Developing Frailty Champions In Emergency Care

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Aim of the King's Frailty Champion Training Programme

To develop frailty champions working in the emergency department (ED) who can support:

- Improved awareness of frailty in frontline staff.
- Identification of frailty in older people presenting to the ED.
- Promotion of practice that reduces risks and complications associated with frail older people in the hospital setting (implementing the frailty bundle).

Identification of Frailty

All patients aged ≥70 presenting at ED will have a Clinical Frailty Scale (CFS) recorded as part of triage.

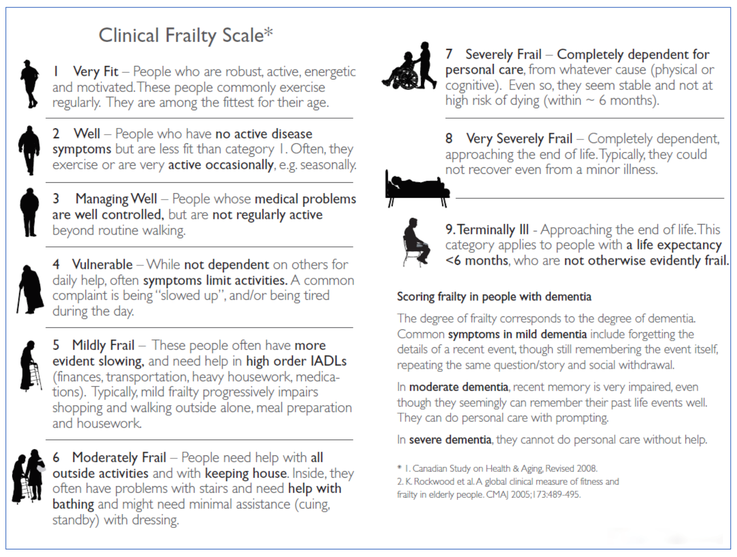


Figure 1. Rockwood Clinical Frailty Scale

Good Frailty Care

Our aim is that patients with CFS ≥5 will be seen in the Frailty Assessment Unit.
As this is not always possible, our aim is that all patients presenting with CFS ≥5 in all settings will receive the King's Frailty Bundle – emphasis on the four bundle domains.

Domain	Bundle standards
Medication management	• Patients with Parkinsonism prescribed dopamine precursors will be provided with their dopamine precursor prescription with minimal delay to their usual medication schedule. • Patients with Parkinsonism prescribed dopamine precursors who are nil by mouth will be assessed for alternative medication administration with minimal delay. See http://www.parkinsonscalculator.com/ • Frail older people who require medication review will be identified and medication review is prompted (this may be in primary care after discharge) • Management of challenging behaviour with psychotropic medication is a last resort treatment and only instigated after senior clinician review.
Nutrition and hydration	• Patients with frailty will be offered food and drink whenever this is appropriate (and there is no reason for NBM) and oral intake will be recorded. • Patients with frailty will have access to support with eating and drinking if needed (cups that can be easily lifted, food left within reach, a volunteer to help, dietary requirements checked) • Patients at risk of dehydration (not voluntarily drinking) or malnutrition both in short and long term will be identified and plans made to address these risks
Falls and mobility	• Patients who can, will be encouraged to get up from the trolley/bed and sit in a chair • Identified risk factors for falls will be addressed and managed while in the ED
Delirium	• Patients with frailty will have a standardised assessment for the presence of delirium (e.g. 4AT) • Patients presenting with delirium will have a management plan to minimise adverse effects

Figure 2. King's Frailty Bundle

Awareness of Frailty

We aim to ensure all frontline staff can identify frailty, understand the risks associated with hospital admission and implement the King's Frailty Bundle.
The champions deliver training (using the bitesize method), leadership and role modelling in their clinical areas.

Bitesize Training

- 15-20 minute session
- Multi-disciplinary
- Arranged at short notice at suitable time (when department is less busy)
- Held "on location" the department / ward (to avoid staff needing to leave to go elsewhere)
- Minimal set up (no power point, few handouts)

Training for King's Frailty Champions

Two and a half formal training days and competencies carried out and signed off in the work setting.
Training involves interactive sessions focusing not just on the subject of frailty but also on teaching, leadership and quality improvement skills.

Day 1
Understanding frailty and CGA
The four bundle domains (in more depth)

Day 2
Principles of leadership
Teaching adults
Quality improvement

Day 3 (half day)
Deliver bitesize training session to the other champions
Receive feedback

In 6 months
Complete frailty competencies
Deliver bitesize staff training
Develop QIP ideas

Who are King's Frailty Champions?

- Frontline health care professionals working in urgent care
- Nurses and therapists
- Band 5-7

Results to Date

Cohort 1 = 15 frailty champions completed training from ED and urgent care in both KCH sites (Denmark Hill and Princess Royal University Hospital (PRUH)

Quotes from Frailty Champions:

"This course has made me see frail patients in the emergency department, and the different and specific obstacles in their way. Although we're not equipped to change the environment in the way we would want, it's made me change my practice and hopefully improve their patient journey."

"It has made me feel more confident in how to teach a bite size session to my colleagues."

"I now actively think about what I can do for frail patients in ED. Everybody gets a cup of tea! "

"The course provided a comprehensive look at Frailty with high quality presenting and good use of interactivity."

"It was a challenge to design a bite-size teaching."

"I appreciated it being multidisciplinary"

"It has been really helpful to learn about the Rockwood Clinical Frailty Scale as I use that daily in my practice in work."

Figure 3. Mean understanding of different aspects of frailty care before and after the first training day (score 1-7, highest = best understanding)

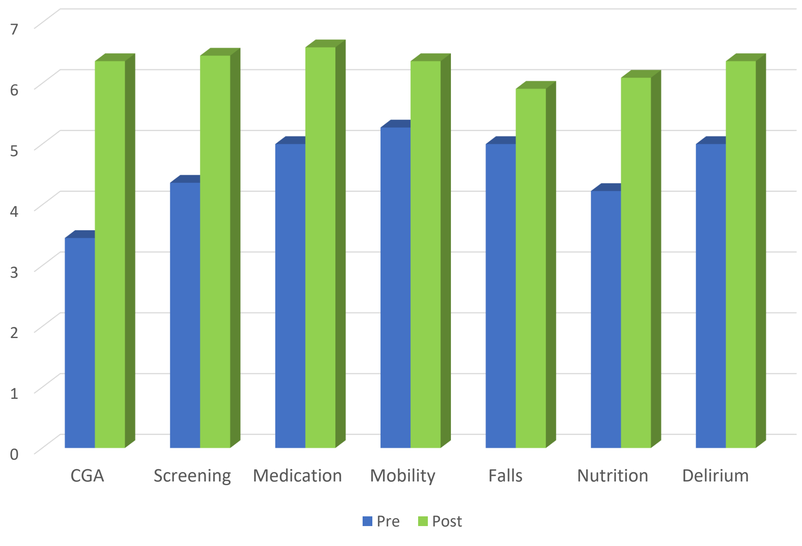
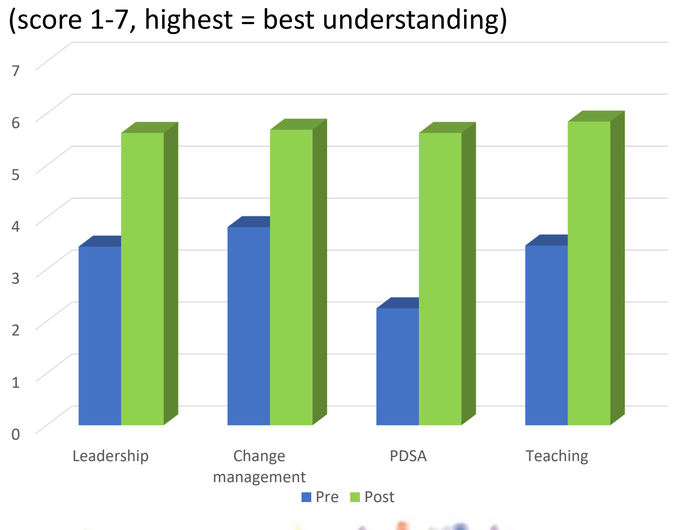


Figure 4. Mean understanding of leadership and teaching before and after the second training day (score 1-7, highest = best understanding)



Next Steps

- Second cohort (n=15) completed in Dec 2019.
- Expanded eligible settings (frailty assessment unit, trauma ward, medical admission units)
- Two more cohorts planned in 2020
- A frailty champion alumni meeting planned for 2020

References

Rockwood et al (2005). A global clinical measure of fitness and frailty in elderly people. CMAJ.173: 489-495.

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