IAANMP Conference

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Mary Doyle

RANP older person care

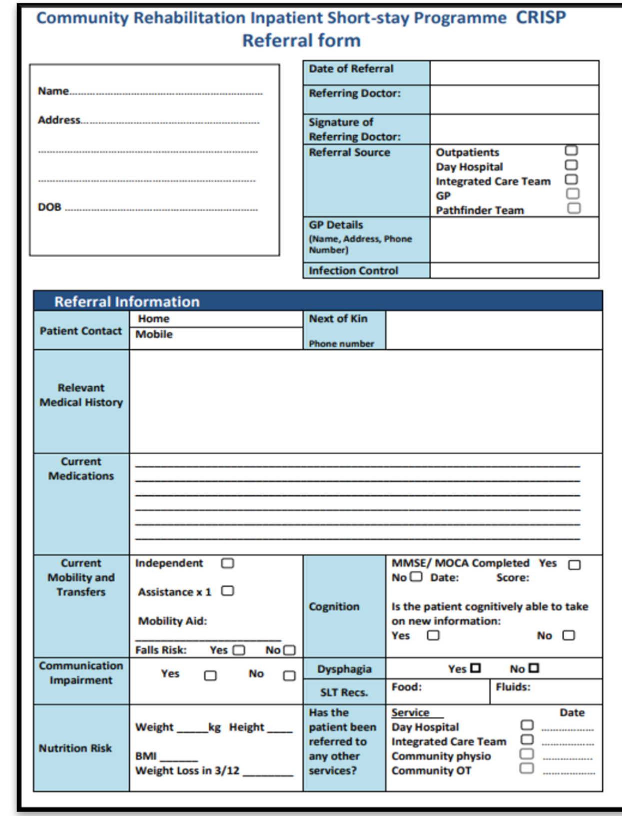
Jincy Mathew

cANP older person care

Overview of presentation

What?
Is CRISP

- ❑CRISP is an RANP-led programme
- ❑Provides direct access for frail community dwelling older adults to short-term in-patient rehabilitation (2- week programme)
- ❑Rehabilitation is delivered by the MDT and is based on a comprehensive geriatric assessment
- ❑Admission occurs within 4-8 weeks of referral



Community Rehabilitation Inpatient Short-stay Programme CRISP
Referral form

Name...
Address..
....
....
DOB ....

Date of Referral	
Referring Doctor:	
Signature of Referring Doctor:	
Referral Source	Outpatients ☐ Day Hospital ☐ Integrated Care Team ☐ GP ☐ Pathfinder Team ☐
GP Details (Name, Address, Phone Number)	
Infection Control	

Referral Information

Patient Contact	Home Mobile	Next of Kin Phone number	
Relevant Medical History			
Current Medications			
Current Mobility and Transfers	Independent ☐ Assistance x 1 ☐ Mobility Aid: ____________ Falls Risk: Yes ☐ No ☐	Cognition	MMSE/ MOCA Completed Yes ☐ No ☐ Date: Score: Is the patient cognitively able to take on new information: Yes ☐ No ☐
Communication Impairment	Yes ☐ No ☐	Dysphagia	Yes ☐ No ☐
		SLT Recs.	Food: Fluids:
Nutrition Risk	Weight _____kg Height ____ BMI ______ Weight Loss in 3/12 ________	Has the patient been referred to any other services?	Service / Date Day Hospital ☐ .... Integrated Care Team ☐ .... Community physio ☐ .... Community OT ☐ ....

Where?

Age Related Rehabilitation service, Peamount Healthcare

Why ?
CRISP Programme Aims

To support an integrated and cohesive approach to care in the community in line

with

NCPOP

&

Sláintecare Strategy

'Right care right place right time'

To address

falls and frailty

To reduce crises admissions to acute care settings

by

providing timely and appropriate care (rehab) at lowest level of complexity

To involve the patient as an equal partner in their care plan with the focus on **Person-centred goal attainment**

Who?
Patient Profile

- ❑Over 65yrs
- ❑Majority over 80 (oldest 96yrs)
- ❑Male = Female
- ❑Majority living alone or with spouse
- ❑Falls and Frailty
- ❑Co-morbidities 5+
- ❑Medications 6+
- ❑ Chronic diseases- IPD, Stroke, OA, Orthostatic Hypotension, IHD, COPD, Osteoporosis, Chronic pain

Who?
Referral sources and trends

Year	Geriatric OPD	Geriatric OPD triage	Neuro OPD	ICPOP	COTU	Pathfinders	GP	GEDI	Planned Returns	Total Adms
2021	12	0	0	1	15	0	0	1	2	31
2022	26	3	5	7	10	0	8	0	2	61
2023	22	5	7	11	15	1	6	4	1	

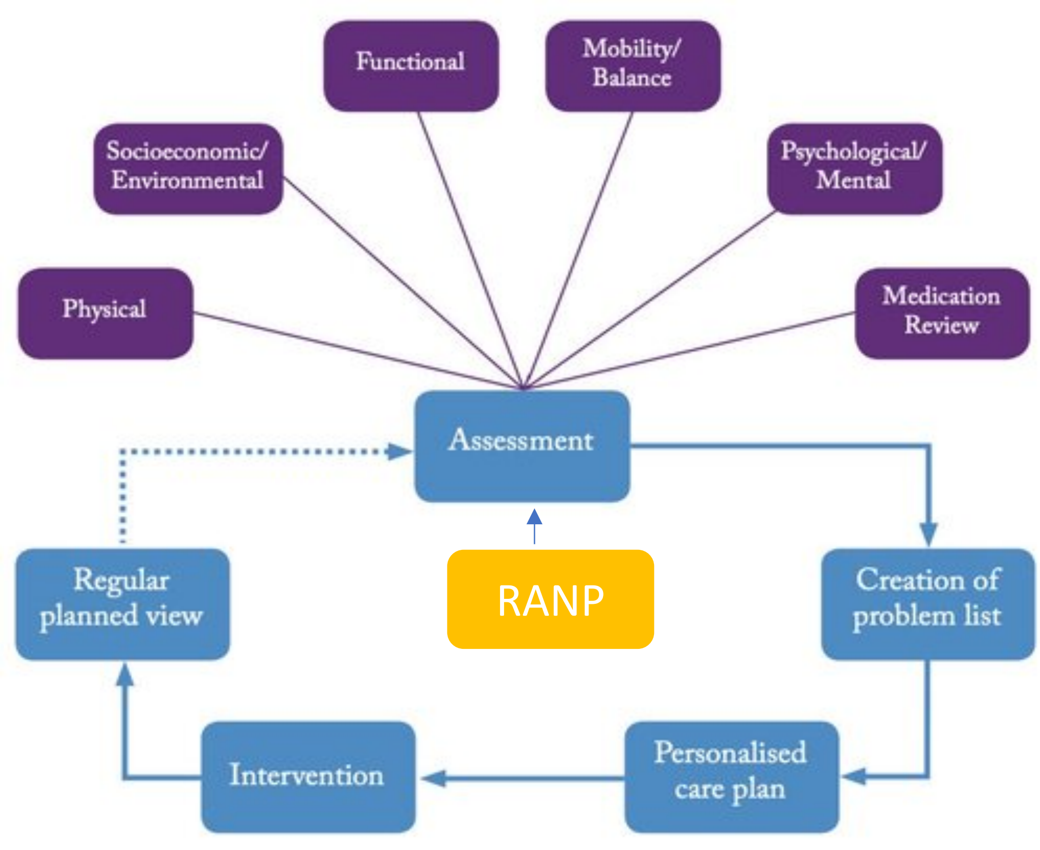
How ?
RANP + Patient Journey

Day1	Week 1	Week 3	Week 4-6	Discharge	2- weeks post discharge	4- months post discharge
Referral received	Contact patient /family give information on CRISP & Inform them they are listed for admission	Patient informed of admission date Contact community pharmacy for list of medications Request letters from relevant services	Admission CGA Refers to MDT Participation in CRISP	Prescription to Community Pharmacy Onward referral from ANP+MDT D/C letter to GP and referring agency	Follow up phone call to patient and family	Follow up phone call to patient and family to gain information on falls post admission carer stress and QOL

How?
Comprehensive Geriatric Assessment -CGA

A multidimensional holistic assessment of an older person that considers health and wellbeing and leads to the formulation of a plan to address issues which are of concern to the older person

(British Geriatric Society 2019)



How ?
CRISP programme

- ❑RANP- led CGA

- ❑**Specific assessments** as appropriate: bloods, ECG, medication review, X-ray, pain assessment, continence assessment, multifactorial fall risk assessment, wound assessment, blood pressure monitoring including 24hr APPM and lying and standing BP, cognitive assessment,

- ❑**MDT rehabilitation** with access to nursing, physiotherapy, occupational therapy, pharmacist, speech and language, medical social worker & dietitian

- ❑**Treatments:** medication reconciliation, titration of medication under supervision, continence promotion, joint injections, iron infusions, new diagnosis and education

What else does CRISP include?

- ❑Personally tailored programme of activities including art, games designed to promote brain health, a walking challenge, strength and balance training

- ❑Heath promotion/Health education is delivered by the multidisciplinary team.

Function and mobility

Meaningful activities

Weights training

ANP + Patient Journey (Discharge and beyond!)

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Does it work?

- Prospective cohort study examining the short to medium-term effects of CRISP.
- Data were collected on all admissions to CRISP 1st Jan 2021- 31stDec 2022
- Data were analysed using Microsoft Excel.
- Functional, mobility and QOL measurements were compared using paired t-test.
- Service user feedback via Satisfaction survey

Results

- ❑ 76 participants (who completed the programme and were available for 4 month follow up) 78% of all admissions to CRISP 2021-2022
- ❑ Age 80.9 years (SD- 6.6 yrs)
- ❑ Male 52%
- ❑ Average clinical frailty score was 5.6

(mild to moderate frailty)

Clinical Frailty Scale

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

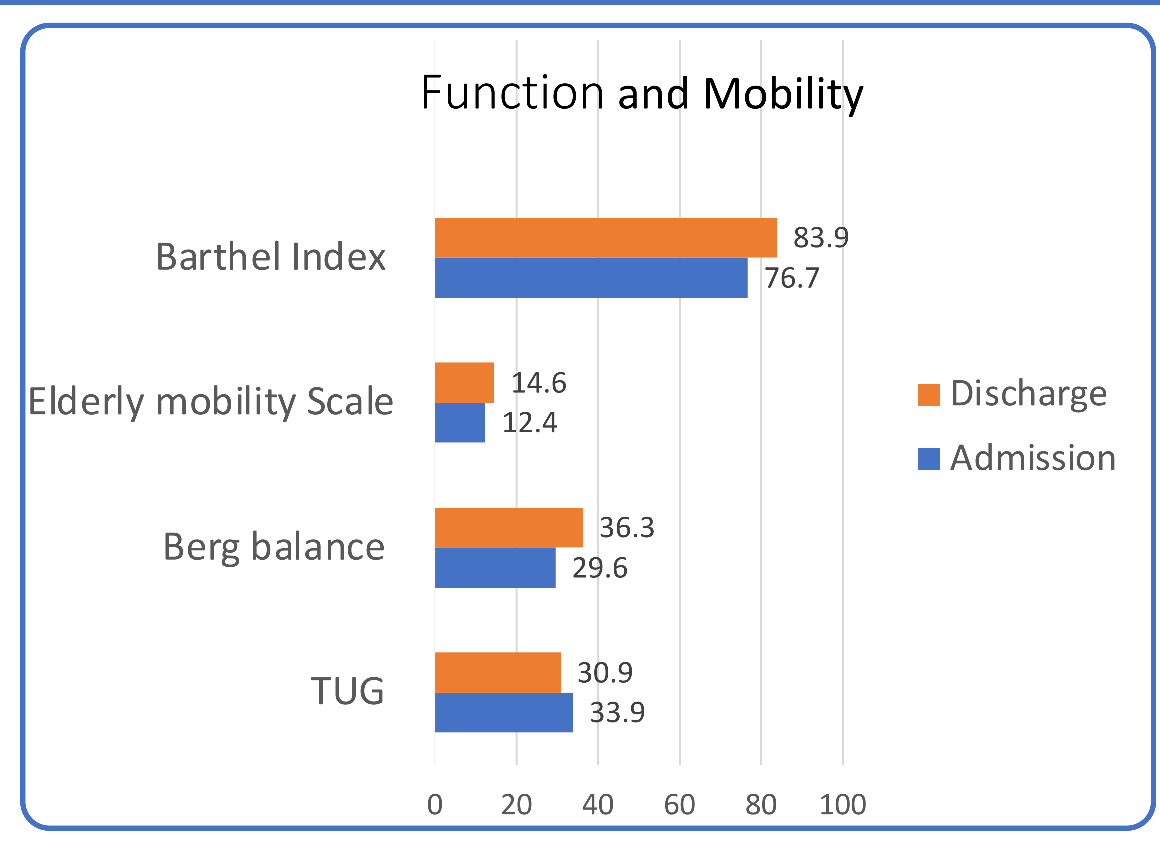
Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia,** recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

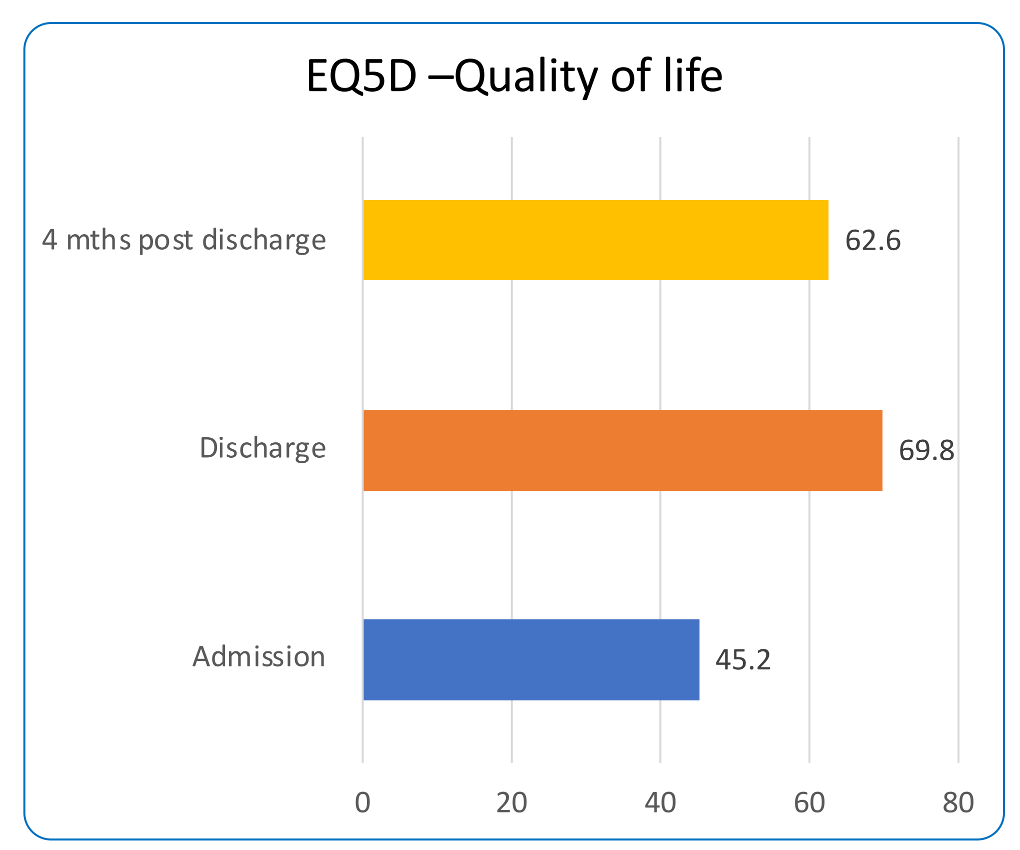
In **severe dementia,** they cannot do personal care without help.

Results – Function & Mobility



- **Barthel Index:**
  76.7 Admission vs 83.9 Discharge(p<0.001)
- **Elderly Mobility Scale:**
  12.4 Admission vs14.6 Discharge (p<0.001)
- **Berg Balance Scale:**
  29.6 Admission vs 36.3 Discharge (p<0.001)
- **TUG:**
  33.9 sec Admission vs 30.9 sec Discharge (p<0.05)

Results- Self reported Quality of life



- EQ5D

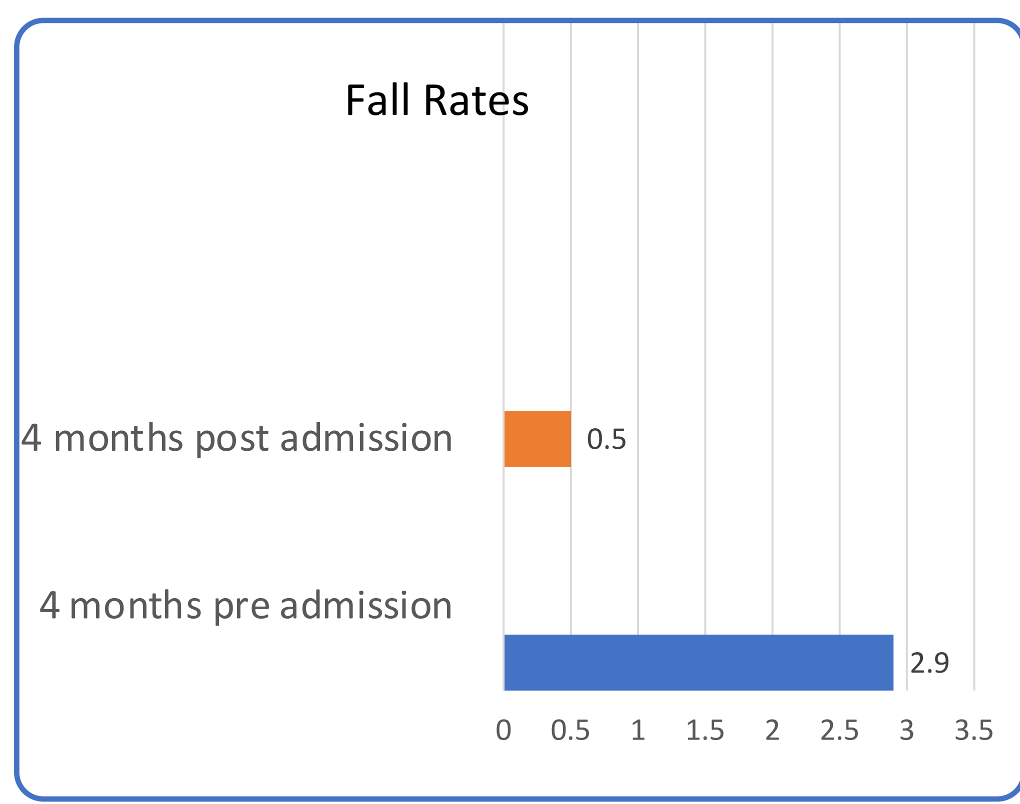
45.2 Admission. vs 69.8 Discharge ($p<0.001$)

- EQ5D

45.2 Admission vs 66.2 EQ5D at 4 months

($p<0.001$)

Results – Fall Rates



- ❑ Average fall rates

2.9 vs 0.5 falls in 4 months before and after completing CRISP ($p<0.001$)

Results -Carer Stress

- ❑Carers who reported stress 62% (n-45)

- ❑ 91% of these reported a reduction in stress levels 4 months following the programme.

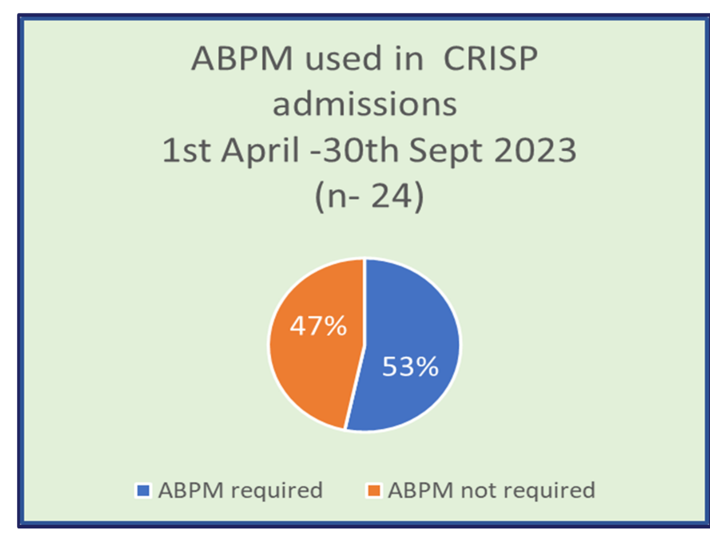
Common Signs of Caregiving Burnout

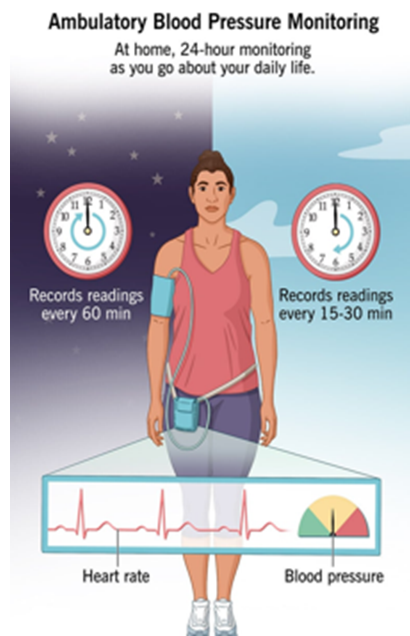
Plans for sustainability/future development

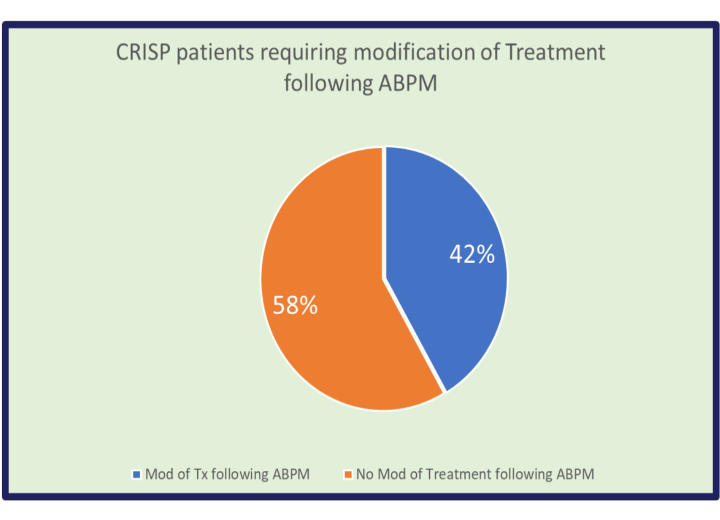
- ❑CRISP has seen 100% increase in admissions from 2021 to 2022 with figures to date reflecting a further increase in 2023.
- ❑Fastest growing referral source is from ICPOP from 2022 to 2023(to date)
- ❑Use of 24-hour ABPMs as a diagnostic tool, recently introduced offer immediate diagnostic and early treatment options, increasing the value of the CGA *(Spark innovation funding)*
- ❑Wearable activity monitors planned introduction to measure sleep and activity levels

(Spark innovation funding)

Use of ABPMs in CRISP admissions 1st April -30th September 2023

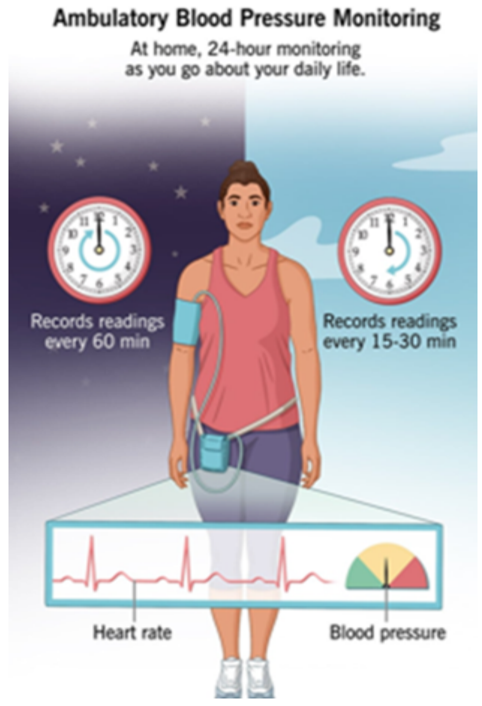


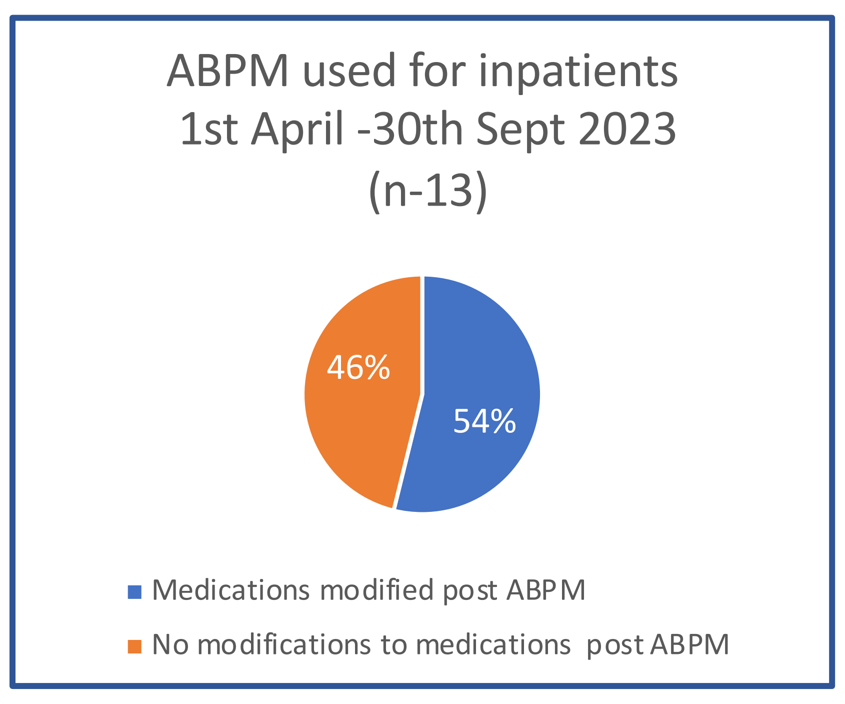




24-hour ABPMs as a diagnostic tool, recently introduced offer immediate diagnostic and early treatment options, increasing the value of the CGA *(Spark innovation funding)*

ABPM used for inpatients





Service user feedback

The programme gave me confidence to face my new condition ….and it also helped my family to understand my 'new normal '

I'll definitely come back again if I need to in the future

It has given me the confidence to walk outside again by myself, something I haven't done in months

My walking has definitely improved

Staff recognize you as an individual, you feel human, heard, with rights and feelings".

Yes, it works!!!

- ❑CRISP is an expanding service that supports existing Community Services
- ❑Demonstrates connectivity and team working across 3 levels on care
- ❑Evidence of improved function and mobility
- ❑Evidence of Falls reduction and improved QOL
- ❑Evidence of carer support and reduction in carer stress

THANK YOU

Acknowledgments

Age- related Rehabilitation Team, Peamount Healthcare

Age- related Services, Tallaght University Hospital

Spark Community Innovation Funding Award 2022