The Development of a Frailty Unit at North Manchester General Hospital

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What is Frailty?

Frailty is an increased vulnerability to external stressor; when a frail older adult is admitted to hospital, they are at increased risk of adverse events including falls, delirium and disability (Juma et al 2016)

Background

The NHS Long Term Plan (2019) states that all hospitals with a 24hr A&E should provide an Acute Frailty Service. They also recommend supporting people to age well by bringing together different professionals to coordinate care better, and to enable people to live independently at home for longer. Due to bed pressures frail patients can move between multiple wards before being discharged from the hospital. Additionally, there is an anecdotal concern in MFT that a high percentage of frail patients are discharged from acute hospital sites to assessment beds in the community.

Aim

- To reduce the length of stay for frail patients across the hospital site
- To have a home-first approach to discharge
- To improve the clinically frail patient experience

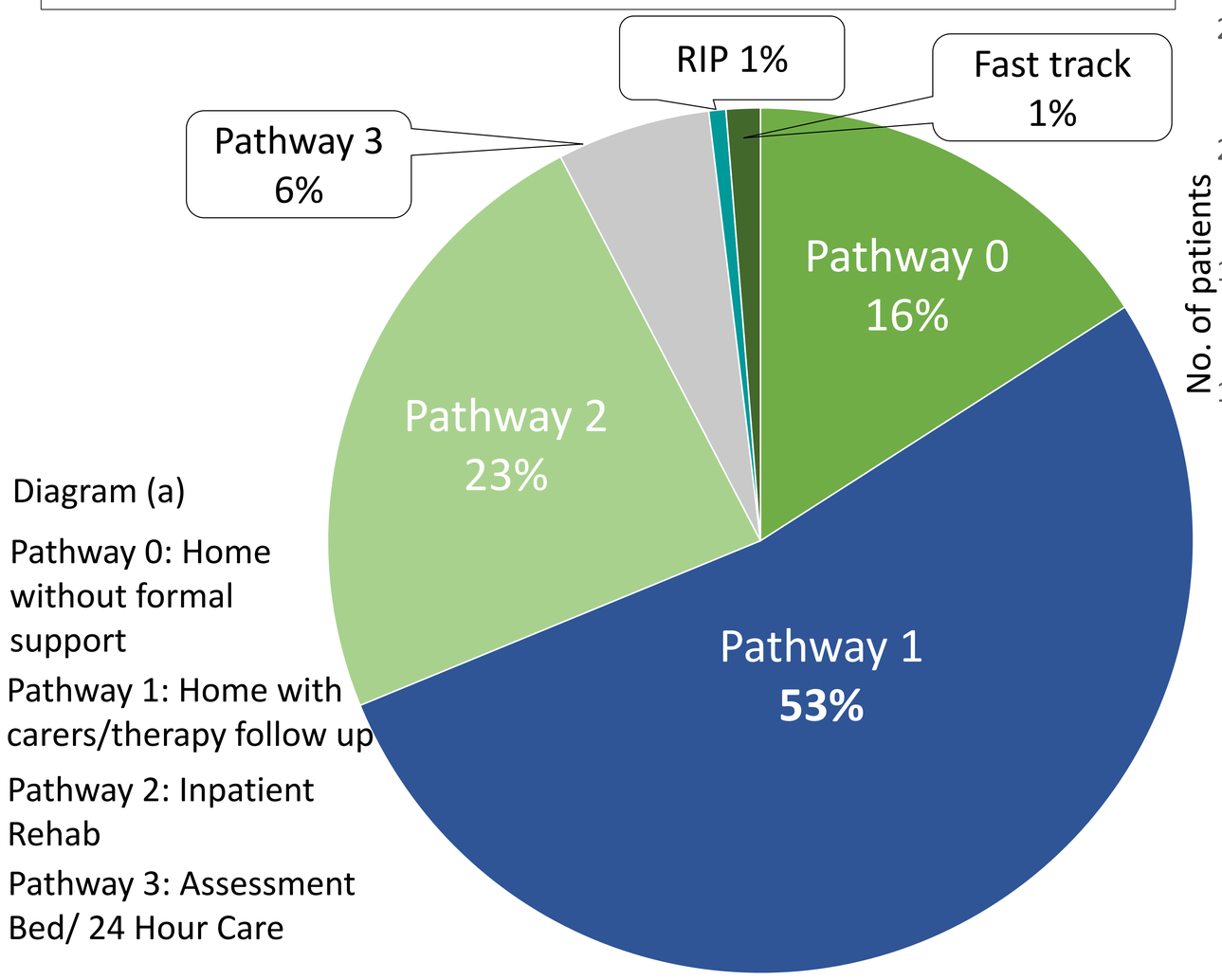
What we did

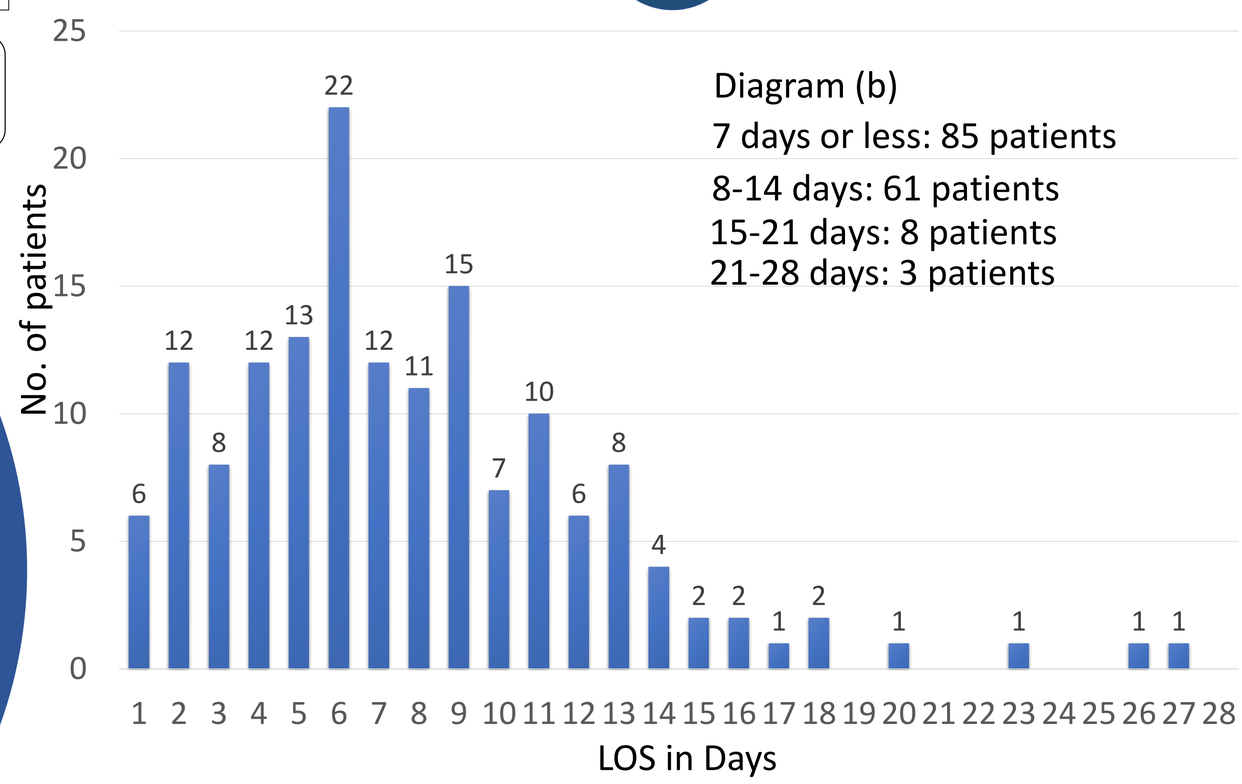
- Developed an inclusion and exclusion criteria based on Rockwood clinical frailty score, therapy needs and medical needs
- Patients identified primarily from the Acute Medical Unit via therapy assessment and MDT discussion, patients also identified from downstream wards to supplement
- Good communication between AMU and Frailty Unit staff
- Unit-based multidisciplinary working including physiotherapy, occupational therapy, geriatricians, nursing, pharmacy, and outreach to other specialism
- Coordinating therapist managed patient flow through the unit

Result

Over the first 4 months 157 patient were admitted and discharged from the Frailty Unit.

- The majority of patients were discharged home (see diagram a)
- Most patients were discharged within 7 days or less (see diagram b)
- Patient feedback gathered – see some of their comments





Conclusion

The frailty unit is effective in reducing length of stay, it promotes a home-first approach and improves the hospital experience of a frail patient.

Limitations

- Separate building to main hospital site – means the unit provides more of a 'sub-acute' frailty service
- Difficult to provide enhanced observations due to side rooms
- Social delays
- Unable to provide 7 day therapy service due to staffing levels

Future Plans

- Expand to accept patients from A&E
- Development of 7-day therapy service
- Discharge home visits
- Small aids equipment store
- Dedicated patient gym and assessment kitchen
- Develop an acute frailty unit within the new hospital building (liaise with senior management to ensure AMU, A&E and Frailty Unit are within close proximity)

References

(1) Juma, S., Taabazuing, M. & Montero-Odasso, M. (2016) Clinical Frailty Scale in Acute Medicine Unit: a Simple Tool that Predicts Length of Stay. *Canadian Geriatrician Journal*. 19(2), 34-39. Clinical Frailty Scale in an Acute Medicine Unit: a Simple Tool That Predicts Length of Stay - PubMed (nih.gov).

(2) The NHS (2019) *The NHS Long Term Plan – a summary.* https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf [Accessed January 2023].