Acute Frailty Pilot at Hawkes Bay Hospital 2022

Dr Emma Jones

Te Matau a Māui Hawkes Bay Hospital

Introduction

Frailty is associated with increased risk of mortality and morbidity including falls, hospitalization, and increased care needs. With an ageing population, frailty will become increasingly prevalent, and is an important health issue.[1] The Hawkes Bay population is older, more deprived, and has a higher proportion of Maori than average[2]

Aim and Objectives

The Acute Frailty Pilot at Hawkes Bay was based on a pilot programme from Hutt Valley.[3] It involved domiciliary Comprehensive Geriatrics Assessment (CGA) on frail, older adults (>65 years or >55 years in Maori or Pacific patients) who had an Emergency Department (ED) presentation, but could benefit from further assessment of frailty and needs at home.

Aim of the pilot was timely review of frail patients, and to identify if there was a reduction in ED and hospital readmissions, assessed at six months and one year preceding and following review

Methods

Patients were referred on clinical suspicion of frailty with indicators including falls, dizziness, low muscle strength, polypharmacy, weight loss, higher care needs, and cognitive concerns. The pilot ran from 12th April 2022 until 15th July 2022

A routine measure of frailty is not included on data collected for ED presentations in Hawkes Bay. In an attempt to objectively characterise the frail population presenting to ED in this time an ICD-10 search for 'frailty syndromes' & 'aged > 65 years' was performed for ED presentations between April 12 2022 – May 27 2022. This identified almost twice as many patients as referrals but only a quarter of the patients who were actually referred.

Discussion

There is significant need amongst frail patients, and subjective referrals likely underrepresent the frail population.

There was no significant difference in admissions before and after review, but a larger sample size may detect this as absolute numbers of readmissions were decreased after Frailty review.

No referrals were received for patients aged under 74. This may be because frailty is not suspected in younger patients but this may disproportionately impact Maori and Pacific Island patients and so it is important these patients are identified objectively.

Using the Rockwood Clinical Frailty Scale appropriately and consistently will improve identification and referral to Frailty services – the Older Person's Health Department engages regularly with our ED colleagues to promote the use of the CFS.

References

1.Hoogendijk EO, Afilalo J, Ensrud KE, Kowal P, Onder G, Fried LP. Frailty: implications for clinical practice and public health. Lancet. 2019 Oct 12;394(10206):1365-1375. doi: 10.1016/S0140-6736(19)31786-6. PMID: 31609228.

2.*Population of Hawke's Bay DHB*. Retrieved from Population Profile: https://www.health.govt.nz/new-zealand-health-system/my-dhb/hawkes-bay-dhb/population-hawkes-bay-dhb

3.Horton, K. (2020). 'The Acute Frailty Registrar Role' ANZSGM Retreat. *Powerpoint Presentation* .

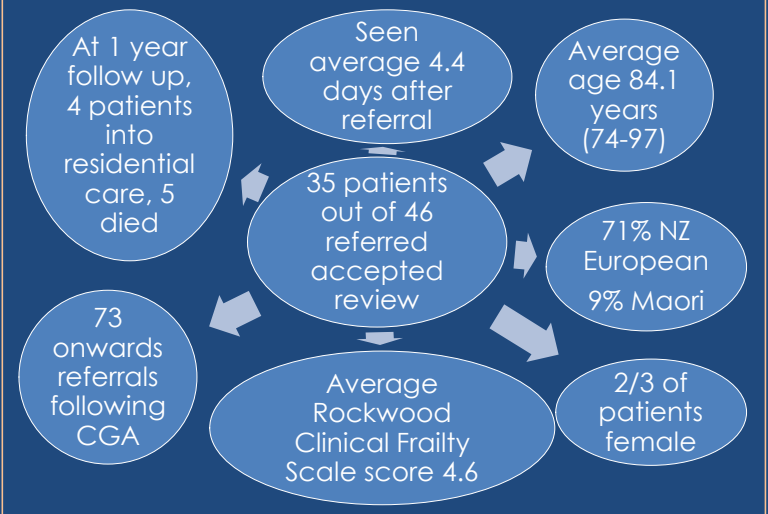
4.Bennett, R. (2022, June 17). Acute Frailty Collated Feedback, personal communication email. (E. Jones, Interviewer)

Feedback

***"A lot of older people are scared to go to the hospital but this* (Acute Frailty Service) *is good 'cos they have confidence that things will be followed through.'* (Family member, 2022)**

***"There is a good chunk of patients that fall into the category of well enough to go home, but unsure of follow up who would usually have to be admitted, but are now able to get followed up through this service."* (ED doctor, 2022) [4]**

Results



There were decreased absolute numbers of inpatient (26 vs 32) and ED admissions (37 vs 40) at six months and one year (36 vs 51 inpatient admissions and 56 vs 68 ED admissions) following review compared to prior but no statistically significant difference

Admissions pre and post frailty review	Pre discrete episodes	Pre episodes/ person	Post discrete episodes	Post episodes / person	P value
ED admissions 6 months	40	1.14	37	1.06	0.62
Inpatient admissions 6 months	32	0.91	26	0.74	0.61
ED admissions 1 year	68	1.94	56	1.60	0.41
Inpatient admissions 1 year	51	1.46	36	1.03	0.18
Total Inpatient hospital days	199	5.69	182	5.20	0.78

Figure 1. Admissions pre and post acute frailty review

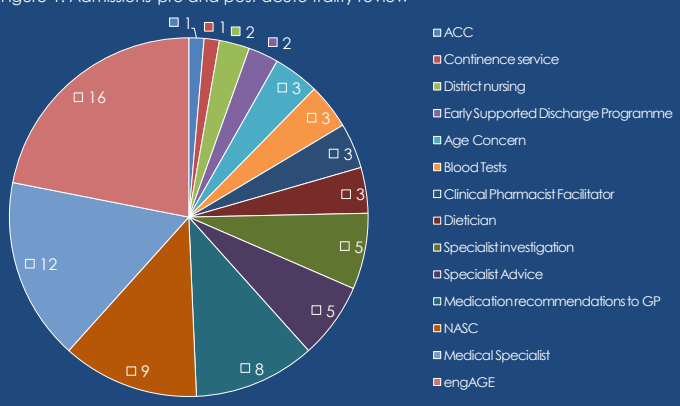


Figure 2. Onwards referrals after Acute Frailty Service Review