Implementing a Frailty Score

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Key Drivers

• Joined the AFN
• CQUIN
• SDIP

• But ..... Clinical need was to identify patients who most needed input from frailty team
Which tool to use?

- Review of all tools available
- Reliability and validity
- What others are using in the area
Application in practice

- Ease of application in practice
- Defined age range – 65 or 75?
- Needed to signpost frailty team to the right patients

- Need for compliance greater than the need for reliability and validity
Putting the scoring system into practice

• Development of a small project group
• Identification of all stakeholders;
  – Doctors - MAU
  – Nurses - ED
  – Therapists - FEU
  – IT
  – CCG
• Training package
Recording – paper vs electronic

Triage document

- Poor compliance
- Could be Dr, nurse or nobody
- No real time reminder
- Audit manually
Rockwood on e-track – automatically adds frailty flag if score is greater or equal to 5. Real time feedback to drive change.
Ad hoc manual audits

% patients >75 Screened for frailty

Electronic system introduced

15/08/2016 15/09/2016
Benefits of identifying frailty

- Used to initiate early CGA
- Can track patients throughout their stay
- Allows in-reach to MAU
- Can count number of patients – business cases for frailty specialist nurse
- Can audit frailty vs fit 75+ - eg. Readmissions, LOS
Making it sustainable

From initial plans;

- ED – poor compliance
- MAU – good compliance
- Constant presence of geriatrician & frailty team
- Continuous measurement and feedback

Pitfalls;

- Junior doctor changes
- Agency/locum staff
Number of patients receiving a Rockwood score
Where next?

• Increase nurse specialist and geriatrician cover to 7 days per week
• Early goal setting – criteria led discharge
• Develop virtual ward, using frailty flag to follow up on wards
• Developing use in elective patients to better target patients who will benefit most from CGA and frailty team input