

Frailty Trajectories: Understanding Tipping Points Across Care Settings

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Background and Aims	Methods
<ul style="list-style-type: none">Frail older adults often present with a range of health and social care needs thus require various health and social care services.¹ This occurs at a time when they lack the physical and cognitive ability to deal with the use/coordination of various services.Decision makers are concerned about the increased demand of care as well as the quality and safety of the care given across the continuum of health and social care services. <p>This project aims to optimise the journeys through care for frail older people living in the community by:</p> <ul style="list-style-type: none">Describing care trajectories to capture the process of frailty in later life;Testing the effects of known predictors of transitions, adverse events or harm;Describing configurations of service utilisation and costs to inform planning and commissioning.	<ul style="list-style-type: none">Analysis of routinely collected administrative data for adults aged ≥65years within and across various health and social care settings.Frailty measures, latent class and transition analyses will be used to identify meaningful subgroups and risk factors for transitions within and across various health and social care settings.Econometric models will be used to investigate access and cost of several types of care services. <p>This 24-months CLAHRC funded project is a co-production between CLAHRC researchers and Addenbrooke’s Hospital; Cambridge Analytics; CPFT; Cambridgeshire County Council; East of England Ambulance Trust; Cambridgeshire and Peterborough CCG; Eastern Academic Health Science Network.</p>

Progress to date		
Access to hospital data from Addenbrooke’s: <ul style="list-style-type: none">Data available and cleanedAnalysis in progressPreliminary results below	Access hospital data from <i>Cambridge e-Hospital Clinical Informatics Database</i> <ul style="list-style-type: none">Project has been approved. Finalising data request Access to mental health and community data from CPFT’s research database (CRATE) <ul style="list-style-type: none">Data request has been approved.	PPI group active. Members from: <ul style="list-style-type: none">HealthwatchEoE Citizen SenateCare Network CambridgeshirePIRAD & CPFT PPI group

Preliminary analysis of hospital service evaluation data		
<p>Sample characteristics</p> <p>Number of admission = 39,504 Number of cases = 22,706</p> <p>Age range= 65 – 107years Median age = 79-years 53% female, 47% male</p> <p>In cases ≥ 75years only: Clinical Frailty Scale (CFS) Range= 1-9 (fit to terminally ill) Median = 5 (mildly frail)</p> <p>Distribution of frailty categories for cases ≥75-years (n=14,777)</p>	<p>Length of stay in hospital (LOS) and 30-days readmission</p> <p>LOS Range= ≤1day to 288-days Median LOS=4-days.</p> <p>LOS and CFS were found to be positively correlated.</p> <p>CFS accounted for 7% of the variability in LOS (p<0.01).</p> <p>LOS explained 1.9% of the variability in 30-days readmission to hospital (p<0.001).Number of 30-days readmission=2003 (9.7%)</p> <p>Median Inpatient length of stay</p> <p>Distribution of 30-days readmission by frailty categories for cases ≥75-years (n=9,634)</p>	<p>Inpatient mortality</p> <p>Number of death=1286 (5.7%)</p> <p>Frail adults ≥ 75years were 4 times more likely to die in hospital than adults ≥75years who were not frail (9.1% vs 2.4%, p<0.001, X²=204.57).</p> <p>Distribution of inpatient mortality by frailty categories in cases ≥75-years (n=1,016)</p>

Expected outcomes
<ul style="list-style-type: none">Robust descriptions and implications of the following on quality of care, health outcomes (including harm) and cost:<ul style="list-style-type: none">Clinically meaningful subgroups of frail older peopleTypical care trajectories, risk factors and triggers for tipping points in care trajectoriesData driven tools and risk identification measures compatible across various care settings to help deploy timely and evidence-based interventions to pre-empt and respond to deterioration.

1) Fried LP, Tangen CM, Walston J, Newman AB, Hirsch C, Gottdiener J, et al. Frailty in older adults evidence for a phenotype. The Journals of Gerontology Series A: Biological Sciences and Medical Sciences. 2001;56(3):M146-M57.

Frailty Trajectories website: <http://www.clahrc-eoe.nihr.ac.uk/2016/06/frailty-trajectories-understanding-tipping-points-across-care-settings/>

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