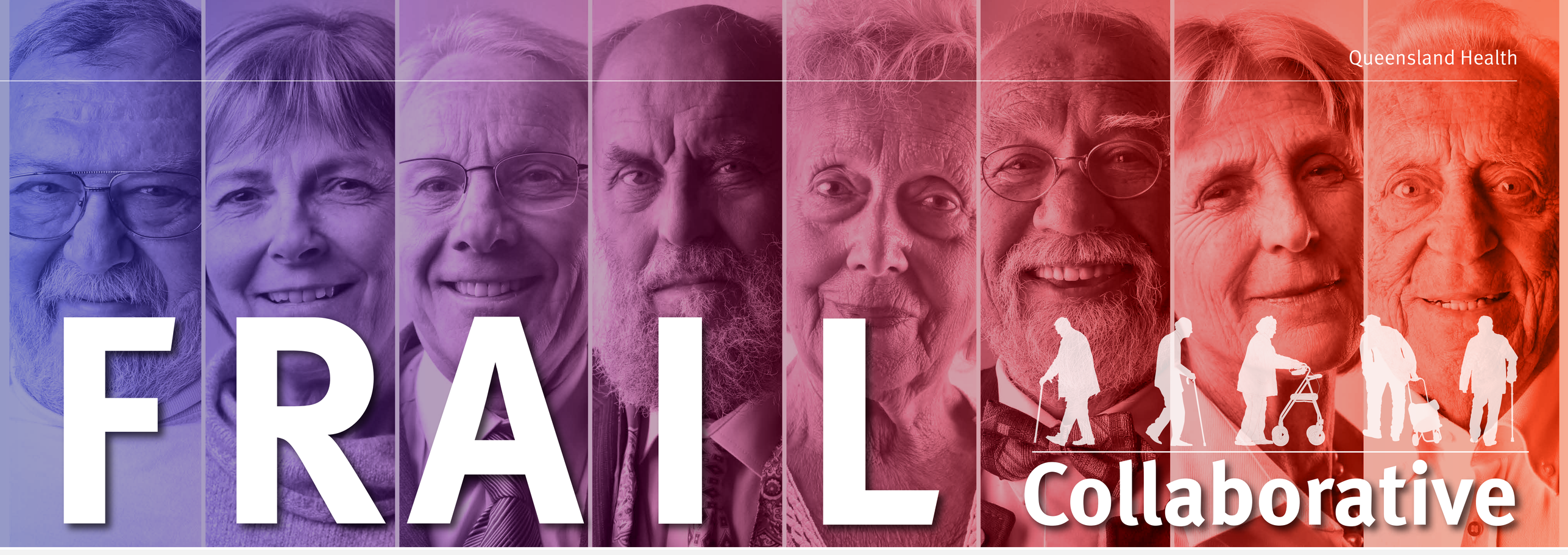

FRAIL Collaborative

The problem

Queensland Government population projections (2015 edition) predict that the number of people aged 75+ will grow on average by 23 per cent every five years for the next 20 years (2016–2036). People are living longer, with a growing number experiencing multiple co-morbid conditions, resulting in an increasing demand for health services, all within a constrained fiscal environment.

Statewide, Queensland emergency departments (EDs) are experiencing the highest growth in presentations by patients aged 75+, with a six per cent increase in 2015, eight per cent increase in 2016 and a ten per cent increase in 2017. This growth is more than double the statewide total increase of three per cent (across all age cohorts) year on year over this period.

Older patients are known to experience long delays in the ED, which can result in poorer outcomes. In 2017, the statewide overall Emergency Length of Stay (ELOS) four-hour performance for the 75+ cohort was 51.3 per cent, which is well below the 0-16 years (83.6 per cent) and 17-74 years (72 per cent).

Figures for those patients admitted from emergency departments to an inpatient ward (not including Short Stay Units) in 2017 demonstrate that only:

26.1% of patients older than **75** leave the **emergency department** within **4 hours**

compared with

35% of **17-74 year olds**

and

41.4% of **0-16 year olds**

Additionally, patients in this cohort who are admitted to hospital are also known to stay longer in an acute bed and be more likely to require rehabilitation care before being discharged home.

The pressures reflect a world-wide trend, related to both ageing populations and the increase of chronic disease in the community. The world health organisation expects the overall number of older persons to more than double from 2013 to 2050 and that older persons will exceed the number of children for the first time in history in 2047. With the expectation that this rate will only escalate, Queensland needs to implement more appropriate ways to care for this cohort of patients.

The time is right to find new ways to manage the cohort of frail elderly patients who present at EDs, and who often end up languishing in acute beds in inpatient units. These patients are often in the final years of their lives and wish only to be at home with loved ones. Every day that they spend in an acute hospital bed is detracting from this goal.

Project approach

The FRAIL project has been conducted at three sites, who are working simultaneously towards improving patient and flow outcomes for patients aged 75+ years who present to Queensland EDs.

Participating sites were chosen in consultation with a multidisciplinary panel of experts in frailty and emergency medicine and with the approval of the local Chief Executive following an 'expression of interest' process via a site readiness survey. These sites include:

- Caboolture Hospital
- Mackay Hospital
- Townsville Hospital

The approach contained an expectation of sites to update and embed best practice principles for frail patients, on the understanding that project funds are non-recurrent. Expected improvements in performance for the cohort should fund longer-term service model change.

A key aspect of the project was the application of the FRAIL 'bundle' of evidence-based principles and actionable elements to support the work of the local project teams, who customised the work to align with current gaps in local service models for this cohort of patients.

The bundle formed the basis of the work of the project at local sites and was the optimal local 'toolkit'.

***F**railty identification early*

***R**apid assessment against geriatric domains*

***A**ssertive individualised case management influencing discharge disposition*

***I**nfluencing discharge disposition*

***L**isten to the patient - "what matters to me?"*

Project methodology

The chosen methodology is a hybrid of the Institute for Healthcare Improvement (IHI) Breakthrough Series and the proven multisite clinical redesign methodology previously employed by the Healthcare Improvement Unit (HIU) to address the National Emergency Access Target (NEAT), National Emergency Surgery Target (NEST) and others.

This method allows HIU to conduct a clinical improvement project at a number of sites at the same time, in order to maximise the gains, share good ideas and achieve system-wide change within a considerably shorter time frame than would otherwise be possible.

Multisite or 'collaborative' projects are designed to:

- establish a common aim across a whole system, to improve a clinical or patient outcome
- spread existing knowledge to multiple settings in that system
- embed proven practice reliably, consistently and measurably
- fill a major gap in service delivery from the perspective of the patient and/or performance
- reduce variation in practice and performance to ensure reliability.

Progress

The project commenced in November 2017 and the HIU has hosted two of three learning sessions incorporated into the collaboration process. During the sessions the FRAIL bundle of evidence was introduced, education and support on project methodology was provided, along with a platform for each site to share their local level projects.

The three sites have commenced their projects, which have a focus on particular elements of the FRAIL bundle which provide the greatest opportunity for improvement at the local level. The learning sessions, fortnightly teleconferences and access to a panel of experts in geriatric care from across the state, have been instrumental to ensuring each site meets the collaborative outcomes and have been supported in the development of their local projects.

Sites are currently implementing initiatives and establishing evaluation activities to measure the effectiveness of their actions to improve the care and flow of older patients through the hospital system. The HIU will also undertake a process evaluation to determine the success of the collaborative methodology.

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