Formula 1 Frailty – back on track (home) in the shortest possible time!

Jyothi Nippani-Clinical Lead – ECIST (midlands and East)
Some facts about the frail older people
DATA TO SHOW THE NEED FOR EXTENDED DAY WORKING
A&E Arrivals 75+

Busiest period between 8am and 8pm
A&E Arrival by referral source; 12 months (to July 25th 2018)

- 12,890 arrivals in past year
  - 73.2% Self Referral
  - 8.5% GP referral
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Patient may call GP in morning

GP calls ambulance in afternoon

Carer calls ambulance
Pre May 2018

EFFECT OF 0900 TO 1700HRS WORKING WITH ACTIVE FRAILTY PULL
• 5 days a week **0800 to 1700hrs**
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• **Some** MDT support
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Over 75s LOS – Step change - decrease

Released 14 beds in the organisation

- Launch
- PDSA
- Finish
- Sustainability

8 to 8
PDSA – MAY 14TH TO 24TH 2018
PDSA - Interventions
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PDSA working model

Aim to get the patient back home in the shortest possible time
Junior Doctor replaced by ACP

- ACP
- Nurse
- Doctor
- HCA
- OT
- Pharmacy
- Physio
- Social care
- Transport
- Voluntary sector
- CERT
March Frailty Pathway

No Physiotherapy/ No OT
No Pharmacy

May Frailty Pathway

Timeline (in hours) From Arrival to Decision to Discharge/ Admit: Patient X

Total length of stay 10 days

LOS - 10 days to 2 hours
Length of Time (mins)

- Average of Arrival - Triage [Mins]
- Average of Arrival - ACP Decision [mins]
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Place Discharged To

- Usual place of residence: 49%
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No Change in attendance of over 75s
Step Change in the admissions of over 75s
Was not the AIM of the PDSA!!!
Frailty PDSA Project

- Over the course of the PDSA the number of Medical admissions (75+) declined by 50%; from 18 per day to 9 per day.
- Since 2016 there have been 9 or fewer medical admissions in a day on 18 occasions, Over the 10 day course of the PDSA being in place this took place on 6 days. (75+ Cohort)
Stranded 21 Days or more

MADE

Frailty PDSA

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<th>Split Start</th>
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<th>Thu 15 Feb 2018</th>
<th>Tue 20 Mar 2018</th>
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COLLATERAL BENEFITS ON OTHER AREAS
Effect on AMU bed occupancy

**Midnight Snapshot**

- Ward had generally occupied around 25 patients+ and fully so at project start.
- Ward dips below 25 as week 1 progresses with a rapid decline in those aged 75+.
- The increase in medical admits occurs over the weekend (no service); surgical inc slightly.

**Overall Occupancy on AMU No. Med/Surg 75+**
Type 1 Breaches for South Warwickshire NHS Foundation Trust

Data

- Avg (Back)
- Sig -3
- Sig +3

Outside CL
- 2/3 outside 2sd
- 4/5 outside 1sd
- 9 on one side

Actual
Prediction
Time to Treatment % for South Warwickshire NHS Foundation Trust

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??? Beds 12 beds based on Frailty PDSA

??? Beds saved due to improved efficiency in AMU and Nicholas.
Nicholas – could get on with the regular work – and concentrate on discharges

Ambulatory – We were able to concentrate on Ambulatory, could pull patients faster

GPs: its was good to be able to get help in managing complex patients

The ED seemed much quieter and felt manageable

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**New resource**
Business case approved and New way of working starting on 24th September!!

Thank you and Questions?
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Launch PDSA Finish Sustainability

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Physiotherapy 14.15
FAA 14.10 (clercking)
Pharmacy

December 12 to 30

Decision to admit: 6.5 hours
Freely PT/ WP

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NHS

collaboration  trust  respect  innovation  courage  compassion
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(Warwick Site) Emergency Medical Admissions; Aged 75+
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Warwick Site; Overall 4 hour performance

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Refreshment break

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**Glisser:** glsr.it/ECIST2018  
**Twitter:** #TBC
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- 8.5% GP referral
- 18.4% Other Referral
Patient may call GP in morning

GP calls ambulance in afternoon

Carer calls ambulance
Pre May 2018

EFFECT OF 0900 TO 1700HRS WORKING WITH ACTIVE FRAILTY PULL
• 5 days a week **0800 to 1700hrs**
• Frailty team (MNP and consultant) access from ED triage
• Some MDT support
• Worked up in ADU when possible
• Admit under frailty even if pt. came OOH or on AMU (parallel take)
- 5 days a week **0800 to 1700hrs**
- Frailty team (MNP and consultant) access from ED triage
- Bypassed ED and Ac. Medicine
- Admit under frailty even if pt. came OOH or on AMU (parallel take)
- Worked up in ADU if necessary
- Some MDT support
Over 75s LOS – Step change - decrease

Released 14 beds in the organisation

8 to 8
PDSA – MAY 14TH TO 24TH 2018
PDSA - Interventions
<table>
<thead>
<tr>
<th></th>
<th>0900 - 1300</th>
<th>1300 - 1700</th>
<th>1700 - 2000</th>
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</thead>
<tbody>
<tr>
<td>Consultant</td>
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<tr>
<td>ACP</td>
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<td>Nurse</td>
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<td>HCA</td>
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<td>Pharmacy</td>
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<tr>
<td>Social work</td>
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<tr>
<td>CERT</td>
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</tbody>
</table>

|                  |             |             |             |
| Existed before   |             |             |             |
| New              |             |             |             |
Ambulatory  AMU  Short stay Frailty
ADU

OT  Physio  Pharmacy  Social  Nurse  ACP  Cons
PDSA working model

Aim to get the patient back home in the shortest possible time
Junior Doctor replaced by ACP

- ACP
- CERT
- Nurse
- Doctor
- HCA
- OT
- Pharmacy
- Physio
- Social care
- Transport
- Voluntary sector
March Frailty Pathway

No Physiotherapy/ No OT
No Pharmacy

May Frailty Pathway

13:57 Arrival
Frailty PTWR 14:55

Frailty MNP
Assess and accept 14:00

Physiotherapy 14:15
FAA 14:10 (clerking)

Pharmacy

MDT time to discharge 15.30~2 hours

Physiotherapy 14:15
FAA 14:10 (clerking)

Pharmacy

Timeline (in hours) From Arrival to Decision to Discharge/ Admit: Patient X

09:40 Arrival
Junior Dr assess 11:10
Referred for Medics
Arrive ADU
Clerked in ADU
0
1
2
3
4
5
6
7

0
1
2
3
4
5
6
7

0
1
2
3
4
5
6
7

Total length of stay
10 days

Total length of stay
0 days

LOS - 10 days to 2 hours
Place Discharged To

- Usual place of residence: 0%
- Admitted to Nicholas ward: 24%
- Admitted to Squire ward: 23%
- Admitted to oken as no bed available on squire: 2%
- Admitted to farries: 2%
- Admission to squire ward: 49%
Discharge Outcome Care

- Admission: 45%
- Home: 38%
- CERT: 5%
- Admitted: 4%
- Inpatient on nicholas ward: 2%
- No changes: 2%
- Discharge home no outcome care: 2%
- O.T to order equipment: 2%
No Change in attendance of over 75s

Age 75+ Attends to A&E; Warwick site

Start Mon 1 Jan 2018
U.C.L. =52.8
Mean =35.4
L.C.L. =18.0
Step Change in the admissions of over 75s

(Warwick Site) Emergency Medical Admissions; Aged 75+
Was not the AIM of the PDSA!!!
Frailty PDSA Project

- Over the course of the PDSA the number of Medical admissions (75+) declined by 50%; from 18 per day to 9 per day.
- Since 2016 there have been 9 or fewer medical admissions in a day on 18 occasions, Over the 10 day course of the PDSA being in place this took place on 6 days. *(75+ Cohort)*
COLLATERAL BENEFITS ON OTHER AREAS
Effect on AMU bed occupancy

*Midnight Snapshot*

- Ward had generally occupied around 25 patients+ and fully so at project start.
- Ward dips below 25 as week 1 progresses with a rapid decline in those aged 75+.
- The increase in medical admits occurs over the weekend (no service); surgical inc slightly.

**Overall Occupancy on AMU No. Med/Surg 75+**
Type 1 Breaches for South Warwickshire NHS Foundation Trust

- Data
- Avg (Back)
- Sig -3
- Sig +3
- Outside CL
- 2/3 outside 2sd
- 4/5 outside 1sd
- 9 on one side
- Actual
- Prediction
Time to Treatment % for South Warwickshire NHS Foundation Trust

Data
- Avg (Back)
- Sig -3
- Sig +3
- Outside CL
- 2/3 outside 2sd
- 4/5 outside 1sd
- 9 on one side

Actual
Prediction
Effect on discharges from other wards
Other potential savings not quantified yet

- Savings on over investigations CT scans
  - Bloods
<table>
<thead>
<tr>
<th>Red in Admissions per day</th>
<th>Days Service Runs</th>
<th>Over 75 LOS</th>
<th>Average LOS</th>
<th>Reduction In Bed Days (5 Day LOS)</th>
<th>Reduction In Bed Days (8.2 Day LOS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>5</td>
<td>8.2</td>
<td>5</td>
<td>150</td>
<td>246</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td>8.2</td>
<td>5</td>
<td>125</td>
<td>205</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>8.2</td>
<td>5</td>
<td>100</td>
<td>164</td>
</tr>
</tbody>
</table>

??? Beds 12 beds based on Frailty PDSA

??? Beds saved due to improved efficiency in AMU and Nicholas.
Ambulatory - We were able to concentrate on Ambulatory, could pull patients faster.

Nicholas – could get on with the regular work – and concentrate on discharges.

The ED seemed much quieter and felt manageable.

ADU - We were able to pull sicker patients from ED.

GPs: it's was good to be able to get help in managing complex patients.

Frailty Team: - We enjoyed it – very satisfactory.
The speed in which the care was done. Assessment by the nurse and then the doctor was excellent. Communication was a two way thing. Action plan was explained clearly and precisely by the doctor. So much better than A&E (Although they do a fantastic job too). Thank you for looking after my mum.

I was treated as a queen, I could not fault anything

Did not have to wait too long in A&E

Came in with my mother and found this ward better and faster for her needs

Absolutely wonderful (and you can have a laugh and a joke)

Very courteous, helpful, informative and generally excellent
<table>
<thead>
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<tbody>
<tr>
<td>Consultant</td>
<td></td>
<td></td>
<td>New consultants from Sept.</td>
</tr>
<tr>
<td>ACP</td>
<td></td>
<td></td>
<td>Happy to do extended hours</td>
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<tr>
<td>Nurse</td>
<td>Nicholas Ward Staff</td>
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<tr>
<td>HCA</td>
<td>Nicholas Ward Staff</td>
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<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td>Can share with AMU and AEC and ED</td>
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<tr>
<td>Social work</td>
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<tr>
<td>CERT</td>
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<td></td>
<td>Can CERT accept until 8.00 pm?</td>
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<tr>
<td>Transport</td>
<td></td>
<td></td>
<td>Some control will be good</td>
</tr>
<tr>
<td>Existing</td>
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<tr>
<td>New resource</td>
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</tbody>
</table>
Business case approved and New way of working starting on 24th September!!

Thank you and Questions?