
CONFERENCE ABSTRACT

A National Frailty Education Programme

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Rationale for Training: Population ageing is occurring rapidly and between 2015 and 2050, the number of people aged 60 years and older is expected to increase from 12% of the global population to 22% (WHO, 2012). In Ireland, currently 13% of the population is 65 years or older and this number is expected to double by 2040 (Central Statistics Office, 2008). As older people have different healthcare requirements, the Irish healthcare system needs to adapt to meet the demands associated with this demographic change. Healthcare spending in Ireland is expected to rise from 5.8 to 6.7% of GDP by 2035 (European Commission, 2009). Almost 22% of all hospital emergency department attendees are aged 65 and over and this age group account for 40% of all acute emergency medical admissions and 47.3% of total hospital bed days (HSE, ED Task Force Report, 2015, NCPOP, 2012). One of the greatest challenges posed by an ageing population is the ability of healthcare professionals to understand, recognise and manage frailty.

Frailty: Frailty is theoretically defined as a clinically recognisable state of increased vulnerability resulting from age-associated decline in reserve and function across multiple physiologic systems (Qian-Li Xue, 2011). Frailty affects approximately 8-10% of people over the age of 65 and 25-50% of those aged 85 and over (Mytton et al., 2012; Collard et al., 2012; Savva et al., 2013). Although frailty is an increasingly common condition in older people, it is not an inevitable part of ageing and in some cases it can be treated or prevented depending on its underlying cause. A lack of consensus regarding the operational definition of frailty makes it difficult to identify and manage in clinical practice (Rodríguez-Mañas, et al., 2013). However, conceptualizing frailty as a continuum from not frail, to pre-frail, to frail is considered a valid way to identify subgroups of older adults at risk of adverse outcomes such as falls, worsening disability, prolonged hospitalization and death (Clegg & Young, 2015). The potential for serious adverse outcomes is a central problem associated with frailty. For people with frailty even a relatively minor event such as an infection can result in a dramatic change in health state: from independent to dependent; mobile to immobile; postural stability to falling; lucid to delirious (Clegg, 2013).

Further to this, frailty has been shown to be a strong and independent predictor of emergency department visits and hospitalizations (McNallan et al., 2013), hospital re-admissions (Pugh et al., 2014) and in-hospital mortality (Bagshaw et al., 2013). Unplanned admissions to hospital in an emergency situation can be both distressing and disruptive for frail older people, their

families and carers. These admissions create rising demands on acute hospital beds and result in enormous costs to Ireland's health service. Therefore, this topic has relevance for policy makers, clinicians and nursing staff who need to understand the risk factors for frailty to enable them to implement programmes for early detection, prevention and management. By increasing awareness and understanding of frailty, we can improve outcomes for these older adults and reduce demands on the health service.

Methodology: It is proposed that the methodology applied to the implementation of the National Early Warning Score would be applied to the roll out of a frailty education programme. This includes:

- Providing a training programme for a cohort of national trainers (N= to be agreed) who will:
- Provide local education programmes
- Maintain a database of locally trained staff
- Lead local governance group

Establishment of National Steering Group (incl. cohort of national trainers, and nominated stakeholders) to:

- Develop an educational programme for delivery locally
- Develop a framework for interdisciplinary education
- Develop an e-learning programme

The Longitudinal Study on Aging (TILDA): Using cutting edge research and the unique resources at the TILDA Health Assessment Centre in Trinity College, TILDA will deliver a one-day training course to nurses interested in learning more about frailty. The course will incorporate key research findings from TILDA, provide an overview of the theoretical models underpinning frailty and include training in key frailty assessment tools. Nurses are an integral part of the collaborative approaches to services for patients with frailty. This training will encourage nurses to be proactive members in the early identification and assessment of frailty, ensuring effective management to improve outcomes for these vulnerable adults.

Keywords: frailty; education; interprofessional education; tilda
