

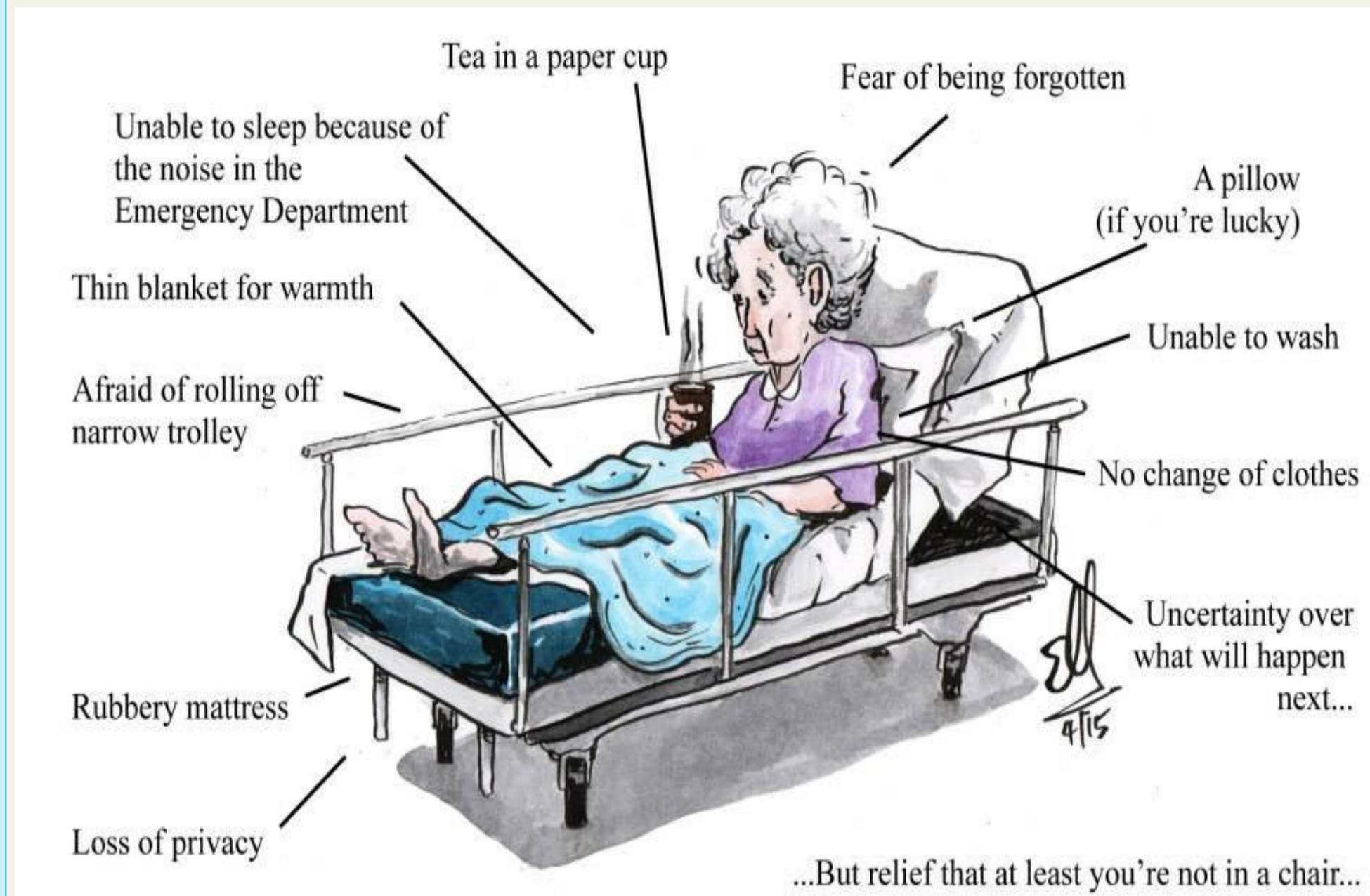
Systematic Approach to improving care for Frail Older Patients (SAFE) Using Co-Design to Embed Public and Patient Involvement from the Start*



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Introduction

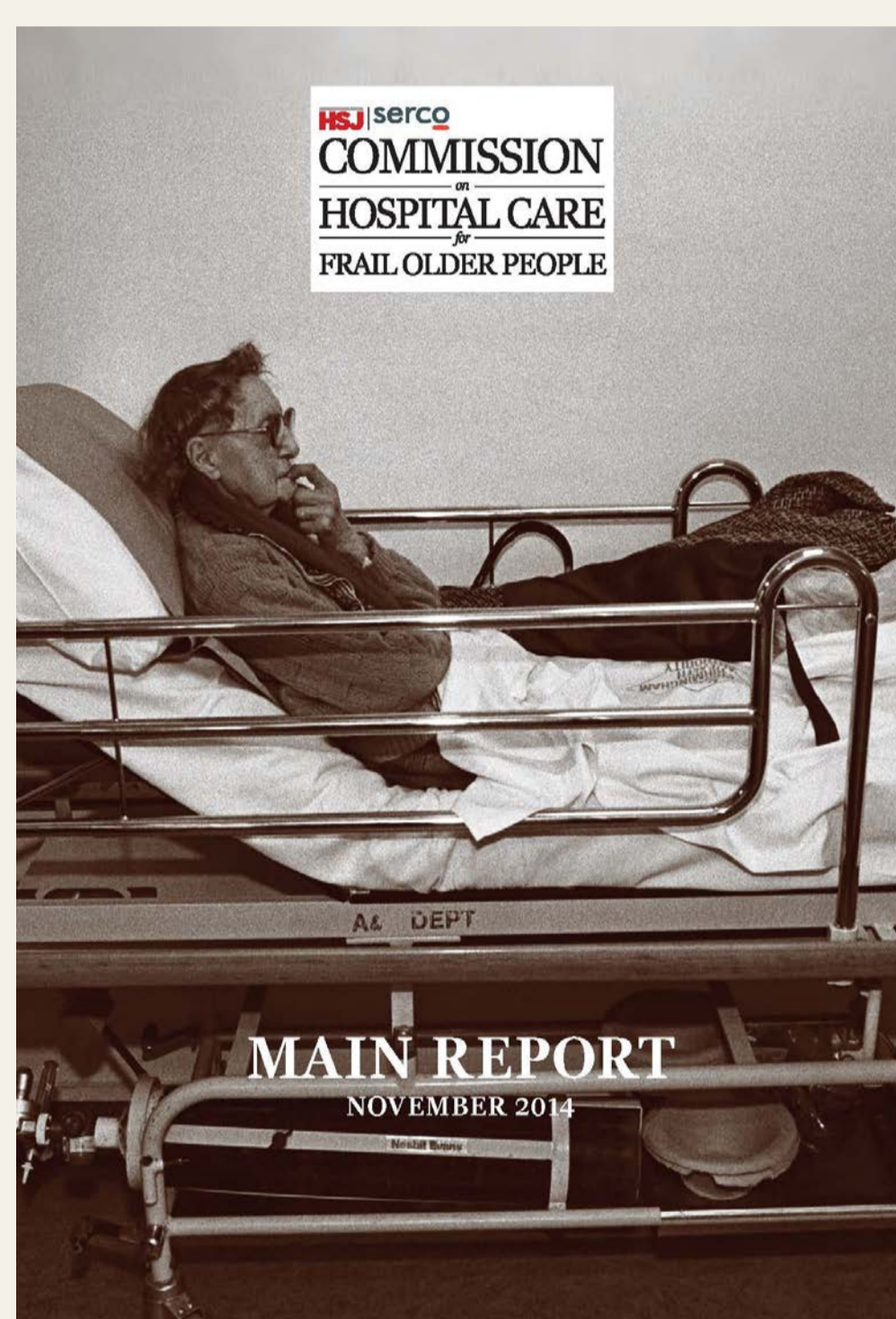
The concept of frailty, is associated with key clinical syndromes including loss of mobility, falls, confusion, incontinence and polypharmacy. Frail patients are particularly vulnerable to adverse effects of hospitalisation, including deconditioning, immobility, and loss of independence.^{1 2 3 4}



ANATOMY OF A PATIENT IN A TROLLEY

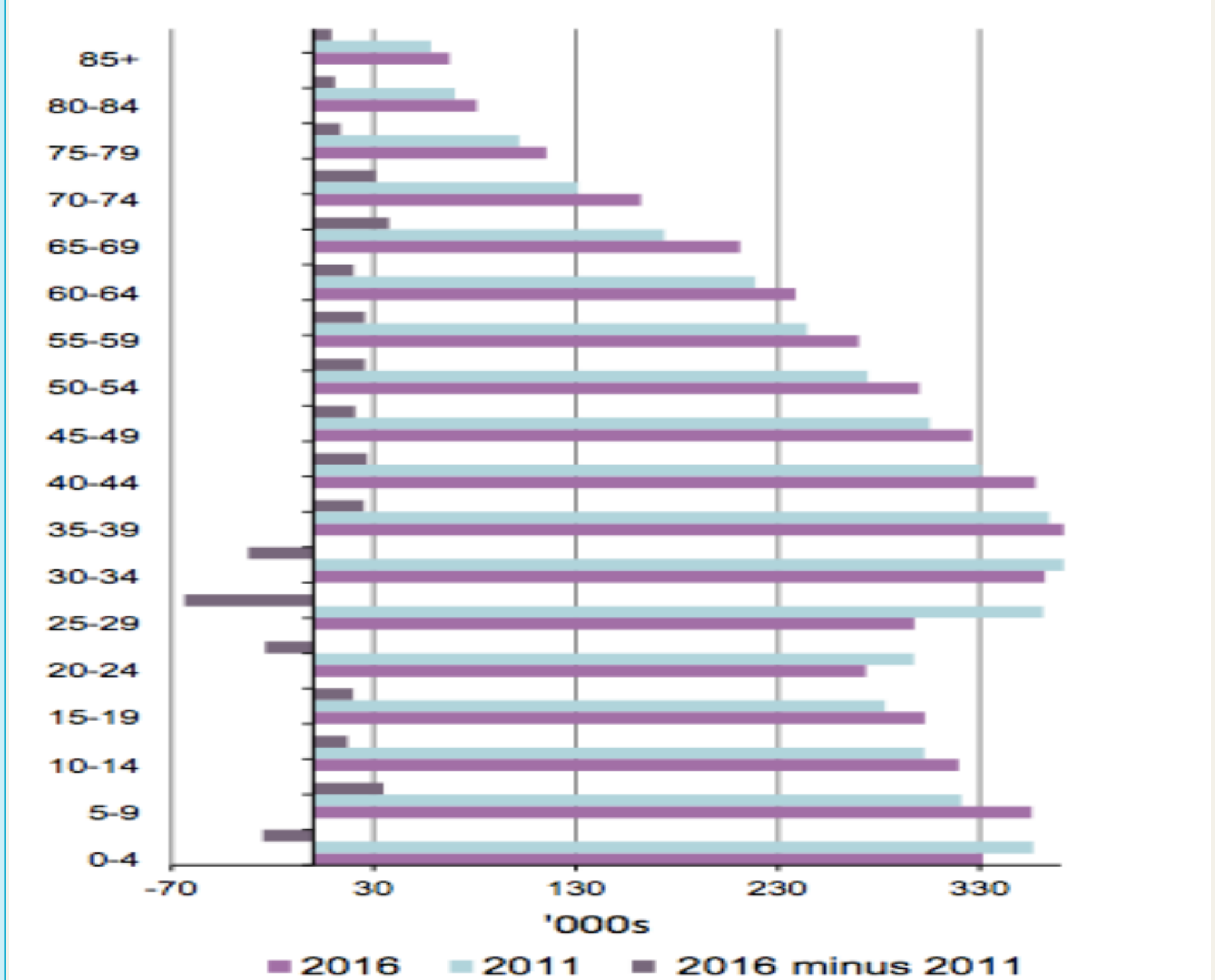
There is significant agreement in the literature that hospital admission is considered a health risk for older patients:

- Ten Days of bed rest for some over 75 leads to 10% aerobic capacity loss and 14% loss of muscle strength- This is equivalent to 10 years of life.
- On average every ward move adds two days to length of stay.⁵



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+.⁶ This from a population of over 65s which in 2016 has increased by 19.1 per cent since the 2011 census.⁷

Ireland 2016-2011 Census Population Shift



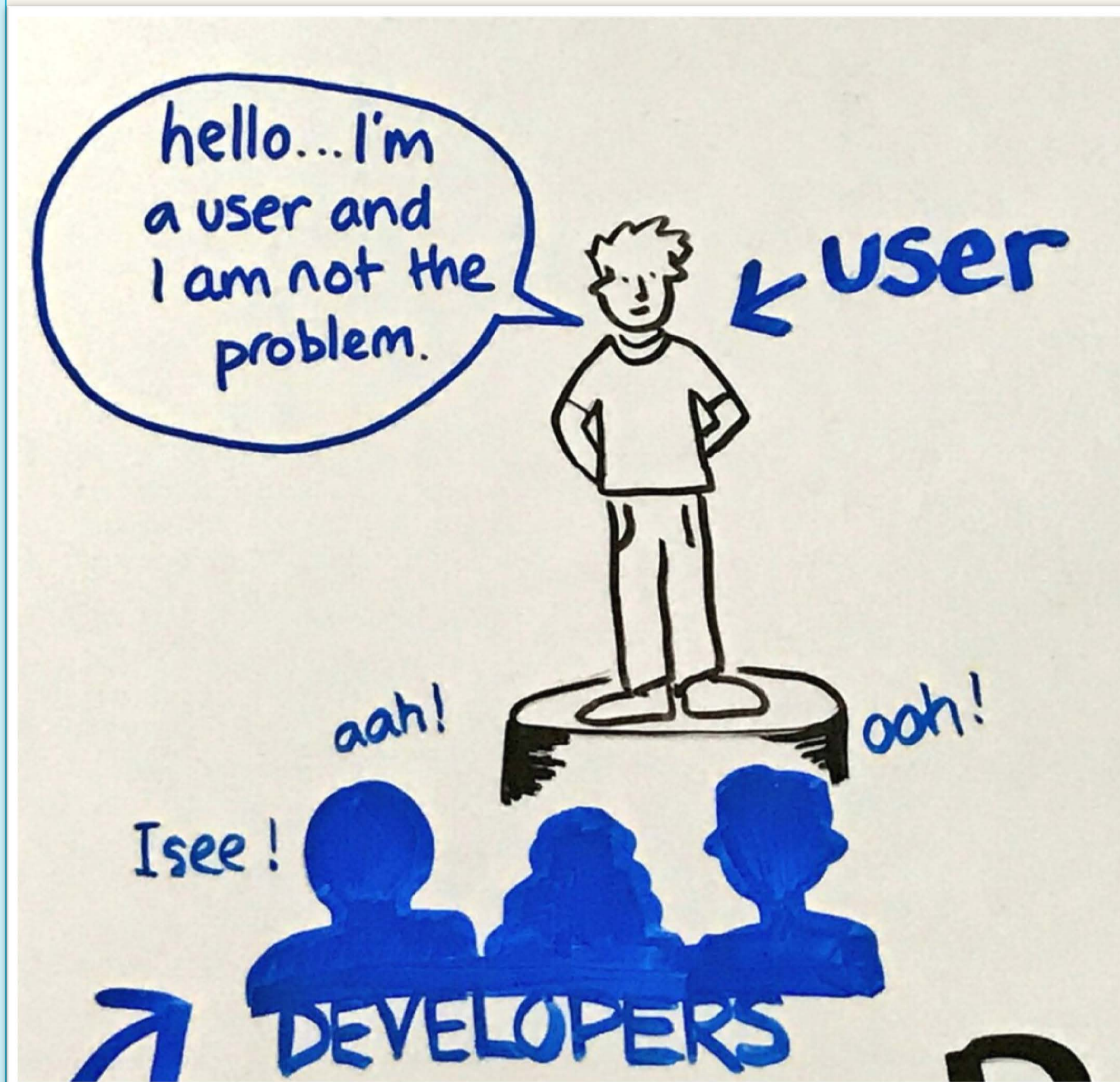
Recently attention has focused on identifying the best pathways for treating frail older patients identified as a priority of the national programme for older persons and the emergency department task force to develop pathways and processes aimed at improving care in this age group.^{8 9}

Aim

UCD researchers in partnership with knowledge users in SVUH are collaborating with patient representatives and advocacy groups as well as community service providers and rehabilitation facilities, to develop and explore the process of implementing a model of excellence in the delivery of patient-centred integrated care within the context of frail older person's acute admissions.

Using Co-Design To Embed Public and Patient Involvement

Public and patient involvement (PPI) has been a key consideration in healthcare for several decades now. Whilst the literature is clear in stressing the merits of engaging PPI partners very little evidence is available as to how these are undertaken and what the best approaches are.^{10 11}



The focus of co-design is on knowledge production and translation (rather than dissemination of findings)^{12 13}. The SAFE project approach to co-design involves developing democratic partnerships between researchers, those working within the health system and PPI stakeholders with a view to involving them in the design of research, promoting their understanding and capacity, and encouraging uptake of findings.

Co-Design Schedules	Themes
Workshop 1	Introductions and review of project aims and objectives. Presentation to the group of the initial scoping of literature review and presentation of current SVUH pathways.
Workshop 2	Discussion of the groups experiences and understandings of frailty in later life as well as the care of older people in hospitals as well as in the community. Problems with existing care will be highlighted as well as discussion of some models of better care practices from the literature.
Workshop 3	The development of recommendations and adaptations to a proposed model of care for older people in St Vincent's University Hospital
Workshop 4	The identification of patient priorities and outcomes which should be used for the evaluation of a new model of care in the hospital.
Workshop 5	This workshop will be held after the new model of care has been delivered in the hospital. The workshop will involve discussion of the outcomes from this model of care in order to ensure that patient-centred priorities and concerns are being addressed.



Emerging Results: Enabling a Shared Understanding

"I think it's great that St Vincent's is involved and we have to take into account the parameters that they work today in 2017 but we should aim for something better and better circumstances for SVUH staff that takes into account the advocates and users as well as the health professionals. So that it should be not only for now but also looking ahead". PPI Panel member Workshop 1

"We come with a degree of knowledge and expertise on how things can be done but we don't have the knowledge of the environment that the health professionals are operating in and the myriad of factors that they have to take into account in their everyday lives particularly in the emergency department or the intensive care unit. I'm hopeful by co-design that we both get a shared understanding each other's perspectives, and issues and also we can create something that's manageable within the confines of a large hospital." PPI Panel member Workshop 1

Emerging Results -Recognising Vulnerability and Challenging the Default

"I'm horrified by the idea that I'm put up on a trolley as a default. I've come in with something and all of a sudden, I'm categorized like this. The critical thing for me is if I can get to the loo or not. And if I can't I'm put in this situation that I'm in a thing of a cot with bars that I haven't been in since I was 18 months. I can't go to the bathroom and I turn into an infant in the space of a couple of hours. I think we need to take a chance on people because the outcome can be catastrophic on the person". PPI Panel Member Workshop 2

"We need to recognize it is difficult by virtue of the numbers coming in the log jams in house and within the community. We can get so bogged down on the big issues that we forget the small ones. So what I would love dearly so that we can start getting a few things over the line that improves the comfort of the individual.... We are all working together on this so there is an honesty there from the start." SVUH Staff Member Workshop 2

"Most of the hospitals that we are working or caring in were 50's or 60's design and built in the 70's. So they were right for the 70's and acceptable but not now." SVUH Staff Member Workshop 3

"When you are sick you can have enhanced vulnerability and not know where you are. You can be easily startled by all the noise in the ED." PPI Panel Member Workshop 2

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