Destination Frailty Unit- A Quality Improvement Journey

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Background

University Hospital Wishaw is currently the only acute hospital site in Lanarkshire without a frailty assessment unit.

Development of a frailty unit at this site has thus far been limited by space and resources.

Evidence supports that prompt Comprehensive Geriatric Assessment (CGA) in frailty units improves patient outcomes[1].

Frailty is associated with increased length of stay, mortality and institutionalisation[2].

Front door frailty services have been shown to reduce length of stay in frail patients and promote early discharge[1].

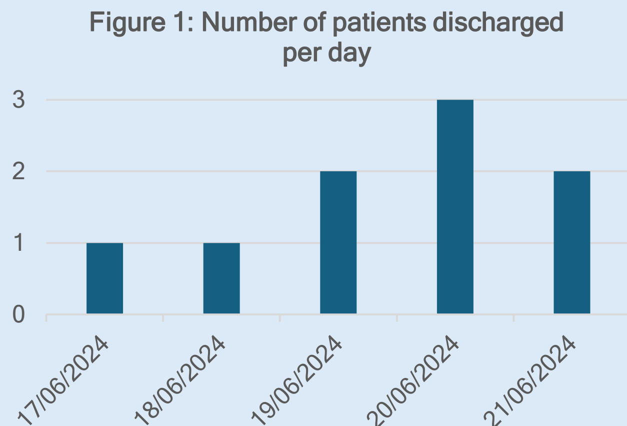


Figure 1: Number of patients discharged per day

Methods

- Ten beds within the Medical Assessment Unit were designated for the Rapid Access Frailty Team (RAFT).

- RAFT admission criteria included: Age >65 plus clinical frailty score ≥5.

- CGA delivered by: Consultant Geriatrician (twice daily review), physiotherapy, occupational therapy, nurse specialists.

- A five day test of change was implemented in June 24.

Results

- Twenty eight patients were admitted to the RAFT

- 73% of these patients (n=16) requiring AHP input were reviewed in RAFT.

- Nine patients (32%) were discharged home directly from the RAFT. The remainder were admitted to downstream wards (**Figure 1**).

- Three patients (11%) were discharged with Hospital@Home follow up.

- Approximately 50% of patients were moved from the RAFT within 24 hours (**Figure 2**). Average length of stay within the RAFT was 32 hours.

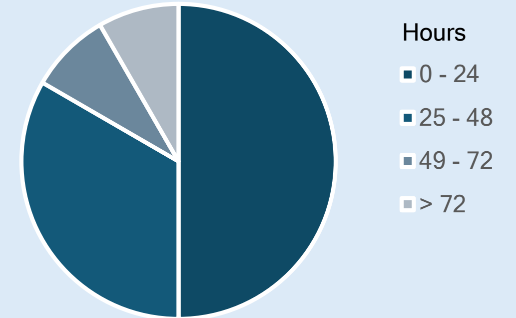
- Positive feedback from medical and advanced healthcare practitioners

References

1. Ellis G, Whitehead MA, Robinson D, O'Neill D and Langhorne P, 2011. 'Comprehensive geriatric assessment for older adults admitted to hospital: meta-analysis of randomised controlled trials.' BMJ, Oct 27, 343.

2. Conroy S and Dowsing T, 2013. 'The ability of frailty to predict outcomes in older people attending an acute medical unit.' Acute Medicine, 2 (3): 74-6.

Figure 2: Length of Stay in the RAFT



Limitations

The data and conclusions are limited by the test of change duration. Significant demands for bed space resulted in twelve instances of medical patients occupying RAFT spaces.

Feedback highlighted the additional nursing pressures to provide suitable care for frail patients with relatively high level of dependency.

Conclusions and Next Steps

A RAFT test of change has suggested desirable outcomes including improved length of admission and discharge from acute medical units.

Our next steps are to secure a permanent designated clinical area where our RAFT principles can be successfully implemented.