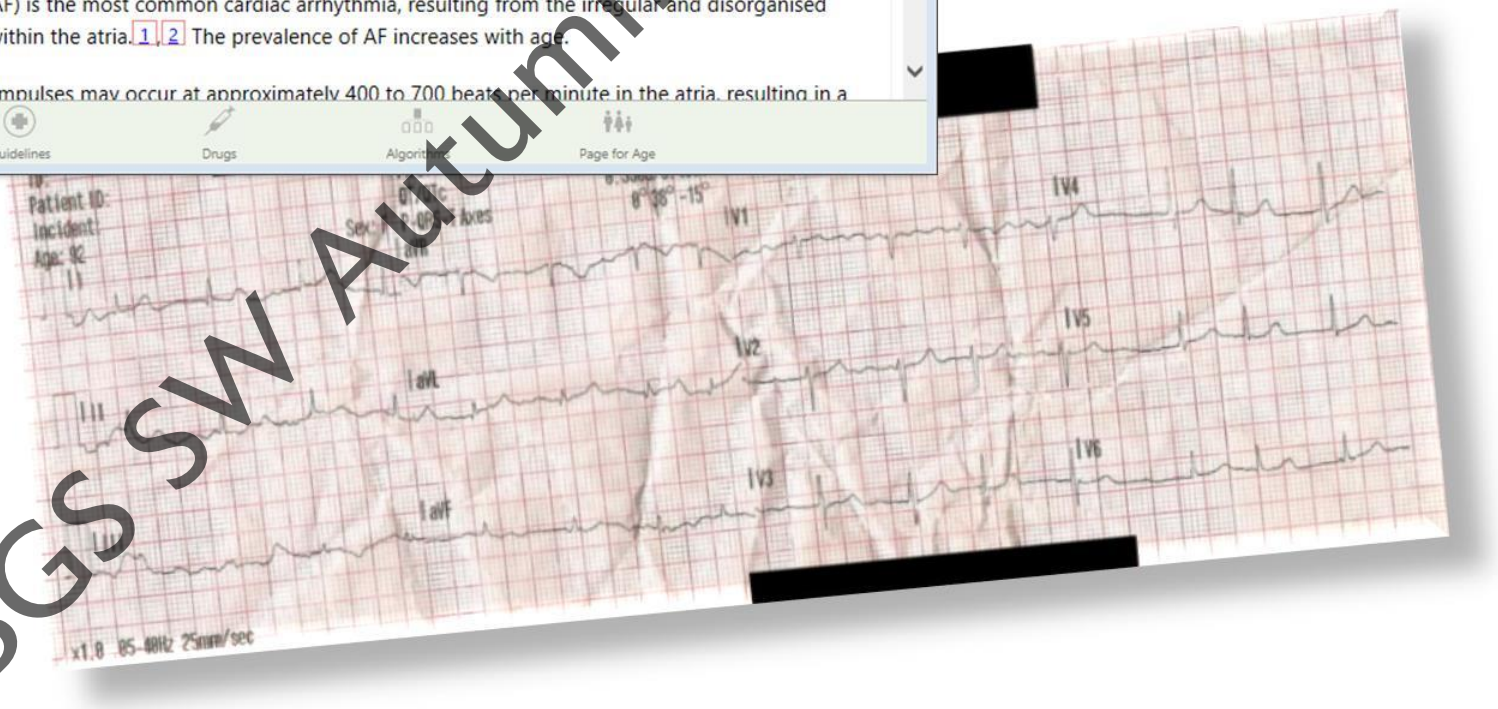
1. Scope +

2. Background −

2.1 Atrial fibrillation (AF) is the most common cardiac arrhythmia, resulting from the irregular and disorganised electrical activity within the atria. [1] [2] The prevalence of AF increases with age.

2.2 The rapidly firing impulses may occur at approximately 400 to 700 beats per minute in the atria, resulting in a

Dashboard | Guidelines | Drugs | Algorithms | Page for Age



AF

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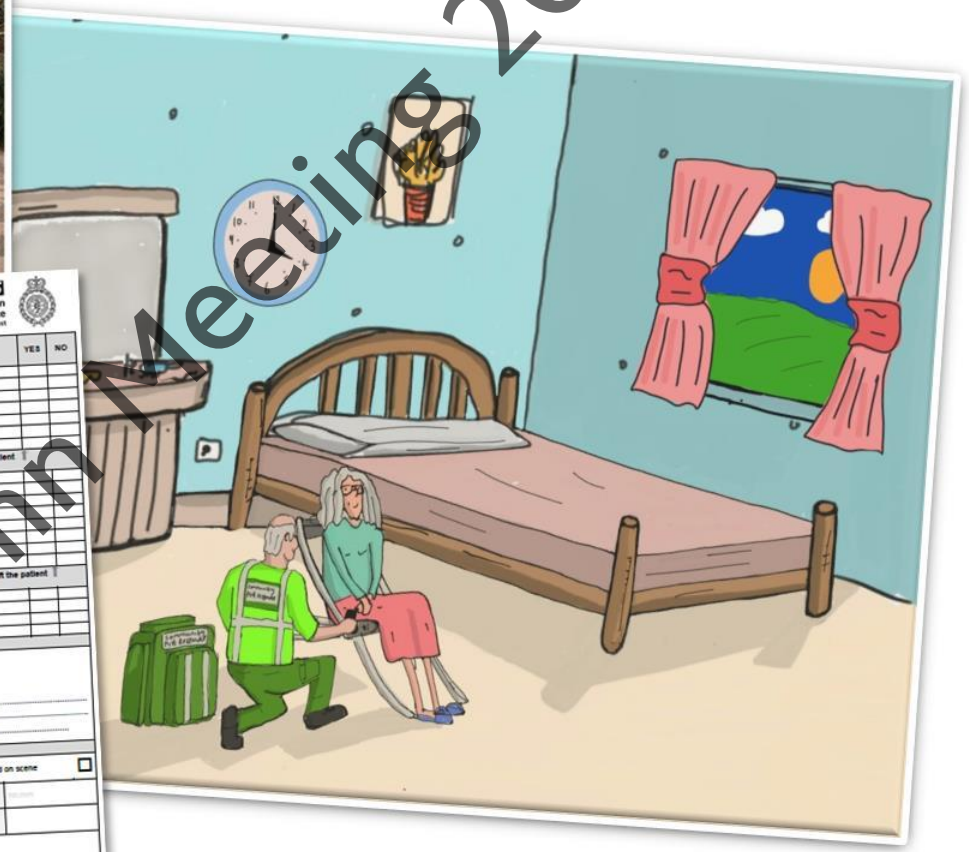

Community First Responder Falls Clinical Record

DO NOT INCLUDE ANY PATIENT IDENTIFIABLE DATA

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CFR lifting scheme

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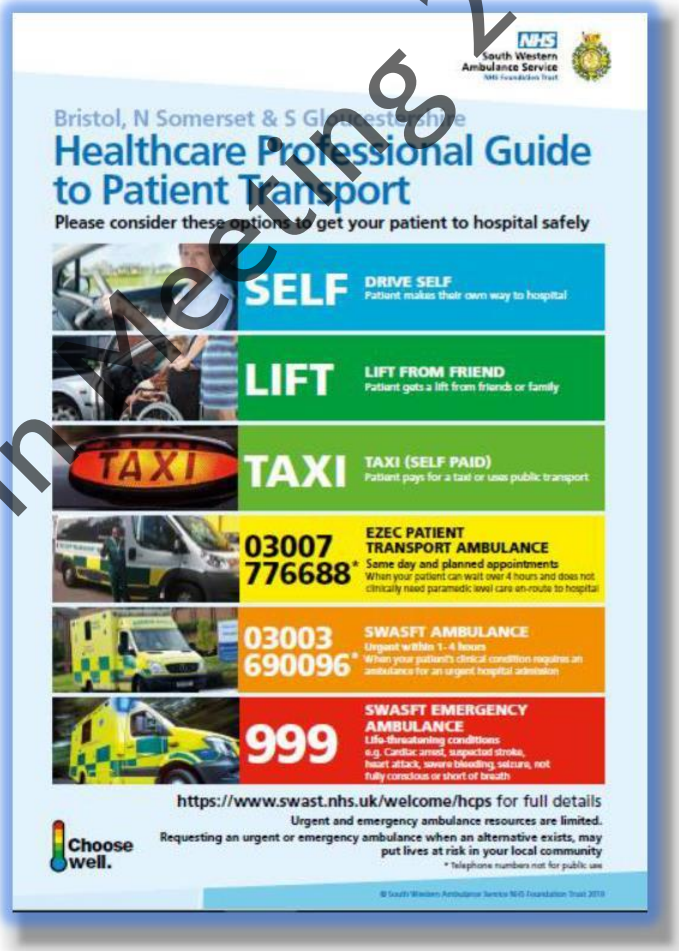

Interfacility transfers and HCP calls

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