

NHS Foundation Trust

Improving care of frail patients in East Kent Hospitals

Shelagh O'Riordan Consultant Geriatrician and lead for Falls and Osteoporosis Service





East Kent Hospitals University

NHS Foundation Trust

What is frailty?









Outline

- Talk about importance of managing sick older people
- Improvements in care in EKHUFT- Hip Fracture Care
- Frail patients on other wards
- New challenges
- Summary





Why is it important to get it right?

- "Neglect of the elderly who die in NHS hospital" (Daily Mail 11th November 2010)
- "Hospital gives elderly patients a TAMBOURINE to call nurses (and maracas in case it breaks)" (Daily Mail 22nd June 2011)
- "I used to be a matron but as a patient I was treated worse than an animal" (Sun 06 Sep 2010)
- "the fundamental priority of an NHS is to provide excellent and immediate care to those who become suddenly very unwell."



East Kent Hospitals University

NHS Foundation Trust What are we doing in East Kent for patients with hip fracture?

- Started by working hard on care of patients with hip fracture
- National recommendation that patients should be managed on specialist hip fracture ward
- Jointly managed by surgeon and geriatrician
- Get to theatre with 36 hours







East Kent Hospitals University **NHS Foundation Trust** 2009-10

- Increased number orthogeriatricians from 2 to 4 via business case
- Appointed lead orthopaedic surgeon on each site to lead hip fracture service
 - Started entering data onto National Hip
- Fracture Database (NHFD)
 System in place to ensure all patients have falls and fracture prevention fracture prevention





East Kent Hospitals University

2010-11

- Using NHFD data we can see improvements in care
- 70% got to theatre within 36 hours (national average 62%)
- Pre-operative medical assessment 95% (national average 33%)
- Development of pressure sores 1.5% (national average 3.5%)





2010-11 continued

- Specialist falls assessment 97% (National average 83%)
- Bone health assessment 99% (national average 66%)
- Acute length of stay- 17.5 days. Slightly higher than national average but much lower than last year. Reduced from 25 to 18 days at WHH.





Areas to work on

- Time from A and E to ward at WHH
- Type of operation done at QEQM.
 - Overall, reflects the hard work of many areas of the Trust to improve care





Good care leads to increased money

- If you achieve best practice in 3 main areas you get a "boost" in tarrif.
- National average Best Practice Tarrif Uplift is 31%
- We achieved 55% at QEQM and 65% at WHH
- Represents total income of £360,000 for Trust





Putting patients first

How about frail patients without hip fracture

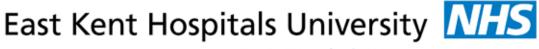
- Similar model to be rolled out
- "Acute Frailty Unit" on each site
- All ages
- Excellent acute medical care
- Combined with rehabilitation and discharge planning expertise
- Eliminates patient transfers
- Daily consultant review by geriatrician



Excellent work by nursing teams

- Award winning tissue viability team
- Focus on nutrition
- Falls prevention leaders on all wards





NHS Foundation Trust

New challenges

- Frail patients under surgical teams
- Preventing admission from care homes
- Improving end of life care, particularly for dementia patients





Summary

- Management of frail patients is "benchmark" of good care in hospitals
- Encouraging improvements in management of hip fracture patients
- Broadening the model to frail patients in other areas
- Everyone's job- never forget

