‘Frailty at the Front Door’
The first 72 hours...
Geriatric EMergency Services (GEMS)
17th October 2017

Frailty definition
- Frailty is a long-established clinical expression that implies concern about an older person’s vulnerability and prognosis.
- Clinical state of increased vulnerability resulting from age-associated decline across multiple systems (Qian-Li Xue, 2011).
- A relatively minor event such as an infection can result in a disproportionate change in a patient’s health state: from independent to dependent; mobile to immobile; postural stability to falling; lucid to delirious (Clegg, 2013).

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Ireland, 2016
- 31% of the Irish older population aged 65 and over were robust, 45% were pre-frail and 24% were frail.
- Frail people tend to be older, have worse health and have lower levels of education.
- They also experience more falls, have more disabilities, use more medications and healthcare services.
- The majority (89%) of frail older people have a medical card.
- Only 28% of the population who are frail received the PHN service.

Vulnerability of frail elderly people to a sudden change in health status after an illness

Clegg, Young, ILiffe, Rikkert, Rockwood
Frailty in elderly people
Lancet 2013; 381: 752 - 762

Changing face of major trauma

GEMS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total Number of Attendances</th>
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<tbody>
<tr>
<td>GEMS Negatives</td>
<td></td>
</tr>
<tr>
<td>GEMS Positives</td>
<td></td>
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</tbody>
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997, 40%
1454
2451
3451

Changing face of major trauma
If we design services for people with only one thing wrong at once but people with many things wrong turn up, the fault is not with the users but with the service, yet all too often these patients are labelled as inappropriate and presented as a problem...

Prof. Ken Rockwood 2005

Identify frailty

- Cohort at high risk of adverse outcomes & high resource users
- ‘Stranded’ throughout our wards being looked after by people who feel inadequately trained to meet their individual needs
- Early identification and intervention is crucial
- Prevent de-conditioning (wheezy/paralytic)
- Improve outcomes (Think ‘home first’)

‘10 days in a hospital bed will lose 10% muscle mass’
Frailty status at admission to hospital predicts multiple adverse outcomes

Hubbard RE et al, Age Ageing. 2017 Sep 1;46(5):801-806

Increased likelihood of
- Length of stay >28 days
- In hospital falls
- Pressure ulcer incidence
- Inpatient mortality
- New discharge to residential aged care

‘Nobody should go into hospital and never see their home again’

Put in place appropriate education and training for key staff

Frailty attuned workforce

Frailty Education Programme Methodology

1. Establish a mechanism for early identification of all people with frailty

NCPOP 2012 Model of Care

- 24/7 identification of older people with frailty on triage in EDs & AMUs
- Over 70s screened using Variable Indicative of Placement (VIP)
  1. Do you live alone? Yes = 1
  2. Do you wash and dress yourself without assistance? No = 1
  3. Do you leave your neighbourhood on your own? No = 1

Score > 2 activates the GEMS pathway

GEMS
2. Put in place an inter-disciplinary response that initiates Comprehensive Geriatric Assessment (CGA)

- The SGS will link with the ED/AMAU when an older person is identified as having frailty and requires referral to the SGS for CGA/admission to the SGW

Ellis et al, Cochrane Review, 2017

- Comprehensive geriatric assessment for older people
  - Reduced mortality
  - Reduced dependency
  - Improved cognition
  - Improved quality of life
  - Reduced length of stay
  - Reduced re-admission rates
  - Reduced rates of long-term care use
  - Reduced costs

- NNT to have one more older adult living at home on discharge = 33
- NNT to prevent NH placement = 25

GEMS

- Geriatric EMergency Services
- Home (42%)
- OP follow up (Falls, Memory, Geriatrics etc)
- Community services
- GEMS Unit

Frailty

- GEMS, Geriatric EMergency Services

GEMS: The first 6 months...

- Model 3 Hospital with 267 inpatient bed capacity
- 2,451 emergency attendances aged 75 and over to AMAU & ED
- 100% screened on triage
- 40% (997) screened positive for Frailty
- 51% AMAU, 49% ED
- Average age = 85 years
- 54% female
GEMS Casemix

GEMS Process

- 67% (665) received CGA
- Time from triage to CGA: < 3 hours and < 24 hours (OOH)
- 78% at risk of polypharmacy (5+ meds)
- 29% at risk of malnutrition
- 69% referred to Physio
- 43% referred to OT
- 18% referred to SLT

GEMS Outcomes

- 58% admitted
- Reduction of 7% (61.2% SC)
- Reduced LoS by 1.6 days
Everyone should know what to do next...