A MULTIDISCIPLINARY APPROACH TO UNDERSTANDING FRAILTY: IMPLEMENTATION AND EVALUATION OF A 2-DAY TEACHING COURSE IN AN ACUTE HOSPITAL SETTING

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Introduction

Approximately 10% of older adults are living with frailty, meeting at least three of the following criteria: unintentional weight loss, reduced muscle strength, self-reported exhaustion, reduced gait speed and/or low energy expenditure[1]. The lack of physiological reserve seen in frailty means that minor stressors such as a fall or infection may lead to severe decline in function, delayed recovery and increased hospital admissions. During a hospital stay, functional decline can be exacerbated by reduced mobility and bed rest accelerating the loss of lean muscle mass and increased risks of malnutrition thus contributing to increasing healthcare costs and further development of frailty syndromes[2].

People experiencing frailty account for approximately 4000 hospital admissions a day nationally[3]. Therefore, it is important that healthcare professionals responsible for providing care to this population are equip with the knowledge and skills to deliver individualised and patient centred care specific to managing frailty syndromes.

At Medway NHS Foundation Trust the therapies and older persons team identified that frailty is a multifactorial syndrome that requires a multidisciplinary approach to improve patient outcomes. Additionally it was identified that there was a gap in knowledge and understanding of clinical members of staff on the frailty wards.

As a result, the care group set up a steering group including a frailty specialist nurse lead, frailty matrons, a frailty therapist and a frailty dietitian to create an in-house frailty course. The course was designed to be piloted for all healthcare professionals within the frailty base wards with a view to be rolled out to the wider trust and becoming an accredited module in 2024.

Aim

To implement and evaluate an interactive multidisciplinary two-day frailty teaching course within an acute hospital setting.

Objectives

1. To pilot an interactive frailty teaching course to healthcare professionals working within frailty base wards within a district general hospital setting.
2. To determine the effectiveness of an interactive frailty course in improving healthcare professionals understanding and knowledge of frailty in relation to course objectives.
3. To evaluate the operations of the course to identify improvements for course development

Methods

Population: A pilot was carried out on a sample of seventeen healthcare professionals working on the frailty bed base wards. This included nurses at all levels, nursing associates, healthcare assistants, dietitians/assistants, physiotherapists/assistants, occupational therapists/assistants.

Intervention: Two-day multidisciplinary face to face frailty teaching course. The course consisted of presentations from: geriatric consultant, frailty specialist nurse, falls nurse, end of life care team, pharmacy, safeguarding, enhanced care team, speech and language therapy, tissue viability nurse, dietitian, physiotherapist and occupational therapist. All presenters provided a 45-90 minute presentation on their specialist area of practice in the context of people experiencing frailty. The remit was for delivery to have an interactive element and include a case study. A course workbook was provided to learners to facilitate their learning experience. This included the course programme and objectives as well as 3 key learning questions from each topic delivered. Questions were provided by the facilitators prior to the course and answers were covered within taught sessions.

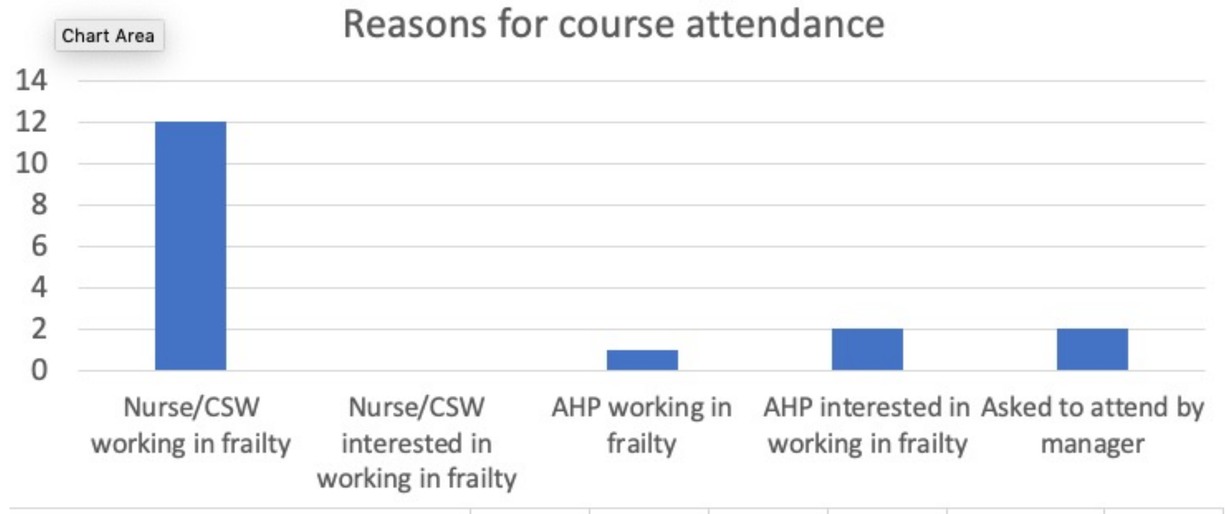
Course Objectives:

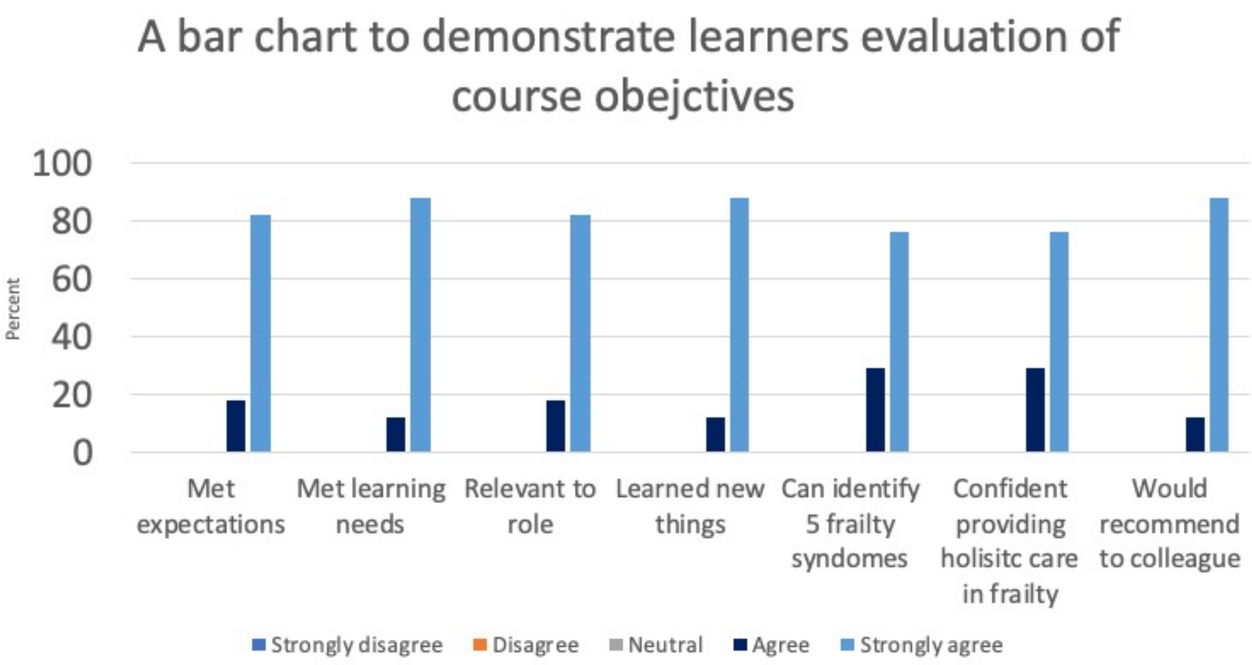
1. Understand frailty as a long-term condition and recognise all stages from early onset to end of life.
2. Identify the five frailty syndromes and how they commonly present
3. Know the five domains of the comprehensive geriatric assessment and understand the importance of holistic practice when caring for frailty older adults
4. Understand the importance of early recognition and timely management of frailty syndromes and identify interventions to improve independence and quality of life for people living with frailty.

Evaluation: A detailed evaluation form was developed by the steering group, collating questions from existing course evaluation forms within the trust. The form was designed to allow participants to assess their learning of course objectives and feedback on the course operations to support development of its structure and content.

Quantitative results

Course organisation: Likert scales were used to score pre-course information, venue, refreshments, course workbook/resources, day to day running and the balance between practical, theory and group work. Overall, 97% of people rated the course organisation good/excellent, 3% rated average.





Qualitative results

Learners were asked to comment on what went well, an area to improve and what they would implement in clinical practice. Common themes across all evaluation forms are summarised below.

What went well: learners enjoyed the course, they learnt a lot and will encourage others to attend, sessions were interactive and they enjoyed the group work and case studies, in-depth variety of relevant topics presented.

Areas to improve: Need more time for the course, breaks could be shorter, absence of some facilitators, provide slide handouts.

Changes to practice: Visual assessment for falls management, accurate MUST screening, holistic care approach, mouthcare, asking patients about their feelings of mobility and use of commodes/bed pans, pressure ulcer management, passing on knowledge to other nurses

Discussion and Conclusion

Overall, therapies and older persons have successfully implemented an effective interactive multidisciplinary frailty teaching course within the acute hospital setting.

Evaluation data suggest that the course was enjoyable, well organised, interactive and met expectations of those who attended. However, two days may not be long enough for the course delivery.

It also demonstrates that the course provides education to increase confidence in providing holistic care in frailty as well as an understanding of frailty syndromes. Additionally, it has given healthcare professionals the tools to take their new skills and implement them into clinical practice.

Plan of Action

Perform a PDSA cycle based on the course evaluation and make the necessary adjustments to the course in order to expand it. Make the course accessible to the wider Trust audience and eventually to external candidates as an accredited programme. Additionally to further evaluate the effect on clinical practice/patient outcomes.

References

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