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**Purpose:** There is an increasing strain being placed on Emergency Departments up and down the country with higher than ever numbers of attendances. There is also an aging population with multiple co-morbidities are presenting to A&E with both health and social care needs.

The Royal Stoke is one of the busiest Emergency Departments with 111,091 attendances with 30,074 of these attendees over the age of 70. Prior to the introduction of this team there was a higher percentage of attendance to admission in the over 70's than the national average. It was decided to test if a team of senior decision makers could make a difference to those figures but also to the experiences of the frail elderly patients that visited our Emergency Department

**Method:** A new team consisting of advanced nurse practitioners, advanced physiotherapists, advanced occupational therapists, community liaison nurses and social services. The team was tasked with improving the journey for frail older patients and enabling discharge directly from the department, preventing unnecessary admissions if no acute medical need which are proven to be detrimental to patient outcomes. Initially the team had no specific remit just to try and improve the journey of frail patients in A&E. The ANP's prioritise frail patients in ambulance triage who may be able to be turned around, clerk and investigate as appropriate they then have a therapy assessment and have their social/welfare needs addressed as required. The team also receive referrals from the rest of the emergency department if no medical reason for admission is found, to assess and facilitate discharge direct from ED.

Data Field	Results - 2018
Total Number of Patients Seen:	3,929
Total Number of Facilitated Discharges:	<b>3,262 (83%)</b>
Number of Patients discharged to usual place of residence:	2,710 (83% of 3,262)
Number of Re-attendances within 7 days	<b>436 (11%)</b>

**Conclusion:** Having a dedicated frailty front door team based in the emergency department can improve patient journeys, improve flow and improve discharges for frail older patients directly from the emergency department. Physiotherapy assessment is vital in the process and helps deliver core aspects of Comprehensive Geriatric Assessment right at the front door which can prevent re-admissions. It could be argued that these patients would be sent home by A&E anyway but this approach ensure a holistic approach to managing frailty in the emergency department.

**Implications:** Having physiotherapists as part of a multi-disciplinary team directly at the front door can promote discharges directly from ED and prevent unnecessary admissions. Having senior decision makers decreases risk avoidance and empowers patients to return to their own environment. Having a frailty team, prioritises frail patients and expedites them onto the right pathway which is vital in this cohort of patients. A holistic approach to frailty can prove effective in getting people back to their own environment.