The effectiveness of an acute frailty unit on improving the clinical outcomes of elderly patients

(F-P1.15)

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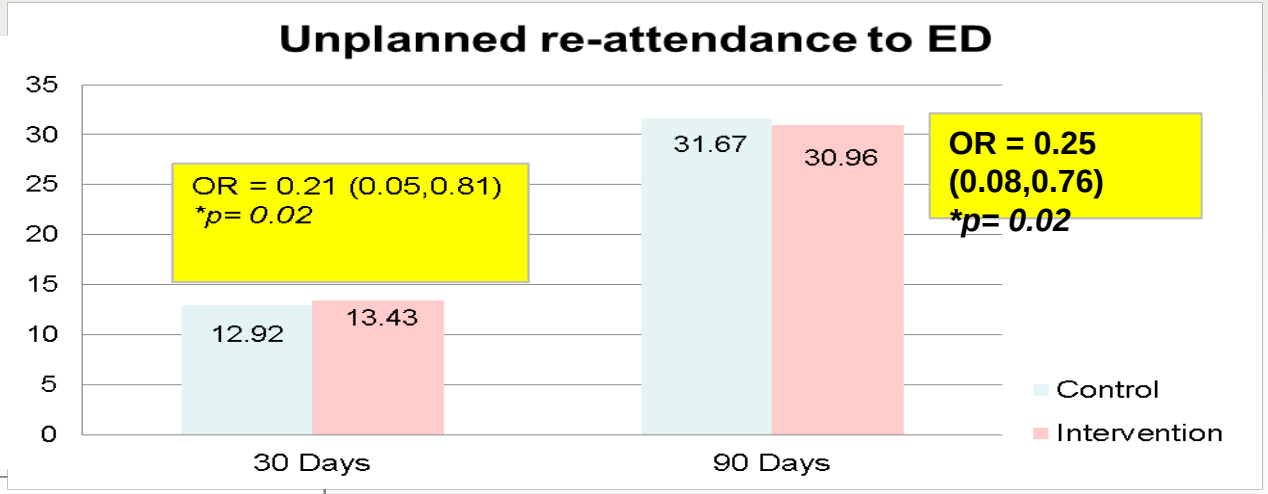
- **Frailty** is a term uses to describe the syndrome of declining physical and cognitive state in elder people. (Rose 2014).
- A Frailty Unit in QEH EM ward was set up in 2014 and a quasi experimental study was conducted to examine effectiveness of the unit and patients' clinical outcomes
- 5 Major components in Frailty Unit: Comprehensive Geriatric Assessment,, Case management & MDT approach, Early discharge planning & Post discharge support

Methodology

- A 12-month quasi-experimental study was conducted to examine the effectiveness of the newly set up Frailty Unit on patient's outcomes
- The unplanned readmission & ED re-attendance within 30 days & 90 days were captured to evaluate the effectiveness of the study.
- Secondary outcomes on MBI, Quality of life concerns (mQOLC_E) and patients' satisfaction were collected to examine the clinical outcomes.
- Between February to April 2017, 106 patients were eligible and recruited in this study.

Results_ Health Service Utilization

Figure 1 _Unplanned re-attendance ED in intervention group and control group at 30 days and 90 days.
Notes: There is *significant difference* between two groups



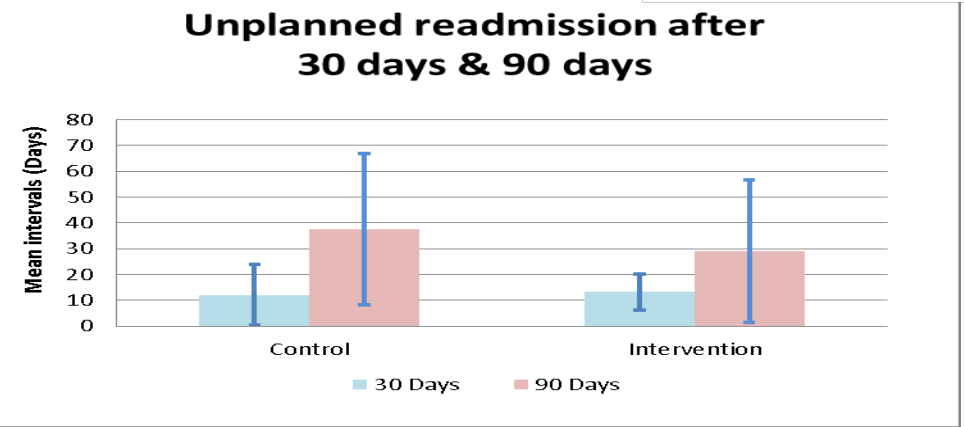


Figure 2_ Unplanned readmission in intervention group and control group at 30 days and 90 days.
Notes: OR 0.72 (30 days) & 0.67 (90days). No significant difference between two groups

Results _ Functional Status

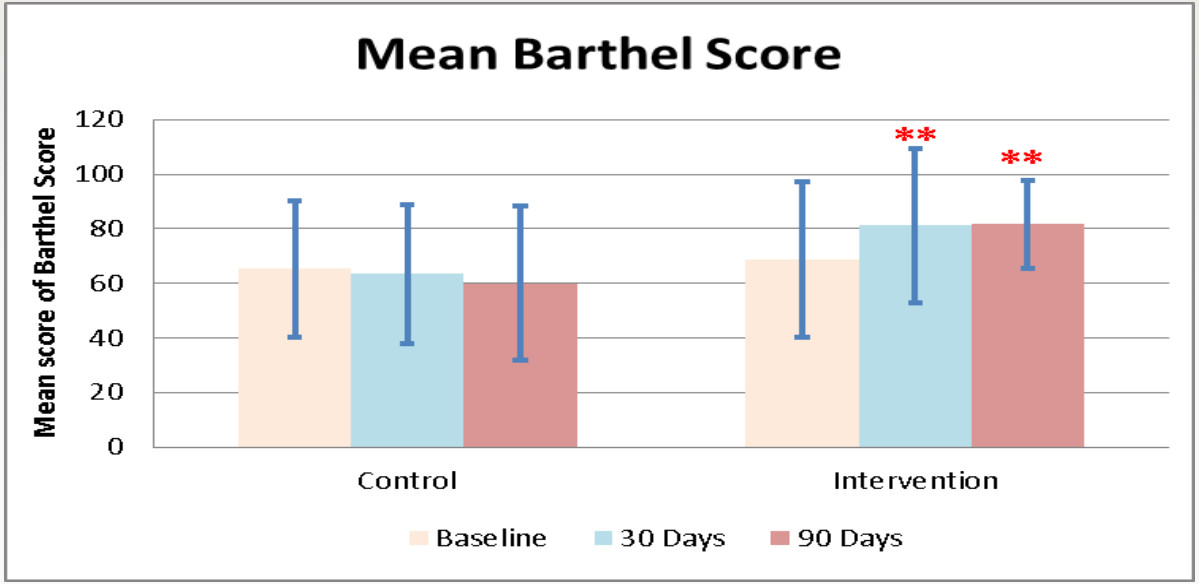
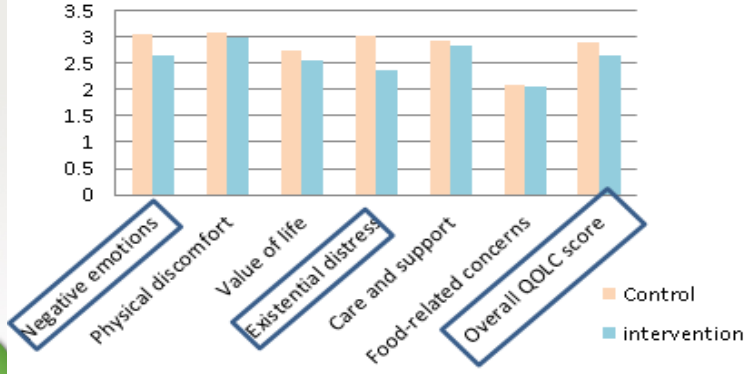
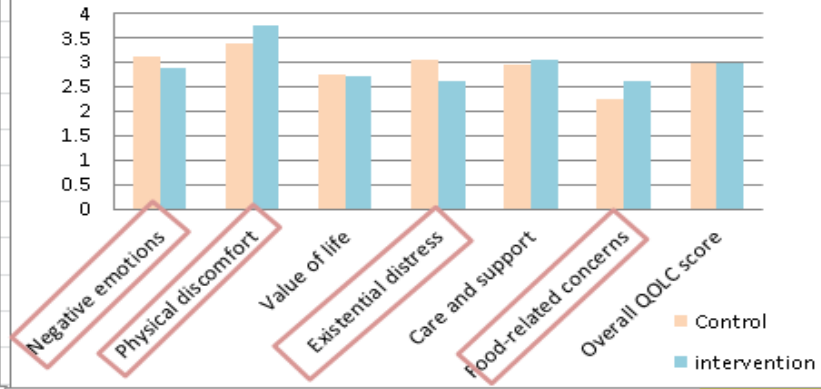


Figure 1 Mean score of Barthel Score for patients in intervention group and control group at baseline, 30 days and 90 days. Notes: ** *p* =<0.001 between the scores within one group. Error bars represent the standard deviation of total scores.

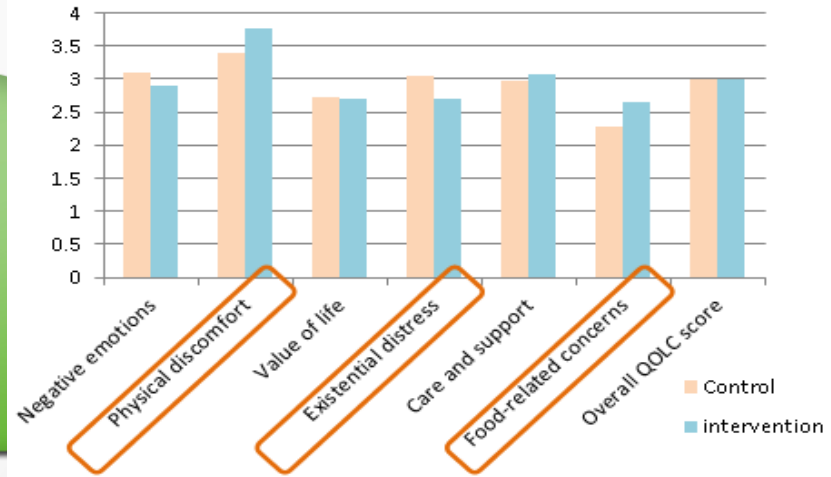
Baseline of mQOLC-E score for intervention & control groups



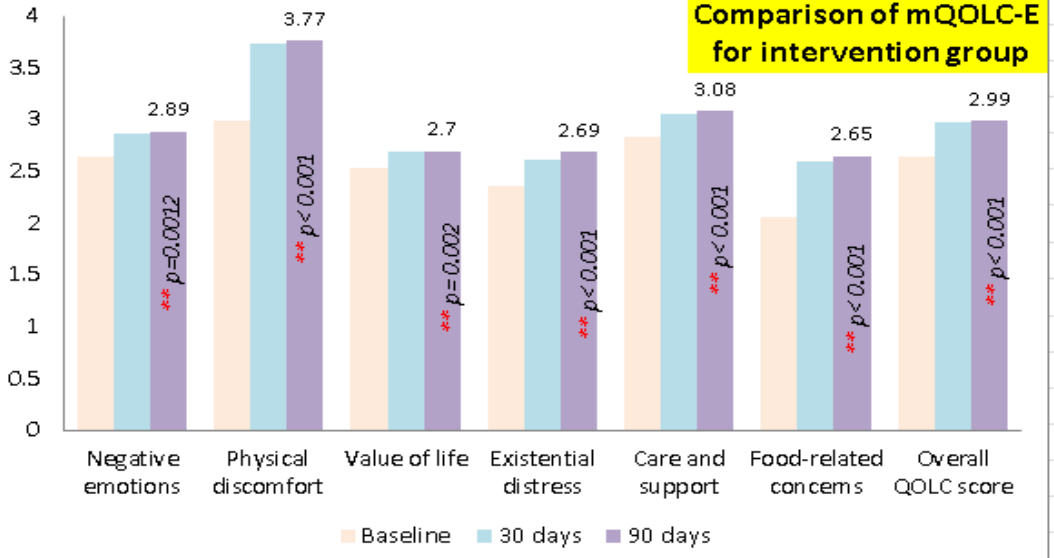
30 days of mQOLC-E score for intervention & control groups



90 days of mQOLC-E score for intervention & control groups



Comparison of mQOLC-E for intervention group



Conclusion

- We need a sustainable system to put their needs as the core of the Emergency Medicine Ward (EMW)
- An evolving care model ready access for frail elder people in EMW would be benefit to patients and the health care system
- EM Wards should geared up with multi-disciplinary team especially geriatricians to provide comprehensive geriatric assessment and interventions could minimize deconditioning due to prolong stay in hospital
- Early discharge planning and support can reduce length of hospital stay for elder people and facilitate transitional care back to community