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GEMS

Geriatric Emergency Medicine Service

Weston General Hospital
Weston-Super-Mare

Dr Rachael Morris-Smith

GEMS and Frailty Clinical Lead

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The need for GEMS..

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Managing Frailty and Delayed Transfers of Care in the Acute Setting

NHS Benchmarking Network
Dashboard Report
2018 work programme
(2017/18 outturn positions reported)

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Raising Standards through Sharing Ex

GIRFT
GETTING IT RIGHT FIRST TIME

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GETTING IT RIGHT FIRST TIME

Emergency Medicine

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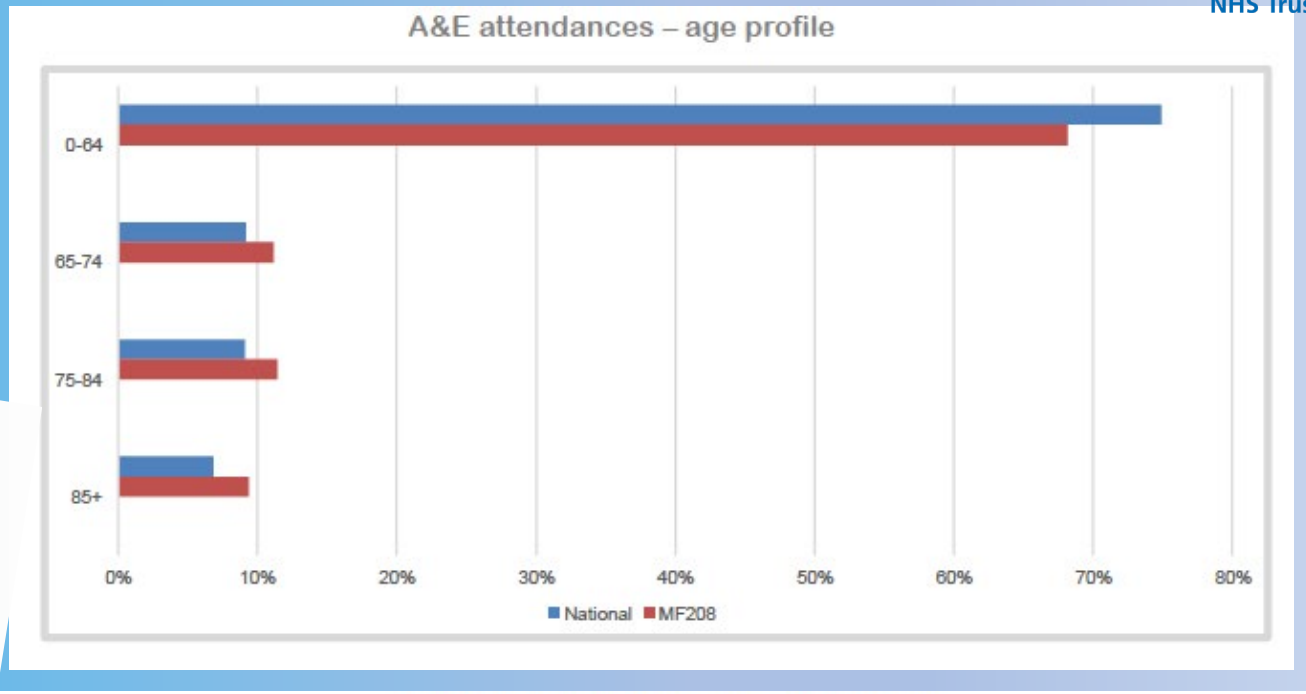
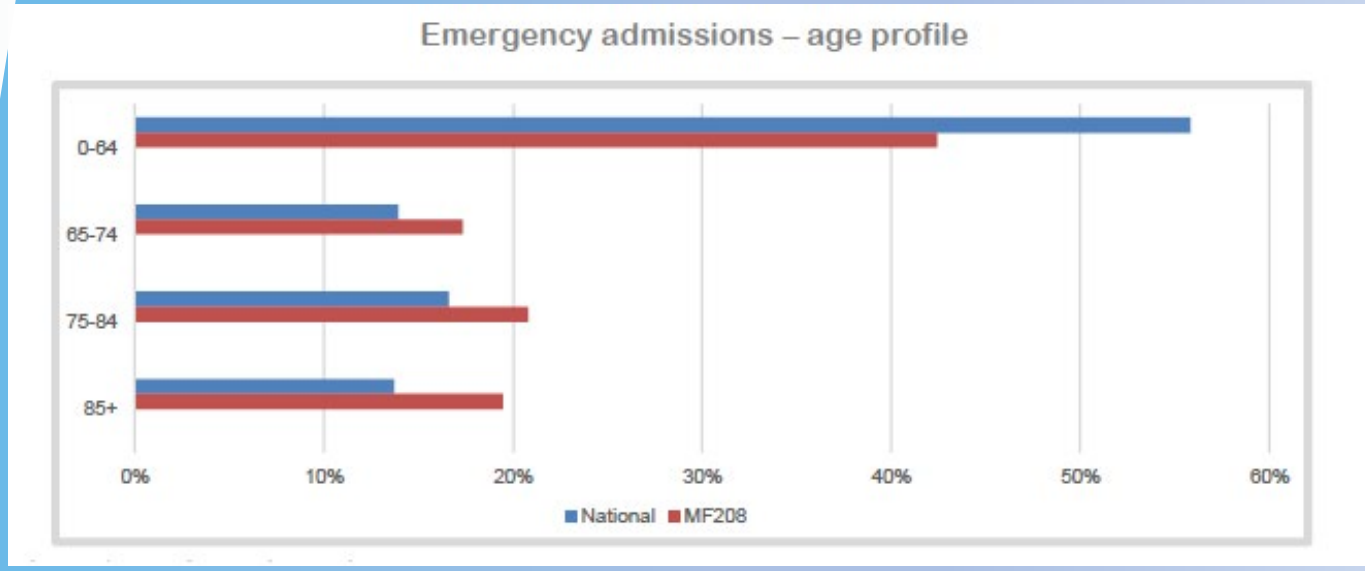
Observation Notes

Report sent to: James Rimmer, CEO, Weston Area Health NHS Trust

Written by: Dr Clifford Mann OBE
With additional meeting notes by Darren Best

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement





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The need for a GEMS

- Potentially vulnerable patient group, needing a voice
- Complex, multi-factorial care needs
- MDT approach beneficial
- CGA improves patient outcomes
- Senior decision makers at the front door
- Start discharge planning from day 1
- ?GEMS rather than AFU as majority of department is older age
- Rewarding patient group to care for

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GEMS

An MDT providing specialist care to older patients living with frailty and support to carers, in the Emergency Department

Not only an 'admission avoidance ' service

- This is an outcome of our work
- If a patient requires a hospital admission, a bed is available

Frailty identification at the front door and before

- CFS at ED triage electronically recorded on ED computer system
- Worked with SWAFT , CFS recording = a ‘common language’
- Direct referrals to GEMS from ambulance crews and ED triage Nurse

Comprehensive Geriatric Assessment (CGA)

- Will accompany patient if admitted
- Communicated to GP/community if discharged same day.

Determine ‘patient wishes’ and ‘what is important to them’

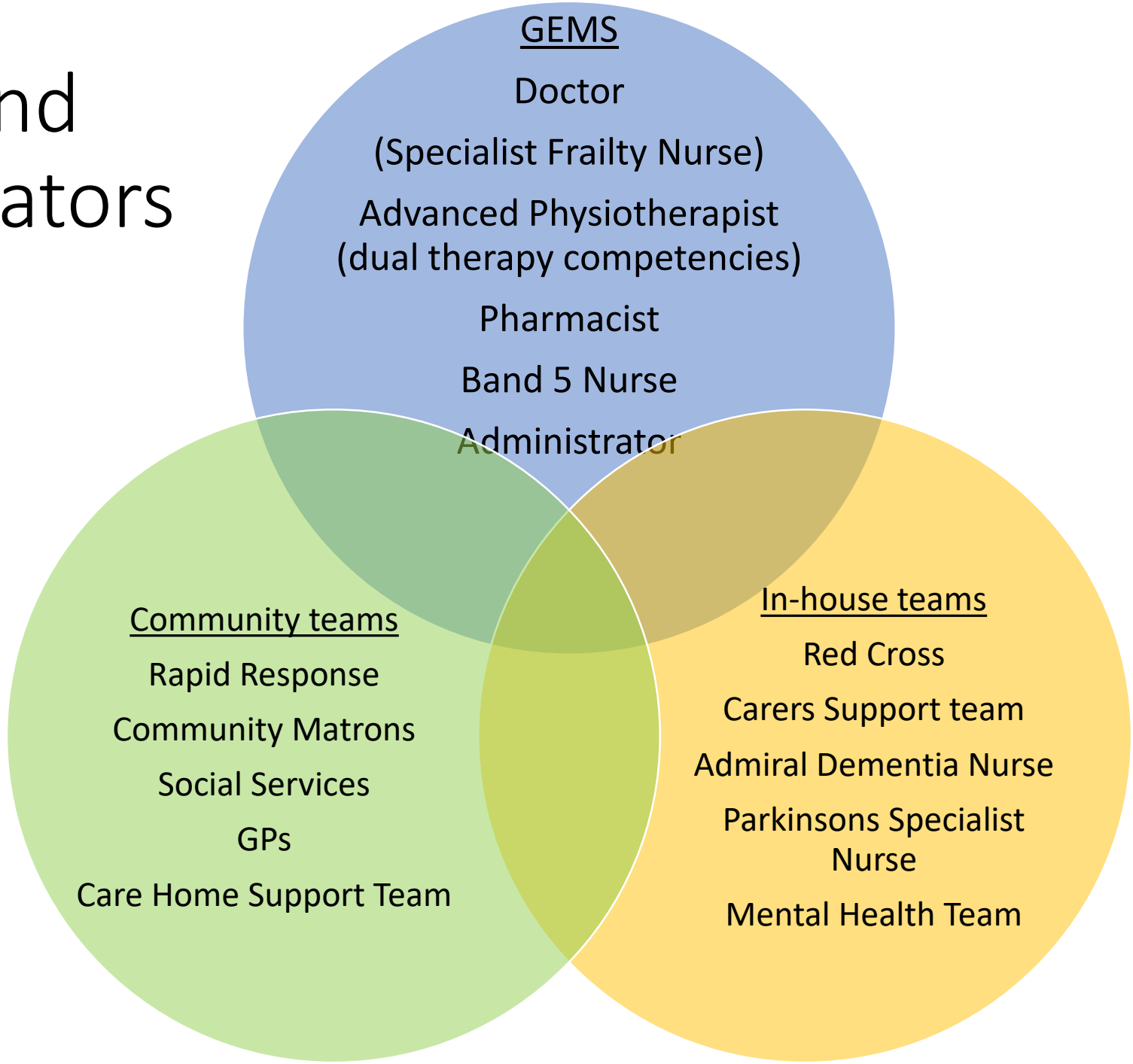
Remember the carer & look after them

- Working with Carers Support team
- ‘Carers card’ entitling to open visiting, discounted parking and discounted food in hospital canteen

GEMS work

Continuity of care	In-patient review Transfer care to community if appropriate to do so.
Care plans/ TEP / Advance Care Planning	
Frailty folder	CGA information inc baseline observations & well being Shared electronic resource in design
Education	Whole hospital. Upskilling the ED Patient and Carer
Benefit to junior doctors in ED	Education Specialist review and opinion
Stability to ED Senior Doctor rota	Directly seeing patients who are often most complex
Positive patient experience	

GEMS and collaborators



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Alternative workforce collaborative working

- Emergency Medicine
  - GEM
- GPwSI
- ACPs

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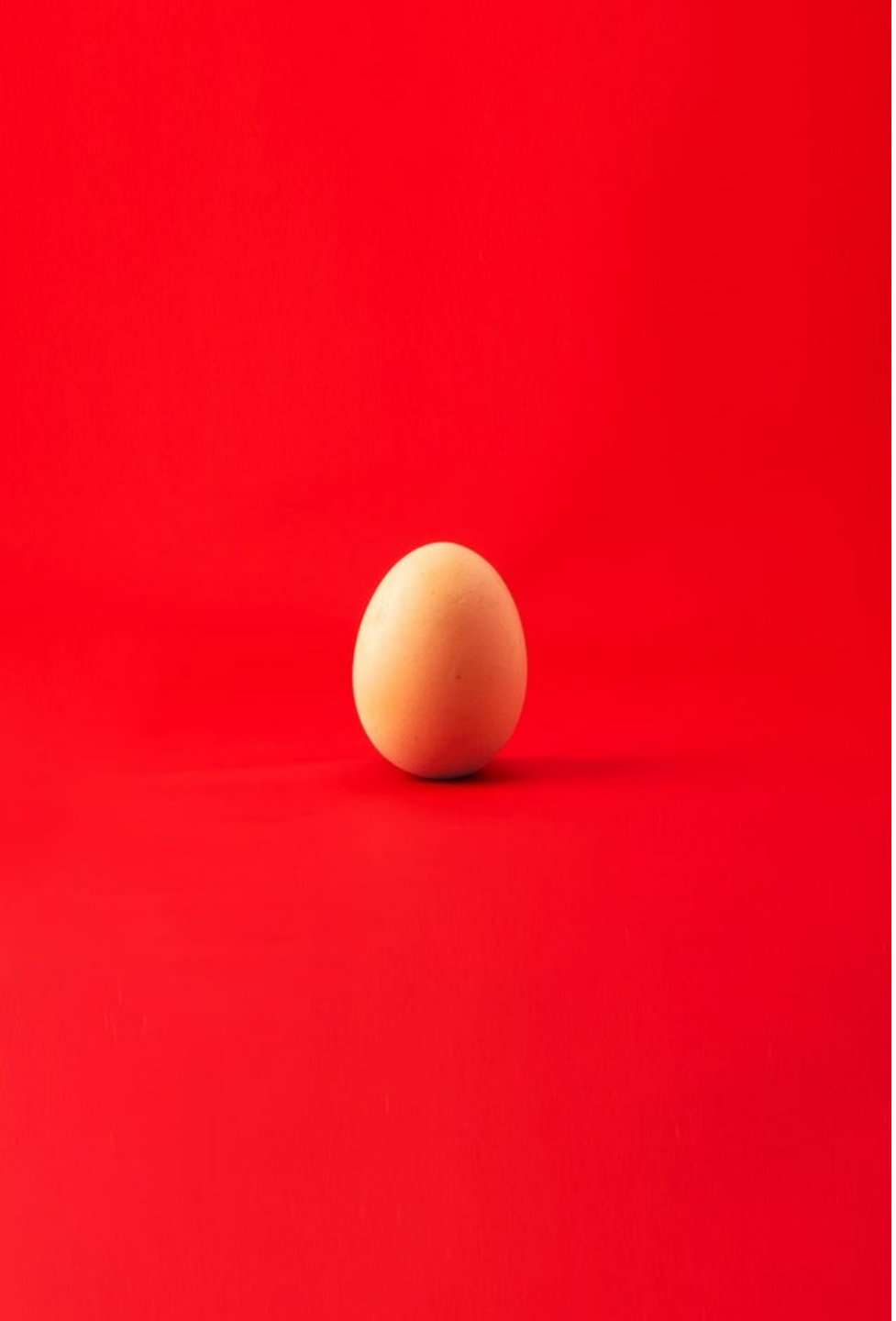
Small beginnings

- One doctor (EM ST5 OPP) part time
- One community Nurse
- Support from Red Cross Team
- Evidence collected

- Advanced Physiotherapist joined
  - In spare time
- Joined Acute Frailty Network
- Whole hospital involved



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GEMS journey..

- Visits from national teams
- Highlighting the work of GEMS
  - “the golden egg”
  - “exemplar work”
- All advising financial investment into GEMS

- Slow progress..
- ….but we got there!

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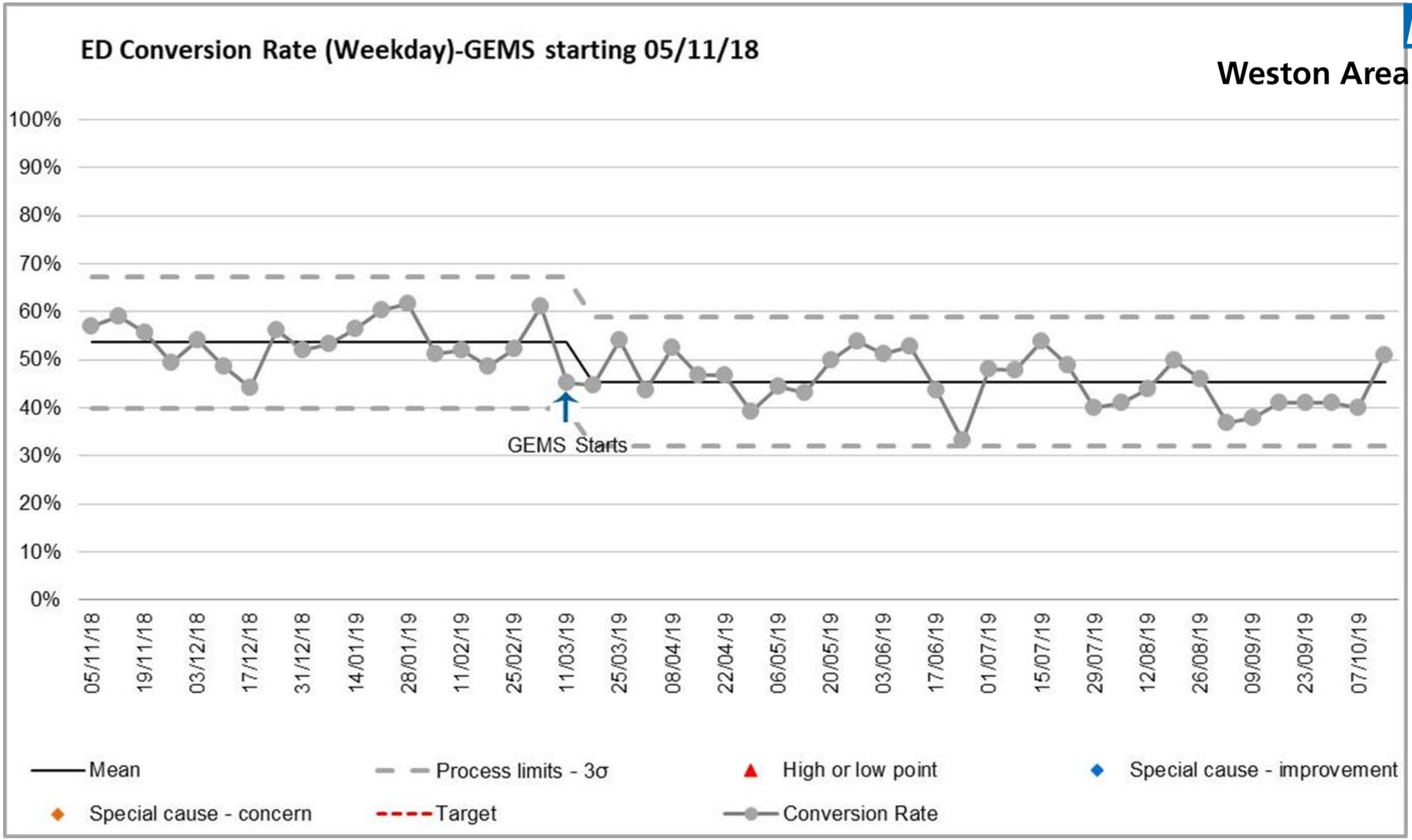

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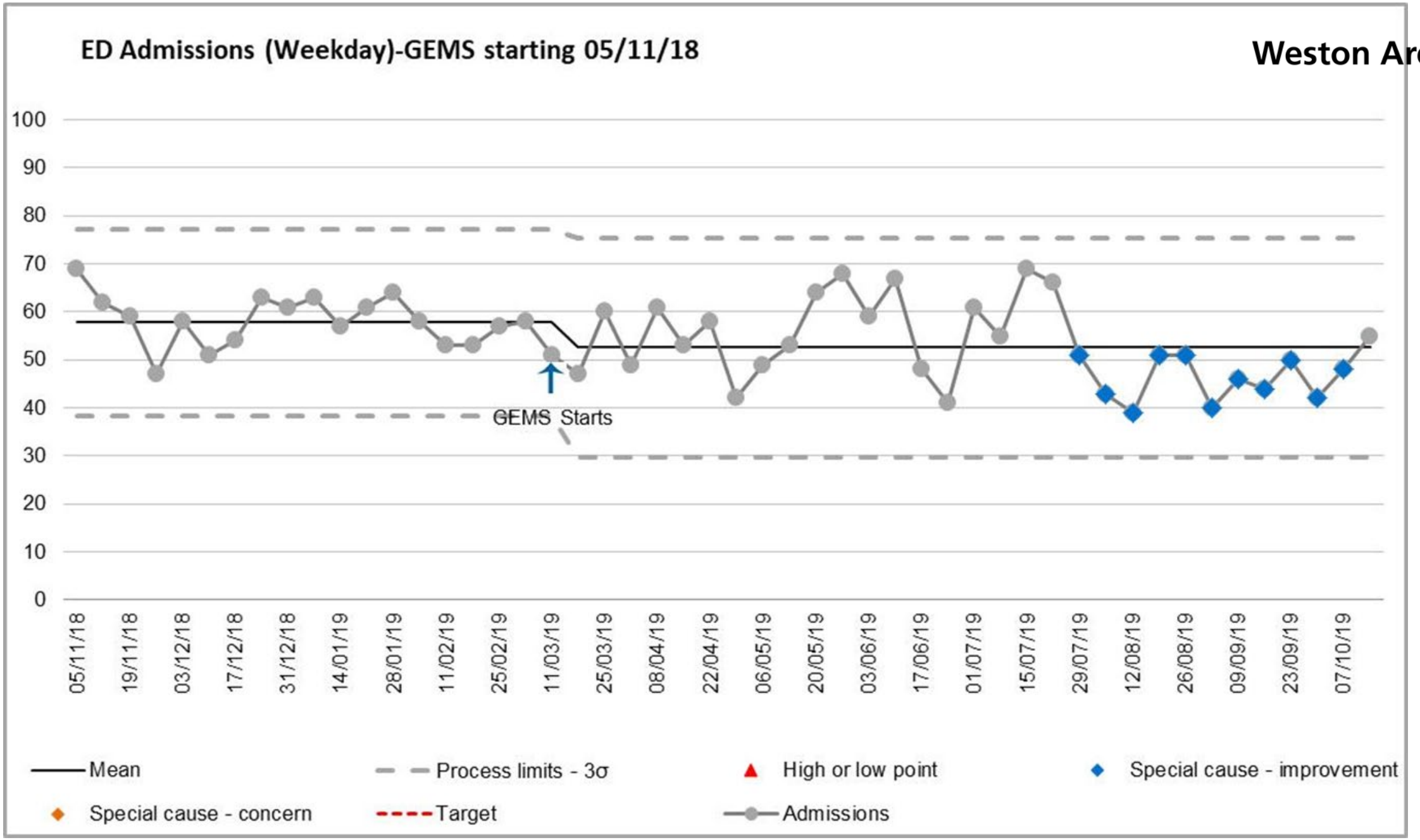

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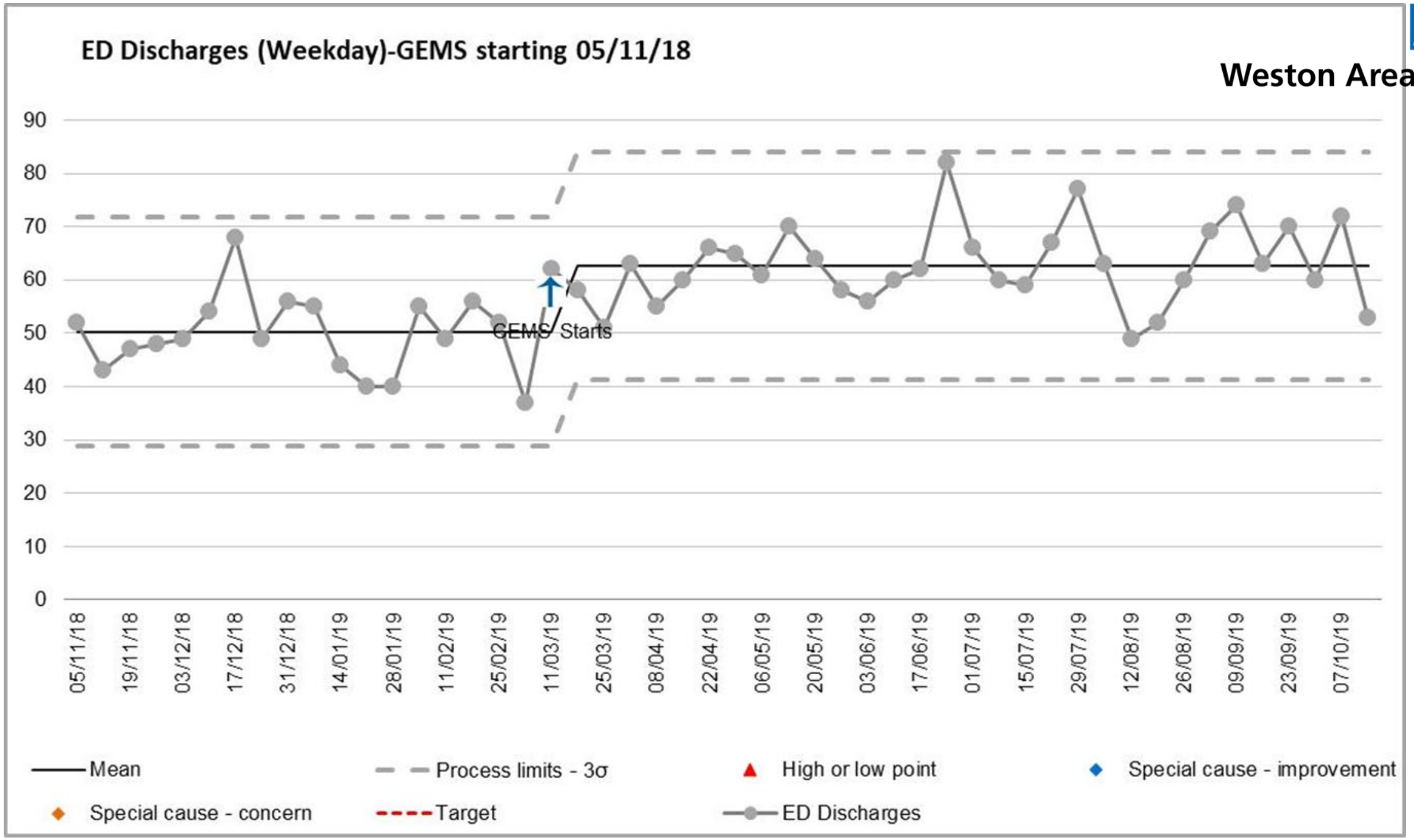

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How achieved – *"Selling the dream"*

- Connecting and communicating with all
- ED Matron and Nurses key facilitators
- Chairman unlocked pathways for us
- Librarian performed literature searches & obtained patient feedback
- Coding department found data for business case
- Volunteers knitted twiddle mitts and blankets
- League of Friends gave us frailty bags

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Challenges

- Time
  - Clinical lead works part time
  - Meeting attendance taking away clinical time.
- Ensuring frailty remains a priority when the hospital faces other challenges.
- High turn over of managers
- Funding
- Working with external teams (also a benefit!)

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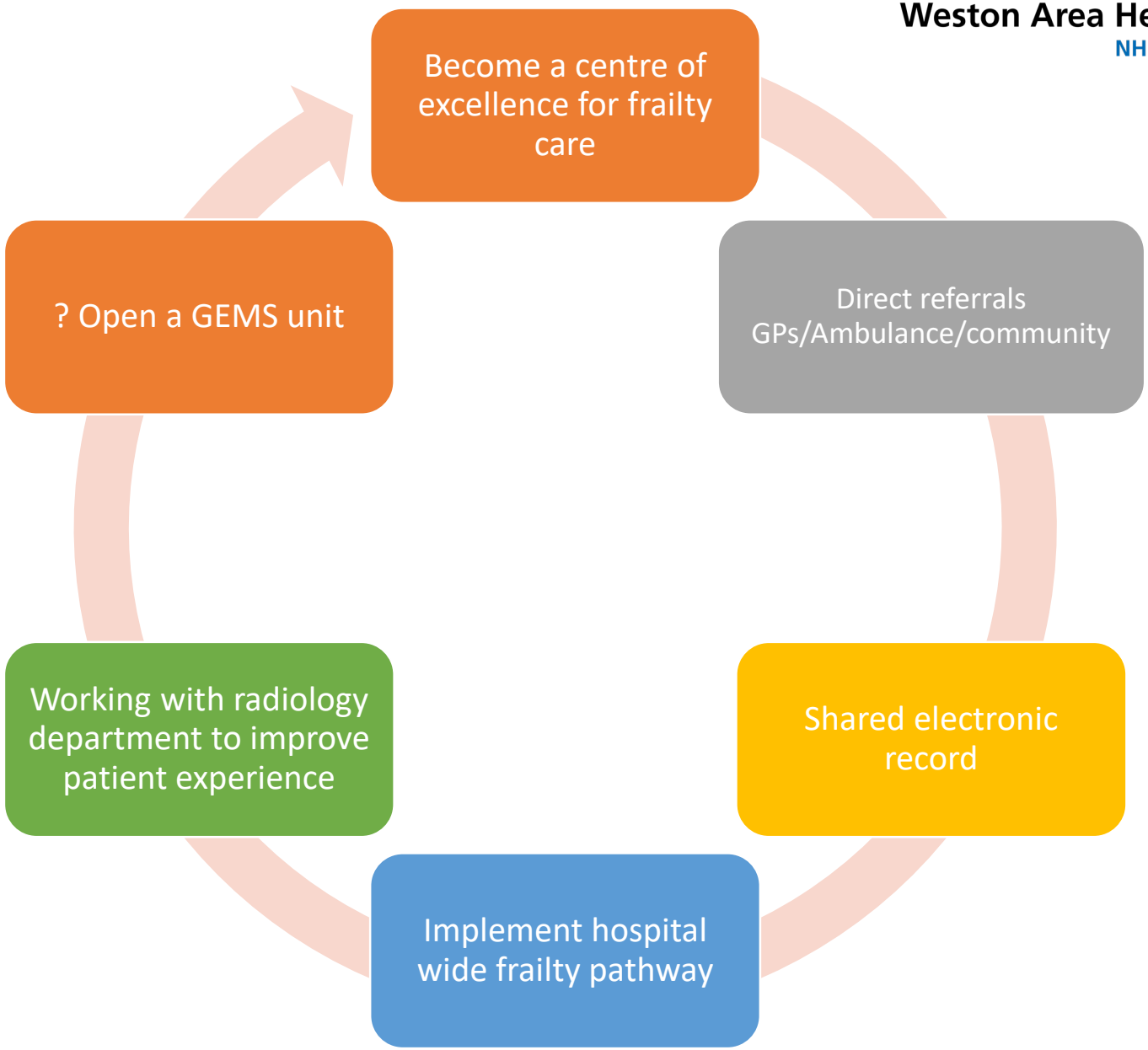
Future plans



Collaboration

- Bristol, North Somerset & South Gloucestershire CCG
- Integrated, cross boundary frailty pathway
- Aim: one single, seamless pathway for older patients living with frailty.

Reflections..

- Build and maintain enthusiasm – keep talking about frailty
- Make it a WHOLE hospital project
- Demonstrate WHY the suggested change is beneficial
- Use QI methodology to demonstrate that hard work is paying off
- Listen….patients and clinicians have great ideas
- Part time working is not a barrier
- You don’t have to be a Consultant to develop a service and facilitate change
- Join the Acute Frailty Network

- *Don’t take no for an answer!*

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