

Frailsafe in the Acute Medical Admission ward in Craigavon Area Hospital

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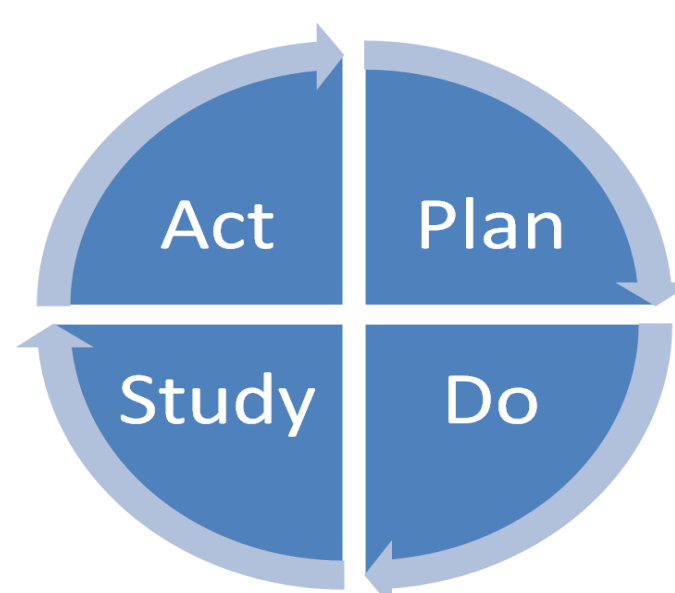
Background

The 'oldest old' of our patients are disproportionately affected by Patient Safety Incidents (PSIs) causing severe harm and death. People aged over 85 years make up 8.3% of admissions but 21% of Patient Safety Incidents.

The Frailsafe project has identified the most common and highest impact issues which can result in harm to patients in the first few days of acute care. The hazards were initially defined by a literature search undertaken for evidence in harm to older patients in the acute setting and best care to avoid the harm. The literature review was then discussed with experts in patient safety and geriatric medicine across the USA and UK, including the British Geriatrics Society and the American Geriatrics Society. The highest impact evidence based interventions to prevent these potential harms were incorporated into Frailsafe.

Methodology

The Frailsafe checklist was introduced into AMU in August 2014. PDSA cycles were used to test use of the checklist on a small scale and review it before deciding how to proceed and spread use of the checklist.



The checklist was to be completed within the first 24 hours of admission. In AMU it was completed on the post take ward round at 8am each morning.

The checklist was used to:

- Identify frail patients
- Check if appropriate assessments had been completed e.g. delirium, falls
- Check if patients had any equipment and is it still needed e.g. IV cannula
- Check if medicines reconciliation and review had been completed.

Each collaborative site uploaded their checklists onto the National Institute for Health Research WISH tool. Each site also provided outcome data e.g. average length of stay, number of falls, VTE risk assessment compliance. The national data is currently being evaluated.

Results

CAH evaluated data for 176 patients who had a Frailsafe checklist completed over a 2 months period.

- 34% of Frailsafe patients were discharged from AMU with average LOS 1.6 days.

- Remaining 66% stayed in AMU 1.5 days and then transferred to another ward.
- 79% of these patients were transferred home with average LOS 8.7 days.
- 82% of Frailsafe patients had only one patient move during their stay, helping not to increase confusion in patients with delirium.
- 21% of Frailsafe patients were readmitted within 30 days.

Few patients had medicines reconciliation completed. The majority of patients were admitted to AMU from 5-11pm when there is no pharmacy service.

The checklist is now completed at the whiteboard meeting at 11am every morning.

A pharmacist is on the post take ward round and can target Frailsafe patients to complete medicines reconciliation to ensure that the review of patients medication is accurate and appropriate.

Conclusion

The checklist has helped the Trust to identify frail patients and ensure that the necessary assessments, review of equipment, medicines reconciliation and review are completed.

This is part of a pilot project, which aims to improve patient safety on acute admission units. Please do not put any patient identifiers on this form or place within their notes. For further information please see coverleaf.

Do you think I am frail?
Am I confused? Do I live in a care home? Do I have reduced mobility?

If you think I fit any of these, I am suitable for the frailsafe check below

Assessments

Have the following assessments been completed?

Delirium Completed Still to complete Not relevant

Dementia Completed Still to complete Not relevant

Mobility Completed Still to complete Not relevant

Falls Completed Still to complete Not relevant

Pressure ulcer Completed Still to complete Not relevant

Has my resuscitation status been considered?
Considered Still to consider Not relevant

Equipment

Do I have a cannula? Yes No Is my cannula still required? Yes No Not relevant

Do I have a catheter? Yes No Is my catheter still required? Yes No Not relevant

Do I have bed rails? Yes No Are my bed rails still required? Yes No Not relevant

Medications

Has my medicine reconciliation been completed?
Completed Still to complete Not relevant

Have I had a medicine review?
Completed Still to complete Not relevant

Date of form completion ___/___/___
Once this form is completed it should be placed... (date specific information)

The Acute Medical Unit (AMU) in Craigavon Area Hospital (CAH) was chosen as one of twelve collaborative sites across the UK to implement and spread a safety checklist 'Frailsafe' between August 2014 and August 2015.

frailsafe		ASSESSMENT	EQUIPMENT	MED REVIEW COMPLETE <input type="checkbox"/>	MED REC COMPLETE <input type="checkbox"/>
REDUCED MOBILITY <input type="checkbox"/>		Delirium <input type="checkbox"/>	CANNULA N/A <input type="checkbox"/> Required <input type="checkbox"/> Removed <input type="checkbox"/>	REFERRALS/ACTIONS TAKEN:	
CARE HOME <input type="checkbox"/>		Dementia <input type="checkbox"/>	CATHETER N/A <input type="checkbox"/> Required <input type="checkbox"/> Removed <input type="checkbox"/>		
		Mobility <input type="checkbox"/>			
		Falls <input type="checkbox"/>	Pressure Ulcer <input type="checkbox"/>		
CONFUSED <input type="checkbox"/>		RESUS STATUS CONSIDERED		DATE:	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	SIGNATURE:	
			BED RAILS N/A <input type="checkbox"/> Required <input type="checkbox"/> Removed <input type="checkbox"/>		

The checklist has been condensed into a sticker which can be initiated by any member of the multi disciplinary team, who puts the sticker in notes for completion at the whiteboard meeting.