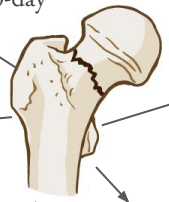
Perioperative clinical frailty scoring and establishing ceilings of care: a quality improvement project

Gant, A, Michaels V - Department of Orthogeriatrics, Horton General Hospital, Oxford University Hospitals NHS Foundation Trust

Context - Hip fractures in >65s

i) Hip replacement 6.2% 30-day mortality nationally (1)

ii) Older adults with hip fractures are 3–4 times more likely to die within one-year after surgery than general population. (3)



iii) Hip fractures can be an indicator of increasing frailty and increased risk of mortality from other causes. (2)

iv) Determining level of frailty is important as an indicator of outcomes for elderly patients undergoing emergency surgery such as hip replacements.

Based on BGS and NICE guidelines, on admission patients >65 years admitted for emergency operative care of hip fractures should have:

1. **A clinical frailty score (CFS)**
2. **Timely consideration of and, if appropriate, discussion of ceiling of care**

Problem

Preliminary data suggested that the CFS was almost never routinely calculated, and that clinicians were not always establishing ceilings of care for patients at the Horton General Hospital Department of Orthogeriatrics.

Aim

To improve the completion rate of a CFS and documentation of decisions regarding escalation of care.

(1)Royal College of Physicians. 15 years of quality improvement: the 2023 National Hip Fracture Database report on 2022. London: RCP, 2023.
(2)Papanicolas I, Figueroa JF, Schoenfeld AJ, et al. Differences in health care spending and utilization among older frail adults in high-income countries: ICCONIC hip fracture persona. Health Serv Res. 2021; 56(Suppl. 3): 1335-1346
(3) Morri, M., Ambrosi, E., Chiari, P. et al. One-year mortality after hip fracture surgery and prognostic factors: a prospective cohort study. Sci Rep 9, 18718(2019). https://doi.org/10.1038/s41598-019-55196-6

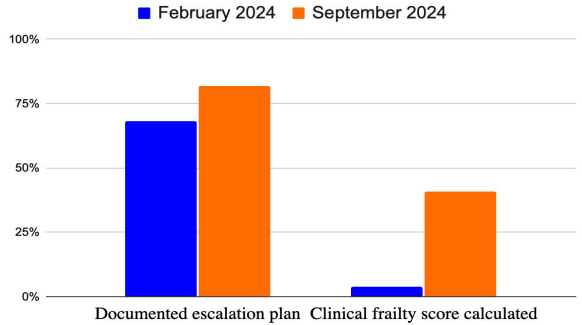
Quality Improvement interventions

Alteration of the clerking proforma to make CFS and consideration of ceiling of care mandatory pre-op assessments.

Communication for need to undertake CFS to current and incoming resident doctors who are responsible for admission assessments on the orthogeriatric ward.

Sharing of results at a clinical governance meeting, initiating discussion between anaesthetic, surgical, and geriatric departments regarding advanced care planning best practice.

Results



Anecdotal reasons given for:

non-completion of CFS score:

a) heavy clinical workload

b) considered unimportant

non-completion of escalation of care discussion:

a) heavy clinical workload, and these discussions can take significant time/ work

b) patient non-capacitous and NOK not present

c) deemed inappropriate in a fit and well patient

Outcomes

1. Improved both completion of CFS from 4.5% to 41%, and consideration of ceilings of care from 68% to 82% for elderly patients with hip fractures
2. Agreement at the clinical governance meeting that consideration and documentation of ceiling of care is always warranted and is an important component of care for this patient cohort.