National Frailty Education Programme

National Clinical Programme for Older People
How do we see Frailty?
Though frailty results from ageing, it is not an inevitable part of ageing. (Fit for Frailty, BGS 2015)
Population Projections - The Planning Imperative

“The most challenging expression of population ageing is frailty”

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2011</th>
<th>2026</th>
<th>2041</th>
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</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>4.2</td>
<td>4.6</td>
<td>4.8</td>
<td>4.9</td>
</tr>
<tr>
<td>&gt; 65 yrs</td>
<td>467900</td>
<td>535400</td>
<td>885600</td>
<td>1300000</td>
</tr>
<tr>
<td>&gt; 85 yrs</td>
<td>47800</td>
<td>58400</td>
<td>116300</td>
<td>248200</td>
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It is thought that 10% of people aged over 65 have frailty, and 25 to 50% of those aged over 85 (Clegg et al. 2013)
Frailty is the Most Problematic Expression of Population Ageing

So we need to think about it, understand and recognise it and plan for how we will support and care for those living with frailty in our community and in our hospital.
Frailty: What we know

- Frailty is a long-term condition
- Episodic deteriorations (delirium, falls, immobility)
- Preventable components
- Impacts on quality of life
  - Adverse Outcomes
  - Admission to Hospital
  - Increasing Length of Stay
  - Risk of Admission to Long Term Care
  - Death
Almost 22% of all hospital emergency department attendees are aged 65 and over.

This age group accounts for 40% of all acute emergency medical admissions and 47.3% of total hospital bed days.

Positive correlation between age and admission rate from ED (75yr olds x 2 and 94 yr olds x 3)

A stay of 4-8 hours increases inpatient length of stay by 1.3 days, while a stay of more than 12 hours increases length of stay by 2.35 days.

48% of people over 85 die within one year of hospital admission

There is a strong correlation between excessively long PETs and inpatient AVLOS

Every bed move adds between two and four days to length of stay

10 days in hospital is equivalent of 10 years loss of muscle mass

If Admitted to Hospital –

More Likely to Move

Wards

More Likely to Experience

a Longer Stay

More Likely to Move Wards

More Likely to Experience a Longer Stay
Frailty: What we know

- The recognition of frailty is important and should form part of any interaction between an older person and a healthcare professional.

- An individual’s degree of frailty is not static. It may be made better or worse, depending on the care received when an individual presents to a health professional.

- While nurses are first responders they have a limited understanding of frailty.
Most notable findings relate to the low numbers of nurses trained in the skills of:

- frailty assessment (20%),
- comprehensive geriatric assessment (12%)
- cognitive impairment assessment (28%).

There does not appear to be a demand for training in these skills with % of nurses identified as requiring education in these skills being 27%, 30% and 29% respectively.
By increasing the understanding of frailty, we can improve the detection, prevention, management and therefore outcomes for these older adults.
The National Clinical Programme for Older People partnering

ONMSD
- Office Nursing & Midwifery Services Director

NEMP
- National Emergency Medicine Programme

NAMP
- National Acute Medicine Programme
Frailty Education Methodology

National Trainers (n=80 -100)

Undertake Education Programme with TILDA

- Deliver Education Sessions Locally
- Maintain Database Locally of Trained Staff
- Participate in Local Governance Group
National Trainers (n=80 -100)

Trainers will be trained on a Hospital Group and Community Health Organisation basis

First Cohort (N32)

- Saolta
  - Letterkenny University Hospital
  - Sligo University Hospital
  - Mayo University Hospital
  - Galway University Hospital
  - Portiuncula
  - Roscommon University Hospital

- CHO 1 & 2
  - Residential
  - Public Health Nursing
  - CNME
Cutting edge research and unique resources

One-day Insights on Frailty programme for the Train the Trainer nominees:

* incorporate key research findings from TILDA,
* provide an overview of the theoretical models underpinning frailty
* include an overview of a suite of key frailty assessment tools.
Frailty Education Working Group

- Develop Train the Trainers Handbook for Local Implementation
- Co-design National MDT Programme to be delivered locally
- Agree Governance & Financial Structures to support MDT Education
- Agree Processes/Structures to Embed Delivery in Services
- Develop Frailty E-learning Programme
The first 8 x
<table>
<thead>
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Local Governance Group

The role of the group is to provide a governance structure locally to promote, deliver and evaluate the frailty education programme

<table>
<thead>
<tr>
<th>Suggested Membership: (which will be determined locally)</th>
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<tbody>
<tr>
<td>Consultant Geriatrician</td>
</tr>
<tr>
<td>Nursing Management (e.g. DON DPHN, ADON)</td>
</tr>
<tr>
<td>Frailty Trainers</td>
</tr>
<tr>
<td>Case Manager (if in place)</td>
</tr>
<tr>
<td>Health and Social Care Representative</td>
</tr>
<tr>
<td>Service Manager (Acute and Community)</td>
</tr>
<tr>
<td>Practice Development Co-ordinators</td>
</tr>
<tr>
<td>Director of Centre for Nursing and Midwifery Education (CNME)</td>
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<tr>
<td>Other – To be determined locally</td>
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Roles & Responsibility

* Ensure formal governance arrangements are in place to support the roll out of the frailty education programme locally
* Ensure there is commitment to release staff to attend the Frailty Education Programmes
* Ensure there is commitment to release the “Train the Trainer” to deliver Frailty Education Programme locally (Memorandum of Understanding)
* Agree a timetable for education sessions with local Trainers
* Support an integrated approach to education by rotating Trainers across hospital, public health and residential care
* Agree the use of assessment tools and referral pathways for the frail older person
Evaluation

- A survey of the Train the Trainers knowledge of frailty pre and post Education Programme

- An analysis of participants learning (using Kirkpatrick’s model) will be conducted by NCPOP
Service outcome evaluation will be determined by the organisation but would likely be based on:

- implementation of an assessment tool,
- audit of the use of the chosen tool,
- documented referral pathways,
- initiation of CGA and audit of numbers undertaken.

All outcome measures would be aligned to the NCPOP KPI’s and national strategy.
The WHO promote inter-professional collaboration as a strategy to strengthen and optimise health care systems and improve patient outcomes.

Health professionals have traditionally been educated in professional silos.

To achieve positive outcomes, inter-professional education must be integrated into health education curriculum.
Useful References

* Oliver D, Foot C, Humphries R. Making our health and care systems fit for an ageing population. The Kings Fund. 2014
* British Geriatric Society. Fit for Frailty: Consensus best practice guidance for the care of older people living with frailty in community and outpatient settings. 2014