POSTER ABSTRACT

Co-designing a Systematic Approach to improving care for Frail Older Patients

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The concept of frailty, is associated with key clinical syndromes including loss of mobility, falls, confusion, incontinence, and polypharmacy. Frail elderly patients are particularly vulnerable to adverse effects of hospitalisation, including deconditioning, immobility, and loss of independence.[i] [ii] [iii] Within St Vincent’s University (SVUH) hospital data analysis from the Special Delivery Unit for the period from January to August 2014 conducted on a sample of 382,334 attendances shows that more than one-third of attendances at ED during this period were in the 65+ age cohort, with 12.37% aged 75+.[iv] This from a population of over 65s that account for 11.67% of the total population, indicating a disproportionate level of use of ED by the older population.[v] This raises concern about whether services will be able to cope with rapidly increasing demand. Recently attention has focused on identifying the best pathways for treating frail elderly patients identified as a priority of the national program for older persons and the emergency department task force to develop pathways and processes aimed at improving care in this age group.[vi] [vii].

As a response the HRB funded SAFE project is project focused upon co-designing a systematic Approach to improving care for Frail Elderly patients within SVUH. This poster will present the findings of work stream one of the project that commenced in November 2016. In particular, findings from the rapid realist review[viii] of the evidence and results of a scoping of existing care pathways for frail older persons in SVUH will be presented. A range of ethnographic qualitative data collection methods will inform the development of a map of current care pathways, including the challenges and bottlenecks that cause delays and dissatisfaction and/or pose a risk to the quality and timeliness of patient care. The analysis presented will increase our understanding of the advantages and problems with the current
model of care. Additionally, this will allow us to better plan for appropriate implementation of a solution.

References:


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5- Central Statistics Office, This is Ireland: Highlights from Census 2011, Part 1. 2012.


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