

# IMPROVING CARE FOR FRAIL ELDERLY PATIENTS ON GENERAL MEDICAL WARDS

Dr. Eleanor Reid, Specialist Registrar Geriatrics, Quality Improvement Fellow

(HEE, Wessex) 2016 - 2017 Portsmouth Hospitals NHS Trust (eleanor.reid2@porthosp.nhs.uk)

## 1. BACKGROUND:

The King's Fund<sup>1</sup> has projected a 106% increase in the numbers of the population who are over 85 years in the next 20 years, which would result in >12000 in Portsmouth City alone by 2035. Using the current screening criteria (Fig. 1) increasing numbers of frail elderly patients are being identified when admitted to Queen Alexandra Hospital.

Over 40% of patients with frailty markers were admitted to general medical or speciality medical wards (June - August 2016). It is recognised that all clinical staff will need to engage with frailty as a concept and ensure they develop the appropriate skills to look after these patients.

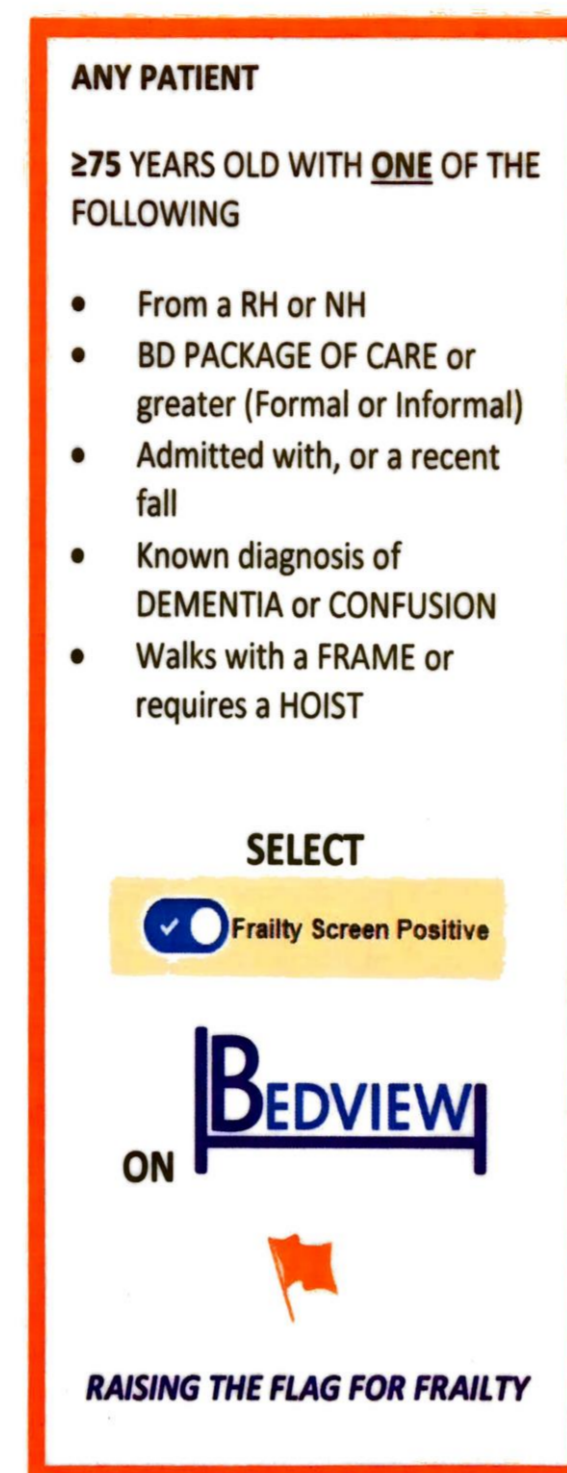


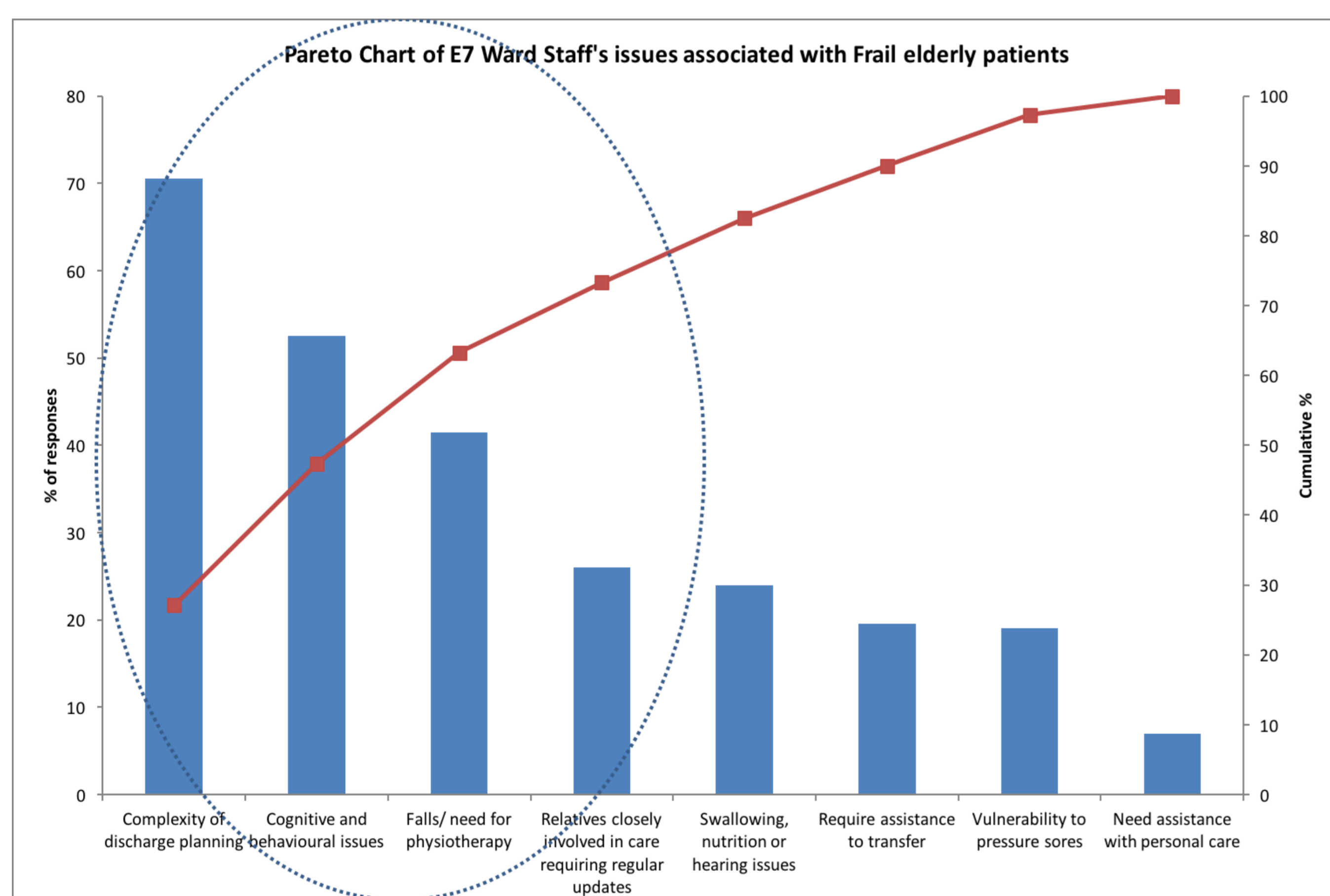
Fig. 1

## 2. PROJECT AIM:

To Reduce length of stay for Frail Elderly patients 75 years admitted to Respiratory Wards at Queen Alexandra Hospital.

## 3. PROJECT DESIGN:

Following consultation with ward staff key issues associated with frail patients were identified. Changes were tested and implemented using quality improvement methodology and iterative Plan, Do, Study, Act (PDSA) cycles.



## 4. CHANGES MADE:

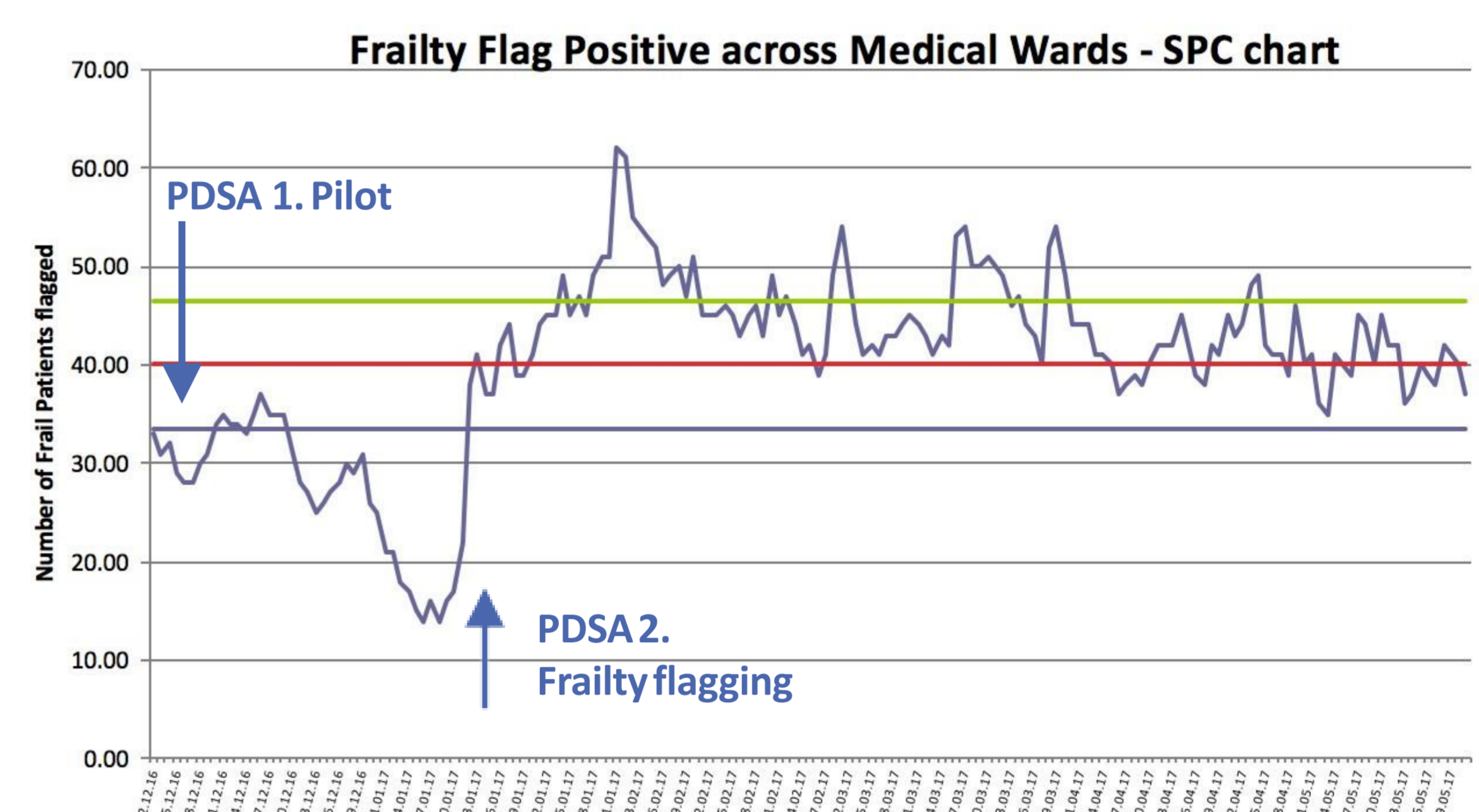
- Formal departmental education session regarding frailty.
- Ward based 1:1 education with 15 junior doctors regarding frailty recognition, background history and training on BedView system.
- Introduction of relatives' appointments on E7 Ward (30 bed ward).
- Use of BedView alone at the morning board round on E7 Ward to improve MDT and discharge process communication.

<sup>1</sup>www.kingsfund.org.uk

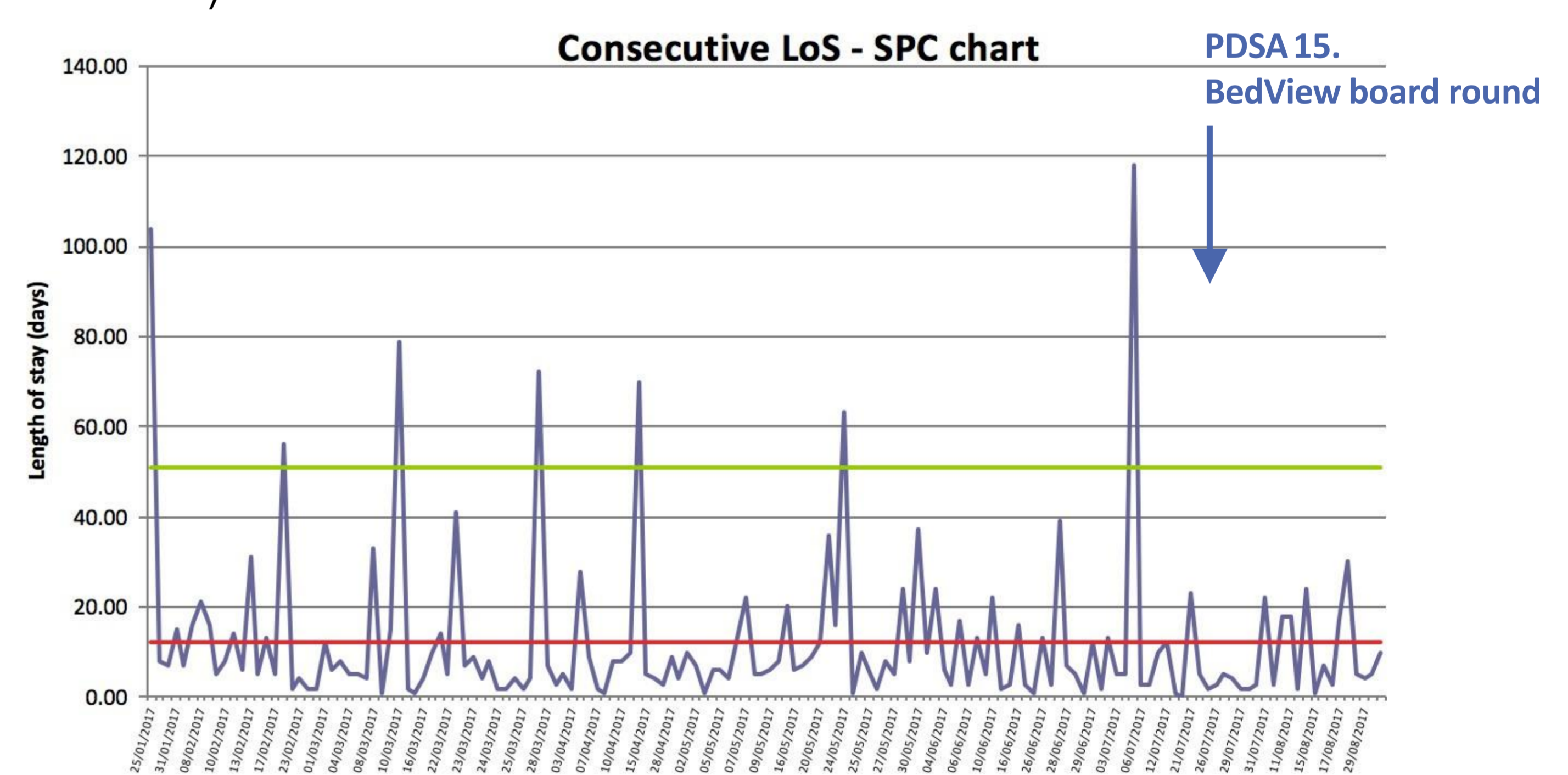
- Clarification and visibility of physiotherapy referral criteria at the board round with co-existent physiotherapy introduction of 'end pj paralysis' campaign.
- Involvement of a volunteer to support ward admin staff.

## 5. OUTCOMES:

- An increased and sustained number of patients being recognised and flagged as Frail across Medical Wards.



- Marked increase in documentation of an accurate background history on BedView from 12.5% to 75% of eligible patients on the ward with a reduction in median time taken to obtain and document this from 6.6 to 4.7 days.
- Improved timely and appropriate referrals to physiotherapy.
- No change in median weekly, or consecutive patients' length of stay for patients on E7 ward. (Potentially too early to see change and other hospital changes likely to have influenced this).
- No increase in readmissions (within 30 days) for E7 ward (balancing measure).



## 6. LESSONS LEARNT:

- To start small and find allies early.
- Spending significant time identifying the problem is essential prior to considering changes.
- Every ward environment is very different and not all interventions are directly transferrable. Use of PDSA cycles promotes staff engagement with quality improvement.

### Next steps:

- To continue working with ward staff to embed changes and aim to spread work to other medical wards.
- Develop and formalise further education and support specifically regarding cognitive issues associated with frail patients.