

Designing a Nurse-Led Holistic Assessment and care Planning Intervention (HAPPI) to support Frail Older People in Primary Care



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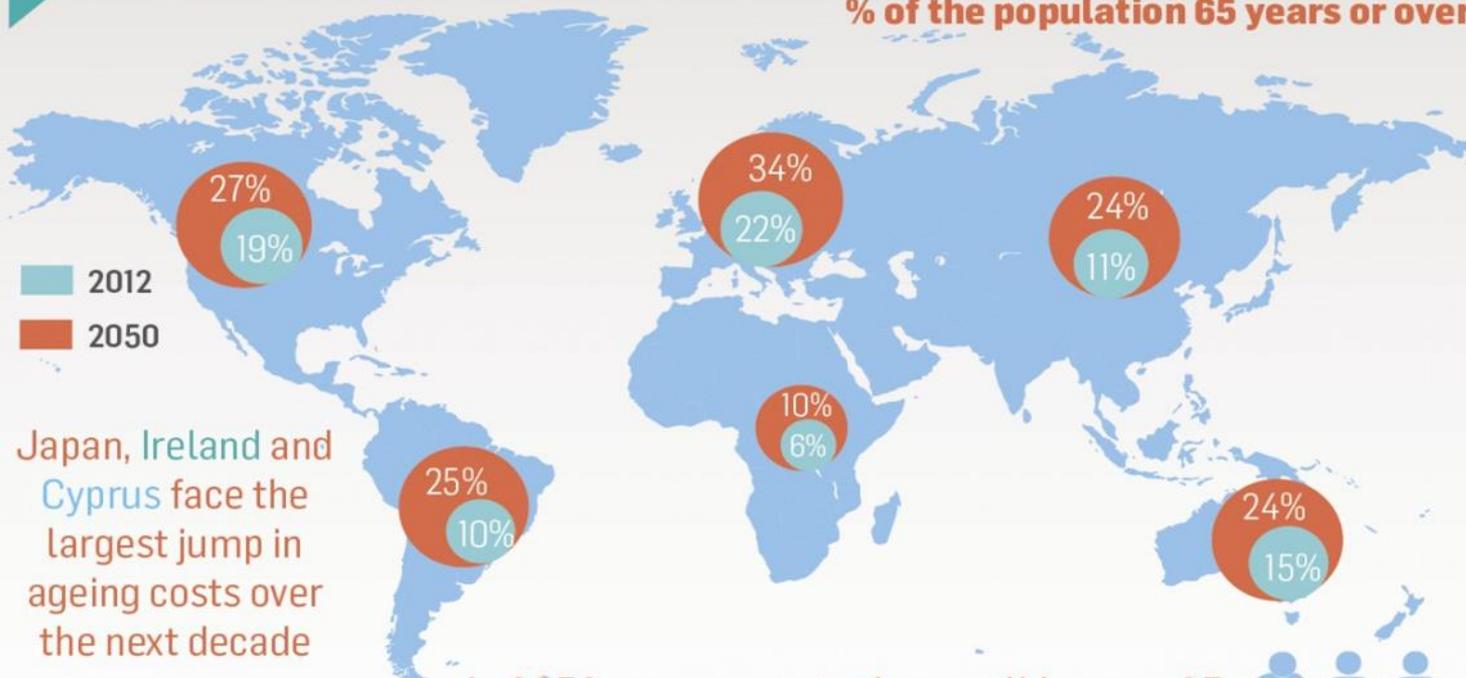


What is frailty?



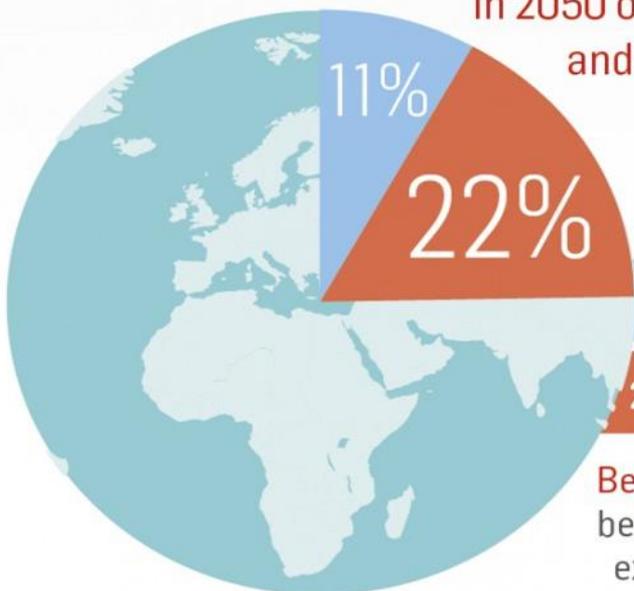
THE WORLD'S AGEING POPULATION

% of the population 65 years or over



Japan, Ireland and Cyprus face the largest jump in ageing costs over the next decade

In 2050 one person in three will be over 65 and one person in ten will be over 80



2012 - 11% of the world's 6.9bn people are over 60

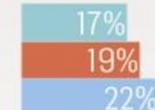
2050 - 22% of the world's 9bn people will be over 60

Between now and 2050 the fiscal burden of the crisis will be 10% of the ageing-related costs. The other 90% will be extra spending on pensions, health and long-term care

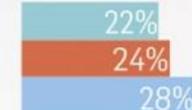
% of over 50's in overall population

2006 2011 2016

Brazil



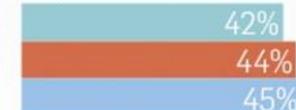
China



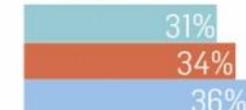
India



Japan



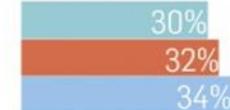
Russia



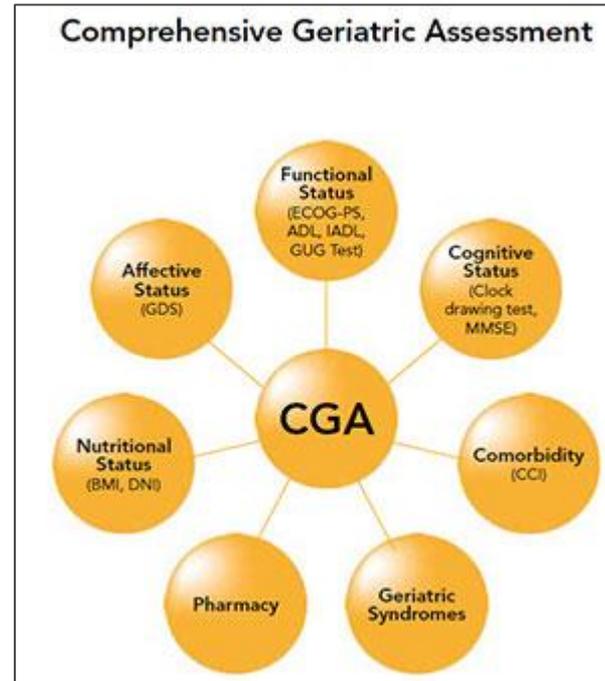
UK



US



So what can we do?



But.....

The supporting evidence base is weak and making frailty integral to primary care has challenges:

- Acceptability of the concept to patients and clinicians
- Determining if CGA is feasible in primary care
- Convincing over-stretched primary care clinicians that this can improve patient outcomes and reduce workloads

HAPPI: A Mixed Methods Feasibility Study

Aim

To develop, implement and test a nurse-led Holistic Assessment and care Planning in Partnership Intervention (**HAPPI**) and to determine important parameters for the design of a definitive RCT

Phase I

Developing the intervention



e-Delphi survey

Outcome:

Procedure guide for HAPPI

Phase II

Testing feasibility of the intervention



Feasibility RCT

Outcome:

Feasibility parameters for use in definitive RCT

Phase III

Explore patients, carers, clinicians experiences



Qualitative Study

Aim of e-Delphi Survey

To gain expert panel consensus on the components of a holistic assessment and care planning intervention for frail older people in primary care



Design and Methods



A three-round e-Delphi survey

Expert panel of 33 UK specialist older people and primary care nurses.

- Round One: open identification and exploration round
- Round Two: semi-structured opinion round
- Round Three: consensus round

Round 1: Open identification and exploration round

The Holistic Assessment and care Planning in Partnership Intervention (HAPPI) Study.

Our study aims to explore how frail older people can be best supported at home, how nurses need to work to provide this support and whether there are components of the Comprehensive Geriatric Assessment (CGA) and Person Centred Care (PCC) approach that are feasible to deliver in primary/community care. We want to explore if we can help them to live at home for longer, improve wellbeing

The purpose of this Delphi study is to identify the clinical outcomes for patients, are feasible and can be delivered in primary/community settings.

Demographic Information

7. Which speciality of nursing do you currently work in?

Other (please specify)

8. How many years have you been qualified as a nurse - please state

9. Do you have a specialist older peoples, community or practice nursing qualification?

- Older peoples nursing qualification
- Community nursing qualification
- Practice nursing qualification
- No specialist qualification

Opinion Round

10. In the box below please give your ideas about the components of a CGA/PCC intervention that you think are important and will improve clinical outcomes for frail older people in a primary/community setting. Please list as many as you can for example; multidisciplinary team involvement, agreeing a plan of care and support, medication review, environmental assessment etc.

Thank you for completing this Round 1 Survey.

We will now analyse your ideas into clear components of the CGA/PCC intervention and we will also review the existing literature on this topic. In the next survey, which you can expect in a few weeks time, we will list all the components identified and ask you to rank these for importance and feasibility.

Round 2: Semi-structured opinion round

HAPPI Survey Round 2

The HAPPI Study: E-Delphi Survey Round 2

Thank you for taking part in the first round of the survey. We have your responses which are extremely valuable and informative.

We have combined the information that was provided in the Round 1 survey with the evidence to suggest potential core components of a comprehensive and person-centred care (PCC) in a primary care setting. We now help us start to develop consensus on the most important components. Your responses to this survey will take approximately 15 minutes to complete.

HAPPI Survey Round 2

Importance and feasibility of components in a community/primary care setting

1. Please rate the frameworks/care structures which can support implementation of CGA/PCC in the primary/community care setting. By feasible we mean it is possible and practical to do easily or conveniently. Please click on the scroll down menu of 'Importance' and 'Feasibility' rating scale to answer for each component.

	Importance	Feasibility
A system for data/information gathering (e.g. past medical history, social circumstances, family history)	<input type="text"/>	<input type="text"/>
Multi-disciplinary team discussion/review	<input type="text"/>	<input type="text"/>
Coordinated multidimensional assessment and care with an identified lead clinician/care manager	<input type="text"/>	<input type="text"/>
A shared care record	<input type="text"/>	<input type="text"/>
A timely response to others	<input type="text"/>	<input type="text"/>
A competent, well trained workforce who can deliver an assessment and care planning intervention	<input type="text"/>	<input type="text"/>

2. Please rate the clinical tasks/processes for importance and feasibility in the primary/community care setting.

HAPPI Survey Round 2

Missing Components

3. Do you think there are any missing components relating to frameworks/care structures or clinical tasks/processes that should be included in a CGA/PCC in a primary/community care setting? Please state them below.

Not important	Slightly important	Important	Fairly important	Very important
Not feasible	Slightly Feasible	Feasible	Fairly feasible	Very feasible

Round 3: Consensus round

HAPPI e-Delphi Survey Round 3

Thank you for taking part in the second round of the survey. We have had 23 responses to the second round, all of which are extremely valuable and informative.

In this final round of the survey we aim to develop consensus on the important and feasible components of a CGA/IPCC intervention for older people with frailty in a Primary/Community Care setting. A component will be included in the intervention if 75% or more of participants rate it as "fairly important" or "important" or "fairly feasible" or "very feasible".

In this round of the survey the aggregated results for each component and the percentage achieved for each rating are provided in tables and then the rating scales are provided again for each component.

You now have the opportunity to re-rate each component based on the aggregated response of the other participants. There is also the opportunity to rate some missing components which have been suggested by others in the expert panel.

This survey will take approximately 15 minutes to complete.

1. A system for data/information gathering e.g. past medical history, social circumstances, family history:

Importance	%age	Feasibility	%age
Not at all important	0.00%	Not at all feasible	0.00%
Slightly important	0.00%	Slightly feasible	0.00%
Important	8.70%	Feasible	40.00%
Fairly important	4.35%	Fairly feasible	40.00%
Very important	86.96%	Very feasible	20.00%

Importance

Feasibility

A system for
data/information
gathering e.g. past
medical history, social
circumstances, family
history

E-Delphi Results

Care Structure/Processes		
A system for data/information gathering e.g. past medical history, social	100.00%	80.95%
Multi-disciplinary team discussion/review	100.00%	76.19%
Coordinated assessment and care with an identified lead	95.32%	47.62%
A shared care record	90.48%	19.05%
A timely response to crises	100.00%	47.62%
A competent, well trained workforce who can deliver an assessment and care planning	95.24%	57.78%

Functional capacity		
Assessment of functional ability and activities of daily living including re-ablement	95.24%	85.71%

Mental Health		
Assessment of cognition including identification of delirium and capacity assessment	100.00%	71.43%
Assessment of mood and psychological well-being	100.00%	66.67%
Specific assessment of anxiety and depression	95.24%	61.90%

Nursing/Advanced Clinical Practice		
Assessment for the presence and severity of frailty	90.48%	80.96%
Assessment of falls risk	100.00%	80.95%
Assessment of pain	100.00%	95.23%
Medication review including ability to self-administer, concordance and de-prescribing	100.00%	80.95%
Assessment of nutritional status including hydration	100.00%	85.72%
Assessment of vision, hearing and dentition	100.00%	66.67%
Assessment of bladder and bowel function	100.00%	80.95%
Sexual health assessment	80.95%	28.57%
Optimising management of long term conditions/multimorbidity	100.00%	71.43%
Advanced clinical assessment skills – physical examination and ordering investigations	90.48%	57.15%
Problem/deficit identification	95.24%	71.43%
Determining advance care/end of life preferences	100.00%	71.43%
Escalation/contingency planning: actions for when the patient's condition	100.00%	61.91%

E-Delphi Results

Social and Environmental Circumstances		
Assessment of social support including financial concerns, benefits entitlement, social support	95.24%	47.62%
Environmental assessment including housing and equipment aimed at maximising independence	95.23%	52.39%
Determining spiritual needs and support systems	95.24%	57.14%
Exploring opportunities for employment/education/hobbies	80.95%	38.10%
Assessment of carer's needs	100.00%	66.67%
Family/Next of Kin story	68.42%	36.84%

Personalised care and support planning		
Establishing the patient's personal goals and where support is needed (person centred care)	95.23%	80.95%
Empowerment and self-management and enabling behavioural change	95.24%	33.34%
Assessment of patient's ability to actively participate in care and planning	85.71%	76.19%
Assessment of resilience and coping mechanisms – an asset based approach	95.24%	33.33%
Establishing an individual's narrative by active listening/appreciative enquiry	90.48%	52.38%
Agreeing and formulating a plan together based on shared decision making and the preferences of the individual: working the partnership	90.47%	57.14%
Safeguarding this contract by documenting it in a co-created care or support plan	85.71%	33.33%
Monitoring response to the care and support plan	85.71%	42.85%
Review and revising of the care and support plan	95.23%	61.91%

Findings and next steps

- All but one of the components met consensus on importance, but only 11 out of the 37 components reached consensus on feasibility.
- Given the low scores on feasibility there was a danger that components which are important to frail older people and their carers could be omitted from the final intervention.

The HAPPI Intervention

The HAPPI Study Conversation Guide

Name	
Address	
ID Number	

LOGO

What matters to you?
Prompts: Usual day, social networks, activities, joining in – helps & challenges, family, friends, social circle, support network, personal care, your home, finances, benefits

Do you have any health conditions that worry you? How do you manage them?
Prompts: well-being, LTCs, frailty, pain effects on lifestyle/exercise/mobility, falls, eating and drinking, sleep, hearing/eyesight/dentition, bladder and bowel function/sexual health, depression, anxiety, cognitive impairment

Do you feel safe in your home? Is there anything regarding your home that concerns you?
Functional abilities at home, environmental hazards, equipment needs, maximising independence, re-ablement needs

What medication do you take and does it cause you any problems?
Prompts: medication review, consider polypharmacy, need for de-prescribing

Is there anything you would like to change and what might help you or prevent you making the changes?
Prompts: problem/deficit identification, resilience and coping mechanisms.

What would you like to happen if your health deteriorated?
Health and care packages, support, what happens in an emergency, escalation plan, advance care plan, spiritual needs and support mechanisms

Who is around to support you?
Informal and formal care, consider assessment of carers needs. Would the person benefit from an advocate or IMCA?

What can we achieve together? (Use SMART – Specific, Measurable, Achievable, Realistic, Timely)
Personal goals or aspirations support needed for empowerment, ability to participate in care planning.

The HAPPI Intervention

HAPPI Intervention Assessment Pack
All Participants Documentation
HAPPI Conversation Guide
Personalised Care and Support Planning
<ol style="list-style-type: none"> 1. CFT Personalised Support Plan Template: Part 1 My Medical Plan 2. CFT Personalised Support Plan Template: Part 2 My Well-being Plan
Physical Health Assessments
Assessment for the presence and severity of frailty <ol style="list-style-type: none"> 1. Gait Speed Test 2. Clinical Frailty Scale
Optimising management of long term conditions/multimorbidity and Problem/deficit identification <ol style="list-style-type: none"> 1. BGS CGA and Problem List
Assessment of falls risk and bone health <ol style="list-style-type: none"> 1. Multifactorial Risk Assessment Tool (MFRAT) 2. FRAX
Assessment of pain <ol style="list-style-type: none"> 1. Numeric pain scale 2. Pain assessment record 3. Abbey Pain Scale (for use in patients with cognitive impairment)
Medication review <ol style="list-style-type: none"> 1. Medication review summary 2. STOPP-START medication review tool
Assessment of nutritional status including hydration <ol style="list-style-type: none"> 1. MUST 5 Step Guidance 2. MUST Flowchart 3. MUST Full Screening Tool
Assessment of vision, hearing and dentition <ol style="list-style-type: none"> 1. RCP Bedside Vision Check 2. Whispered Voice Test
Assessment of bladder and bowel function <ol style="list-style-type: none"> 1. Clinical Checklist for Lower Urinary Tract Symptoms 2. ICIQ Bladder Diary 3. Self Assessment of Your Urinary Problems 4. Bowel Assessment Form 5. Clinical Checklist for Faecal Incontinence
Determining advance care/end of life preferences <ol style="list-style-type: none"> 1. CFT Treatment Escalation Plan Policy 2. CFT Treatment Escalation Plan Booklet

Home, family and Safety
Assessment of functional ability and activities of daily living including re-ablement <ol style="list-style-type: none"> 1. Barthel Index
Loneliness/social isolation <ol style="list-style-type: none"> 1. UCLA 3-Item Loneliness Scale
Assessment of carers needs <ol style="list-style-type: none"> 1. Caregiver Strain Index
Mental Health Assessments
Assessment of cognition including identification of delirium and capacity assessment <ol style="list-style-type: none"> 1. CFT Capacity Assessment Policy 2. CAM Delirium Screening Tool 3. GPCog
Assessment of mood and psychological well-being <ol style="list-style-type: none"> 1. Geriatric Depression Score 2. Hospital Anxiety and Depression Score

Next steps: The HAPPI Trial



Aim:

- To conduct a cluster randomised, controlled feasibility study of a nurse-led assessment and care planning intervention
- To determine feasibility of delivering the intervention in primary care to older people with frailty.
- This includes testing potential trial methods to inform the design of a definitive randomised controlled trial (RCT).

Acknowledgements



Sites

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My Supervisory Team

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Professor Jon Marsden

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Peninsula Clinical Trials Unit

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Adam Streeter
Kara Stevens
Laura Cocking
Brian Wainman

The HAPPI Study Participants



Thank you for your attention.
Any questions?

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