

Integration of the advanced practice pillars to manage clinical uncertainty for older adults with frailty and multimorbidity in community hospitals

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Background

Community Hospitals deliver multidisciplinary care for mainly older adults in transition between hospital and home. Patients' typically have uncertain clinical outcomes associated with multimorbidity and frailty. Care is led by advanced nurse and clinical practitioners. To deliver high-quality care necessitates integration of the four pillars for advanced practice.

Aim of the study

To evaluate the feasibility of advanced practitioners using evidence-based tools to assess and manage frailty within the multidisciplinary team. Using a brief-CGA and Clinical Frailty Scale sort to optimise person-centred care and interdisciplinary working.

Methods

Mixed methods feasibility evaluation of an intervention using evidence-based tools to manage clinical uncertainty for patients aged ≥ 65 years in two community hospitals. Evaluation measuring patient reported outcomes and intervention processes using practitioner training survey, fieldnotes and focus groups.

Results

1. Clinical practice: 40 patients recruited with average age 83.5 years, 54% women, 95% transferred from acute hospital. Improvement during admission of symptoms (i.e. pain) and concerns (i.e. mobility), but variability in maintenance on discharge.
2. Education: 66 practitioners completed 'bite-size' frailty training delivered by advanced practitioners, and eLearning. Capabilities improved but required leadership "to put theory into action".
3. Leadership: Increased practitioner identification of patients' needs, multiprofessional review and goal setting.
4. Research: Feasible intervention to deliver person-centred evidence-informed care at the point of care.

Conclusions and implications

It is feasible to implement an evidence-based pathway through the integration of the four pillars. The tools formed a shared language for goal driven care and interdisciplinary working.