Frailty – Impact on Emergency patient flow

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National Clinical Lead – Reducing Length of Stay Programme

Today…

Why frailty? Impact on flow – some facts

Latest PDSA and recommendations…

Take Home Messages

- Sorting out frailty properly as a system gives the best return on investment – indicative figures
  - spent £17K - saved - 76.5K (4.5 times ROI)
  - Potentially saved 10-20 acute beds while doing the right thing for the patients.
- Community services focussing and prioritising on avoiding a Conveyance/Admission is far more effective and efficient compared to prioritising supporting discharges from Acute

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East of England Ambulance boss sorry after waiting patient dies

4 days ago

Ambulance and trolley waits soar to record levels

By Alison Moore, Matt Discombe | 11 November 2021

8 Comments

- Heart attack and stroke patients face waits of nearly an hour despite 18-minute target
- Trolley waits in A&Es top 7,000 in October amid worst ever performance levels

Ambulance response times hit new lows last month, leaving heart attack and stroke patients waiting nearly an hour to be reached on average, despite the system having an

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Who can be harmed when people are admitted unnecessarily?

Working backwards through the chain of events leading to admission

The patient waiting at home
Pts at home waiting for an ambulance…

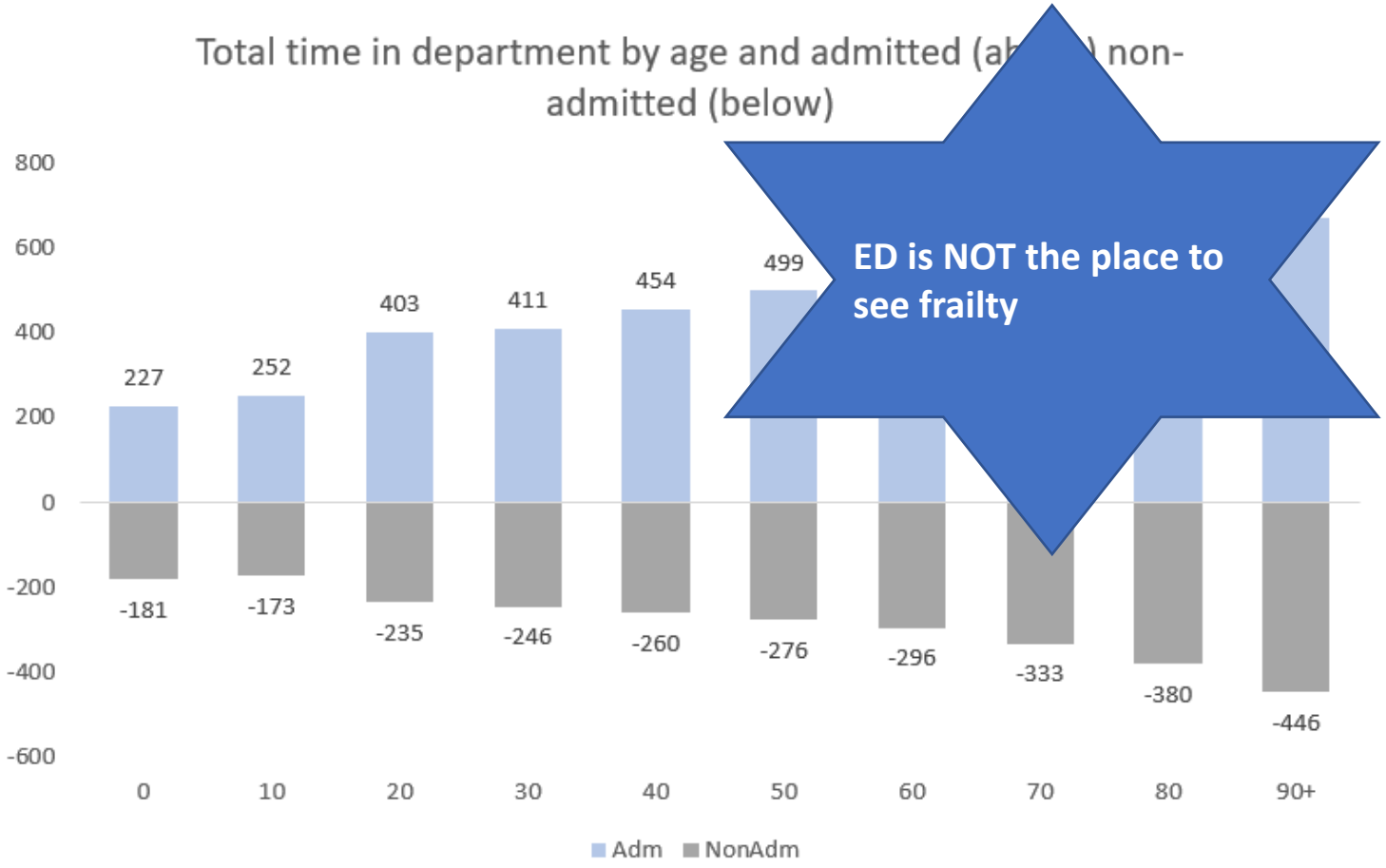
The patient waiting to be handed over
Cant be off loaded
No access to treatment

The patient waiting for a bed
Sub optimal care
>12hrs – significant harm

The admitted patient
Deconditioning
LloS
Nosocomial infections
Death

National picture

- Admitted/speciality pathways spend more time in ED
- Older patients spend 10-11hrs if admitted and 6-7 hrs if not admitted

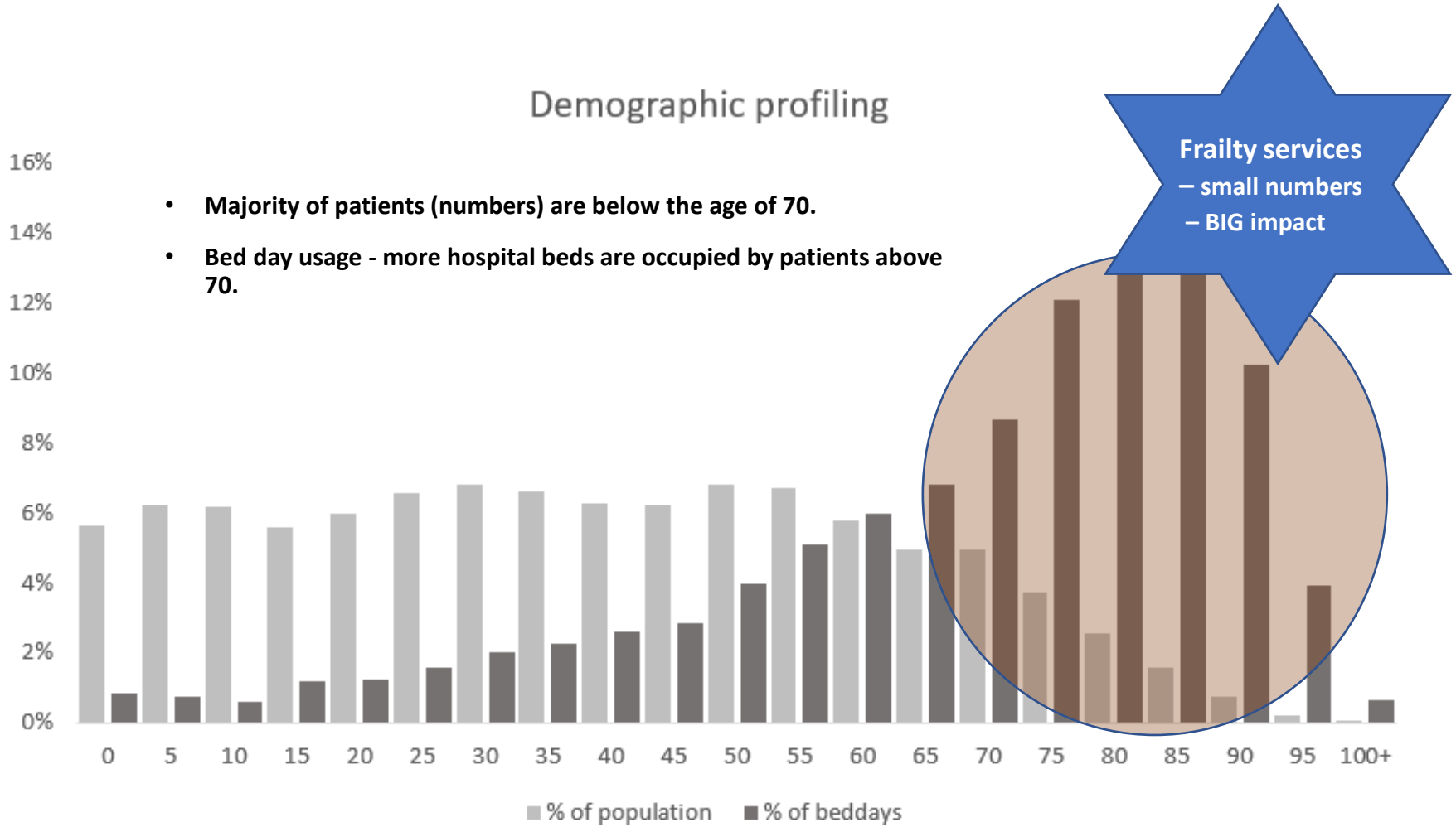


Emergency care bed-day usage

Over 70s

- Population **13.5%**,
- Attendances **22%**
- Time in ED **30%**
- Beds **66%**

- **Majority of patients (numbers) are below the age of 70.**
- **Bed day usage - more hospital beds are occupied by patients above 70.**



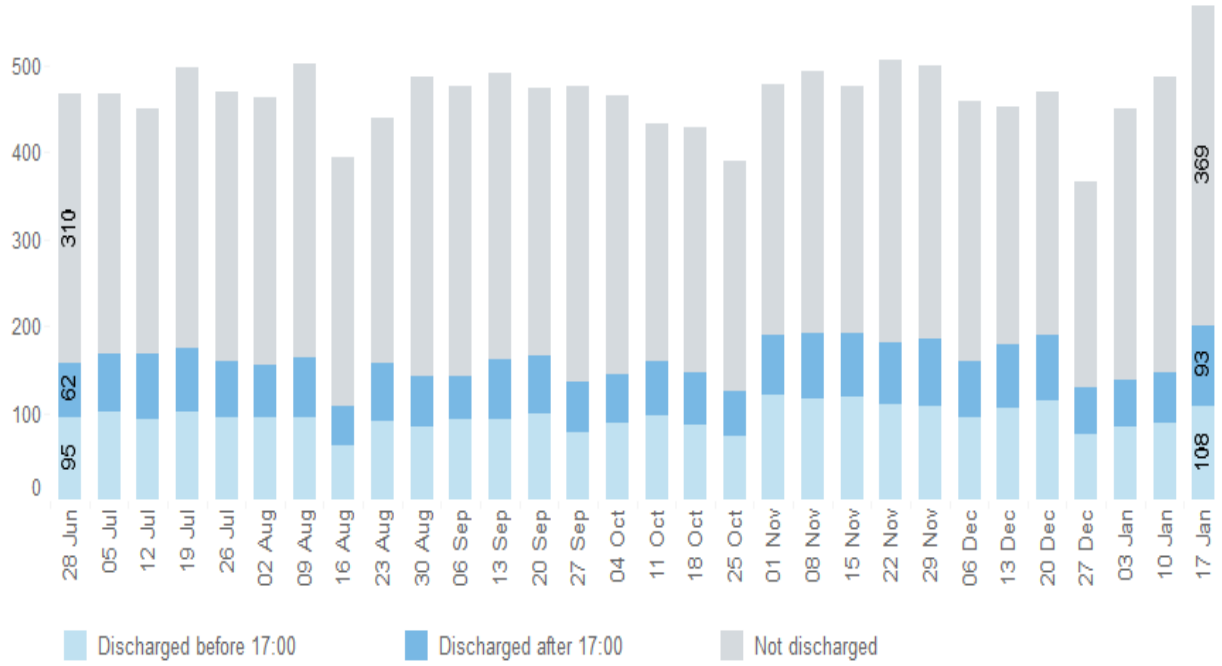
STP – Coventry & Warwickshire Trusts Performance
Week commencing 10th January 2022

All patients

Patients who meet the criteria to reside	Patients who **no longer** meet the criteria to reside	Patients discharged by 17:00	Patients discharged **after** 17:00	Patients **not** discharged
1,110	503	88 (17%)	67 (13%)	348 (69%)

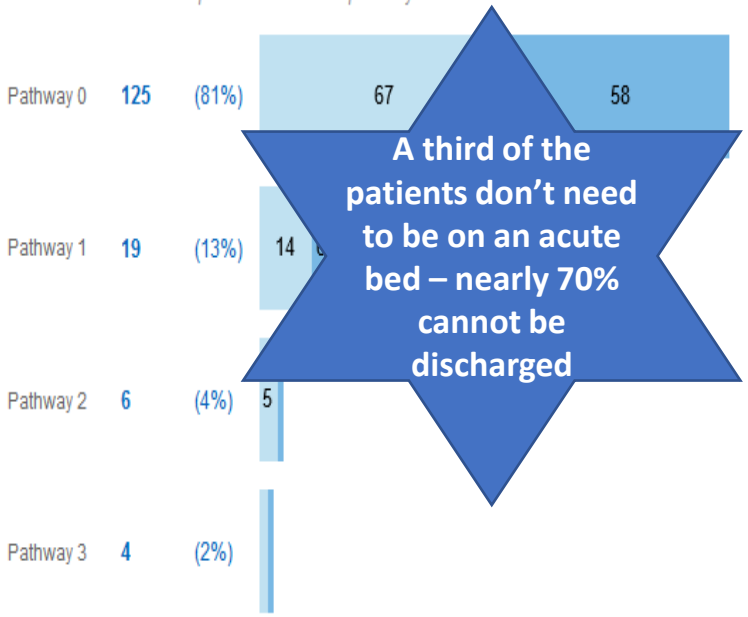
All patients who **no longer** meet the criteria to reside

Total



Discharge pathways

Click the + button to expand into detailed pathways



A third of the patients don't need to be on an acute bed – nearly 70% cannot be discharged

Why Frailty?
Impact on Elective and Emergency Flow

Age group	Proportion of beds occupied in SWFT	Proportion not meeting CtR within the age group
<18	1%	0%
19-74	42%	21%
>75	57%	34%

More than 50% occupied by older patients

A third of these don't need to be here

A significant number – don't need admission

Should not been conveyed to sec. care.

Most of them did not want to leave home

Getting frailty right – best patient experience AND will release inpatient capacity

Frailty and Ambulance Service WMAS

(West Midlands Ambulance Service)

Frailty is a significant part of WMAS workload

Over 75s's make up 50% of all calls in WMAS

Average 59 minutes spent per frail older patients -

60% see and convey and 40% see and treat

The Problem…

However referred, majority of older patients come to sec. care via an ambulance

- Ambulance services have three options when on site with a patient.

1. See and Treat
2. See and convey to ED
3. See and find an alternate

Seen as a safe option when 3 fails. The path of least resistance is often the path of most potential harm

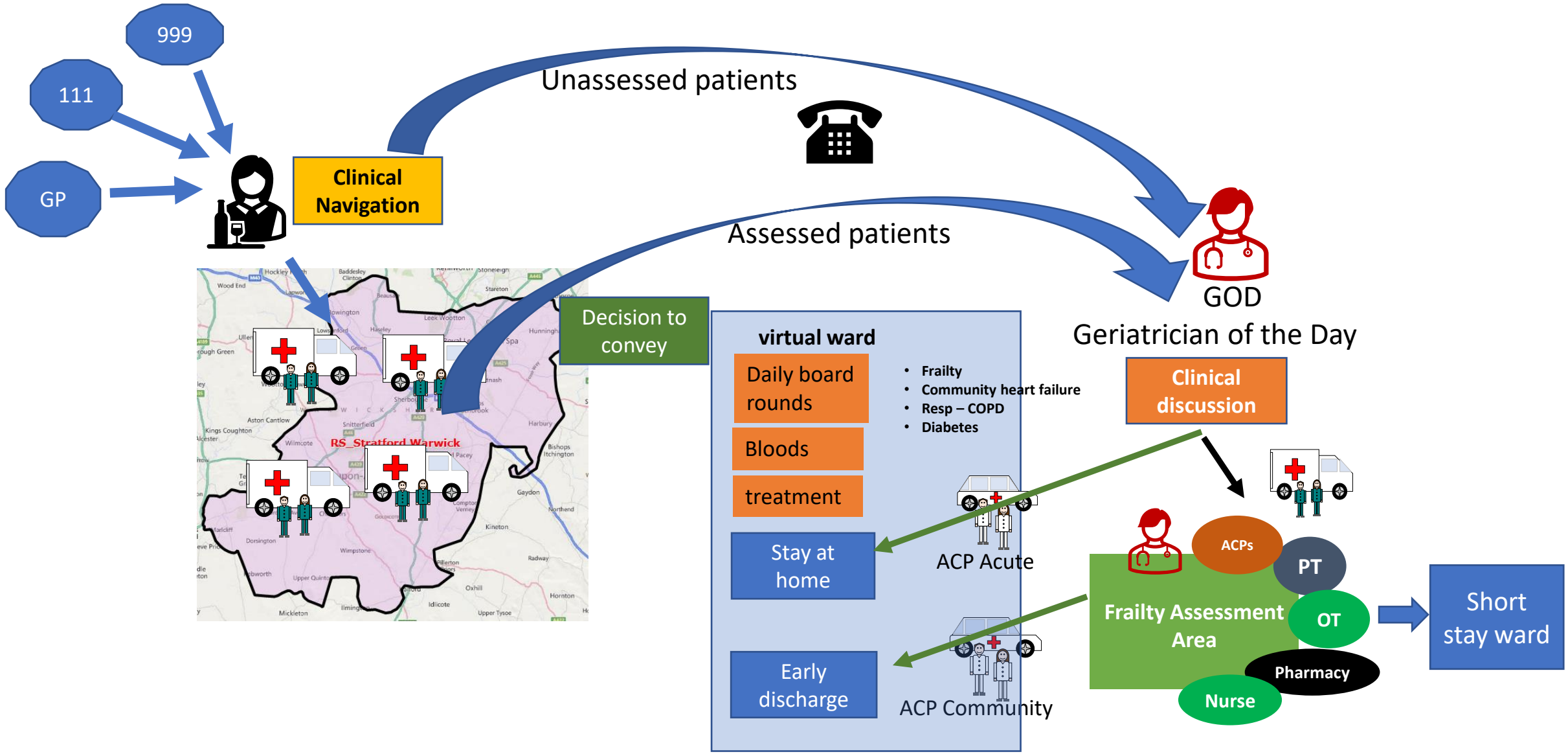
- The third option of 'see and find an alternate pathway' is often unreliable and so is used inconsistently leading to a vicious cycle of conveyance, admission, long hospital stays, deconditioning needing increasing packages of care and exit blocks, which in turn lead to delayed ambulance handover times.

The Background

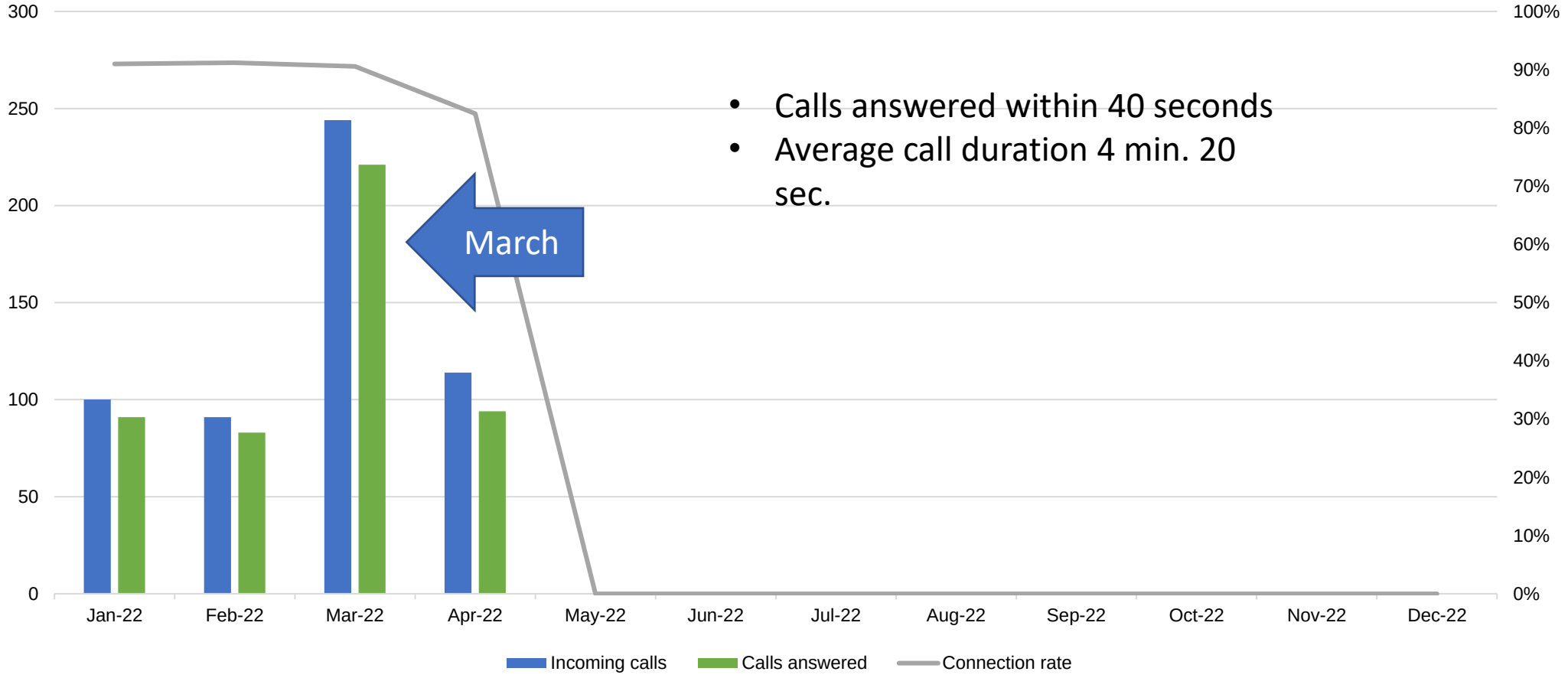
- National UCR (Urgent community Response) Services – agreed to fund a Project aimed at maximising opportunity for conveyance/ admission avoidance by use of UCR services. Spent approx. 17K for the month of March-2022
- Worked in collaboration with WMAS to focus on ‘call before convey’

PDSA and criteria

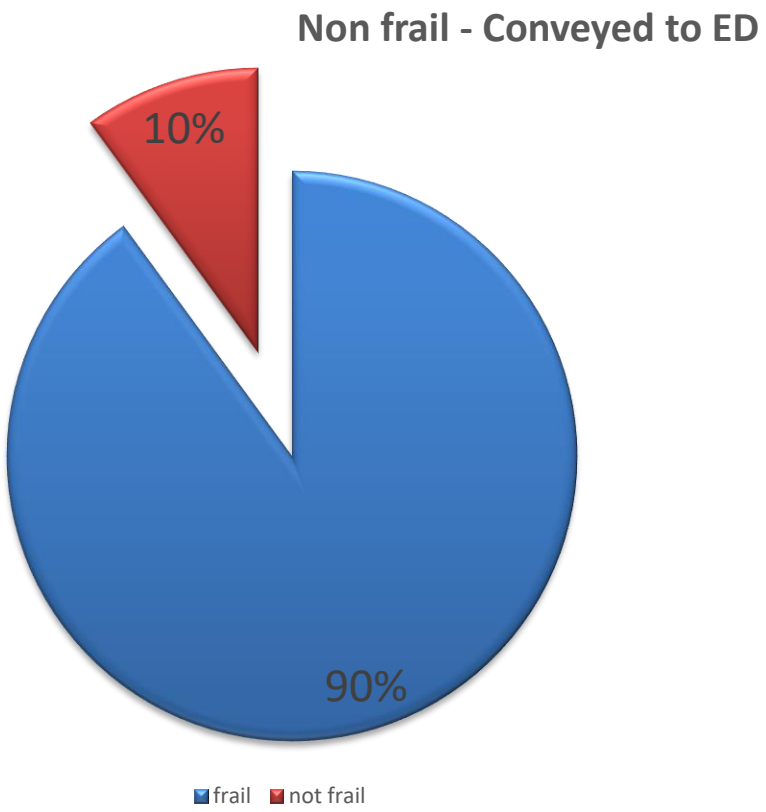
- Patients
  - over 75 yrs age
  - frail and under 75
  - SW postcode
- All categories of WMAS patients
  - Unassessed patients through call navigators
  - Assessed patients not needing blue lighting and a decision to convey to call a consultant geriatrician before conveying
  - 0800- 2000hrs – 7 days a week – *could only do 5 days out of 8 weekend days in 4 weeks*
  - Single call number through consultant connect
- Dedicated consultant taking the calls – high quality decision making


999
111
GP
Clinical Navigation
Unassessed patients
Assessed patients
GOD
Geriatrician of the Day
Decision to convey
RS_Stratford Warwick
virtual ward
Daily board rounds
Bloods
treatment
Stay at home
Early discharge
Frailty
Community heart failure
Resp – COPD
Diabetes
ACP Acute
ACP Community
Clinical discussion
ACPs
PT
OT
Pharmacy
Nurse
Frailty Assessment Area
Short stay ward

Consultant connect – calls



- Calls answered within 40 seconds
- Average call duration 4 min. 20 sec.



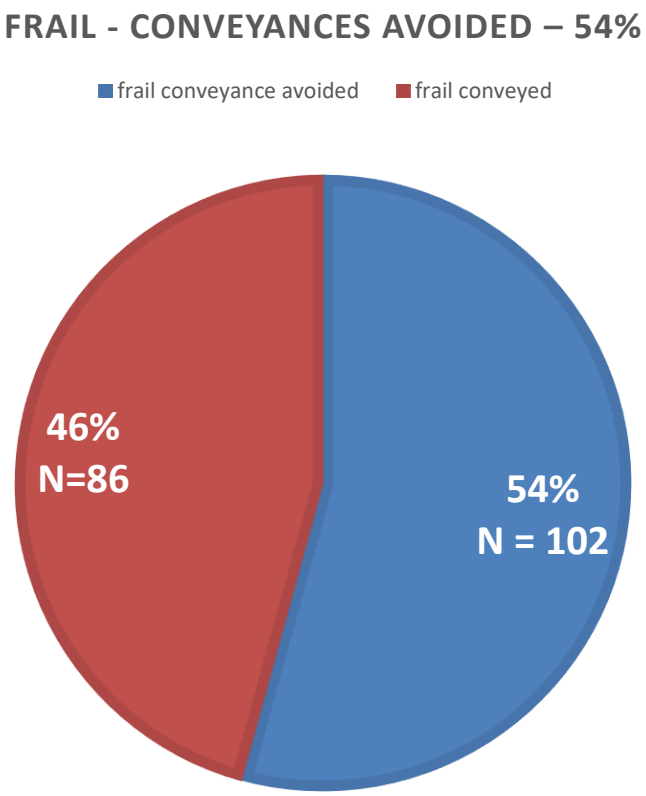
21 conveyances not frailty

209 calls – 188 frail and 21 not frail and conveyed

Only 188 calls were frail.

Could have been conveyed to the Right SDEC

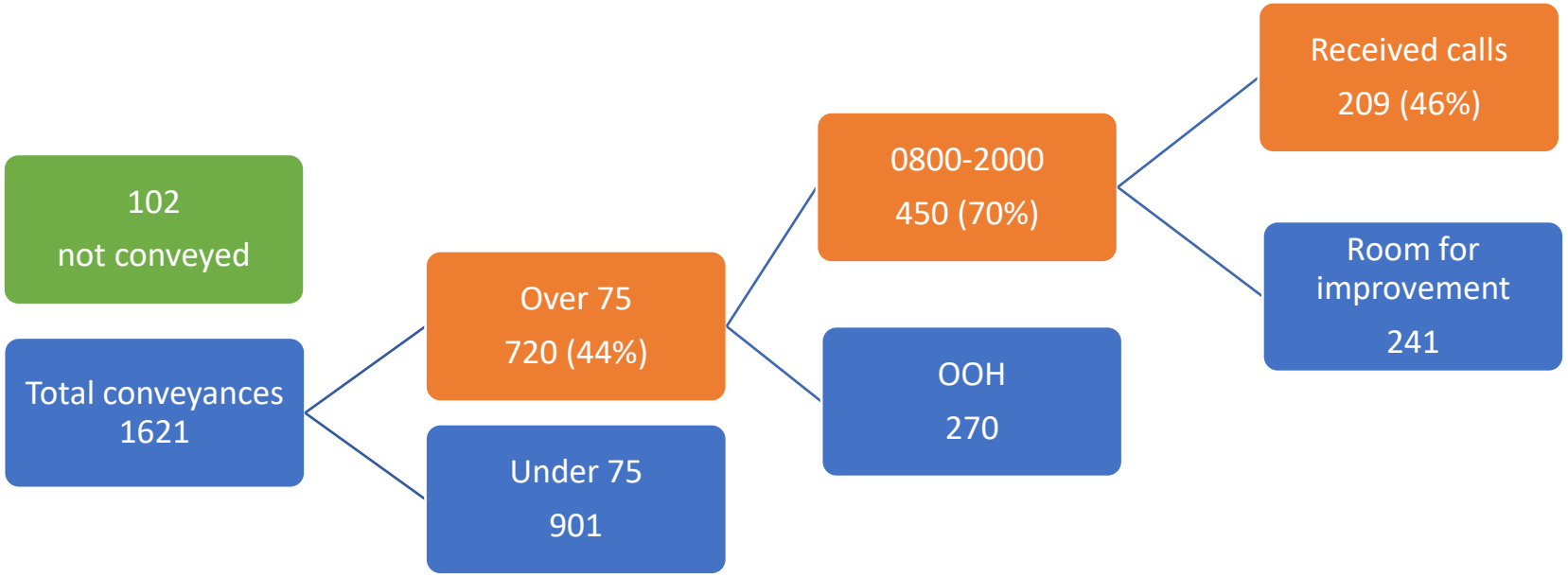
- Surgical
- Urology
- AMU
- Stroke
- Fracture NOF



Of the 209 patients over 75 yrs – 21 not frail

Of the remaining 188 – 102 patients not conveyed.

March 2022- SWFT – WMAS conveyance data

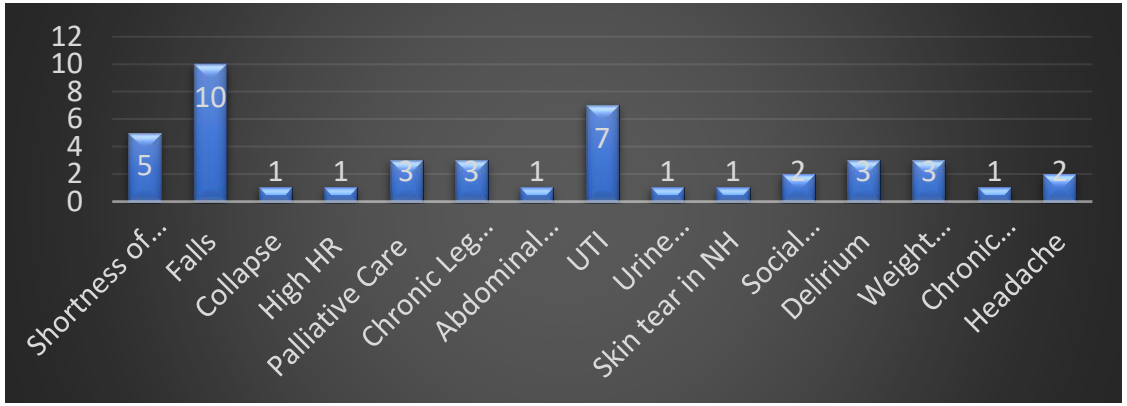


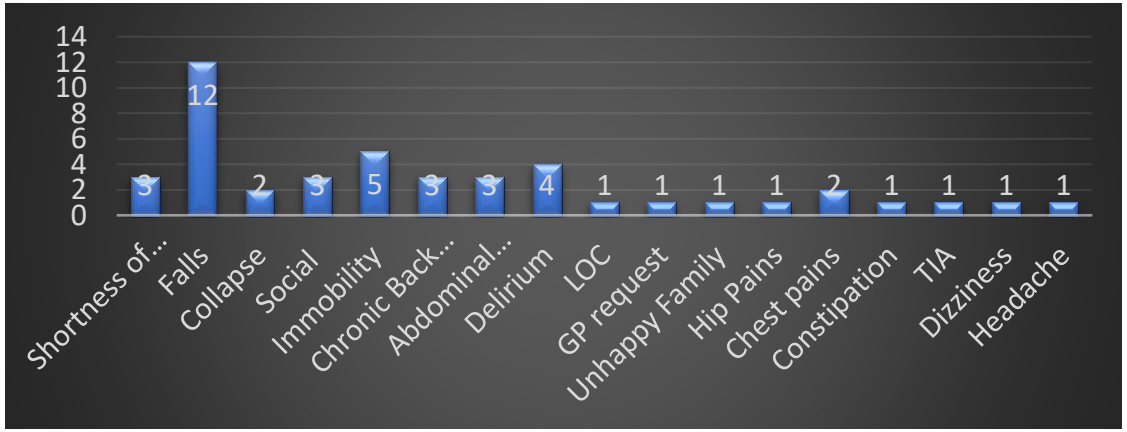
450 patients over the age of 75 were conveyed to SWFT, instead of 552 (450 +102)

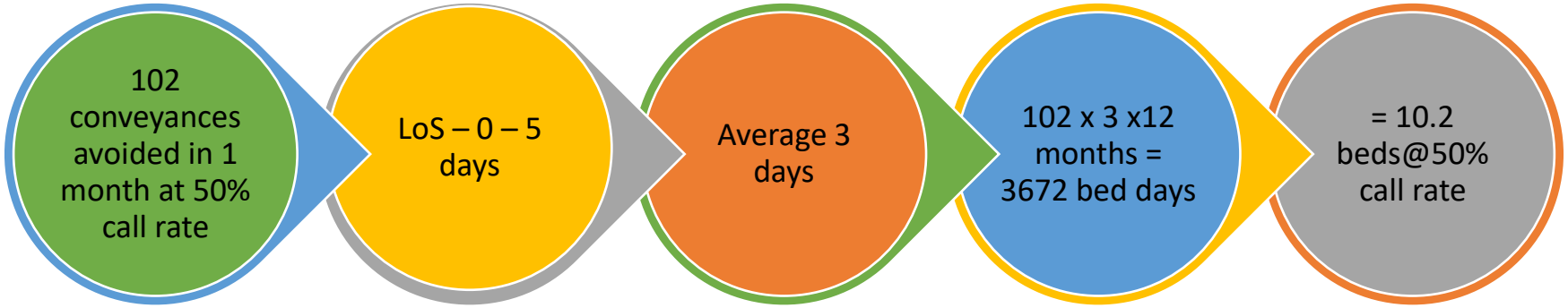
Comparing symptoms - non conveyed and conveyed

Presentation	Non conveyed	Conveyed
Shortness of breath	5	3
Falls	10	12
Collapse	1	3
High HR	1	
Palliative Ca		
Chronic Leg pai		4
Abdominal pains		4
UTI		
Skin tear in NH		
Social prob		1
Delirium	3	4
Wt. loss	3	
Chronic /Chest pain	1	2
Headache	2	
Immobility		5
GP request		1
headache	2	1
TIA/dizziness		2

What makes the difference is having someone at home 24/7 to keep an eye on the patient



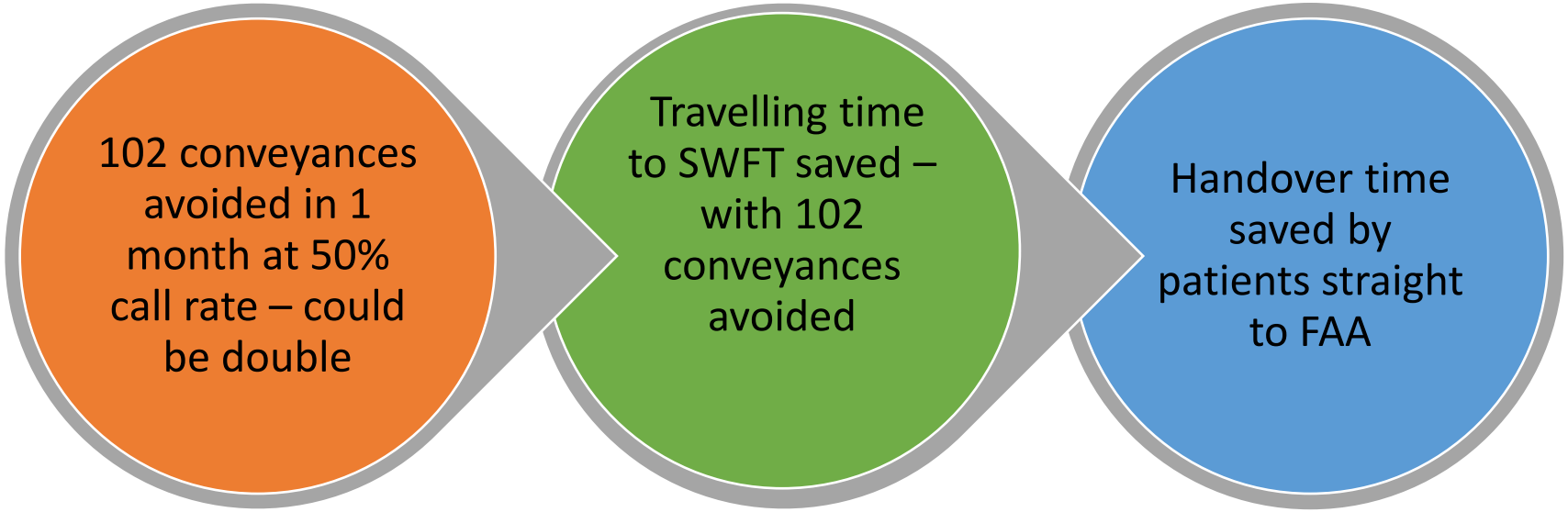


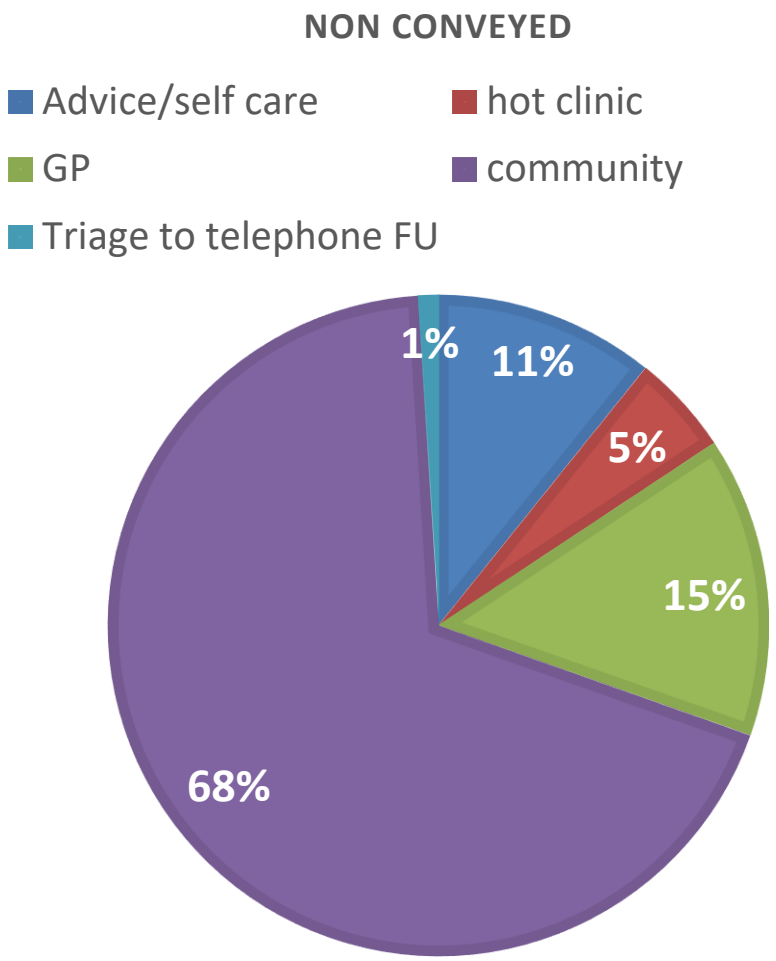


Current conveyances avoided	3.4 patients per day	10.2 bed days saved
If calls doubled	6.8 patients per day	20.4 beds saved

Potential Quality improvement for WMAS

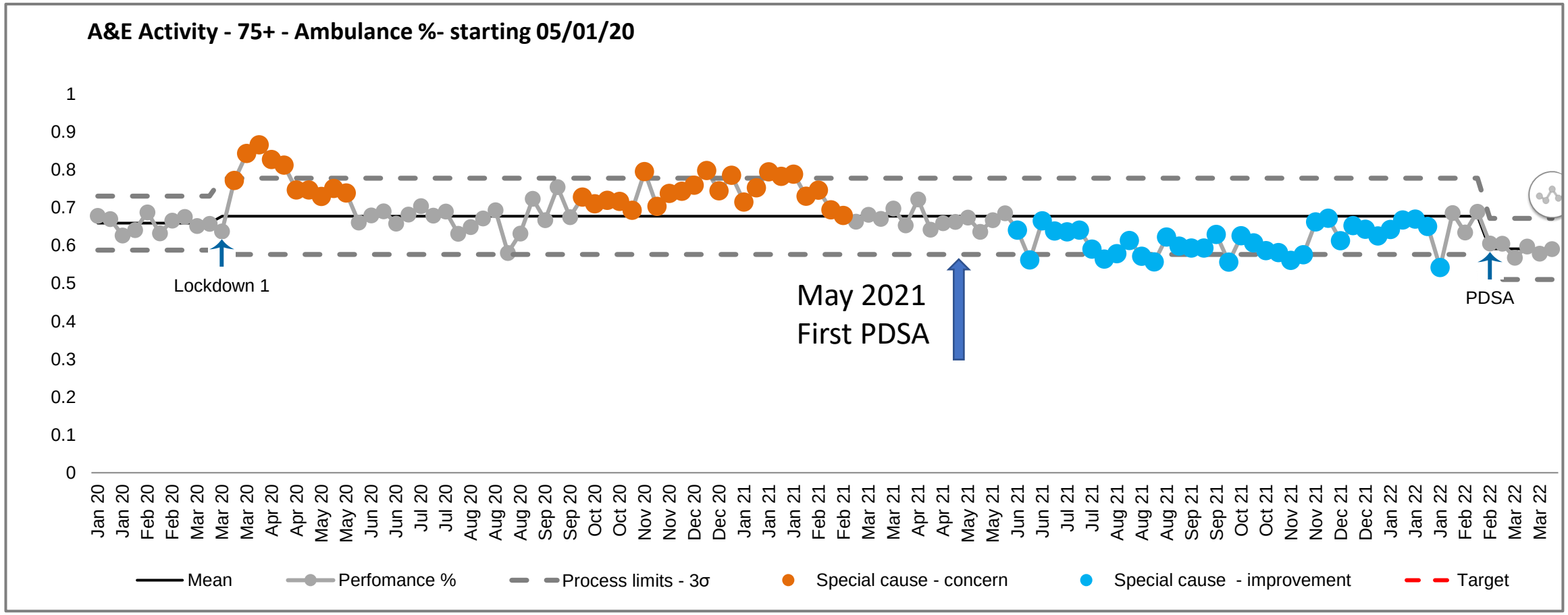
Refer- current national headlines slide



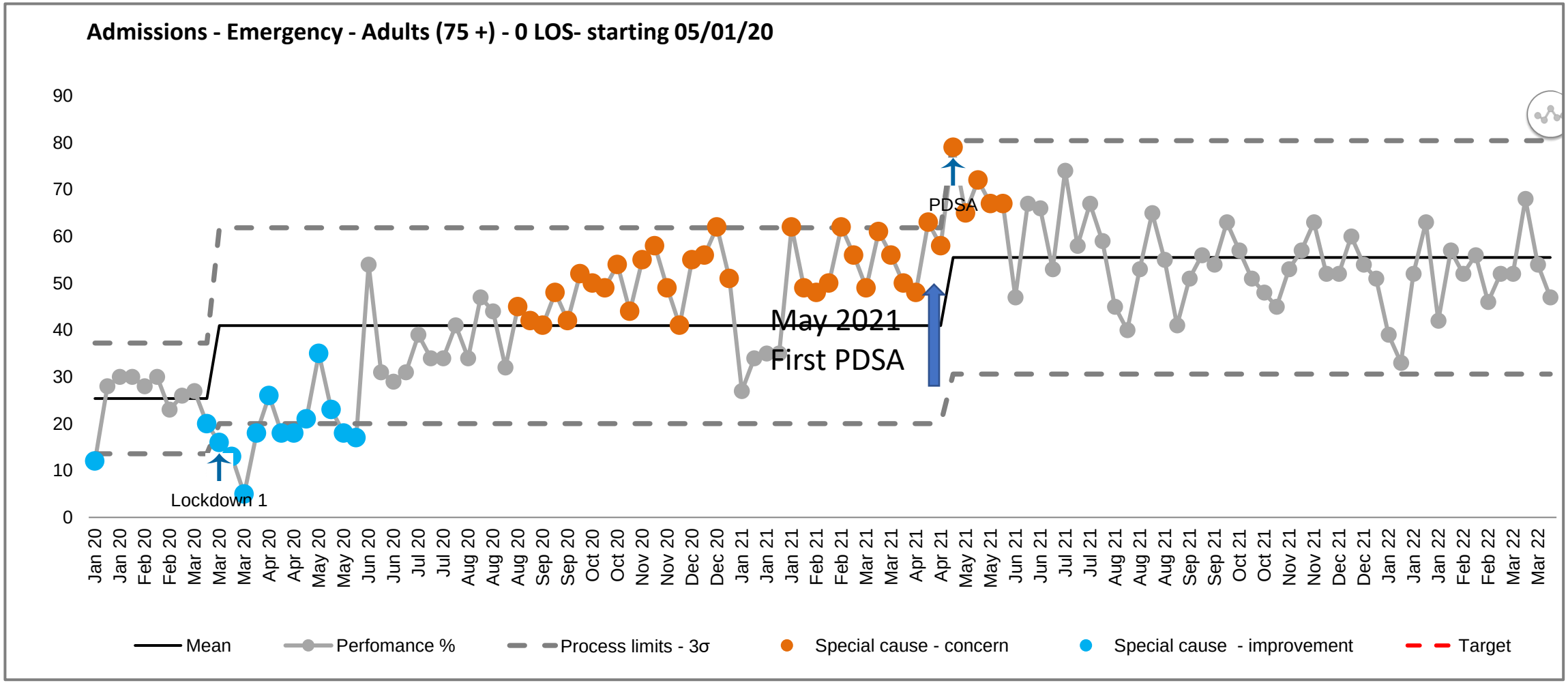


Non conveyed triage outcomes

Proportion of ambulances to SWFT with over 75s



SDEC activity in the over 75s



Summary

At least 50 % of the conveyances in older patients can be avoided if 'call before Convey'

Collaboration with community services and ambulance services is key

Addressing frailty will address the acute flow issues and create capacity for elective work

Questions?