

Hospital Flow & Frailty.

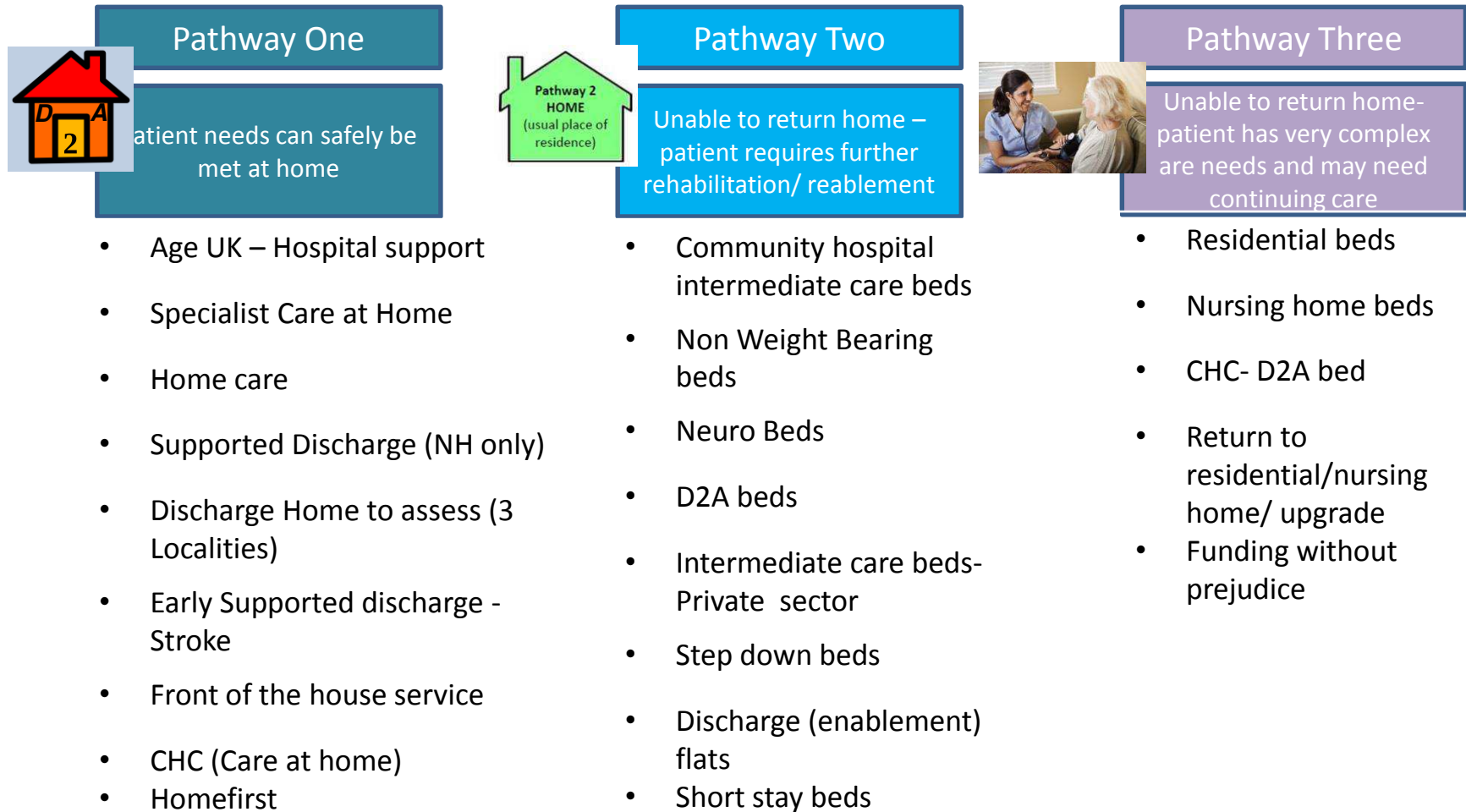
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Head of Hospital & Integration teams

Frailty Patients in A&E

- Patient is brought in to A&E
- Referred by clinician/nurse to front door team (Clin Nav/ Social care/ Age UK)
- Parallel AX completed by clinicians and above team
- Team have direct access to all pathways/ services
- Parallel planning enables quick DX

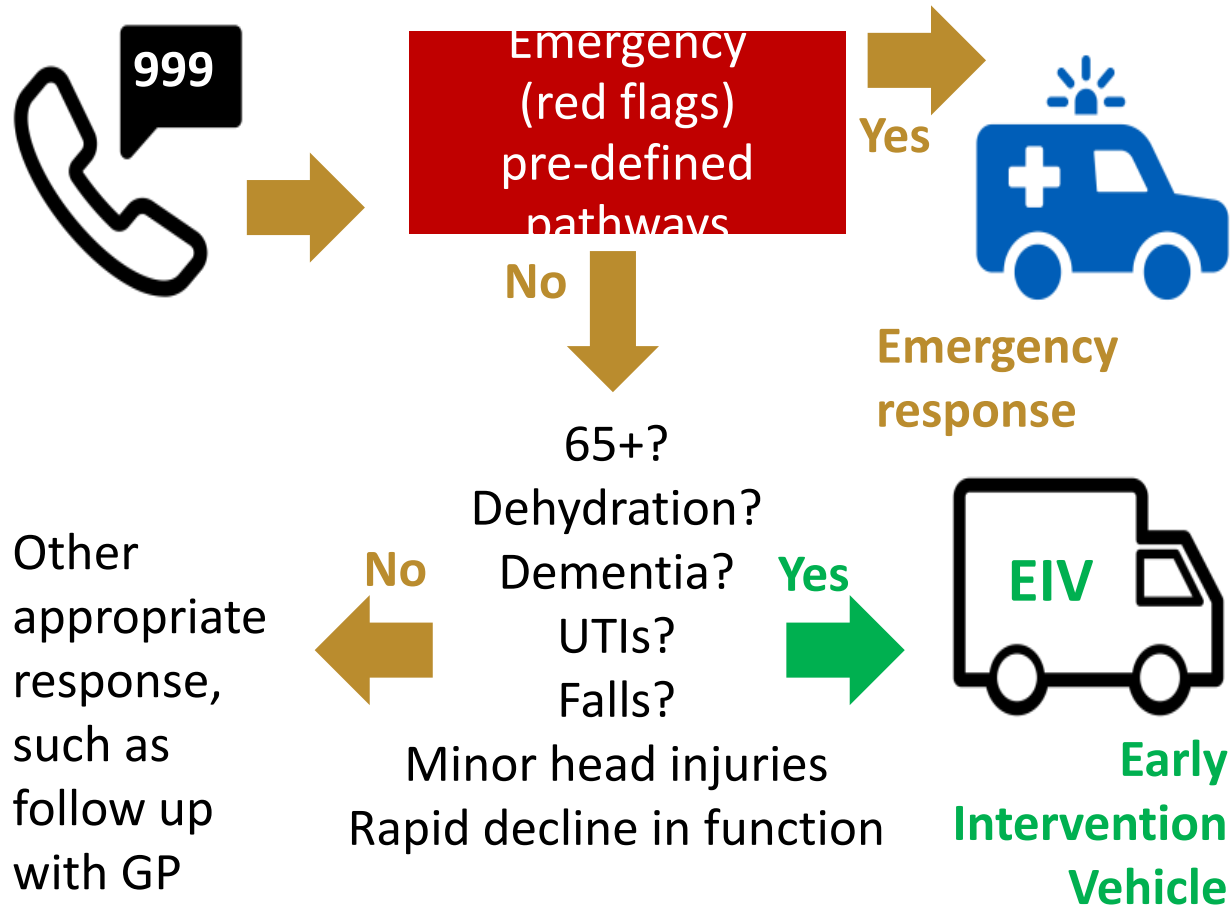
ENH Discharge Pathways



Frailty Beds Ashwell

- Daily Board meetings
- Early identification and EDD setting (LOS-72 hours- 5 days)
- Prioritisation
- Shared roles/ Professional relationships/ respect/ trust
- Open and regular communication/ Direct mobile access
- 7 day services
- Escalation

EIV Process



Early Intervention Vehicle

- Direct access to frailty advise line/ outpatients clinic
- Escalation to A&E front door team following initial Ax at home if requires attendance
- Heads up on care/ equipment supplied or needed on DX once clinical Ax undertaken
- Early identification of patients and their needs following holistic AX

Case study

- Older lady had a fall at home, brought to A&E for an X ray. EIV attended and supplied equipment for DX. Forwarded assessment detail to A&E team, following X ray and plaster, supported to go home with FOH POC.
- Gentleman having recurring falls, diagnosed with UTI and attended via routine ambulance. Confused on admission and supported to have a short stay on DX, before returning home with ongoing POC.