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FRAILTY SERVICE

- OVER 75 YEARS OF AGE
- RECENT HOSPITAL ADMISSION IN THE PAST 2 WEEKS
- MORE THAN 3 ADMISSIONS IN THE PAST 12 MONTHS
- ROCKWOOD FRAILTY SCORE OF 5, 6, OR 7
**Clinical Frailty Scale**

1 **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 **Well** – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 **Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 **Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.

5 **Mildly Frail** – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 **Moderately Frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 **Severely Frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 **Terminally Ill** – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

**Scoring frailty in people with dementia**

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.
Background

- Originated at King’s College Hospital, London
- Adapted by Dr Elena Mucci, Consultant Geriatrician
- Moved from hospital to care home
This ......
Or this ..............
The Government Response to the Review of Choice in End of Life Care (DoH 2017)

1. Honest discussions
2. Informed choices
3. Personalised care plan
4. Sharing the plan
5. Involvement of others
6. Know who to contact
METHODOLOGY

- 2 month retrospective audit
- 30 nursing home residents
- Measured the number of unplanned admissions and hospital bed days, 6 months pre PEACE plan implementation and 6 months post PEACE plan implementation.
### RESULTS – PRE PEACE PLANNING

<table>
<thead>
<tr>
<th>44 UNPLANNED ADMISSIONS</th>
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<tr>
<td>TOTAL NUMBER OF BED DAYS WAS 770</td>
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RESULTS- POST PEACE PLANNING

<table>
<thead>
<tr>
<th>4 UNPLANNED ADMISSIONS</th>
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<tr>
<td>TOTAL NUMBER OF BED DAYS WAS 4</td>
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<td>25 of the 30 residents were still alive at the time of the audit</td>
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<td>Of the 5 that had died, all died in their preferred place of care.</td>
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Probably..........................the best job in the world
LATEST AUDIT – NOV 2016 - JULY 2018

- 270 PEACE PLAN WERE WRITTEN DURING THIS TIME
- NO OF PATIENTS INCLUDED IN THE AUDIT WAS 170. (ONLY PATIENTS STILL ALIVE AT THE END OF THE AUDIT WERE INCLUDED)
Pre PEACE Planning

No. of admissions: 526

No. of bed days: 7150
Post PEACE Planning

No. of Admissions
• 81

No. of Bed Days
• 114
What does a physiotherapist bring to this role?

- Discussion around options for rehabilitation over palliation
- Discussion around pharmacological approach versus a therapeutic approach
- Advice on positioning and seating.
- Falls reduction plans.
What are the challenges?

- A large percentage of the role involves nursing based knowledge: catheter care, pressure management
- Advanced communication skills
- Administration!
- Prescribing
- Advanced assessment skills
KEY MESSAGES

choices
Key messages - Balancing

COST