

An early ED allied health frailty service: A before and after study

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Background:

Older adults make up 23% of Emergency Department (ED) presentations, with 40% experiencing frailty. Frailty care is often overlooked due to overcrowding and patient flow issues. International guidelines recommend ED provide 70 hours a week of frailty services, including allied health, with frailty identified at triage and a comprehensive geriatric assessment (CGA) commenced within one hour of presentation. However, research on the allied health role in frailty care and patient flow in the ED is limited. A recent study found allied health referrals occurred 278 minutes from triage, with an additional 77 minute wait for assessment, and ED length of stay (LOS) 685 minutes.¹

Research aim:

To implement and evaluate an early allied health frailty service determining health and system outcomes for older adults presenting to ED.

Method:

A prospective before and after study was completed with patients ≥65 years presenting to a tertiary ED between November 2024 to June 2025. Patients in the control group received standard allied health care with referrals received after medical assessment and based on doctor's clinical judgement. The intervention group received early allied health assessment within the first hour of presentation.

Primary outcome:

- ED length of stay (LOS)

Secondary outcomes:

- Health outcomes, included number of frailty interventions, discharge referrals and allied health assessments
- System outcomes, included ED wait times to doctor and allied health assessment and ED disposition

Results:

240

participants (120 per group) were recruited with a mean age 81.8 years (SD 7). The majority were female (n=145, 60%), with Clinical Frailty Scale 5 (n=114, 48%), presenting with Australasian Triage Score 3 (n=142, 59%) and living alone (n=145, 60%).

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Patients in the intervention group received a greater number of allied health frailty interventions

but

had equal number of post discharge referrals

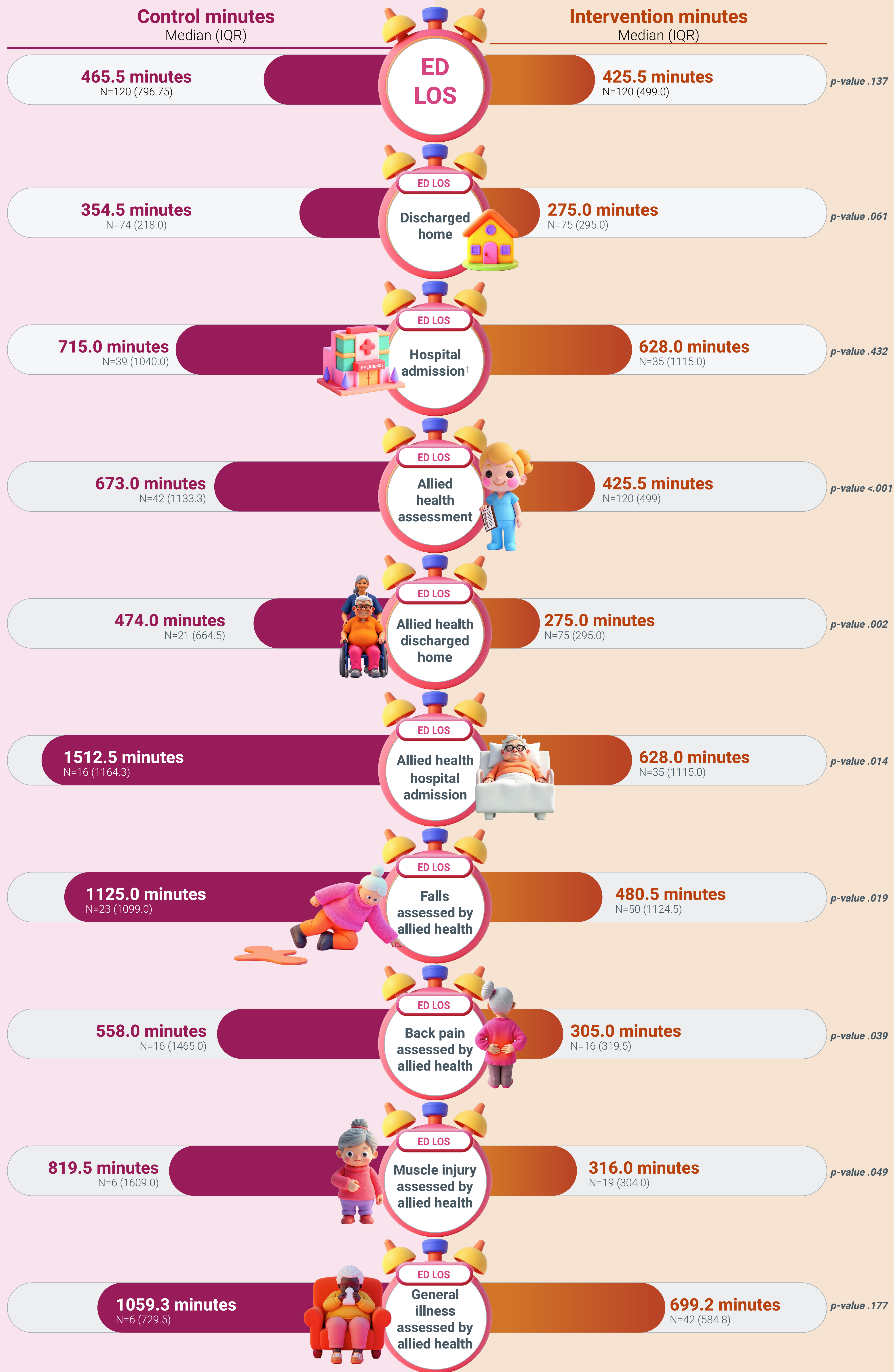


Figure 1. Emergency Department length of stay between groups.

Conclusion:

Provision of allied health within the first hour of an ED presentation significantly reduced ED LOS for patients requiring multidisciplinary care. Patients received more targeted frailty care. These findings indicate that allied health at triage can contribute to early comprehensive frailty care and support ED patient flow.

