Frailty

Improving the identification and management of older (aged 70 years and over) patients with frailty in an acute surgical setting

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1.0 Background

- Frailty is a progressive physiological decline in multiple organ systems marked by the loss of physiological reserve and increased vulnerability to disease and death
- Improving the timely identification of older people with frailty in acute care is encouraged by national guidance and will help enable the optimisation of comprehensive care to improve outcomes for patients including length of stay, functional improvement and discharge destination
- The Clinical Frailty Scale (CFS) is a frailty screening tool included in the admission documents for patients admitted urgently to the Surgical Assessment Unit (SAU)
- Our impression was that the CFS may not be consistently used and that there may not be routine subsequent delivery of multi-domain assessment and planning in those identified with frailty
- Improving the timely identification of older people with frailty as encouraged by national guidance could allow optimisation of the care given and lead to overall better outcomes

2.0 Aims

- Improve the recognition (frailty screening with CFS and Bedview Flag) for patients aged 70 and over (all except for those in the urology pathway) on the Surgical Assessment Unit to 80% by the 30th June 2019
- Improve the management of those with frailty identified (aged 70 and over, admitted via SAU, CFS of 5 or more) by 31st August 2019
- Developing quality improvement (QI) skills in 2 individuals

3.0 Project Design

- The project began in January 2019
- A small multi-disciplinary project group was established, meeting twice monthly to review progress and discuss new ideas and changes
- Engagement with others such as practice educator, surgical doctors and wider surgical assessment unit team as needed
- Initially the focus was on understanding the situation with screening and management of patients and staff awareness of frailty and frailty identification mechanisms
- Patient experience gathered by survey (developed by the Acute Frailty Network) with patients being discharged from a surgical ward with themes around discharge and length of stay
- Staff experience gathered using questionnaires and semi-structured interviews
- This showed there was a lack of awareness of the purpose and potential for screening and possible changes around management (such as mobility equipment provision on the ward, referral for discharge support early, referral to rehabilitation, detection of delirium and multi-disciplinary discussion
- Falls and pressure ulcers were considered as areas for change and measures but found to be routinely mostly addressed at a nursing level for patients already
- A driver diagram was devised to help understanding influencing factors and potential changes to lead to improvement.
- The measurement approach was considered and a twice weekly sampling approach used for the process measure of identification
- Outcome measure of length of stay for the cohort of 70+ years

Fig 1. Number of Patients over 70 years old , Number of CFS completion, Number identified with Frailty on the Surgical Assessment Unit
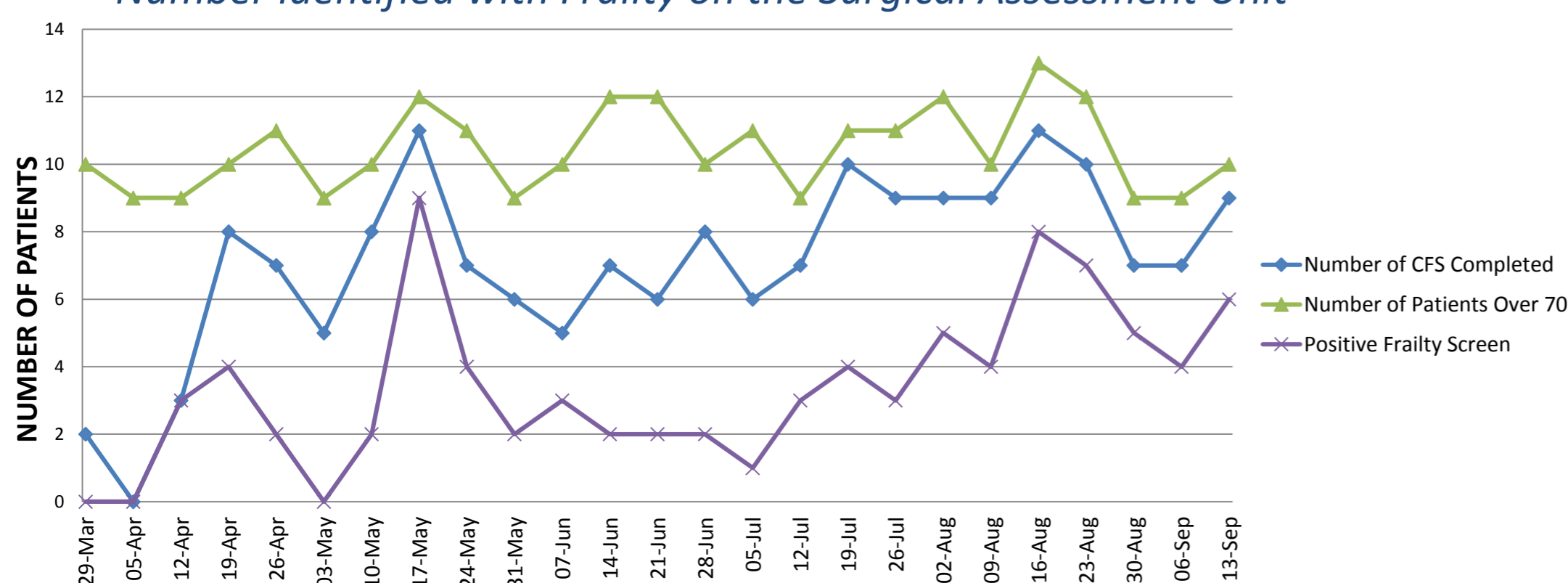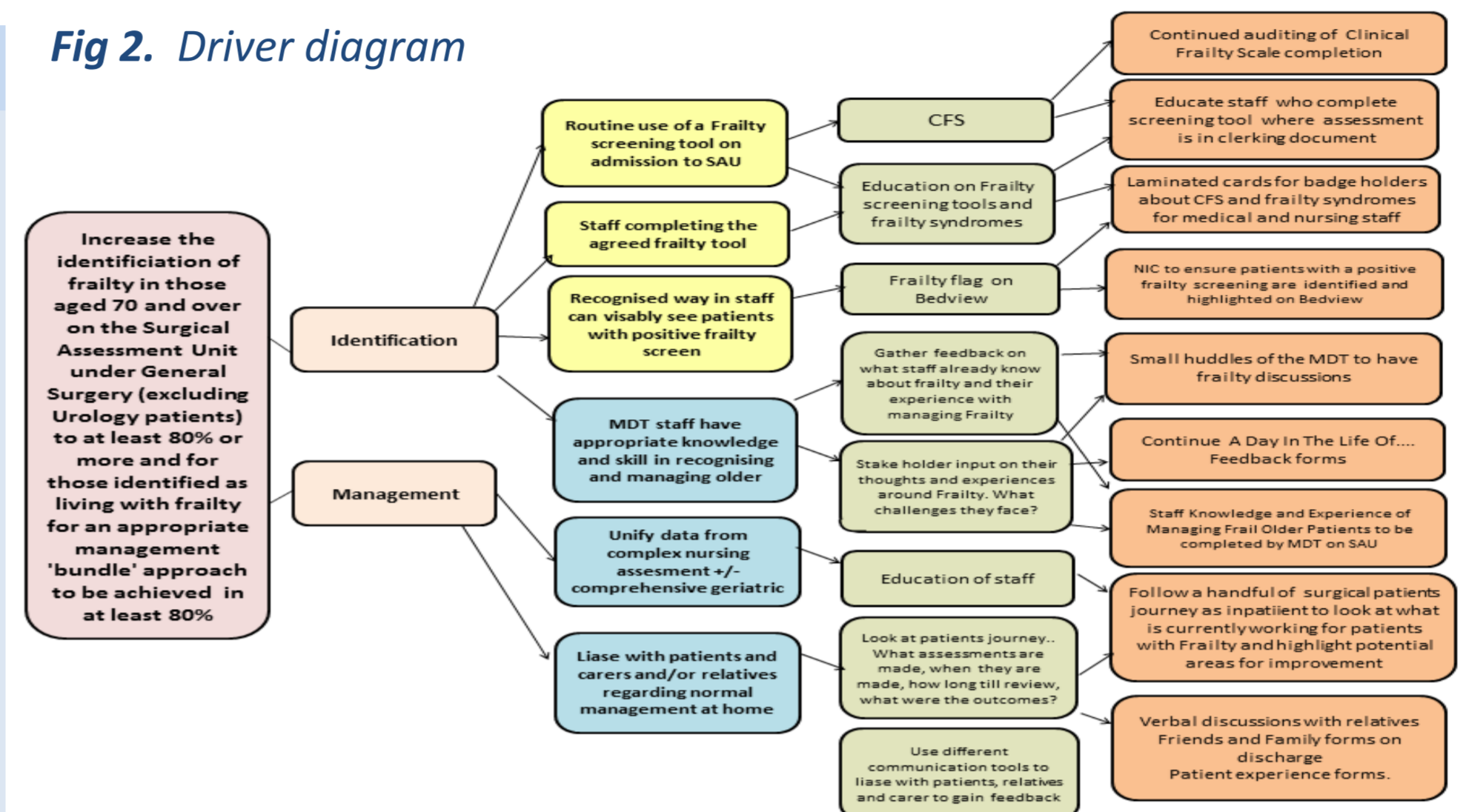


Fig 2. Driver diagram

4.0 Changes Made

- Quality Improvement training attended by lead nurse
- Raising awareness of frailty through discussions on SAU, questionnaires and semi structured interviews nursing and medical staff about frailty screening and the Frailty Screen Positive flag on Bedview (electronic system) – January 2019
- Discussing CFS and frailty syndromes with nursing staff at handover with regular updates on findings – April 2019
- Further planned changes:
1. Introduce laminated cards for badge holders about CFS and frailty syndromes for medical and nursing staff (Lead Project Nurse to organise)
2. Education on frailty syndromes and CFS for new rotation of medical staff
3. Introducing education on frailty to nursing preceptorship (Lead Nurse to discuss with Practice Educator for amendment)
4. Working with physiotherapists to achieve earlier mobilisation and appropriate referrals of patients

5.0 Improvements Made

- Completion of the CFS is now up to over 60% completion on admission
- Continued sustained increase in the identification of patients with frailty using the Bedview system
- More awareness of the SAU nursing and medical teams (not measured) about frailty identification and frailty syndromes
- Possible increase in the referrals to our discharge services team earlier in admission (not a measure we had used but now looking at how to review that)
- The project lead nurse and the ward sister have developed experience and skills in quality improvement

Fig 3. Patients with Frailty Screen Positive on Bedview (proxy 65+ years, all SAU patients)
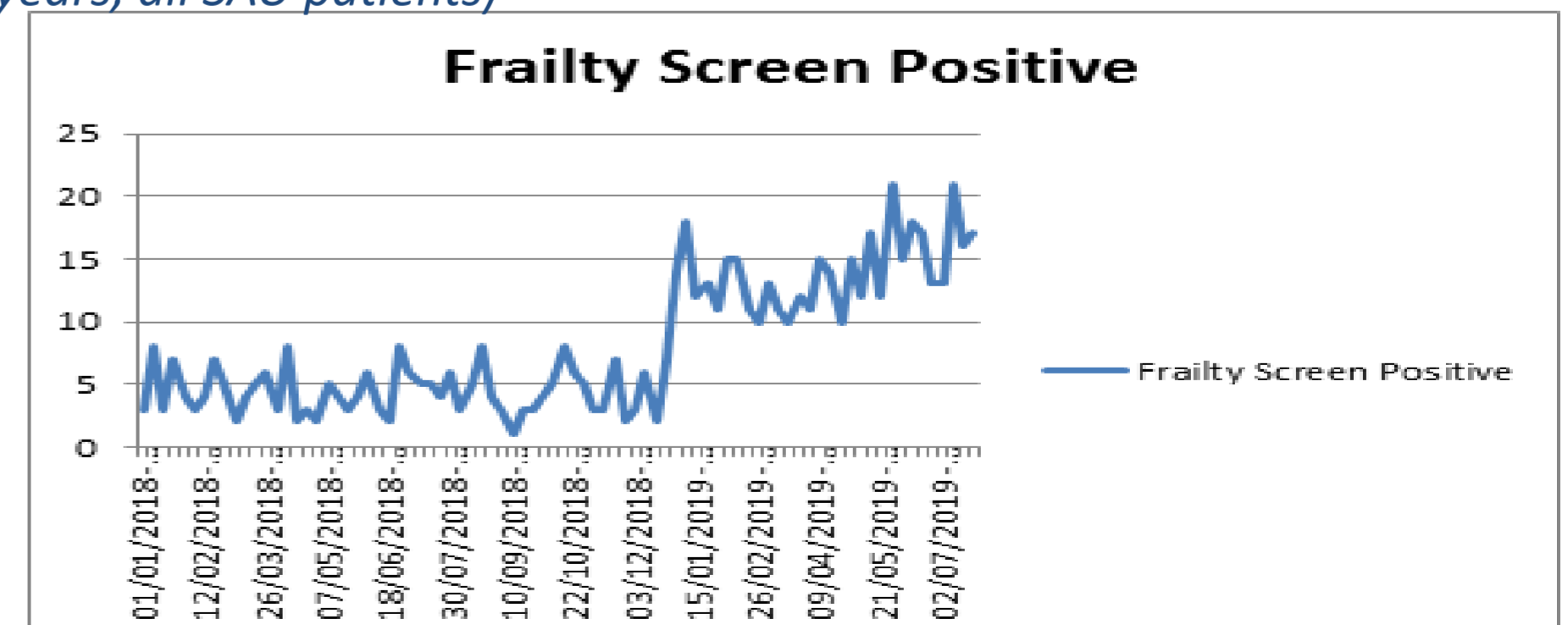
6.0 Lessons

- Awareness of frailty and the potential management impacts should not be assumed
- Whilst we wanted to improve management the first step was identification improvement and we were too ambitious with the timeframes for the project work
- Developing QI skills for ward staff who were not previously familiar with QI or frailty has been an effective mechanism for improvement in patient care and built enthusiasm and mechanisms to sustain the work