Evidence Based approaches to ambulatory care of patients with frailty

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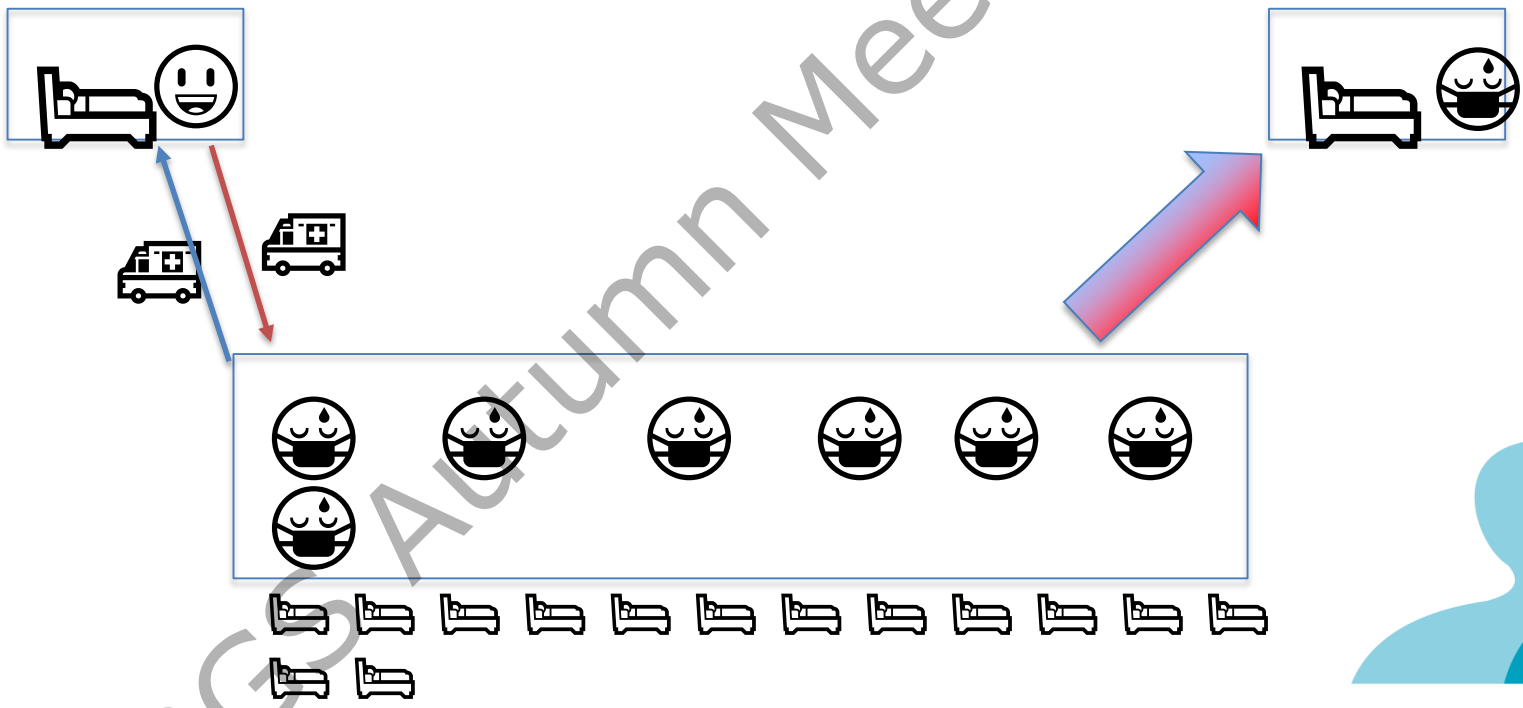
Assessment and treatment for acute medical illness – location of care

Ambulatory Care vs Hospital at Home



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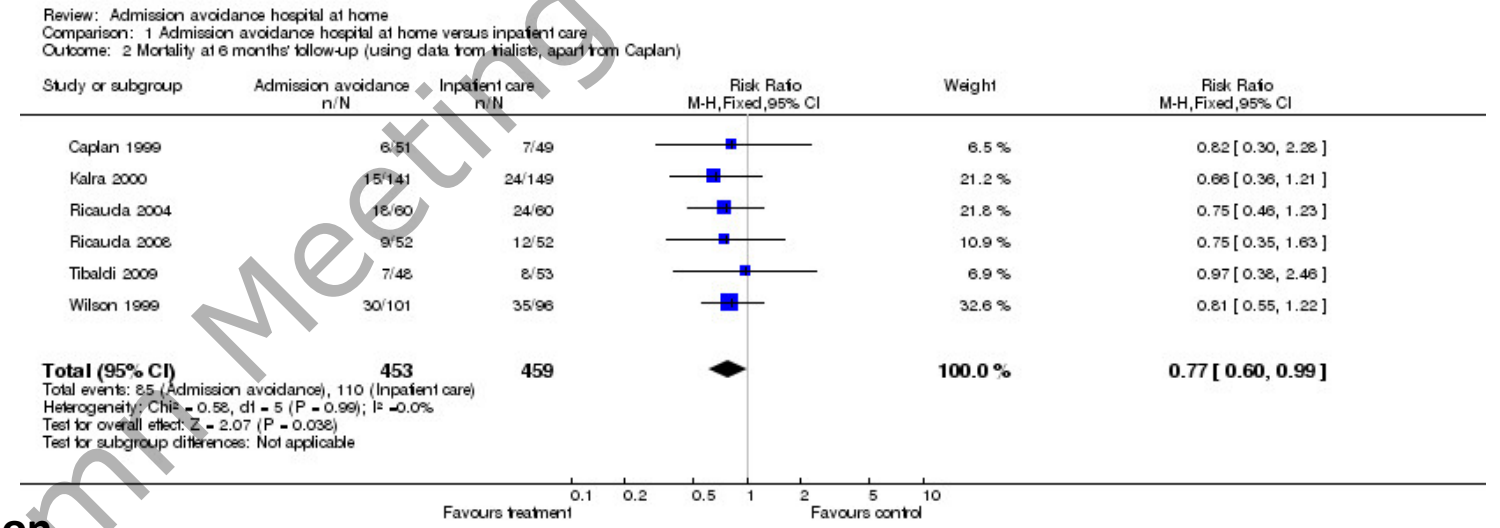
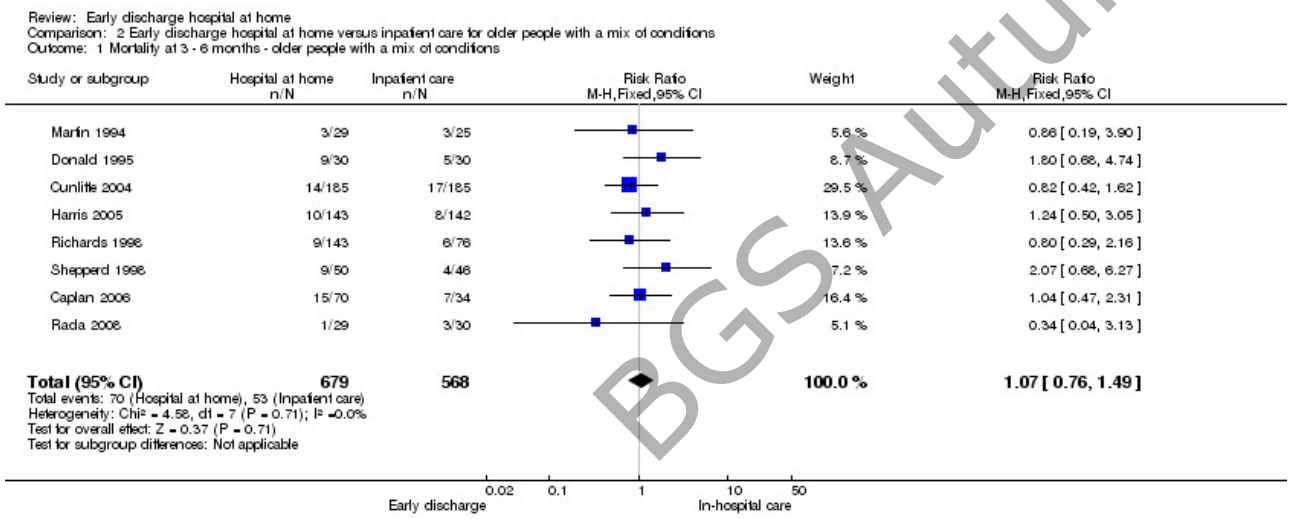
Randomised trials of hospital at home

- Small
- Heterogenous
- Recruit at different points on the acute care pathway
- Risk and access to diagnostics

Mortality in trials that replace all the admission



Mortality in trials that replace some of the admission



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Acute ambulatory care for patients with frailty – SAMBA and the state of the nation

- 27th June – all patients referred to acute medicine during 24 hours, with clinical follow up at 7 days.
- Patient level data on demographics, process of care and clinical outcomes
- Data on organization and delivery of care

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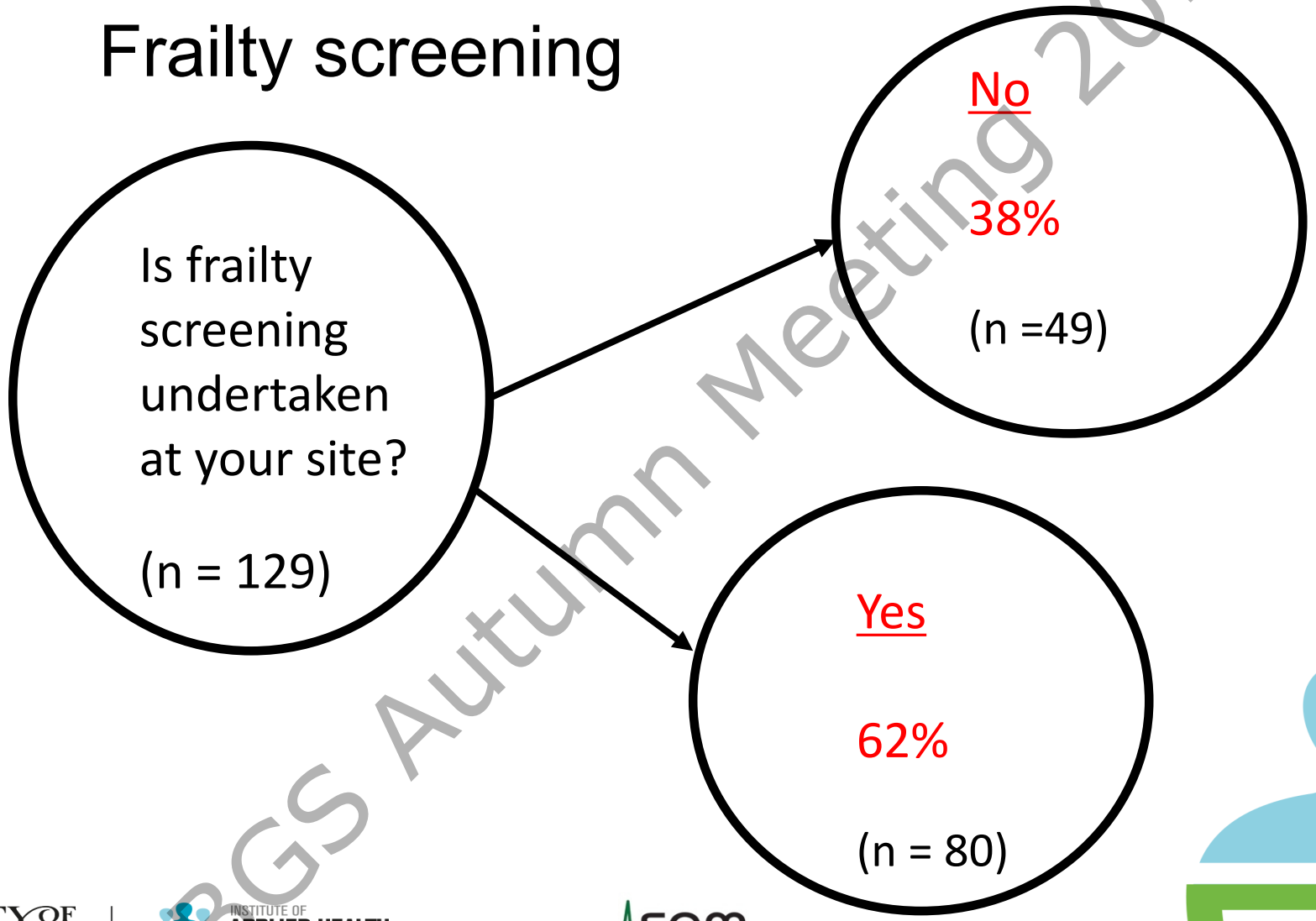
SAMBA 19

Frailty screening



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SAMBA 19

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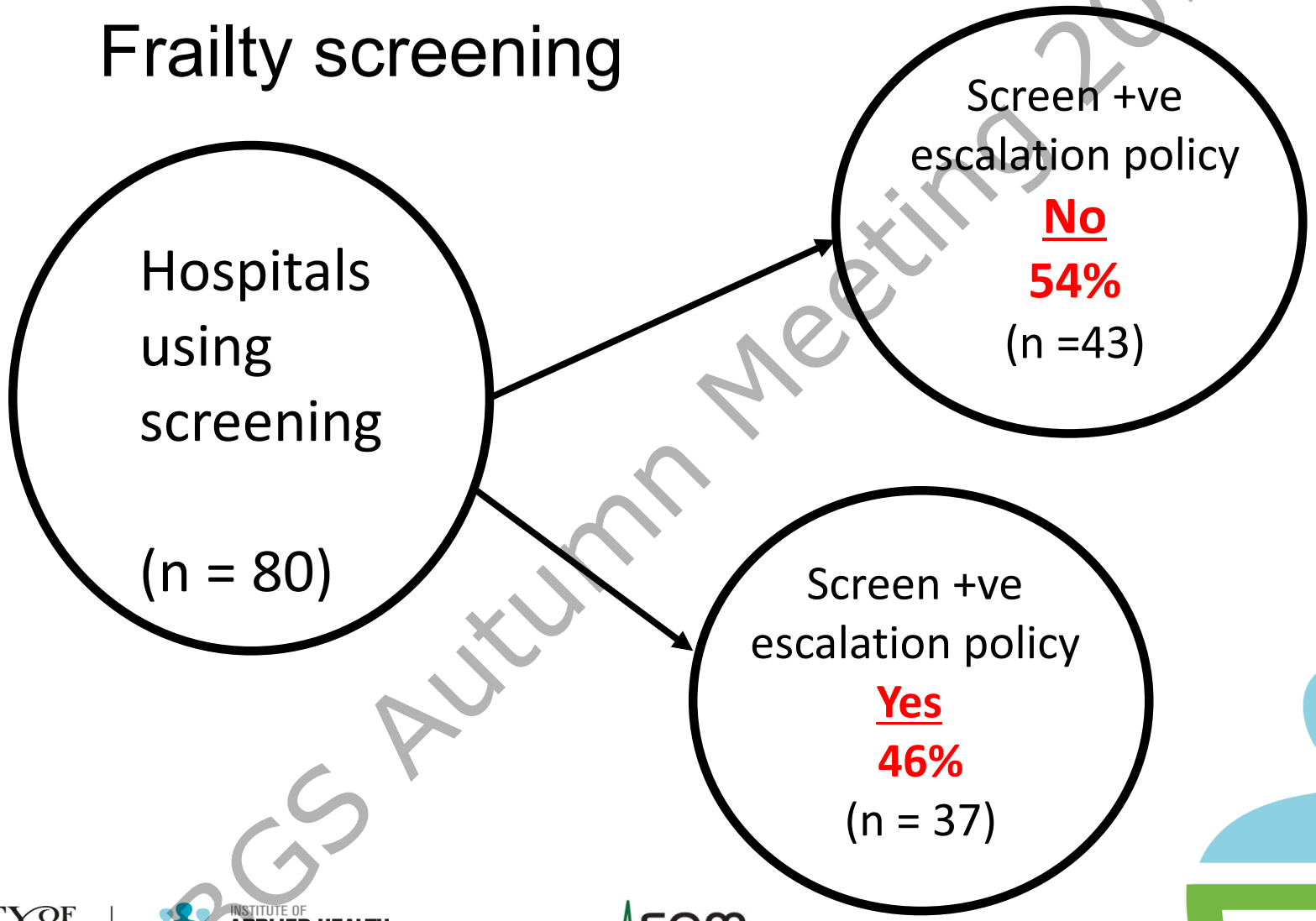

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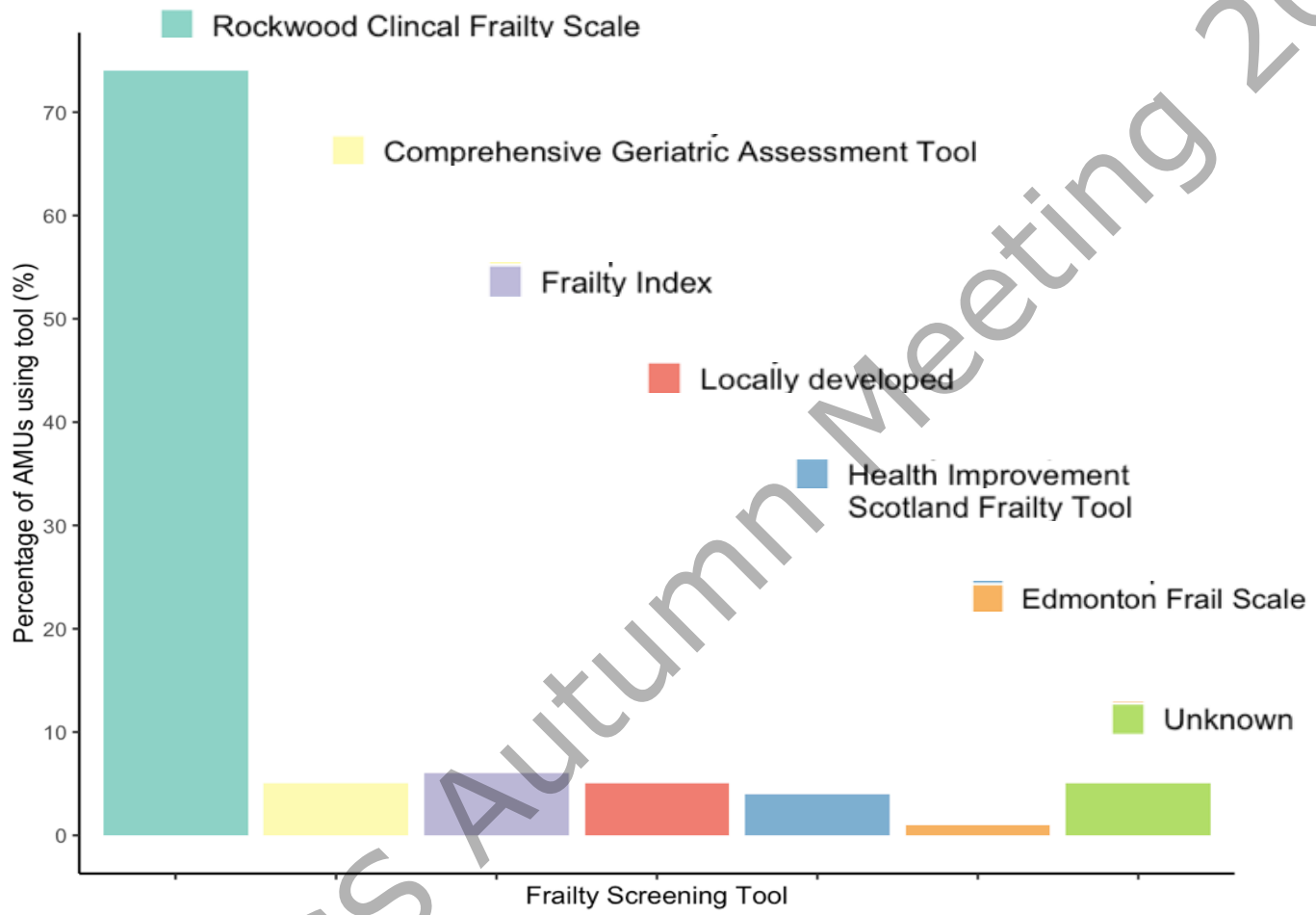
Which frailty screening tool is being used?



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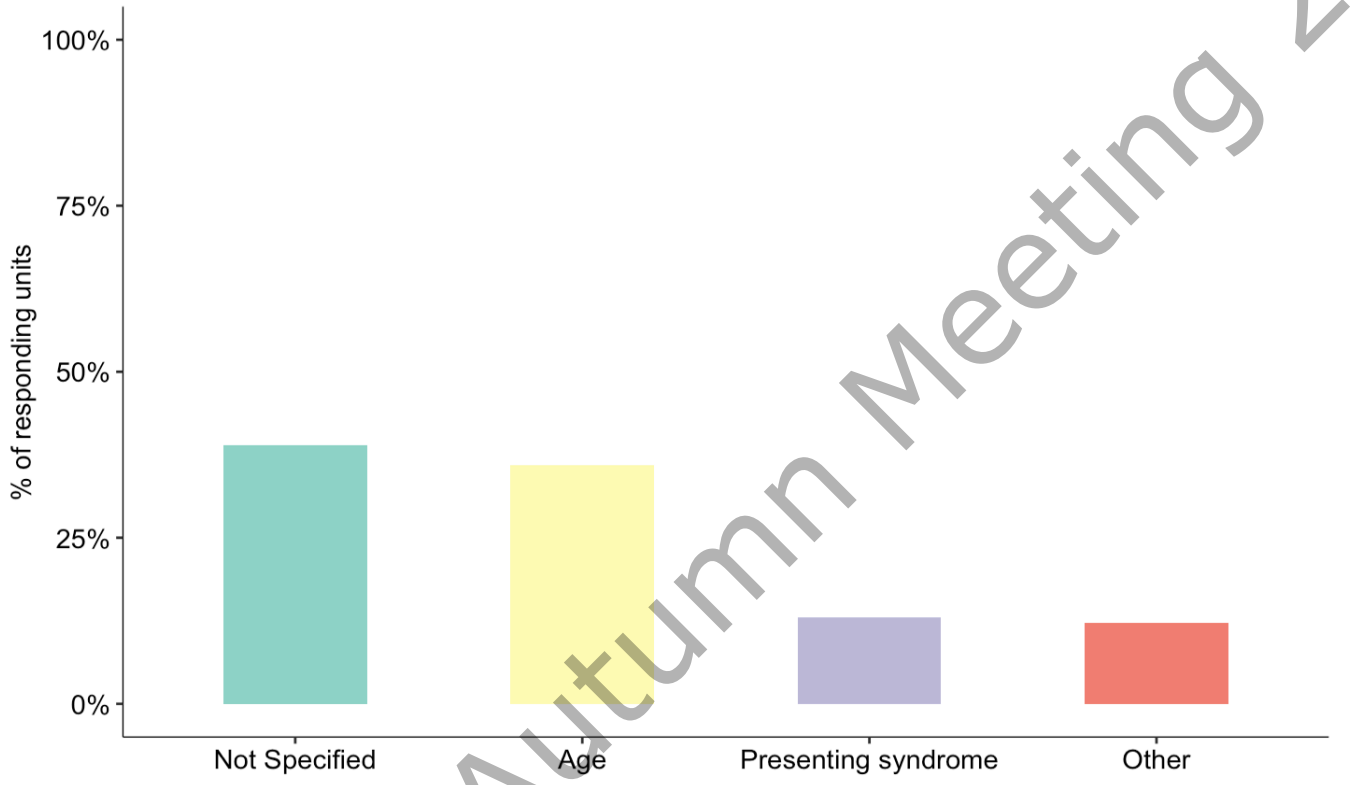
What prompts use of a screening tool?



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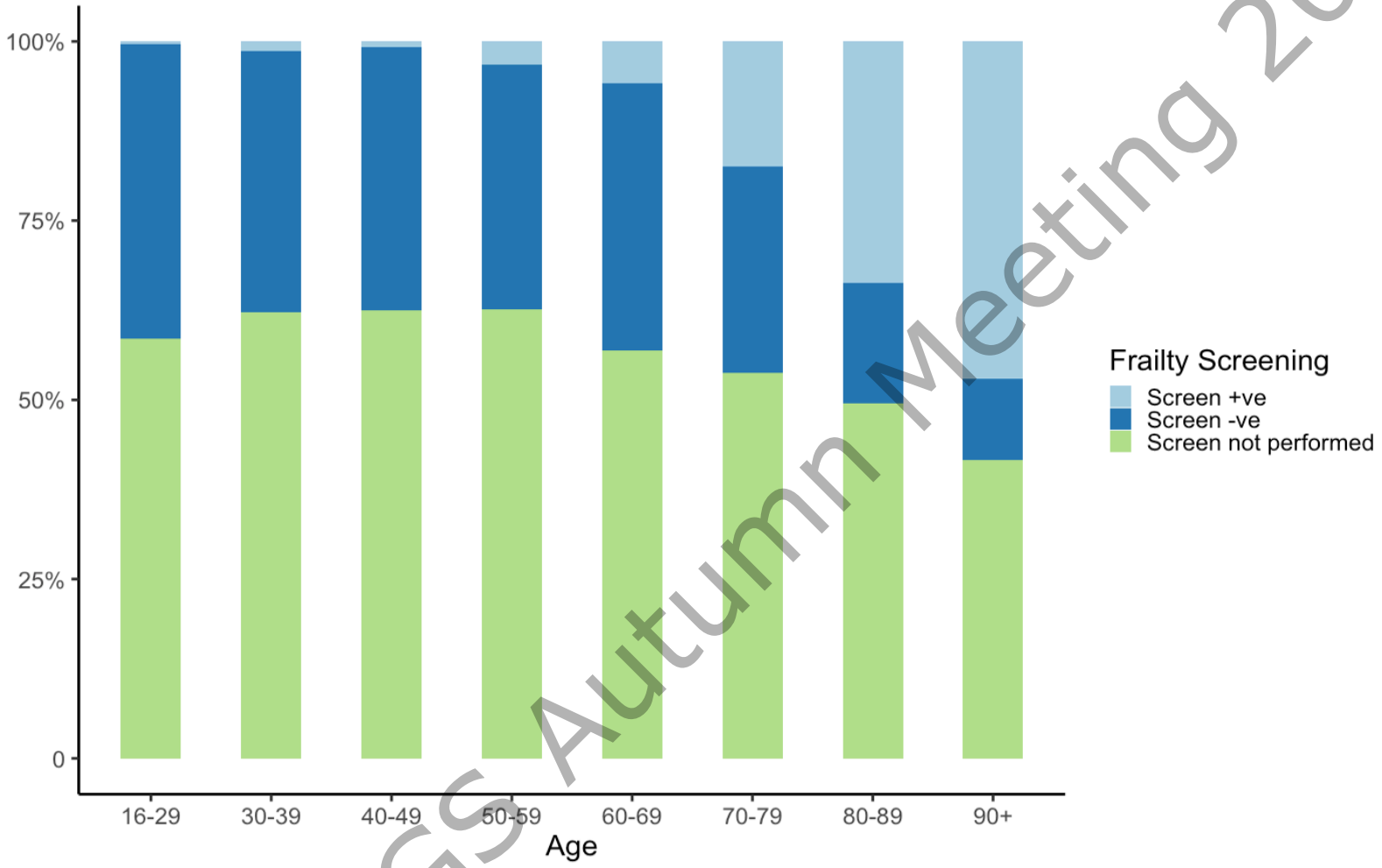
Frailty screening on acute take – the national picture



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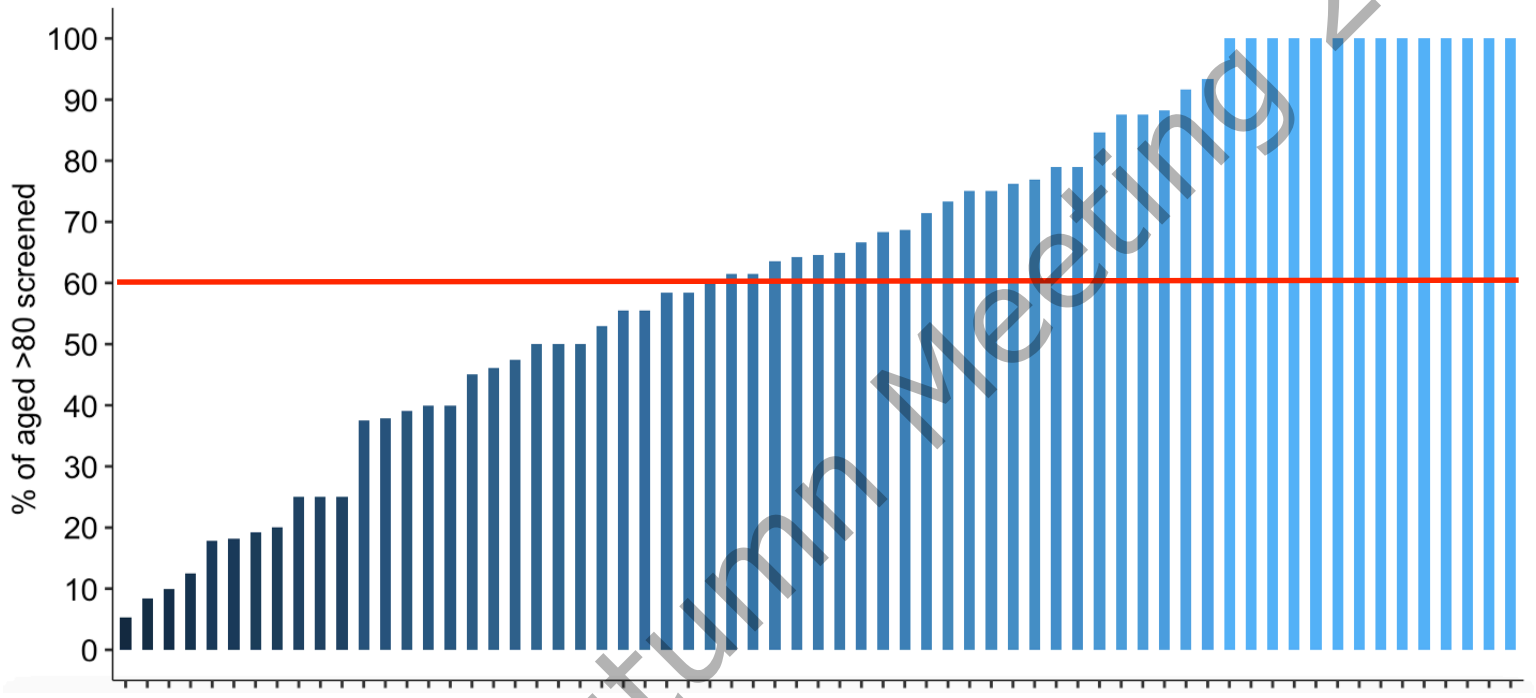
Screening in trusts that undertake screening



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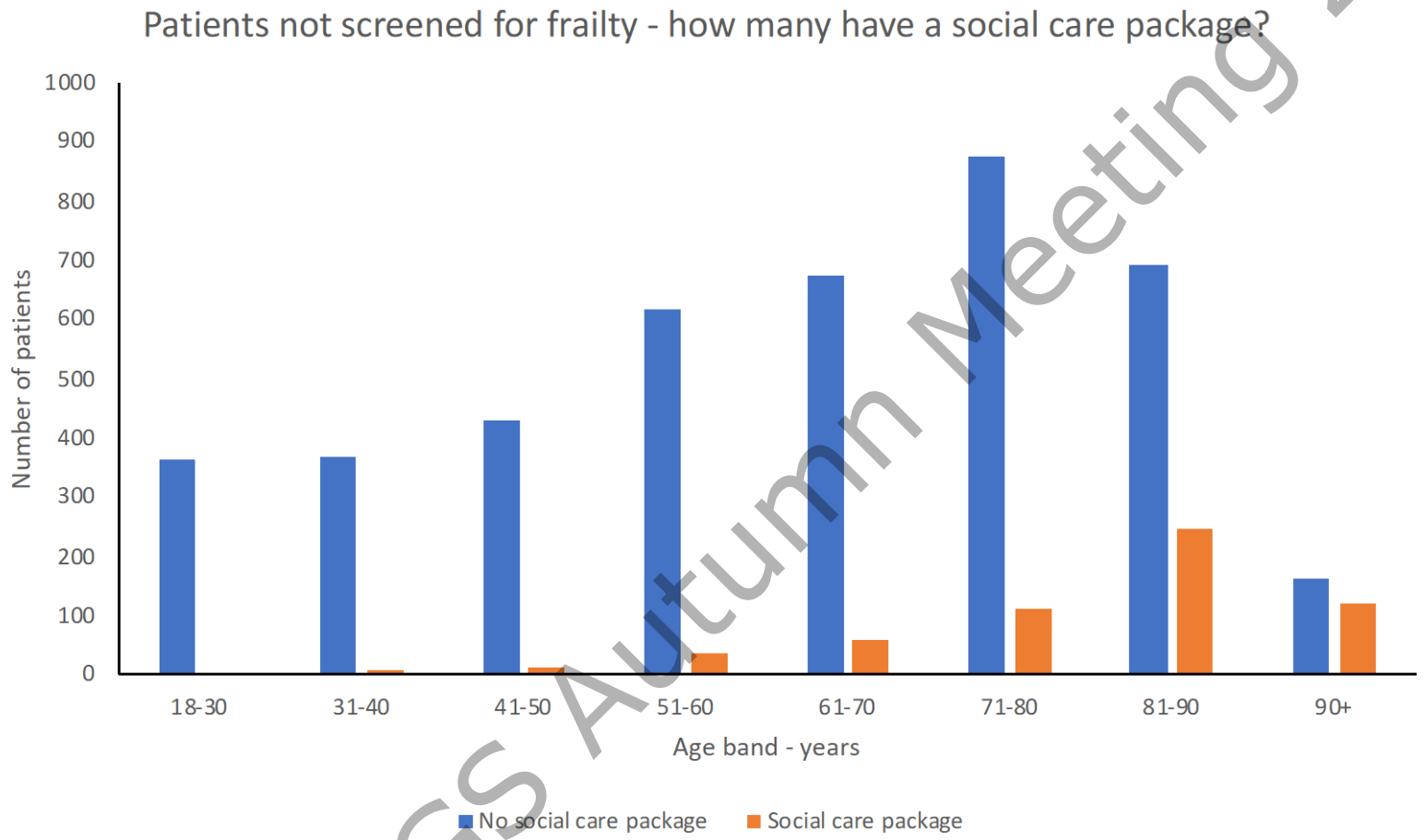
Patients not screened for frailty – presence of a social care package



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% of patients > 70 years of age with 7 day outcomes, by frailty screening

Patient group	Same Day Discharge (%)	In hospital or died at 7 days (%)
Screened - not frail	34.4	27.5

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Screened - frail	9.9	51.9
Not screened – social care package	7.5	53.3

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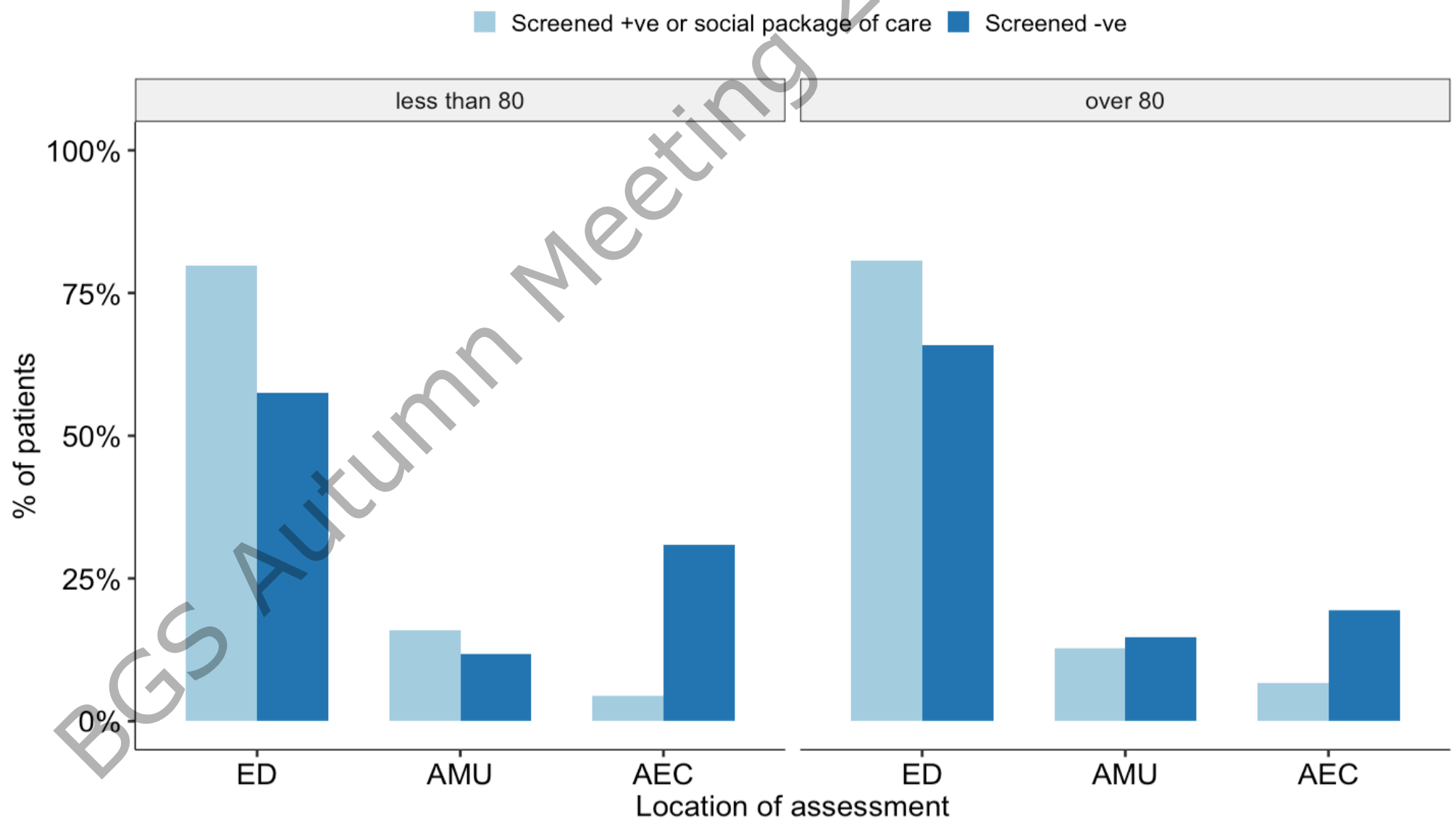
Frail patients are not assessed in ambulatory care



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Effect of age on % of patients with NEWS2=0 seen in ambulatory care

Age group	n with NEWS2 = 0	% seen in AEC at initial assessment
16-29	201	34.9
30-39	185	44.9
40-49	257	35.4
50-59	352	36.9
60-69	367	29.7
70-79	502	26.7
80-89	473	**16.7**
90 +	150	**11.3**

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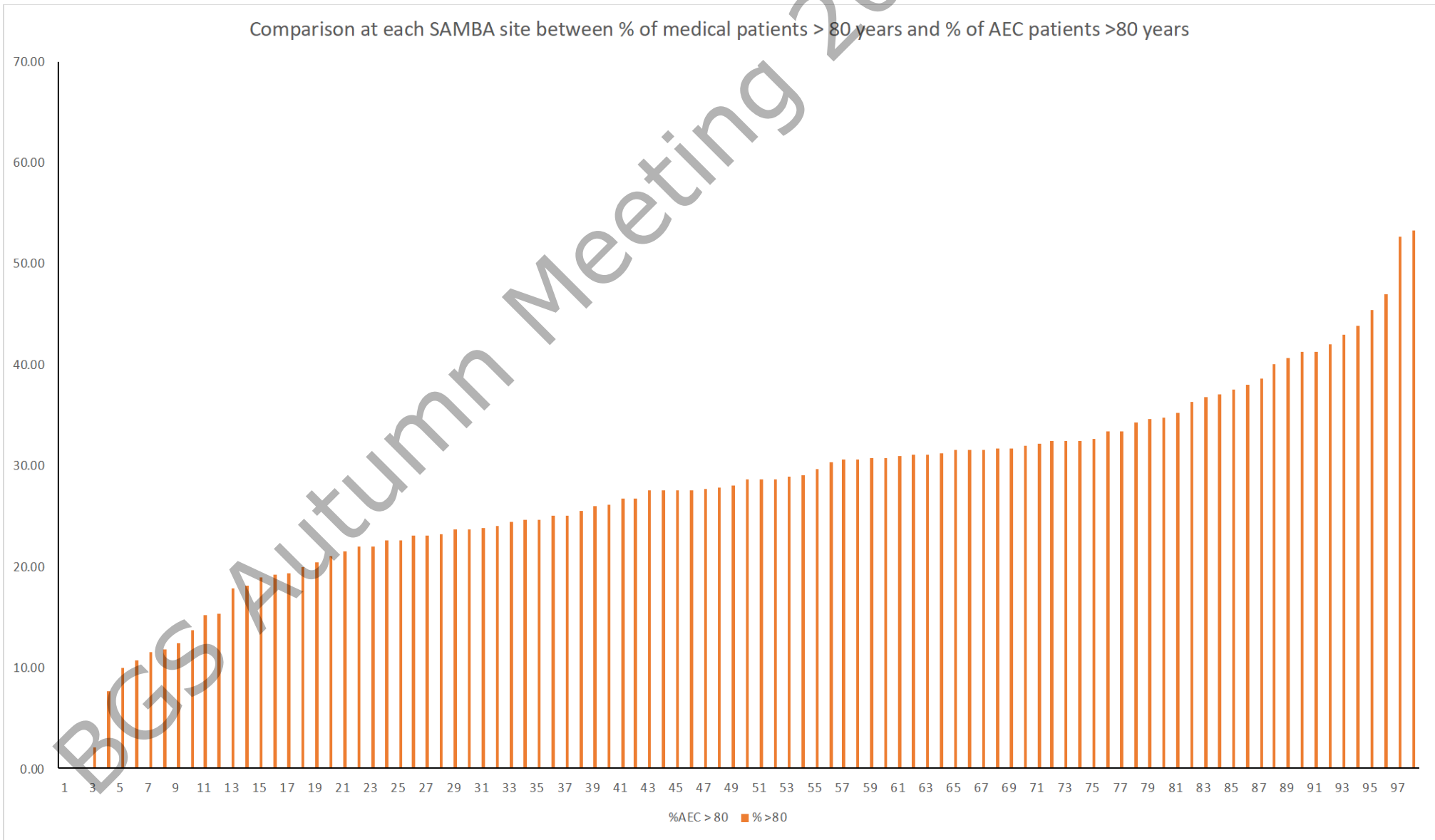
Variation in ambulatory care for patients >80 years of age



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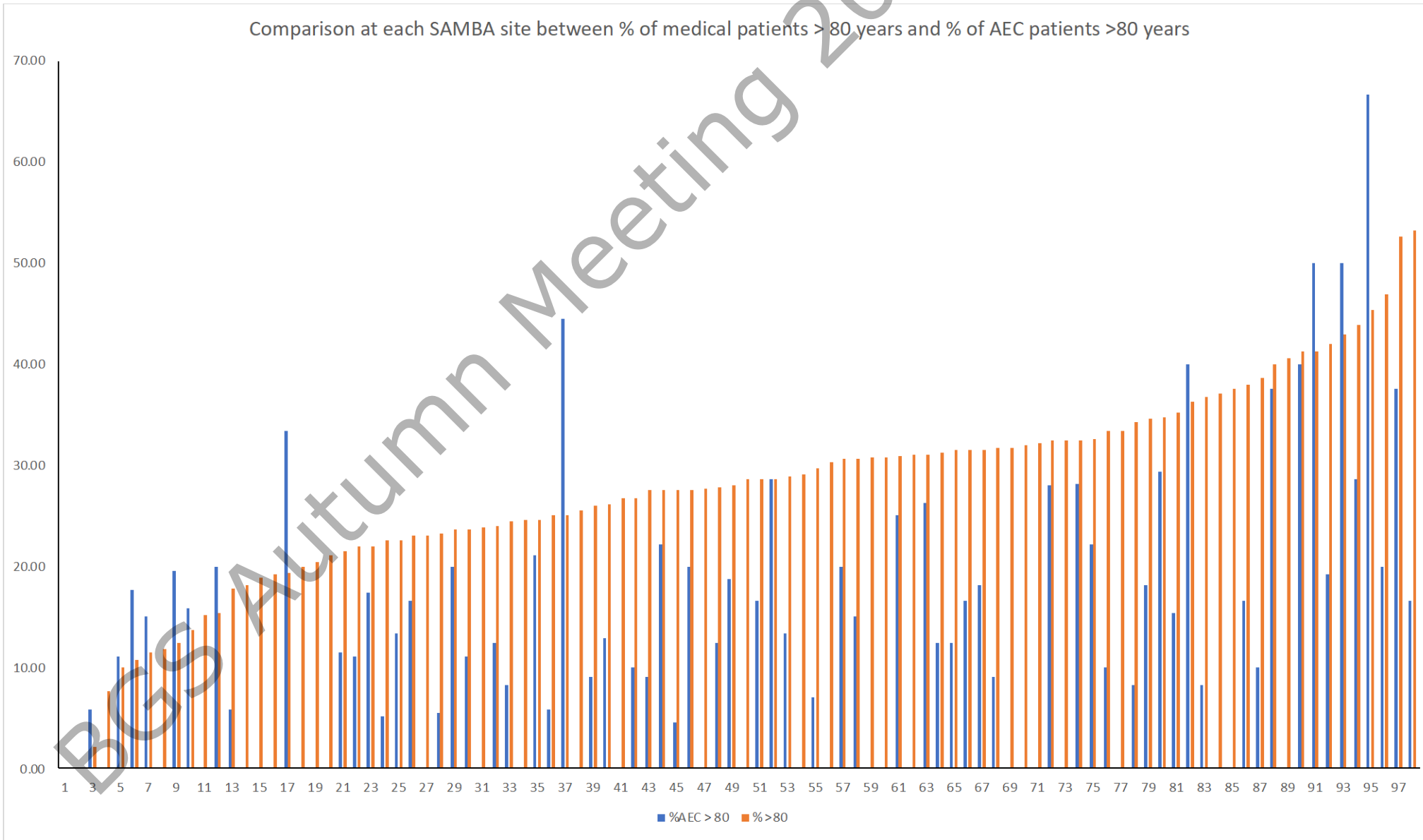

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Skillmix on AMU : present during 08:00 – 20:00

Advanced Care Practitioners	37.6%
Physician Associates	25.6%
Pharmacists	94.7%
Physiotherapists	**78.9%**
OTs	**75.9%**
Social Workers	**31.6%**

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Staffing in ambulatory care units (n = 130 hospitals)

Team member	% of hospitals with team member regularly in SDEC
Advanced Clinical Practitioners	62%
Physician Associates	19%
Pharmacists	23%
Physiotherapists	**12%**
OTs	**8%**
Social Workers	**3%**

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Acute frailty units

> 1 model
69%
(n = 39/89)

Acute Frailty Units
69%
(n = 89/129)

Operate 70 hours / week
34%
(n = 30/89)

Independent of AMU
54%
(n = 48/89)

Roving Unit
69%
(n = 61/89)

Within AMU
21%
(n = 19/89)

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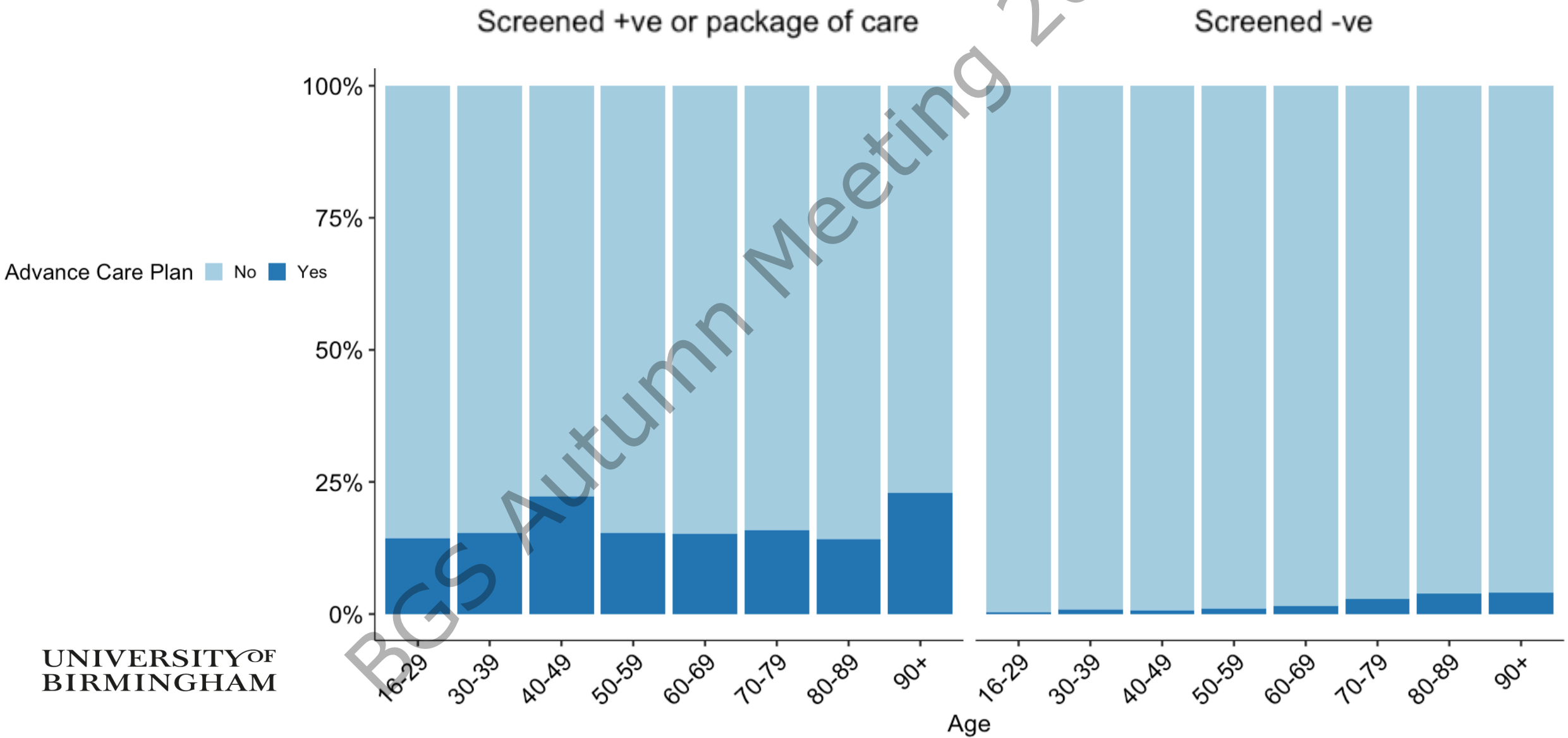
Frailty and Advance Care Plans



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Acute Care ethnography of patient and carer experience – community based ambulatory care

- ‘Shopfloor’ Disciplines
  - Nursing
  - Physiotherapy
  - Occupational therapy
  - Social work
  - Transport
  - Medical – ‘interface capability’, drawn from 1° and 2° care clinicians

- Rapid diagnostics for senior led decision making

- Credible alternative to acute admission

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Acute Care ethnography of patient and carer experience – community based ambulatory care

Patients/carers observed	23 patients 8 carers
Informal interviews with patients/carers	31
Follow-up interviews with patients	5
Total hours on site in the ambulatory care unit	217

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The Dunhill Medical Trust

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Acute Care ethnography of patient and carer experience – community based ambulatory care

"…it would have been ridiculous to have put me in a bed"

"*it makes you feel at home, like coming to visit friends"*

"*This is much more convenient. They seem to have all the skills I need"*

[carer] "made Mum feel so safe".

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J Am Med Dir Assoc. 2019 Oct;20(10):1344-1347

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Acute Care ethnography of patient and carer experience – community based ambulatory care

it had been a "long day" and "I've had enough"…Of their visit the carer said "the one thing is…length of time you're here but it is worth it".

"I found it quite tiring… I used to come home and go to sleep"

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Can Hospital at Home be provided at scale? Insights from SAMBA

- **48% of hospitals have access to a Hospital at Home service**
  - 91% give IV antibiotics
  - 41% give IV diuretics
  - 36% give IV fluid
  - 31% give oxygen
  - **11% give all the above**
- **Mix of models – community trust, acute trust, nurse led, medically led, variable therapist involvement**

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Evidence based approach to ambulatory care of older people with frailty

- RCT evidence applies to Hospital at Home, ambulatory care is an extrapolation.
- Frailty is not systematically identified in the acute care pathway
- Ambulatory care units do not have the right skill mix for frailty and most frail patients are not seen in them
- Ethnography highlights challenges in lived experience of acute care within the ambulatory model
- Hospital at Home can tailor acute care for frail patients
- ……but nationally there are significant gaps in provision.

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