Frail Intervention Therapy Team (FITT): Integration of Early Interdisciplinary Assessment in the Emergency Department (ED)

Ciara O’Reilly¹, Paul Maloney ², Yvonne O’Riordan ², Paul Bernard ², Eleanor Alexander¹, Aoife Molloy³, Martina Boyle³, Sinead Cunnane³, Ciara Reddy⁴, Beaumont Hospital, 1:Physiotherapy, 2:Occupational Therapy, 3:Medical Social Work, 4:Speech and Language Therapy, 5:Dietetics, 6:Pharmacy.

Introduction:
The presentation of older adults to the ED with acute illness is often complicated by various markers of frailty. It is essential that services for older adults are integrated and should encompass the following three key principles:
1. Access to a medical diagnosis
2. Access to a comprehensive multi-disciplinary assessment
3. Access to the most appropriate treatment in the right setting and at the right time

In response to the need to respond to these key principles, a clinical redesign process began in Beaumont Hospital in September 2015, from which the Frail Intervention Therapy Team (FITT) was born.

Who is FITT?
The FIT Team is a group of Health and Social Care Professionals (HSCPs) dedicated to identifying the frail in ED, providing early comprehensive multidisciplinary assessment and thereby ensuring the person’s HSCP needs are met in as timely a manner as possible.

Methodology:
Quality Improvement methodology underpinned the change process. The PDSA tool facilitated change in action.

Results:
Over a twelve month period from Sept. 2015 - 2016, approximately 6000 patients were triaged for frailty and of those, 75% presented with frailty markers. Comparing Quarter 1 of 2015 to Quarter 1 2016 an 11.6% increase in ED presentations for ≥75 year olds was observed. Significantly, there was a 57% increase in all ≥ 75 year olds being discharged over the same timeframe under the 9 hour Patient Experience Time target, with 59% of this group being discharged home.

Discussion:
Nationally our elderly population is growing, evident in the numbers presenting to our EDs. The FIT Team undertook to identify and subsequently provide early intervention to ≥75 year old frail adults, thereby improving their hospital experience and overall outcomes. The success of this service to date is largely accounted for by the integration of the interdisciplinay team. Beaumont Hospital is committed to the objectives of the National Clinical Programme for Older People (NCPOP). Through a continual of PDSA cycle of quality improvements, the FITT service is now embedded into practice within the Beaumont Hospital ED.

Enablers of Sustainability:
Staff: Rotation of staff through ED to foster a culture of every hour counts
Process: Standardising processes e.g. figure 3
Organisation Alignment: with National Clinical Care Programme and Beaumont Hospital’s Improvement Plan

The FIT Team acknowledge the contribution of multiple staff, both within the HSCP Departments and the wider hospital to this clinical redesign process.