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#400WORDS: COVID-19 RESPONSE

## Response of the Specialist Frailty Nursing Team to the Covid-19 Pandemic

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### Background

The Covid-19 pandemic has challenged many health care professionals working with older people to work differently, and for acute and community trusts to work collaboratively; working to prevent unnecessary admissions and offer alternative access to medical care in the community (British Geriatric Society 2020). This is in line with the longer-term national priorities set out in the NHS Ageing Well agenda (NHS Long Term Plan 2019).

### Method: Specialist Frailty Nurse Intervention

Understanding the Clinical Frailty Scale (CFS) scores (Rockwood *et al.* 2005) of patient's pre-admission and on admission to hospital, allowed rapid pathway changes to develop in response to the COVID-19 pandemic. The National Institute for Clinical Excellence published guidance recommending the use of a Clinical Frailty assessment tool to assist with the ceiling of care decision making with older patients experiencing COVID-19 symptoms (NICE 2020). This led to a significant and liberating role change for the Hospital's front-door Specialist Frailty Nurses. Traditionally, the Frailty Nurse's role initiated the Comprehensive Geriatric Assessment (CGA) to influence admission avoidance decisions. As new pathways developed, many older patients were directed to the new Community Assessment and Treatment Units (CATU's), or care in the home, thus continuing to meet existing objectives by following a more patient centred pathway. Increasingly, the Frailty Nurses' role took on a key case management aspect to proactively co-ordinate patient care pathways; both in the emergency department leading discharge back to appropriate care settings (Home or CATU's), and on the Admissions Unit overseeing and managing longer stays. Working as a multidisciplinary team focused on the needs of this vulnerable patient group never changes; however, the pathway changes brought a new working relationship to bare at the front door with the Acute General Practitioners (AGPs). Together, knowledge sharing from our different professional perspectives enabled more confident discharge decisions and plans to be made to promote care and discharge nearer to home.

## Results

Data (RCHT 2020) demonstrated that between April 2020 and July 2020, older patient attendances and admissions dropped by 20% as the AGP and the Frailty Nurses worked together at the front door.

## Conclusion

In response to the pandemic, Specialist Frailty Nurses have contributed to the national call to develop safe and effective alternatives to hospital admission. Collaborating with Acute General Practitioners at the front door has further reduced hospital admissions and strengthened the leadership role of a dedicated team of Nurses in achieving better outcomes for the older patient experiencing healthcare.

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