

# Improving care of frail patients in East Kent Hospitals

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# What is frailty?



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## 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

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## 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.”**

## 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



**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



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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%)

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## 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

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## Good care leads to increased money

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

## 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

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## Excellent work by nursing teams

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

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## New challenges

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

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## 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

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