Making Wessex Frailty Fit

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1. Aims

To gain an understanding of how people are identified as living with frailty and supported during acute care provision across the region.

2. Background

- An acute hospital stay increases the risk of negative outcomes for those living with frailty.
- Identification of frailty and subsequent comprehensive geriatric assessments (CGA) and personalised planning can improve outcomes\(^2\,^3\).
- Hospital wide identification and management of frailty is inconsistent\(^2\).
- Root causes may include educational needs and service integration barriers leading to the inability to adjust and share care management plans appropriately in hospital and following discharge.

3. Method

- Identify themes for audit using group of frailty experts working in acute trusts across the region.
- Use QI methods to refine and develop audit questions and format.
- Determine data set for audit and train data collectors to carry out audit across 7 clinical areas in 9 acute hospitals and 1 community hospital.

4. Results

- Data collection completed in December 2018.
- 100% participation achieved from 10 hospitals spanning 58 wards across seven clinical areas.
- Key themes identified: lack of awareness and frailty training outside of medicine for older people, significant variability of frailty identification and CGA within individual trusts.

5. Conclusion

- Using QI methodology with a collaborative approach allowed the creation of a successful Wessex-wide audit, highlighting areas of different key and focuses for improvement.
- Allowed subsequent development of bespoke trust-level service improvement work streams, which can continue to utilise QI methods.
- Plans to re-run the audit in 2020 to establish trends in frailty care and impacts of work post 2018 audit.
- Adaptation of the audit for the community setting, prioritising service user involvement.
- National interest for the adaption of the audit to be run in other areas of the country.