

## Frailty Trajectories: Understanding Tipping Points Across Care Settings

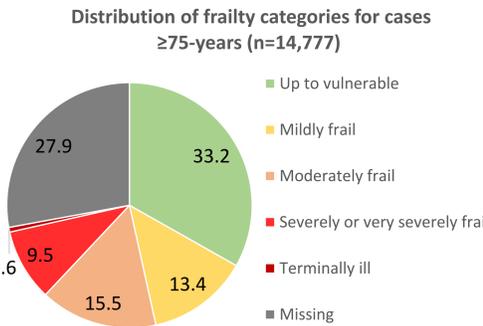
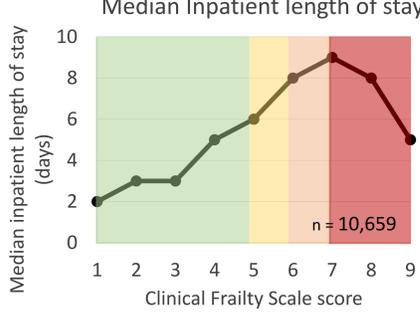
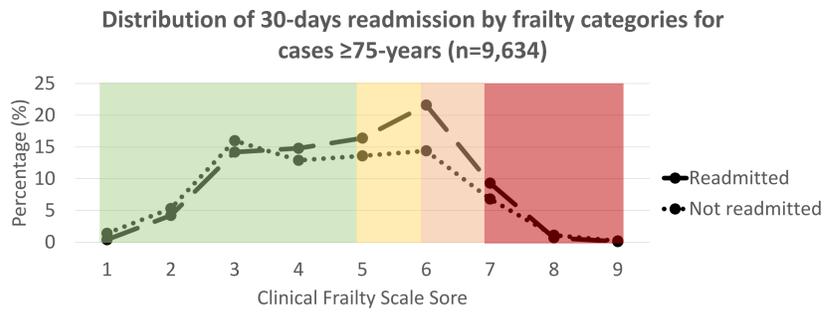
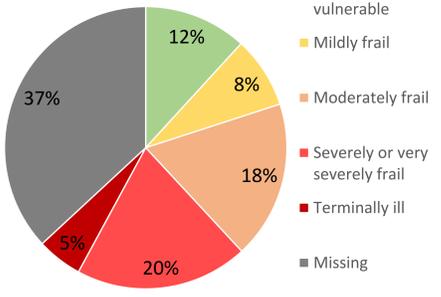
Louise Lafortune (ll394@medschl.cam.ac.uk) & Joyce Coker (jfc44@medschl.cam.ac.uk) on behalf of the Frailty Trajectories team\*

Background and Aims	Methods
<ul style="list-style-type: none"> <li>Frail older adults often present with a range of health and social care needs thus require various health and social care services.<sup>1</sup> This occurs at a time when they lack the physical and cognitive ability to deal with the use/coordination of various services.</li> <li>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.</li> </ul> <p><b>This project aims to optimise the journeys through care for frail older people living in the community by:</b></p> <ul style="list-style-type: none"> <li>Describing care trajectories to capture the process of frailty in later life;</li> <li>Testing the effects of known predictors of transitions, adverse events or harm;</li> <li>Describing configurations of service utilisation and costs to inform planning and commissioning.</li> </ul>	<ul style="list-style-type: none"> <li>Analysis of routinely collected administrative data for adults aged ≥65years within and across various health and social care settings.</li> <li>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.</li> <li>Econometric models will be used to investigate access and cost of several types of care services.</li> </ul> <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

<p>Access to <b>hospital</b> data from Addenbrooke's:</p> <ul style="list-style-type: none"> <li>Data available and cleaned</li> <li>Analysis in progress</li> <li>Preliminary results below</li> </ul>	<p>Access <b>hospital</b> data from <i>Cambridge e-Hospital Clinical Informatics Database</i></p> <ul style="list-style-type: none"> <li>Project has been approved. Finalising data request</li> </ul> <p>Access to <b>mental health</b> and <b>community</b> data from CPFT's research database (CRATE)</p> <ul style="list-style-type: none"> <li>Data request has been approved.</li> </ul>	<p>PPI group active. Members from:</p> <ul style="list-style-type: none"> <li>Healthwatch</li> <li>EoE Citizen Senate</li> <li>Care Network Cambridgeshire</li> <li>PIRAD &amp; CPFT PPI group</li> </ul>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

### Preliminary analysis of hospital service evaluation data

Sample characteristics	Length of stay in hospital (LOS) and 30-days readmission	Inpatient mortality
<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>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&lt;0.01).</p> <p>LOS explained 1.9% of the variability in 30-days readmission to hospital (p&lt;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>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&lt;0.001, X<sup>2</sup>=204.57).</p> <p>Distribution of inpatient mortality by frailty categories in cases ≥75-years (n=1,016)</p> 

### Expected outcomes

- Robust descriptions and implications of the following on quality of care, health outcomes (including harm) and cost:
  - Clinically meaningful subgroups of frail older people
  - Typical care trajectories, risk factors and triggers for tipping points in care trajectories
- Data 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.