

# FRAILTY CARE: A DGH EXPERIENCE

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## INTRODUCTION

**Frailty defined as a distinct health-state related to the aging process in which multiple body systems gradually lose their in-built reserves.** When patients with **frailty syndromes** present to hospital, their care is predominantly guided by an existing specialist frailty team.

At Epsom and St. Heliers Hospital Trust this service only exists in daytime during the day, excluding weekends, nights and Bank Holidays. During these hours, **'frailty-naïve'** medical-junior doctors primarily review these patients.

## RESULTS

In 202 patients, average age was 85.2 years and consisted of 85 men and 117 women.

Unwitnessed falls were responsible for 143 presentations.

127 patients were Caucasian and from the least deprived deciles.

109 patients (54%) were seen directly by Frailty, and another 93 (46%) seen as referrals to the Medical Doctors.

**33 patients (16%) were discharged by Frailty within 24 hours of admission, compared to 15(7.4%) by the Medical Team.**

The Frailty Service was more proficient in assessing patient baseline status (OR1.71), property (OR1.64), cognition (OR1.43), medications (OR1.28) and patient preferences (OR21.95)

## CONCLUSION

Frailty reviews at an early stage in patient presentation to hospital was twice as likely to result in discharge within 24 hours of admission. Additionally, patients were more likely to have a thorough, comprehensive frailty assessment, and were significantly more likely to be empowered in their decision-making process.

## ANALYSIS

In this cohort of comparable elderly hospital admissions, we have demonstrated that a dedicated frailty service is paramount to the delivery of efficient and holistic care,

The frail population over the age of 65 represents a vulnerable group of people, which the general medical doctors are ill equipped at managing.

In the absence of a dedicated frailty service, medical education and training in frailty care should be made a priority for NHS trusts to improve the overall care of their high frequency, frailty presentations.

## OBJECTIVE

To compare documentation, management plans and care delivered by medical juniors to that of an established frailty service present at the hospital.

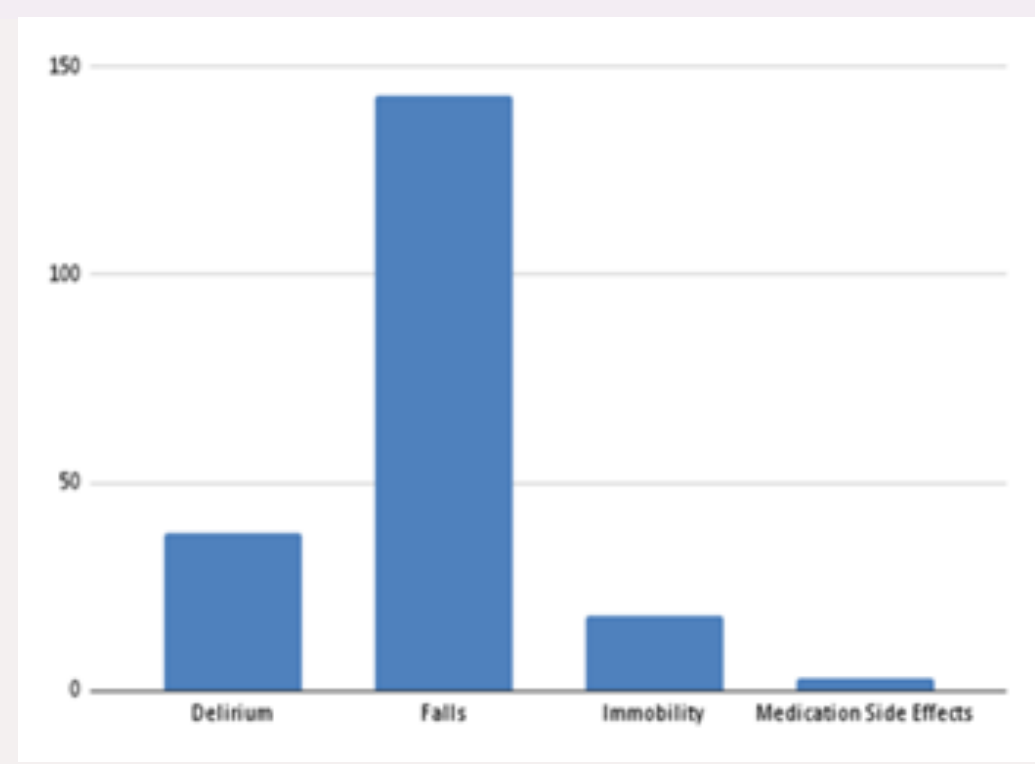
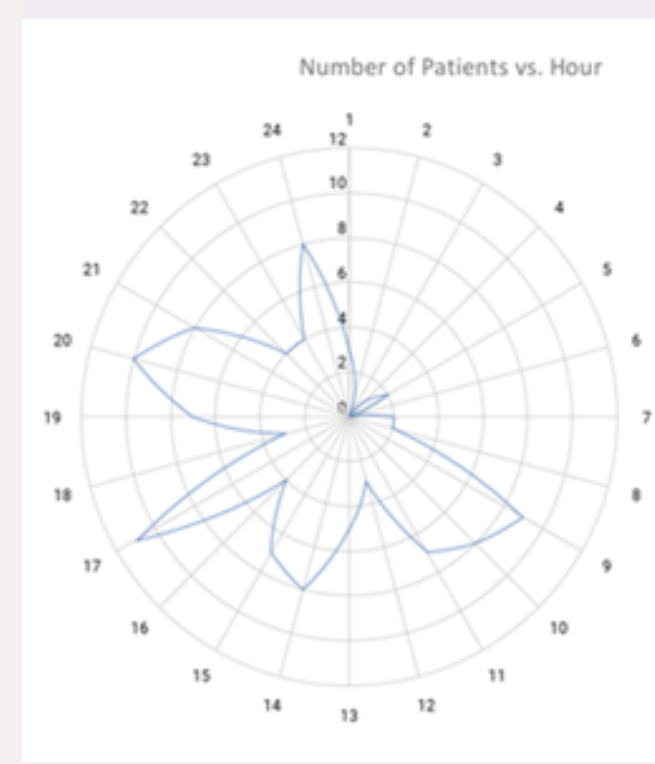
To compare the domains of patient outcomes and rates of discharge by medical juniors to that of an established frailty service

## METHODOLOGY

Between the dates 15th April 2024- 15th May 2024, prospective data on presenting complaint, demographics, degree of frailty, postcode was collected on all patients over the age of 65, presenting to A&E at Epsom and St Helier Hospitals with a Frailty Syndrome.

Patients who presented with symptoms or signs outside of the frailty syndrome criteria were excluded. The Medical Service was compared to the Frailty Service on rates of discharged, resuscitation status, an escalation plan, baseline functional assessment, vision and hearing assessment, home set-up assessment, cognitive status, the elicitation of patient preferences and a medication assessment were performed.

## The Frailty Syndromes



Frailty Score Performed Y/N	1.02
CPR Status recorded Y/N	1.02
PTEP recorded Y/N	0.68
UCP recorded prior to admission Y/N	0.93
Baseline functional status recorded Y/N	1.71
Property type recorded Y/N	1.64
Baseline functional assessment recorded Y/N	0.57
Delirium/Dementia screen /4AT Recorded Y/N	1.43
Medication Review performed Y/N	1.28
Vision/hearing assessed Y/N	0.54
Patient preference elicited Y/N	21.95

**RELATED LITERATURE**

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