Talking the language of frailty from the front door

Gareth Watts, David Hunt, Charlotte Kirk, Luke Hodgson
Western Sussex Hospitals NHS Foundation Trust

Aim
Frailty is core business in the NHS. It is described as a state of vulnerability brought on by a cumulative decline in physiological systems, resulting in a depletion of reserves. This results in minor stressors causing a disproportionate change in health state. Before 2017, Western Sussex Hospitals NHS Foundation Trust did not have a systematized electronic method for frailty screening so there was no reliable method for tracking frail patients, their journey through our hospitals and measuring their outcomes. The Clinical Frailty Scale (CFS) (Rockwood K, Song X, MacKnight C, et al. CMAJ 2005;173(5):489–95) on the admissions proforma was not regularly filled in. We aimed to improve the rate of completion and to correlate the data with mortality, readmission rates and length of stay to help plan service delivery.

Methods
In January 2017, we incorporated the CFS into our existing electronic observations platform; Patientrack™. A CFS should be completed for non-elective admissions aged over 65 for all specialties within 72 hours. A hospital wide teaching programme was launched to raise awareness on how to complete the CFS, across all non-elective inpatient specialties. Outcomes for patients in each frailty category were then collected retrospectively, looking at mortality, 30-day readmissions and length of stay (LOS) over 6-months.

Discussion
We now have a rolling frailty database which we can use to target frailty multidisciplinary resources. By making the CFS electronic we have significantly improved its completion, which will improve access to Comprehensive Geriatric Assessment (CGA) for those who may benefit. The collected data show a clear correlation between frailty, LOS and mortality. Average LOS peaked for severely frail patients. Reasons for this may include longer recovery times from acute illness, increased risk of hospital-acquired harm, and complex discharge planning which may be needed in this group more than less frail people. Further work is needed to explore this. Mortality consistently rose with each CFS score, likely reflecting less reserve across multiple organ systems leading to worse outcomes in acute illness. Readmission rates had a less clear correlation with frailty, with a suggestion that fit patients have slightly lower rates of readmission.

Further work
We have now made CFS completion compulsory for all emergency department attendances, to further help identify patients who may benefit from CGA. We are also correlating data we collect on patient’s cognition on admission, such as whether they have delirium with their frailty score, mortality and LOS which is yielding some interesting results.