

Project Title

The Innovative Care Model of Acute Frailty Unit in Woodland Health pre-operation Wards

Project Lead and Members

Project Lead: Tan Hongyun

Project Members: Lee Jer En, Kue Chwee Chin, Fauziah Binte Rahman, Clement Liew Qiu Bo, Cherlyn Quek Peizhen

Organisation(s) Involved

Woodlands Health

Healthcare Family Group(s) Involved in this Project

Nursing, Allied Health, Ancillary Care

Applicable Specialty or Discipline

Acute Frailty Unit (Medical Wards)

Project Period

Start date: Sep 2019

Completed date: Early 2020

Aim(s)

To better manage older persons with frailty during their hospitalisation

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Lessons Learnt

The experience of setting up AFU is abundant as it includes working with multidisciplinary team, review of care model and environment design. One limitation is the lack of systematic data collection during the COVID pandemic., We will collect data to substantiate our hypothesis when the COVID pandemic stabilizes, and external factors impacting admissions, infectious disease isolation, and discharges have ameliorated.

Conclusion

See poster appended/ below

Additional Information

With the growing prevalence of frailty in Singapore's rapid aging population, it is important for healthcare team to adopt a systemic approach to care for these vulnerable patients. Besides holistic and person-centred care, environment design and team communication are important cornerstones of an AFU. The AFU has demonstrated positive patient outcomes, including significant reduction in physical restraint use, improvement in staff knowledge and confidence, and positive feedback on the ward huddles

Project Category

Care & Process Redesign

Value Based Care, Discharge Planning, Quality Improvement, Job Effectiveness

Keywords

Acute Frailty Unit

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The innovative care model of Acute Frailty Unit in Woodland Health pre-operation Wards

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BACKGROUND

The surging prevalence of frailty in Singapore's rapid aging population has increased burdens on its healthcare system. The person with frailty admitted to acute hospital often have complex medical, functional and social needs. To better manage the frailty patient, an Acute Frailty Unit was set up in one of the pre-operation wards of Woodlands Health (WH).

STRATEGY OF CHANGE

The AFU was piloted in one of the pre-operation wards of WH in September 2019 and commenced full operation since early 2020. AFU has adopted three main prongs of interventions: team huddle, frailty ready environment, and person centred care.

AFU initiated daily team huddle for about 15 minutes to facilitate communication among multidisciplinary team and align the goal of care for each patient. The frailty ready environment design includes a reminiscence corridor with measured distance, "bus stop", "taxi stand", and activity trolley etc., to engage patient (including those with behaviour concerns) with activities.

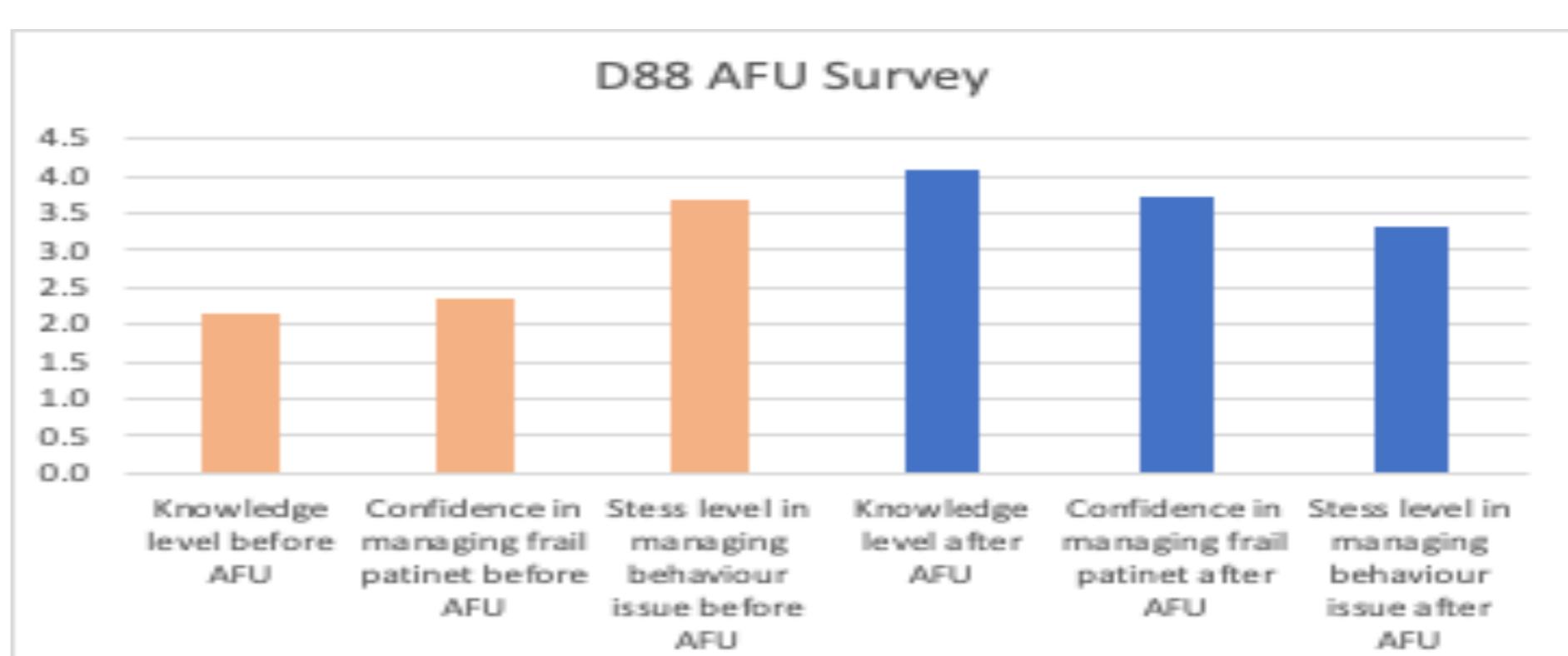
AFU team had adopted a person centred care approach with minimal physical restraint use since 2020. All patient with moderate frailty are referred to physiotherapist and occupational therapist. Early mobilization protocol is in place. The goal care and Advanced Care Planning were explored and discussed for patient with advanced frailty.



EFFECT OF CHANGE

AFU managed about 35-55 frailty patients per month, including 4-6 transfer in cases/ month. The AFU have achieved minimal use of physical restraint (baseline 4-6 restraint/ month, post AFU 0-1 restraint/month) even though the ward managed more cognitive frailty patients.

A short survey was conducted for AFU nurses in 2022. The results shows that there is better staff knowledge ($p<0.001$) and confidence level ($p=0.003$) in managing patient with frailty. There is decreased staff stress level in managing challenging behaviour, although statistically not significant ($p=0.052$).



The ward huddle was subsequently spread to all other four internal medicine wards with positive feedback about the benefits of the huddles.

Rank	Benefits of Ward Huddles	% of Respondents (n=176)
1	Improve the alignment of care plan among the inter-professional team	85%
2	More effective discharge planning	74%
3	Ease the management of difficult patient and family	56%
4	Timely address of pressing issues (e.g. patient safety related matter)	53%
5	Promote accountability across the inter-professional team	51%

CONCLUSION

With the growing prevalence of frailty in Singapore's rapid aging population, it is important for healthcare team to adopt a systemic approach to care for these vulnerable patients.

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