Developing a Frailty Care Pathway in Clontarf Hospital: A Pilot Study

Murphy J[1], Webster C[1], Campbell M[2], Doran N[3], Daly C[3], Gardner S[3], Mc Donnell C[4], Brennan A[5], Cullen K[6], Gaynor E[2], O' Halloran A[2]

[1]Department of Occupational Therapy, [2]Department of Medicine, [3]Department of Physiotherapy, [4]Department of Nursing, [5]Department of Medical Social Work, [6]Department of Dietetics.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

AIM:

To develop a frailty care pathway in Clontarf Hospital which ensures early identification, MDT assessment and discharge planning for frail patients over 65 years.

BACKGROUND:

- The Frailty working group was established in Clontarf Hospital to drive positive change in culture, focus and approach to improve care and outcomes for frail, older people.
- The increasing age demographics in Ireland suggest we can expect a rise in age-related disability and functional dependence, reducing quality of life and placing increased strain on healthcare systems, particularly during the COVID-19 pandemic.
- The gold standard for management of the frail patient is early identification and comprehensive geriatric assessment.
- The Clinical Frailty Scale (CFS) is a widely-used frailty screening tool within the Irish Healthcare system due to its time-efficiency and transferability between settings.
- The Edmonton Frail Scale (EFS) is heralded as an effective tool capturing multi-dimensional aspects of frailty.

TEAM:

OBJECTIVES:

- To optimise MDT intervention, the EFS was piloted alongside the established CFS (as part of usual care) to compare user-experience and sensitivity.
- To carry out a pilot study on Swan and Kincora wards for 3 months for all admissions over 65 years admitted under the Mater active rehabilitation pathway (ARP).
- To develop a referral pathway for frail patients as determined by the EFS score.
- To trigger more urgent referrals to medical social work, dietetics and speech and language therapy that do not operate a blanket referral system.

METHOD:

Ward-based frailty educational sessions were provided for all relevant staff

Edmonton Frail Scale agreed as an additional screening tool due to its multifactorial assessment and validation in elderly populations in clinical settings

Liaised with key stakeholders and gained approval from heads of department and management

Frailty care pathway and policy for implementation of the EFS developed (see Figure 1)

Pre-pilot data collected regarding length of stay on pilot wards for 3 months

EFS and frailty referral pathway piloted for 3 months on 2 wards

Data collected during pilot of the EFS and frailty referral pathway

Pilot data reviewed at 3 months.

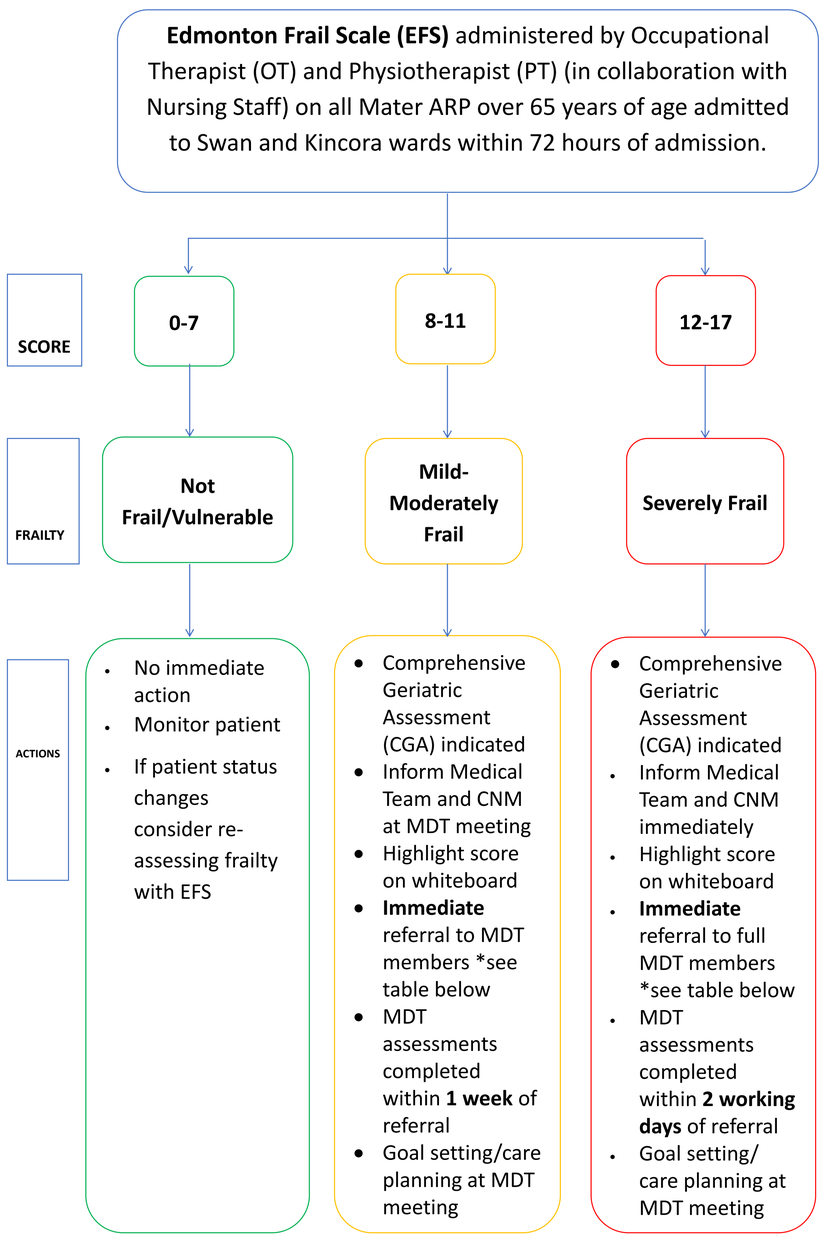

Figure 1: Frailty Referral Pathway

RESULTS:

- The average age of our patient cohort was **84 years.**

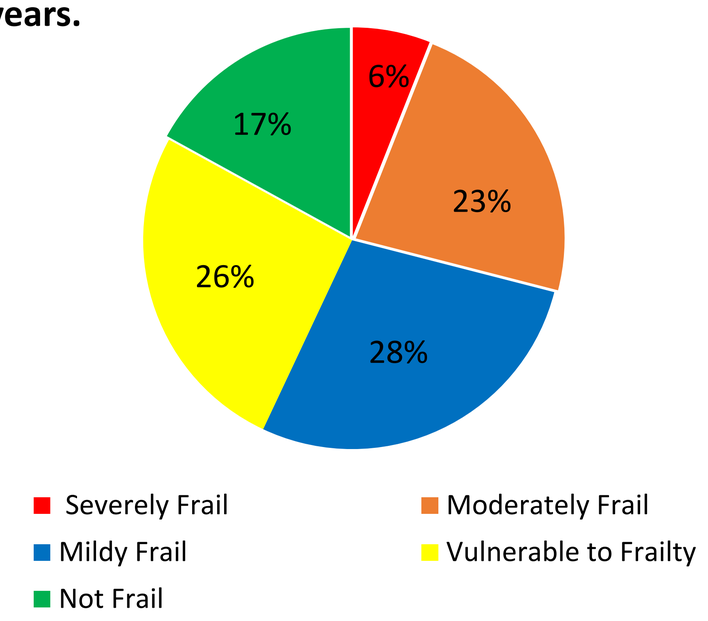

Figure 2: EFS (Edmonton Frail Scale) Levels

- The CFS was found to detect a **higher frailty level** in **47%** of patients screened when compared to the EFS and took an average of **ten minutes less to administer.**
- The EFS was found to detect a **higher frailty level** in **only 23%** of patients screened compared to the CFS.
- The average length of stay for the patients during the pilot was **34 days**.
- For three months preceding the pilot, the average length of stay for this cohort was **36 days.**

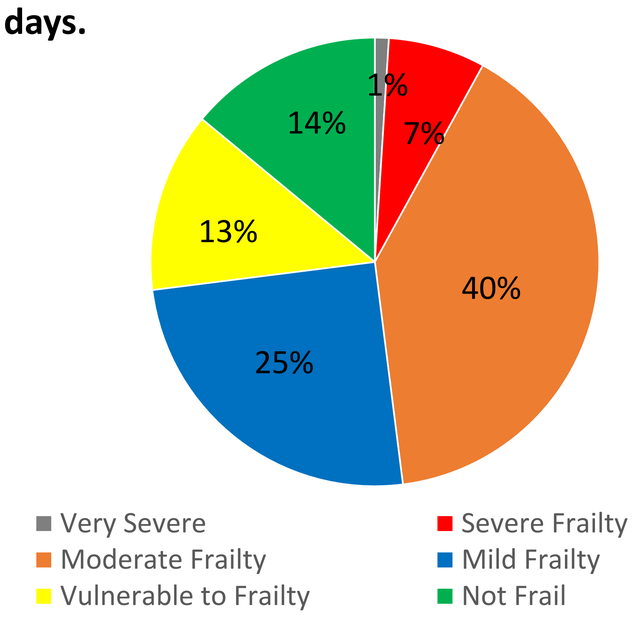

Figure 3: CFS (Clinical Frailty Scale) Scores

RECOMMENDATIONS:

- The **CFS** will continue to be administered with patients due to its **higher sensitivity** to frailty and **time efficiency** for completion.
- Referrals will continue to be generated to all MDT members to expedite input with frail patients.
- Timely MDT input was found to reduce the length of inpatient stay post identification of a patient's frailty level through use of a screening tool.

ACKNOWLEDGEMENTS:

Edmonton Frail Scale (bedside version), copyright 2000. All rights reserved. Created by Dr. Darryl Rolfson et al. and used under license from The University of Alberta.

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