Introduction
The UK’s Emergency Departments (ED) are struggling to cope with more people year on year attending. The highest users of the ED are those aged over 65 years (Baker 2017) and due to the ever-growing incidence of frailty amongst older people, over 65s are also at risk of a long length of hospital stay.

The host trust had little specialist older people’s services in the ED and with a disappointing CQC visit alongside the closure of an older people’s ward, the trust needed to address its difficulties with the flow of older patients within the ED to AMU and other wards.

The input from allied health professionals is essential in keeping frail patients out of acute hospitals however currently there are no therapeutic guidelines regarding the impact of an early therapy assessment on frail patients attending the ED with an acute illness.

Aim
The primary aim of this quality improvement project was to decrease the time between admission and therapy assessment for older people attending the ED and examine its impact on length of stay. An additional objective was to introduce frailty screening to the ED.

Methods
The Plan, Do, Study, Act model for quality improvement was adopted for this project over a period of 2 months.

Intervention
An early assessment from a therapist and an older people’s specialist nurse was provided in the ED alongside the triage nurses. The Rockwood frailty screening tool was introduced to the ED and education sessions on frailty were provided to all ED staff.

Results
- **Time between admission and therapy assessment reduced by 7.33 hours.**

![Graph showing time between admission and therapy assessment](image)

- **Length of stay reduced by 16.67 hours.**

![Graph showing length of stay](image)

- 64% were discharged within the four-hour ED target compared to 0 pre-intervention.

![Pie chart showing 64% discharged within 4 hours](image)

- 100% of patients had the Rockwood frailty scoring tool completed within the ED.

Conclusions
The QIP demonstrated that by providing an early therapy and nursing assessment from staff specialising in older peoples care in the ED, length of stay can be reduced, and frail elderly patients can be discharged within the 4-hour ED target.

Additionally, introducing frailty screening to the ED alongside teaching to ED staff on frailty increased the staff’s ability to screen for and document frailty.

Recommendations
Given the lack of empirical research regarding early therapy assessment for older adults in the ED, future recommendations for research should focus on the development of therapeutic guidelines for early mobilisation and its impact on patient performance outcomes rather than only system outcomes such as length of stay.

References
National Institute for Health and Care Excellence (2015) Transition between inpatient hospital settings and community or care home settings for adults with social care needs (NG27)