

CQUIN05: Identification and response to frailty in emergency departments

Kyaing Yi Mon Thin, Kedar Gundale, Sahil Gupta, Soumyajit Chatterjee

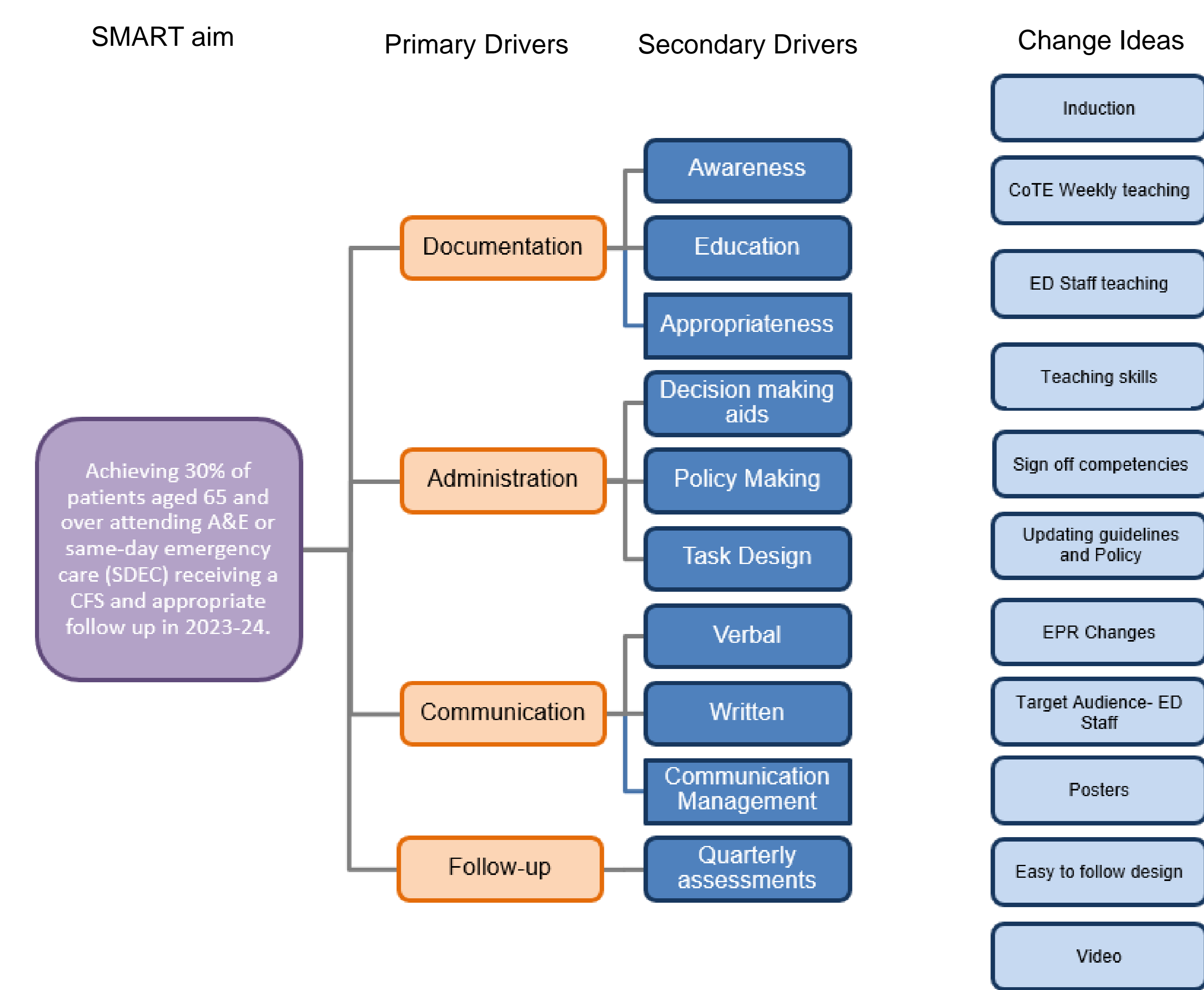
Safety Concern

Inadequate documentation of Clinical Frailty Score during ED / SDEC attendance leading to improper follow up

Aim

Achieving 30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up between 1st April 2023 to 31st March 2024.

Driver Diagram



QI Team



Dr. Kyaing Yi Mon Thin



Dr. Kedar Gundale



Dr. Sahil Gupta

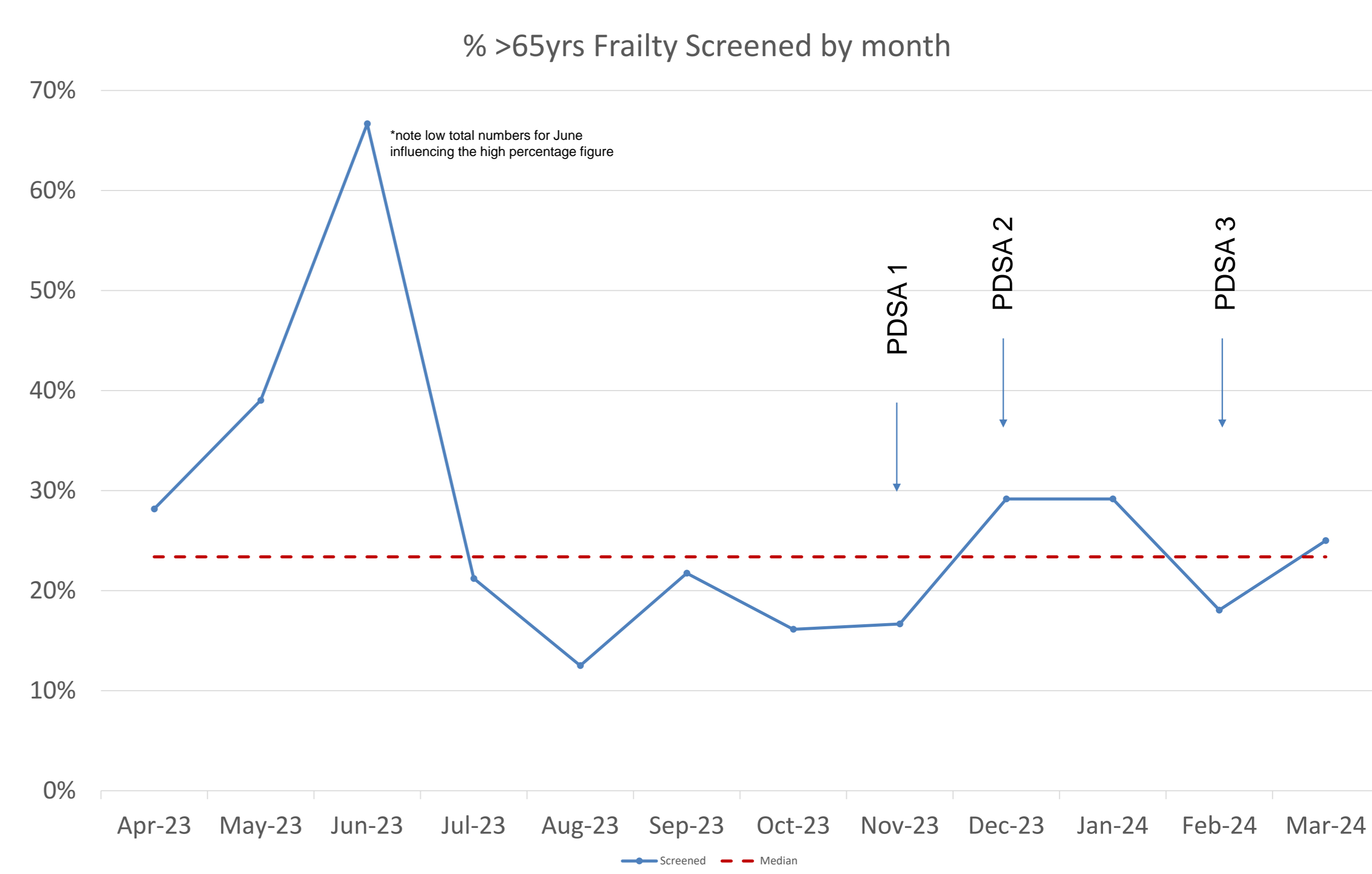


Dr. Soumyajit Chatterjee

Acknowledgements:

1. Dr Sangeeta Kulkarni, Frailty Lead, Consultant, Geriatric Medicine GHNHSFT
2. Dr Tanya De Weymarn, ED Frailty Lead, Consultant, Emergency Medicine GHNHSFT
3. Alexandra Purcell, Clinical Effectiveness & Quality Improvement Manager

Quarterly assessments & PDSA cycles

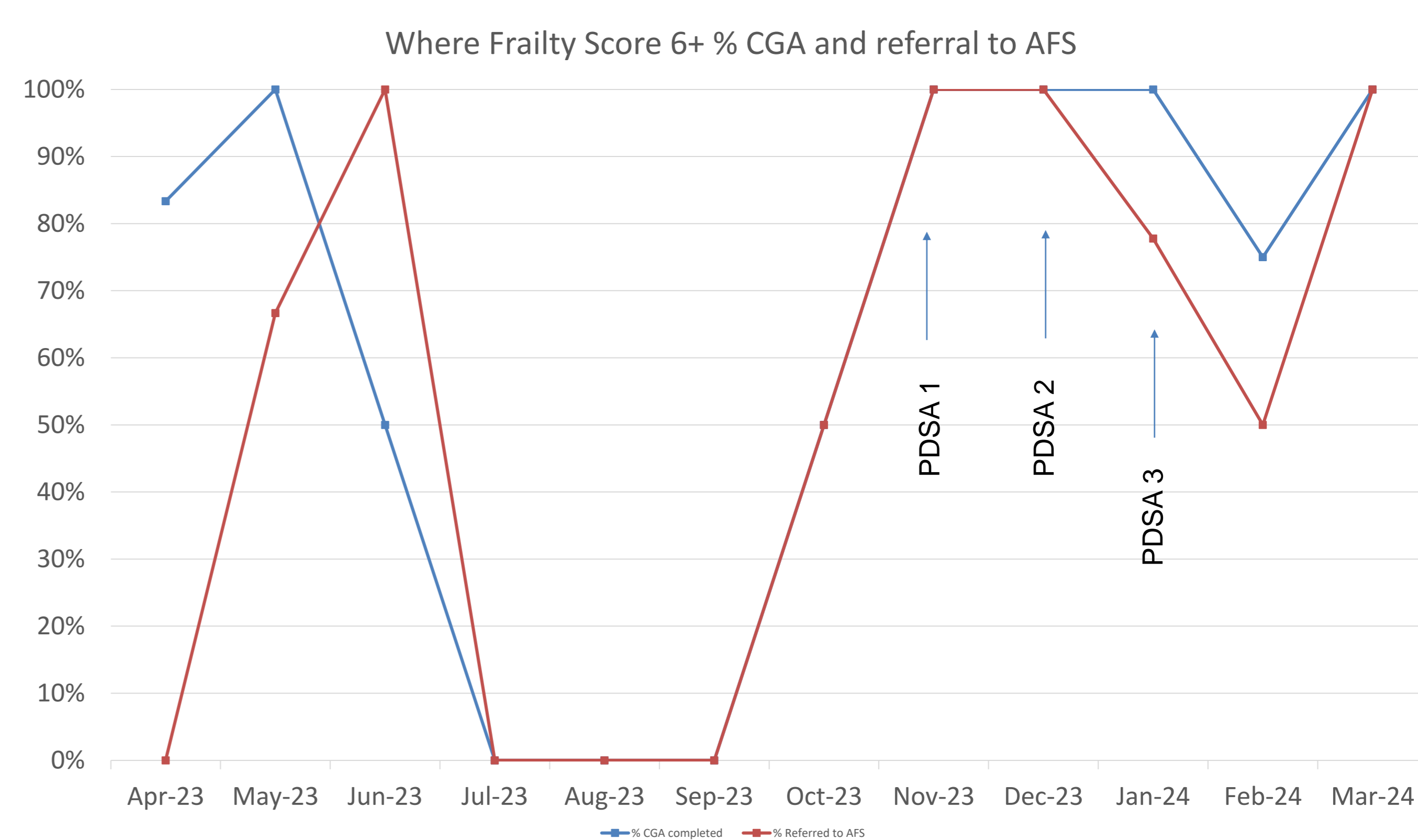
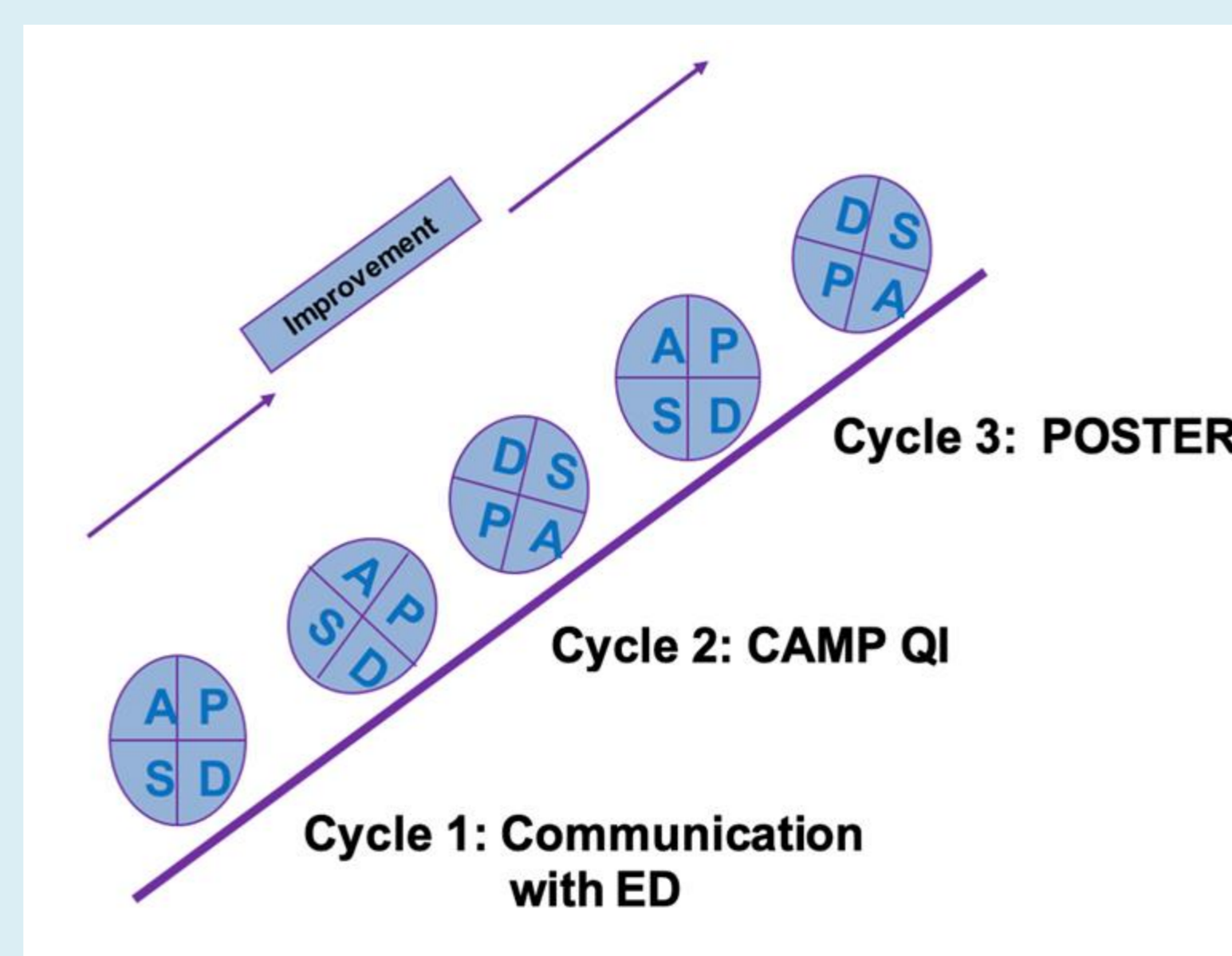


Measures

Outcome: Improve the CFS documentation to 30% in patients >65 year of age attending ED and SDEC

Process: Communication with ED Frailty Lead
Education delivered to ED staff
Poster
Liaising with EPR team

Balancing: Low data points in a particular quarter/month, CFS documentation improves patient outcomes but increases burden on a busy ED.



Key Results

Successfully achieved overall compliance of 26% by the end of March 2024

Achieved 100% Comprehensive Geriatric Assessment (CGA) completion and 64% referral to Acute Frailty Services (AFS) by the end of March 2024

Next Steps

CFS Audit should be a continuous process to aim at least >70% patients getting CFS documented in the first 24 hours of admission. Further steps as included in change ideas for more consistent training, mandatory documentation and updating trust guidelines. Scaling up by including more data points and a wider QI team. Involve other relevant clerking departments e.g. orthopaedics, pre-anaesthetic units, oncology.