

Implementation of Standardized Frailty Bundle in Tertiary Care Centre for non-geriatric trained health personnel

Tan Sze Yang, Gordon Pang Hwa Mang

Unit of Geriatric Medicine, Hospital Queen Elizabeth 1, Sabah, Malaysia.

Department of Medicine, Faculty of Medicine, Hospital Queen Elizabeth 1, Sabah, Malaysia.



Introduction

Malaysia is transitioning from an ageing to an aged nation. According to the Department of Statistics Malaysia (DOSM), 7.4% of Malaysia's population was aged 65 years or older in 2023, projected to exceed 15% by 2030. (1) Frailty is increasingly prevalent, affecting 11% of adults aged 50–59 years and escalating to 51% among those aged 90 years or older, based on global data.(2) A local pilot study in March 2024 in general medical wards highlighted common frailty-related issues, including deconditioning (36%), delirium (17%), and a 12-month readmission rate of 46%. (3)

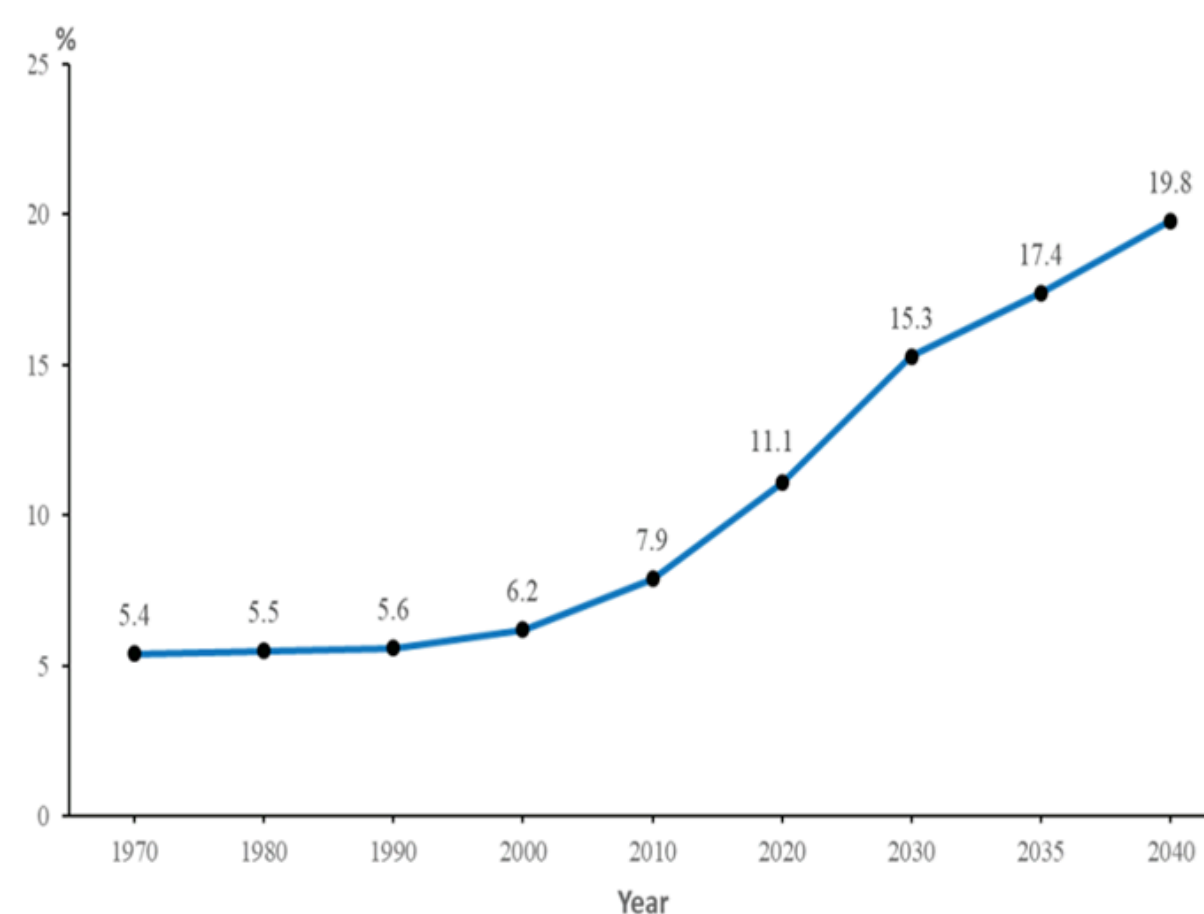


Figure 1. Percentage of the population in Malaysia by age-group (1970–2020) and projected population (2030–2040)

N=103	RESULT n (%)
Readmission: n(%)	48 (46.6%)
Average length of stay: days Older adults (Age>60)	6.5 days
All patients	5.7 days
Acute functional decline: n (%)	
Mobility	39 (37.9%)
bADL	36 (35.0%)
Delirium: n (%)	18 (17.5%)
Inpatient mortality: n (%)	5 (4.9%)

Table 1: Hospital Queen Elizabeth Sabah, Geriatric Unit's Pilot Study on Clinical Burden among Hospitalized Elderly Patient (Age> 60)

Objectives

To introduce a user-friendly, standardized frailty care bundle to support non-geriatric-trained healthcare personnel in detecting common issues related to frailty syndrome early and implementing appropriate interventions.

Method

A multidisciplinary team, comprising geriatricians, medical practitioners, pharmacists, nurses, therapists, dieticians, and medical social workers, developed a care bundle designed for ease of use in general medical wards by non-geriatric-trained personnel focusing on three key components:

- ✓ Screening tools for identifying acute functional decline, sarcopenia and delirium
- ✓ A discharge planning checklist
- ✓ Protocolize a standardized management pathways

Results

The care bundle will be piloted in 2025 across general medical wards. Nurses and doctors will screen patients aged 65 and older for deconditioning and delirium upon admission, notifying geriatrician as needed. Early physiotherapist referrals will address deconditioning, and a structured delirium checklist will guide targeted management. The discharge checklist includes caregiver identification, discharge planning, medication reconciliation, equipment assessment, and welfare support.

Conclusion

Frailty amidst an ageing population poses significant clinical and economic burdens, including higher readmission rates and healthcare costs. A standardized frailty care bundle offers a systematic approach to optimizing elderly care, improving outcomes, and addressing ageing challenges. Future audits will assess its effectiveness in reducing readmissions, functional decline, and healthcare costs.

References:

1. Department of Statistic Malaysia, 2024.
2. O'Caomh R, Sezgin D, O'Donovan MR, et al. Prevalence of frailty in 62 countries across the world: a systematic review and meta-analysis of population-level studies. *Age Ageing* 2021;50(1):96–104.
3. Gordon Pang Hwa Mang, Pilot Study 2024: Clinical Burden Among Hospitalized Elderly Patients