

## CONFERENCE ABSTRACT

### **Being Your Best –an innovative, co-designed and holistic approach to frailty**

21st International Conference on Integrated Care, Virtual Conference – May 2021

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#### ***Introduction***

Frailty is characterised by increased vulnerability and decline of physical and cognitive reserves, most often affecting older people, leading to repeated hospitalisations and loss of independence. Frailty and pre-frailty are modifiable; and interventions such as physical exercise, cognitive training, social connection and improved nutrition, especially in a group setting, can mitigate frailty (1).

Existing healthcare guidelines for managing frailty focus predominantly on falls, delirium and immobility. Uptake of referrals to services following hospital discharge is sub-optimal, indicating that a more person-centred approach to frailty is required (2). Using co-design has been proven to help identify and shape innovative solutions as well as empower stakeholders to participate in the solutions that would directly impact them (3).

Our aim was to co-design a program that would be meaningful and help optimise function in pre-frail and frail older people following hospital discharge by increasing resilience and promoting independence.

#### ***Theory***

The study was designed as two components, with health consumers and healthcare professionals at the forefront. Phase 1 drew on Boyd's theoretical framework (4) of co-design to inform the development of the Being Your Best intervention. Phase 2 will pilot the co-designed intervention to test feasibility and acceptability.

We hypothesised that the co-designed Being Your Best program, will be feasible and acceptable, and lead to a reduction in frailty and build resilience in older people who are frail, leading to less hospital admissions, and escalation of further care requirements.

#### ***Methods***

The co-design process involved focus groups and interviews with 23 healthcare consumers and 17 healthcare professionals from three tertiary hospitals and from a home-based nursing service in metropolitan Melbourne, Australia. Focus groups and interviews elucidated what frailty meant to them and how they thought the program should be constructed to achieve uptake, satisfaction and long-term sustainability.

#### ***Results***

The co-design process resulted in the Being Your Best program incorporating a holistic approach, addressing four domains supported by research evidence, to improve health and wellbeing through

community- or home-based physical activity, cognitive training, social support and nutritional support.

The healthcare consumers found the word 'frailty' to be ageist and negative. Furthermore, they articulated the importance of a trusted person, such as their General Practitioner, to make referrals to community services or suggest individual interventions, as well as encourage persons that may be frail or pre-frail. All participants stipulated that physical function, cognitive training, social connection and nutrition are important to mitigate frailty, but emphasised that a person-centered approach would work best to empower, engage and motivate, as not everybody likes the same things.

The healthcare professionals specified the importance of early identification of those in need of multidisciplinary approaches to preventing further health deterioration.

### ***Discussion***

Our study highlights that older people are willing to engage in the design of a program that empowers them to have a voice and a choice in selecting strategies to optimise their wellbeing (5, 6). To our knowledge this is first study to co-design a post-hospital program that aims to reduce the effects of frailty in a holistic person-centred manner.