

# **The Wessex Acute Frailty Audit:**

# Development of a regional acute hospital audit of frailty identification, management, education and training using a qualitative improvement approach



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### **INTRODUCTION**

- An acute hospital stay increases the risk of negative outcomes for those living with frailty.
- Identification of frailty and subsequent comprehensive geriatric assessments and personalised planning can improve this<sup>1</sup>.
- Hospital wide identification and management of frailty is inconsistent.
- Root causes may include educational needs and service integration barriers leading to the inability to adjust and share care management plans appropriately in hospital and following discharge.

<sup>1</sup>National Institute for Health Research (2017) 'Comprehensive Care for Older people living with frailty in hospitals' NIHR Dissemination Centre

People living with frailty are at risk in hospital.
We don't always identify them when they arrive
So we don't always give them the care they need!



## **AUDIT AIM**

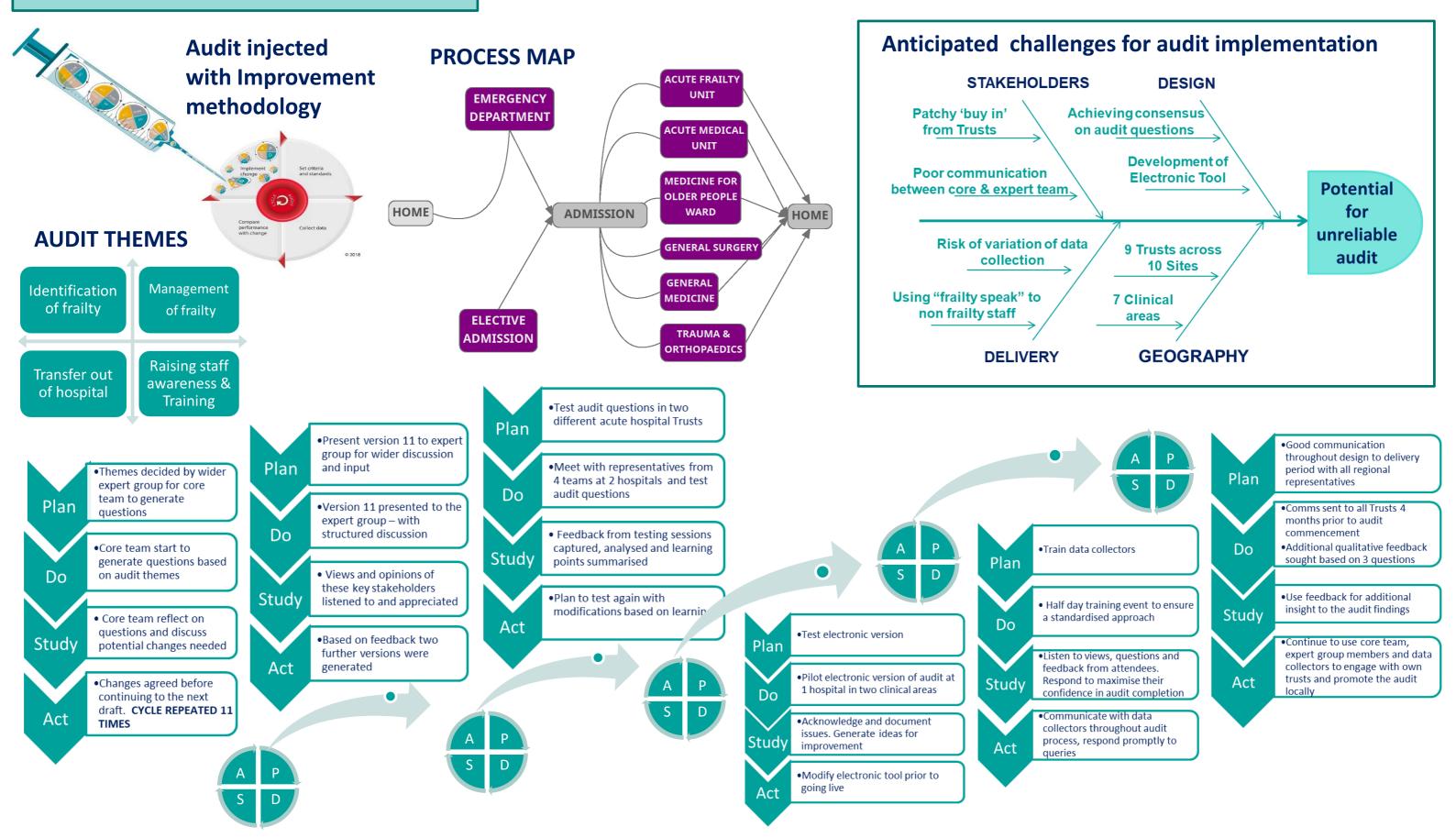
To gain a regional understanding of care provision:

- Areas of good practice
- Significant gaps in frailty identification, personalised care planning and hospital wide provision of frailty training

And use this to drive up standards of care

### **AUDIT DESIGN AIM**

To determine data set for audit and train experts to collect data from across 7 clinical areas in 9 acute hospitals (+ 1 community hospital) by December 2018



## **RESULTS**

- Data collection completed in December 2018.
- 100% participation achieved from 10 hospitals spanning 56 wards across seven clinical areas.
- Data from audit used to identify areas for quality improvement.
- Qualitative narrative has increased understanding of barriers and resource constraints required to facilitate improvement.
- Audit approach enabled frailty experts to 'talk frailty' with colleagues from other clinical areas resulting in requests for further training.

## CONCLUSION

A regional approach, including lay representatives and staff, is now required to support hospital wide quality improvement projects. The focus for improvement work and shared learning will be informed by the audit.

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