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**Background**
Ireland East Hospital Group has been developing a Frailty Model Line across five acute hospital sites since 2018. Improvements were required to ensure the highest quality of care is provided as standard and streamlined in a manner that delivers continuity to all older patients. The aim is that all frail patients identified and given the opportunity to rehabilitate to continue living well at home.

**Current State**
A rapid improvement event identified that there was no formal mechanism to identify frailty in the population and few community staff formally trained in the fundamentals of frailty. Improvements were required to ensure:

- The highest quality of care is provided as standard to all older patients
- All patient care is streamlined in a manner that delivers continuity
- There is a frailty attuned workforce
- Older persons can return to their own homes as early as possible

Gaps were identified in Communication, Standard Work, Community Integration, ICT/Data and in Education & Training.

**Future State**
The team committed to:
- Find the frail - establish a standardized process
- Develop a rapid response mechanism
- Develop alternative pathways to ED
- Develop a Communication & Education Strategy
- Develop a frailty attuned workforce
- Strengthen links inside & outside hospital including voluntary sectors

**Outcomes**
- 100% screening of frailty in ED in all five sites
- Increased volume of frail identified by 25%
- Increased no of frailty champions and staff training in fundamentals of frailty by 83%
- 43% reduction in volume of patients > 14 days
- Increased % of patients >75yrs discharged to home/ place of normal residence by 36%
- Decreased bed days used in hospital by 21% Key Learnings
- Communication and engagement across acute, community and voluntary sectors essential
- Using system metrics that matter changes the narrative

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