



# Building A Frailty Friendly Front Door

Jay Banerjee  
Consultant in EM/ AMD for QI  
Acute Care Lead LLR UEC Vanguard  
UHL NHS Trust

# Bed V Admissions

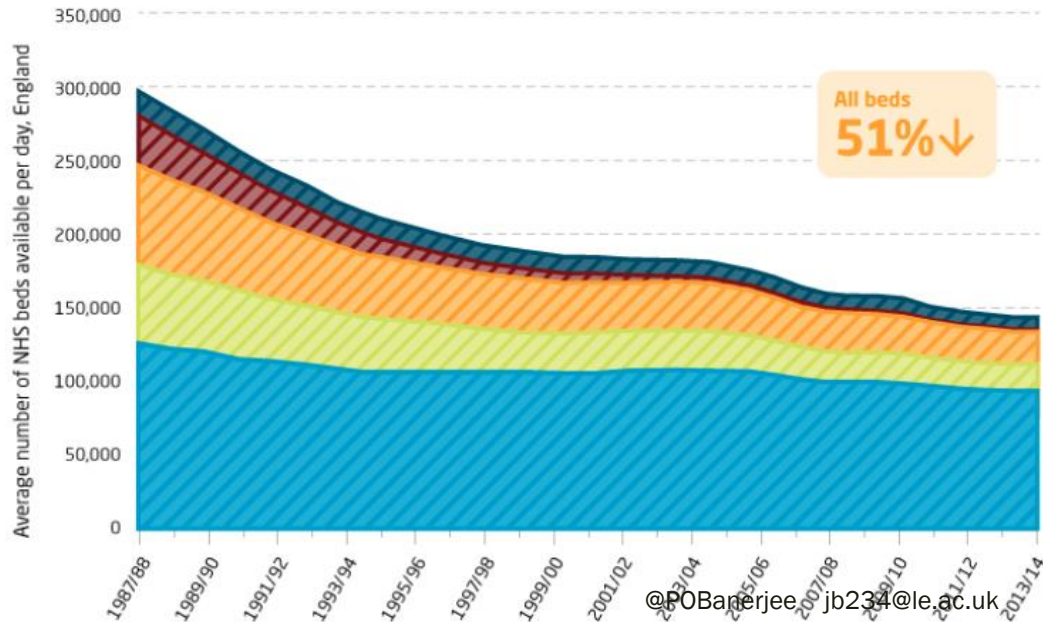
Emergency admissions from A&E, weekly data



TheKingsFund

## The number of hospital beds

25 March 2015



# Capacity or flow?

Figure 3.3: Link between occupancy and waiting time/breaches (based on average occupancy, 2010 to 2013)

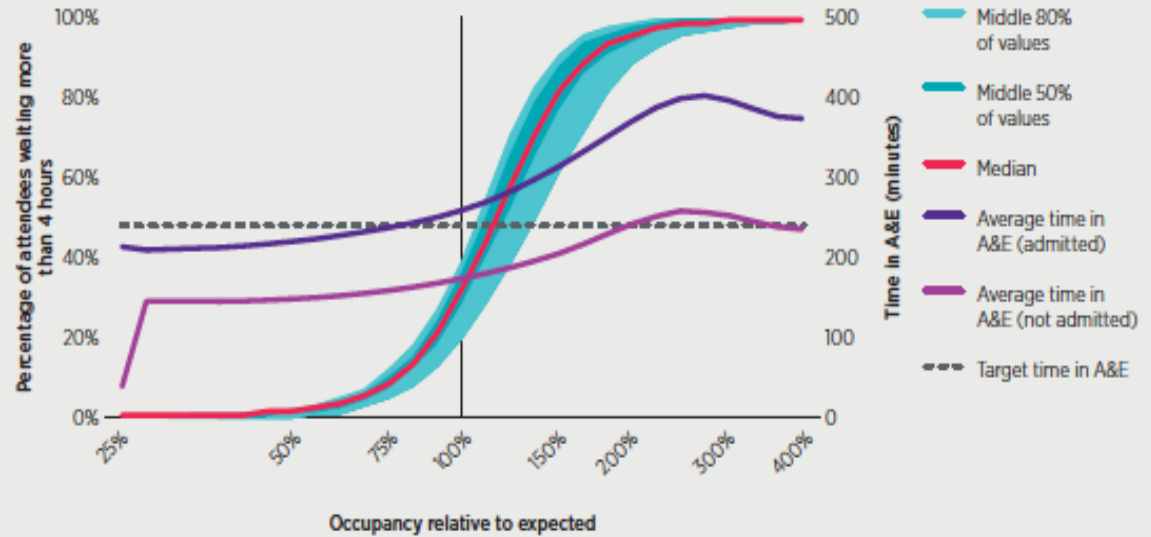
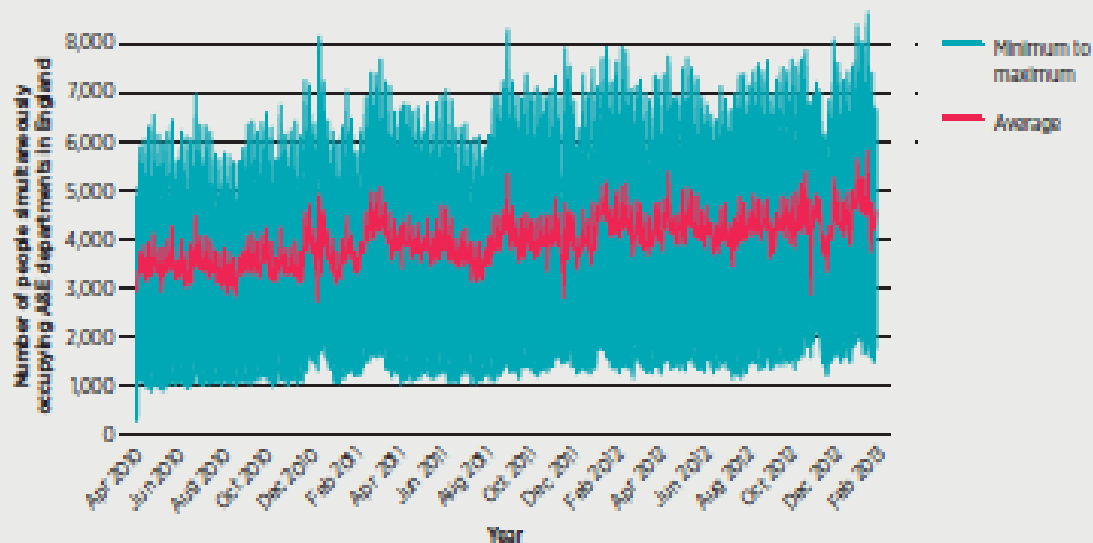
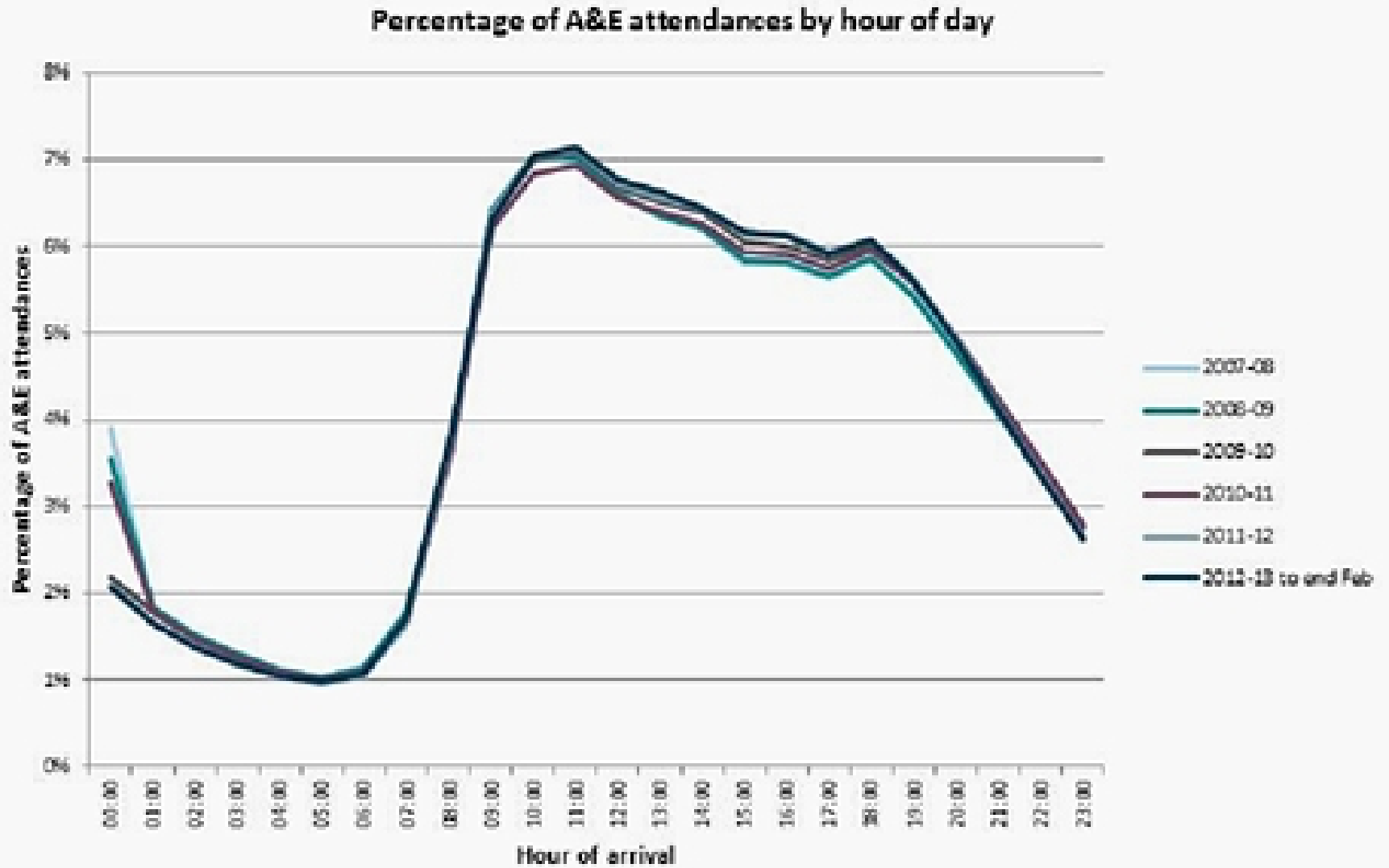


Figure 3.2: Daily A&E occupancy in England, 2010 to 2013



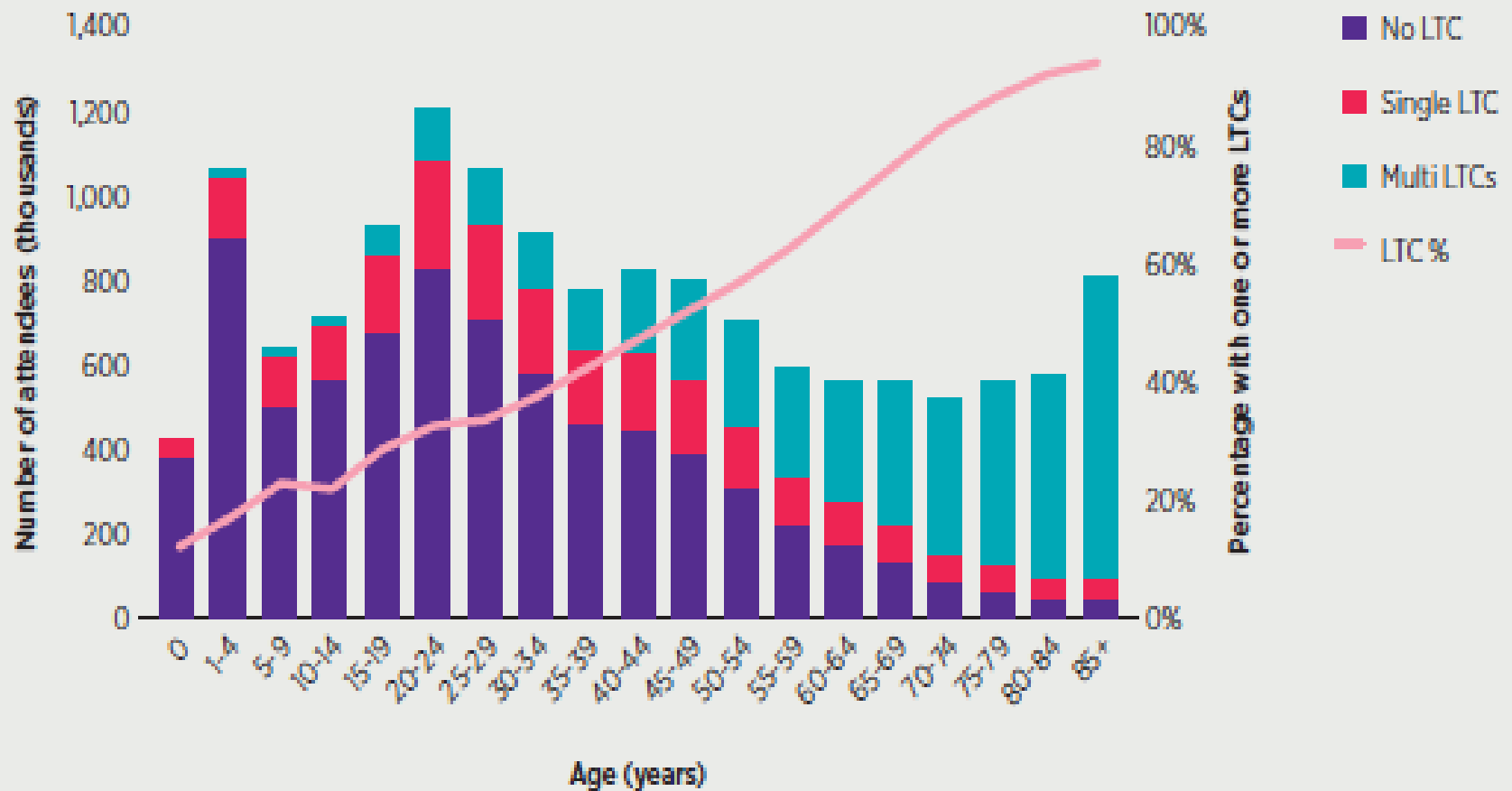
# Predictability



# Prevalence of LTC

## Qualitywatch 2014

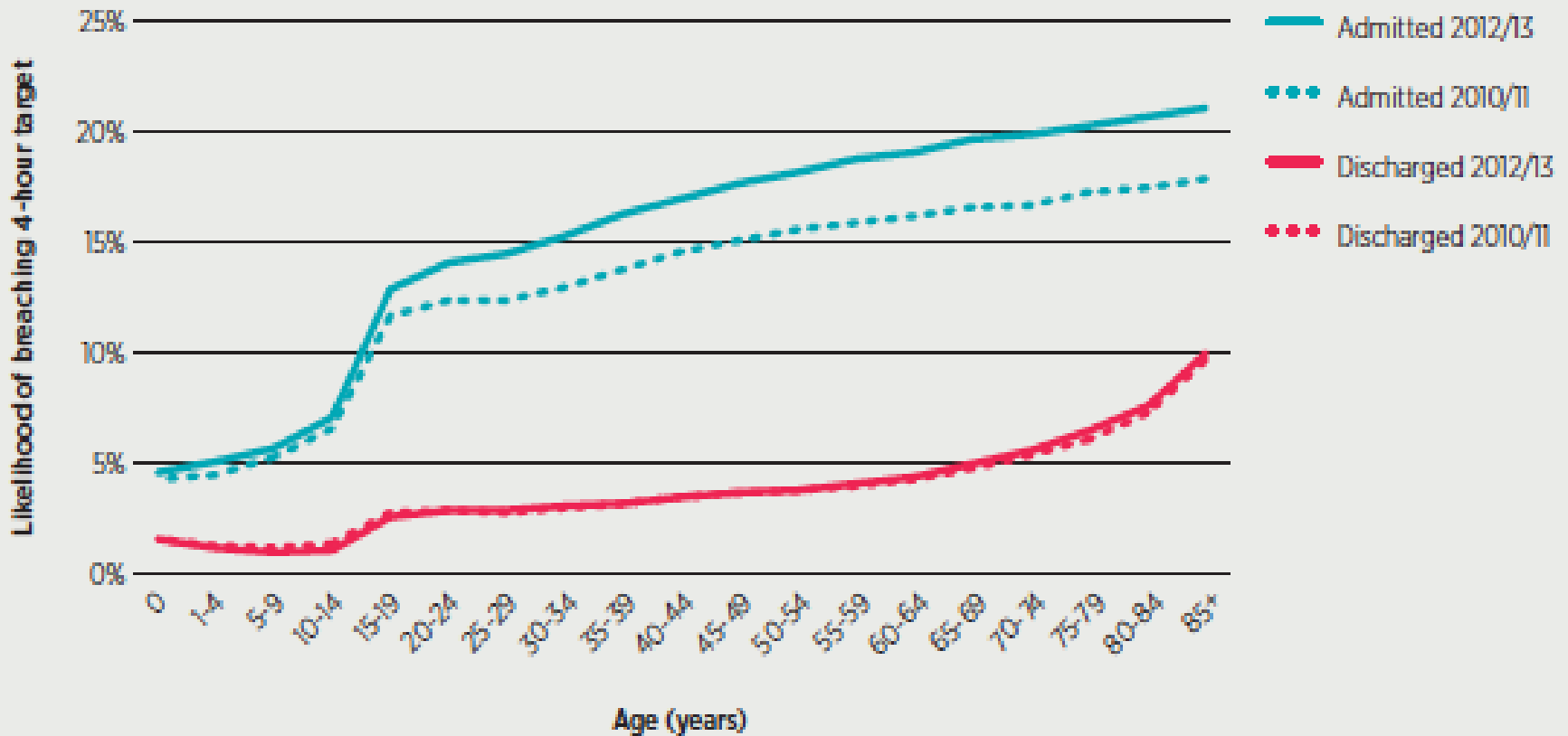
Figure 4.3: Distribution of long-term conditions (LTCs) by age of A&E attendee, 2012/13



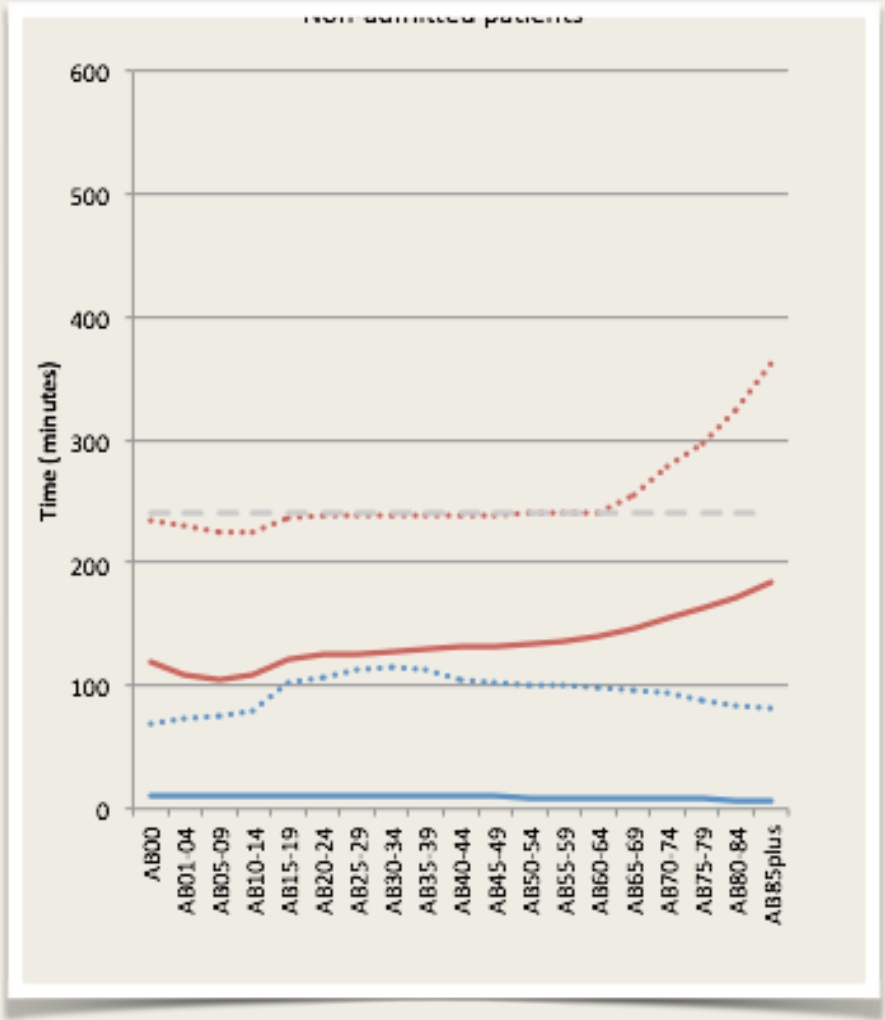
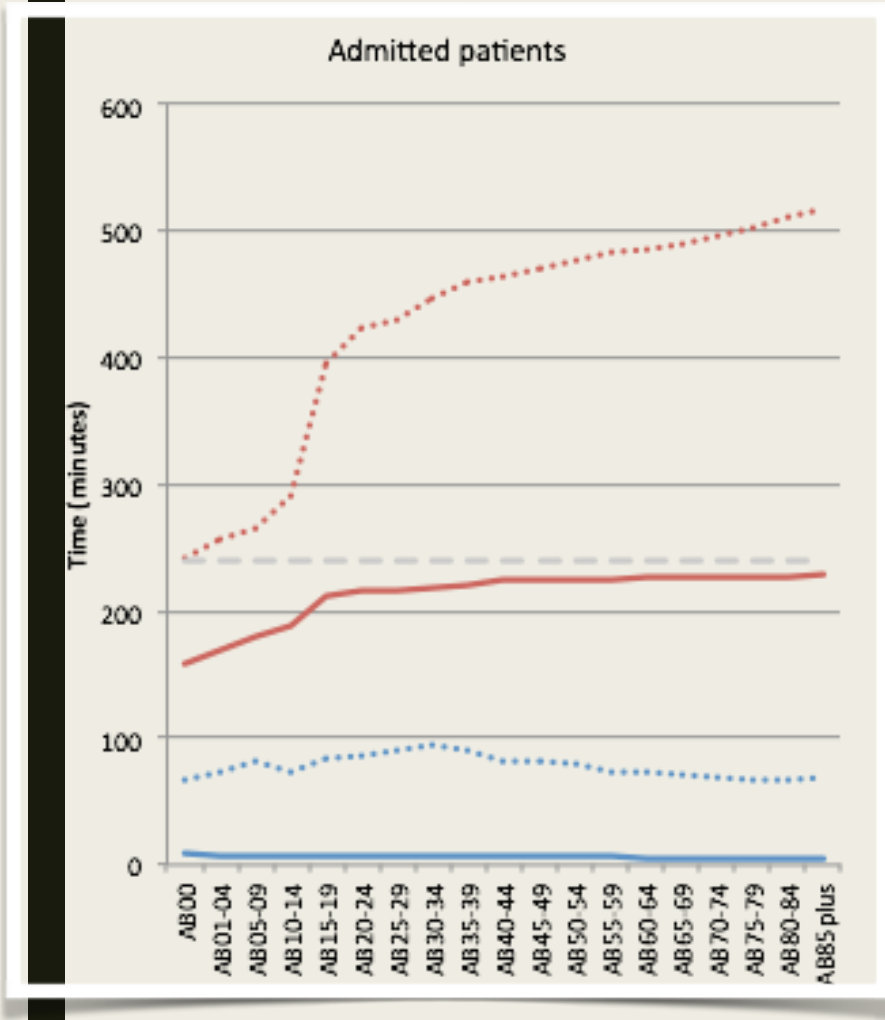
# Breach by age/outcome

## Qualitywatch 2014

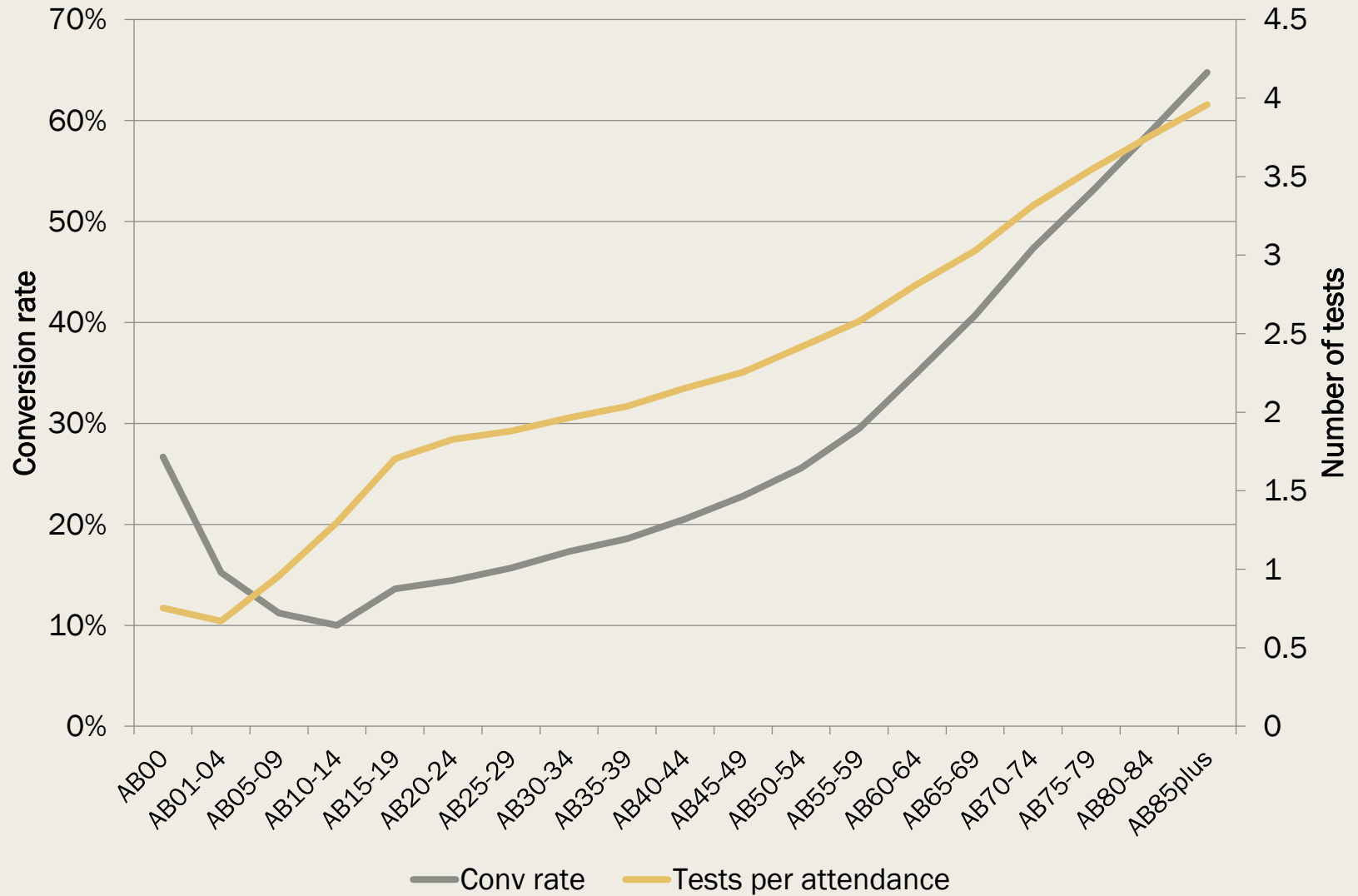
Figure 4.2: Likelihood of breaching four-hour target by age and outcome



# ED LOS by age (HES 2013-14)



# Testing V Conversion





# Impact of age

- Flow = Slow  $\propto$  Old
- Complex older people with non-specific presentation in complex systems  $\neq$  single system/single problem paradigm
- How do we improve?

Working hard does not improve  
results

Every system is  
exactly designed to  
deliver the result it  
gets.....

- Paul Batalden, Founding Chair,  
Institute for Healthcare Improvement, Cambridge, MA

# Improving ED processes

- Understanding the demand – ambulatory care/ minor illness/ambulance borne older people
- Segmenting the older population
- Staffing with MDT with CGA competency
- Managing geriatric giants: confusion, falls & immobility, polypharmacy, incontinence, end of life care
- Reducing admissions, readmissions, LOS
- Link internally, externally

- Shared vision
- Competency
- Competition time & resources
- Improvement mentality & learning
- Keeping the faith standing under the waterfall
- Moving from a “process” to an “outcomes” mentality
- Money – social care, training
- Community services and primary care resources

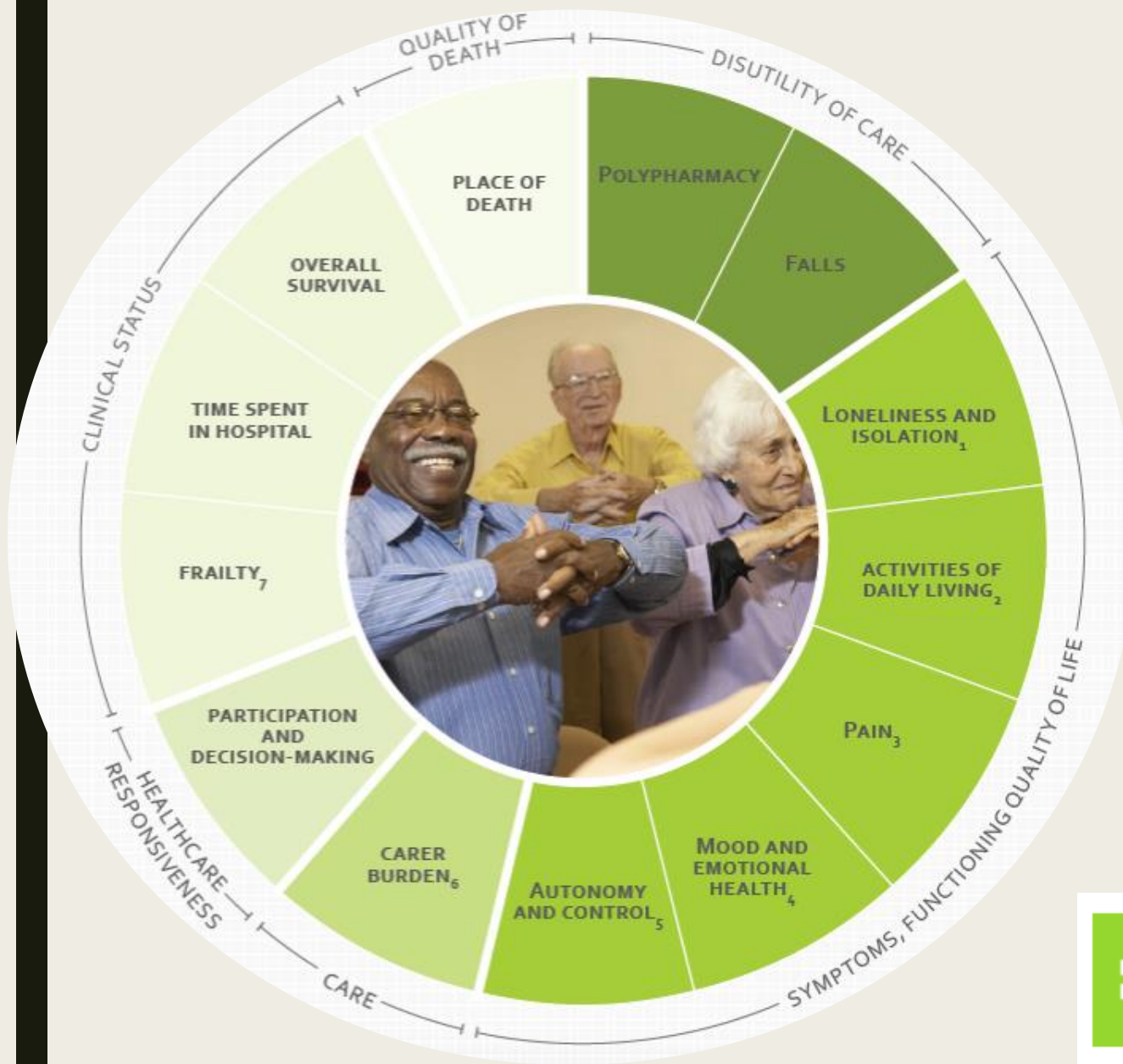




- The moral imperative.....

“It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped” (Humphrey Hubert)

# The Older Person Standard Set of outcomes



## Scope

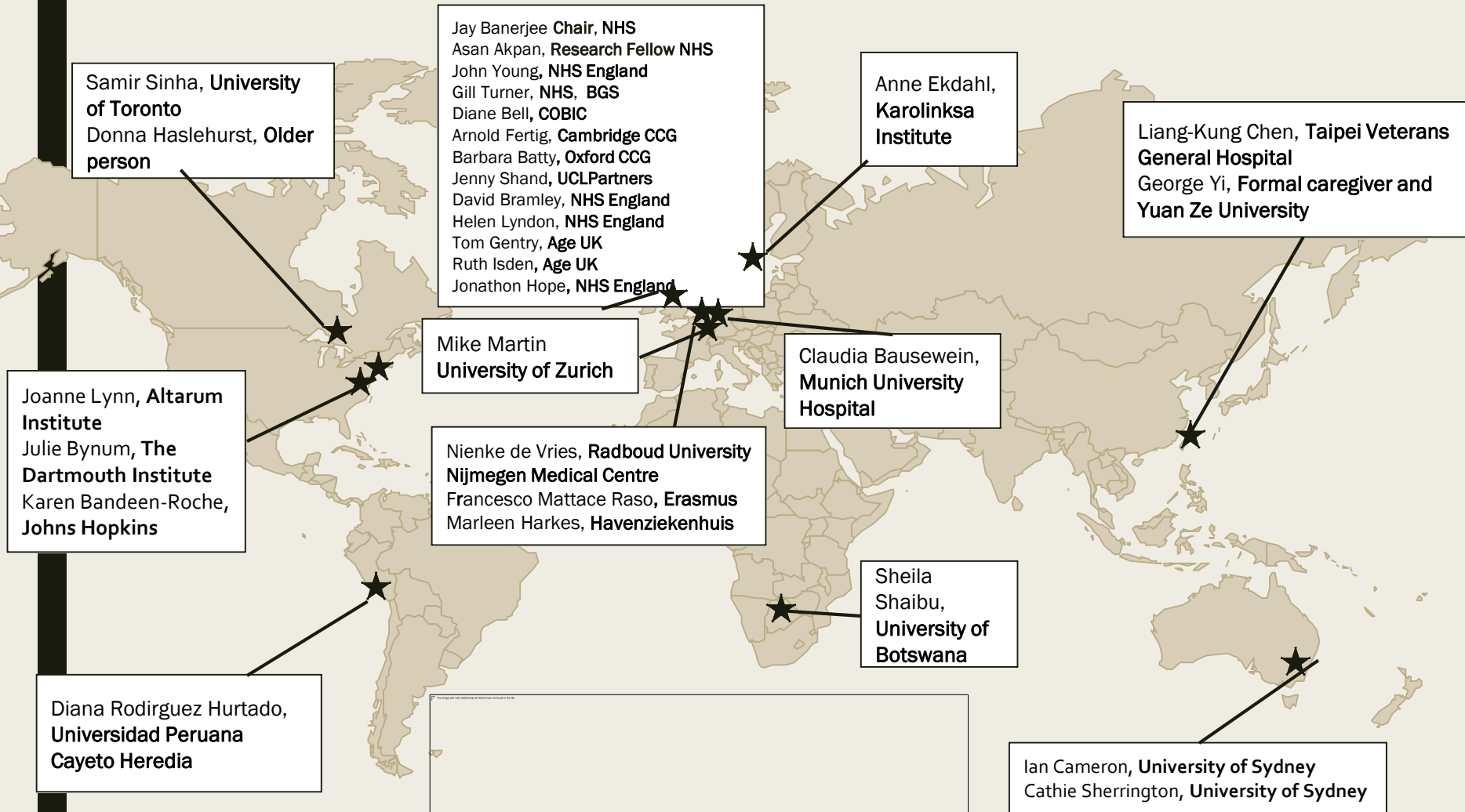
This set is recommended for an older population, however there is no globally agreed definition on what age this is.

As a guideline, the Working Group recommend measuring outcomes for a population which, on average, is in the last 10 years of life based on average life expectancy at age 60 (Global AgeWatch Index 2014):

For example:

UK: age 84	→	≥74
Japan: age 86	→	≥76
South Africa: age 76	→	≥66
Australia: age 85	→	≥75
Canada: age 85	→	≥75

# The Older Person Working Group was comprised of international volunteers across six continents



DEMENTIA FRIENDLY DESIGN FEATURES

DEMENTIA FRIENDLY DESIGN PRINCIPLES

1  
2  
3  
4  
5  
6  
7  
8  
9  
10

Promote a safe environment  
Provide optimum levels of stimulation  
Provide optimum lighting and contrast  
Provide a non-institutional scale and environment  
Support orientation  
Support way-finding and navigation  
Provide access to nature and the outdoors  
Promote engagement with friends, relatives and staff  
Provide good visibility and visual access  
Promote privacy, dignity and independence

A	B	C	D	F	G	H	I	J	K	L	M	N	O
Acoustics	Artwork	Ceilings	Colour	Decoration	Doors	Fixtures	Flooring	Furniture and fittings	Lighting	Reminiscence hardware and software	Signage	Walls	Windows and transparent panels

			X		X	X	X	X	X		X	X	X
X	X	X		X			X		X	X		X	
		X	X		X		X		X		X	X	X
X	X	X	X	X		X	X	X				X	
X		X		X					X	X	X	X	X
	X		X	X	X	X	X				X	X	X
					X								X
X	X			X		X		X		X			
			X		X			X			X		X
X		X	X	X	X	X	X		X	X	X		X



# Frailty index – deficits accumulation

## Clinical Frailty Scale\*



**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

\* 1. Canadian Study on Health & Aging, Revised 2008.

2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

# Association of frailty with survival: A systematic literature review

Tatyana Shamliyan, Kristine M.C. Talley, Rema Ramakrishnan and Robert L. Kane

Ageing Research Reviews, 2013-03-01, Volume 12, Issue 2, Pages 719-736, Copyright © 2012 Elsevier B.V.

Differences in life expectancy in older people between general population and those with frailty

Age	Remaining life expectancy in the general population	Frailty (phenotype)	Frailty (accumulation deficit)
65	18.4	-3.2	-1.1
70	14.9	-2.8	-1.0
75	11.7	-2.5	-0.9
80	8.9	-2.1	-0.7
85	6.5	-1.6	-0.6
90	4.6	-1.2	-0.4
95	2.8	-0.7	-0.2
100	0.4	-0.1	-0.1

# Comprehensive Geriatric Assessment

- Treating 13 frail older people using CGA avoids one unnecessary death or admission to residential care at six months, compared with general medical care for an urgent care episode.
- To put this in perspective, we need to thrombolyse 17 people with acute ischaemic strokes to avoid 1 “unfavourable” outcome same time as causing 1 death for every 100 treated and 1 non-fatal bleed for every 20 treated

# Delivering CGA

- A physician with expertise in the care of frail older people
  - usually, but not exclusively, a geriatrician
- Physiotherapists and/or occupational therapists
- Nurse specialists that can offer a case management function
- Peripatetic teams with skills and expertise in frailty
- Administrative staff able to organise complex (and simple) discharge
- An area more friendly to older people
- Address outcomes

# Leicester

- Emergency Frailty Unit: delivering CGA
- Developing first frailty-friendly ED (summer 2016)
- Front door frailty team – MDT
- Frailty flagging
- Delirium screening
- UTI project
- PHEM GEM link with "Clinical Hub"
- Consultant Connect – link to Geriatricians
- Link with community pathways & SPA
- EofL care drugs pack

# TTO

- A frail friendly front door will be friendly to all sick people
- ED need support across the axis to provide better care
- Outcomes based commissioning for older people can allow us to innovate out of the whirlpool of poor care at increasing cost