# **FRAIL Collaborative** Initiative Type Redesign Status Deliver Added 10 May 2018 Last updated 02 August 2024 **URL**

## **Summary**

FRAIL is a multisite collaborative project specifically designed to improve the flow of frail elderly patients through the health system, while also improving the clinical parameters of their care. The project will develop and implement an evidence-based change package or 'bundle' for adoption by local teams. This bundle is being developed with the assistance of a multidisciplinary expert panel who have experience in geriatrics emergency and general medicine, along with patient safety and

https://test.clinicalexcellence.qld.gov.au/improvement-exchange/frail-collaborative

flow. While acknowledging that frail elderly patients present at all points in the continuum, this collaborative will be limited to the emergency department presentation and inpatient admission elements, including the medical assessment/short-stay interface with ED and inpatient teams. FRAIL Collaborative from Clinical Excellence Division on Vimeo.
Key dates
Nov 2017
Jul 2019
Implementation sites
Caboolture Hospital, Mackay Hospital, Townsville Hospital
Downwaling
Partnerships
Healthcare Improvement Unit, Statewide Older Persons Health Clinical Network, Statewide General Medicine Network, Queensland Emergency Department Strategic Advisory Panel (QEDSAP), Patient Safety and Quality Improvement Unit, Torrens University Australia
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#### Aim

Undertake a multisite collaborative to specifically improve the care and flow of frail elderly patients through the health system.

#### **Benefits**

- focus on specific needs of the frail elderly in our hospitals
- fast-tracking care for frail elderly at point of arrival at emergency departments
- emphasis on listening to patients, families and carers
- development and sharing of innovative models of care
- improved emergency length of stay (ELOS) for 75+ age group
- reduction in avoidable admissions for 75+ cohort

### **Background**

Queensland Government population projections (2015 edition) predict that the number of people aged 75+ will grow on average by 23 per cent every five years for the next 20 years (2016–2036). People are living longer, with a growing number experiencing multiple co-morbid conditions, resulting in an increasing demand for health services, all within a constrained fiscal environment. Statewide, Queensland emergency departments (EDs) are experiencing the highest growth in presentations by patients aged 75. This growth is more than double the statewide total increase across all age cohorts. Older patients are known to experience long delays in the ED, which can result in poorer outcomes. In 2017, the statewide overall Emergency Length of Stay (ELOS) four-hour performance for the 75+ cohort was 51.3 per cent, which is well below the 0-16 years (83.6 per cent) and 17-74 years (72.0 per cent). Figures for those patients admitted from emergency departments to an inpatient ward (not including Short Stay Units) in 2017 demonstrate that only 26.1 per cent of patients older than 75 leave the emergency department within four hours, compared with 35 per cent (17-74years) and 41.4 per cent (0-16 years). Additionally, patients in this cohort who are admitted to hospital are also known to stay longer in an acute bed and be more likely to require rehabilitation care before being discharged home. The pressures reflect a world-wide trend, related to both ageing populations and the increase of chronic disease in the community. With the expectation that this rate is only likely to escalate, Queensland needs to plan for caring more appropriately for this cohort of patients. The time is right to find new ways to manage the cohort of frail elderly patients who present at EDs, and who often end up languishing in acute beds in inpatient units. These patients are often in the final years of their lives and wish only to be at home with loved ones. Every day that they spend in an acute