KINGS FUND INTEGRATED CARE

Karen Goudie
National Clinical Lead
Older People in Acute care Improvement programme

Healthcare Improvement Scotland
Aims
To deliver the highest quality healthcare services to the people of Scotland

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting
Create the standard with consensus across NHS Scotland

Offer improvement support and clinical network for improvement and clinical innovation

Assure care  Check against the standard
Over 75s expected to rise by 86%

For every 48 hours delirium is undetected mortality increases by 11%

25% of hospital inpatients have a diagnosis of dementia and stay on average 7 days longer...
High resource individuals

- 2% of the population
- Use 50% of acute hospital and community prescribing resource
- And 77% of bed days
PREPARING THE SYSTEM FOR FRAILTY
Living Well in Communities

Testing two forms of risk prediction in the community:

• An adapted *Gerontopole questionnaire*

• **E-frailty index** and **SPARRA** (Scottish Patients at Risk of Readmission and Admission)
FRAILTY - ensuring older people in hospital identified with frailty receive comprehensive geriatric assessment (CGA) within 24 hours of admission

DELIRIUM - increasing early identification and management of delirium.
Identification of frailty on presentation to acute care. *Helping staff understand the process of identification through frailty recognition.*

Delivery of Comprehensive Geriatric Assessment within 24 Hours. *Helping staff groups appreciate the effect on outcome for people with the correct process through data.*
Our Challenge.. helping staff understand and see the process of gold standard Delirium care.

Testing innovative approach to delirium care throughout Scottish Acute Hospitals
THINK DELIRIUM

What is delirium?
Delirium sometimes called acute confusional state is a common serious condition for older people. The medical emergency can occur in the sick and elderly. It is characterized by sudden, severe impairment of consciousness.

In older people:
- sudden change in level of consciousness
- confusion
- altered mental state
- disorientation
- memory loss
- paranoia
- hallucinations
- agitation
-Impaired cognition

Prevalence:
- 15% to 25% of older people admitted to hospital have delirium
- 25% to 65% of older people admitted to hospital have delirium
- 50% to 70% of older people admitted to hospital have delirium

THINK FRAILTY

Improving the care for older people in acute hospitals

@opachis
FRAILTY SCREENING TOOL

Would this person benefit from Comprehensive Geriatric Assessment? If answered “Yes” to any of the following questions please refer to the Integrated Assessment Team.

Practitioner Signature: ___________________________ Date: ____________ Time: ____________

1. Has the patient been admitted from a nursing or residential home?
2. Does the patient have NEW functional decline?
3. Dementia diagnosis or are there any concerns about memory/cognition?
4. Is the patient acutely confused, more confused than usual or more sleepy/drowsy than usual?
5. Has the patient fallen in the past 3 months or is a fall the reason for admission?
6. Does the patient attempt to walk alone although unsteady or unsafe?
7. Does the patient or their relatives have fear or anxiety re falling?

If YES to Question 3, 4 or 5: Complete 4AT below. THINK DELIRIUM
Initiate FALLS PATHWAY if FALLS and COGNITIVE questions positive

FALLS PATHWAY initiated: ____________ YES: ____________ NO: ____________

4AT RAPID ASSESSMENT TEST FOR DELIRIUM

Healthcare Improvement Scotland
NHS Scotland

< PREVIOUS NEXT >
CLINICIANS NETWORK

System
Optimised

Collective
Intelligence

Clinical
Innovation
Many People

Few People

Everyone

Change Agents

Operational Leaders

Experts

Shared Knowledge

Deep Knowledge
How many quality **experts** do we need?

Two suggestions for determining this number:

\[ \sqrt{\text{Number of employees}} \]

Or...consider that **no employee should be more than 2 steps (individuals) away from a QI expert.**
It doesn’t matter how many resources you have...

If you don’t know how to use them, it will never be enough.
Improvement Capacity Building: Scotland’s Requirement

1450 Lead Level Improvers
30,000 Practitioner Level Improvers
134,000 Foundation Level Improvers

Source: Scottish Improvement Leader Programme Proposal 2014
DESIGNING IMPROVEMENT AROUND FRAILTY

- Delirium
- Falls
- Tissue Viability
- Food, Fluid & Nutrition
- Dementia
FRAILTY HUDDLE
Winter capacity ward

Winter capacity ward

Front Door Discharge Support Model - Process

Nursing staff in Emergency Department and Admissions Unit 1 complete Frailty screening

Patient is Frailty Positive

Integrated Assessment Team in assessment

Integrated Assessment Team decide requiring extra support +/- Hospital facilitate discharge

Basic information including possible services required to support

Frailty assessment document sent to Avenue Care

Cost comparison results

Table 1 below displays the total costs of the support for discharge package versus the potential hospital stay costs avoided for this patient group.

The total cost of the support for discharge Package for 87 patients over the 10 week duration is £17,816. The potential resource savings from the avoided hospital admissions for these patients equates to £283,360. The overall potential resource saving as a result of the Support for Discharge Package is estimated to be £265,544.

<table>
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<tr>
<th></th>
<th>No. of patients</th>
<th>Total cost</th>
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<tr>
<td>Avenue Homecare Package</td>
<td>87</td>
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<tr>
<td>Hospital stay costs</td>
<td>87</td>
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<tr>
<td></td>
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<td>£265,544</td>
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</tbody>
</table>
AU1 Average LoS (hrs) 65+ who were transferred to MOE

Frailty Huddle

Frailty huddle Apr 15
AU1 Number of patients and LoS >48 for >65 and over

Trainee ANPs 12 hour shifts

Frailty huddle Apr 15
QUEEN ELIZABETH UNIVERSITY HOSPITAL
BLENDING THE APPROACH

Ward 55 Number of falls

WHAT MATTERS TO ME

- Safety Cross
- Safety walk rounds
- Posey socks
- Desk in room

Count

WHAT MATTERS TO ME

Barbara

I was a WRVS volunteer
I lived in Rio de Janeiro for 42 yrs
I can speak Portuguese
I did a lot of charity work
I am partially sighted
I have an M.B.E.
My son Malcolm + daughter Moira

What's important to me

Healthcare Improvement Scotland