

Improving Clinical Frailty Scale documentation in surgical admissions of older patients: A Quality Improvement Project

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INTRODUCTION

- The Surgical Emergency Unit (SEU) at John Radcliffe Hospital, Oxford assesses a wide range of patients daily, including a significant proportion **aged ≥65 years**.
- As per **local trust policy**, documentation of the **Rockwood Clinical Frailty Scale (CFS)** should be completed on **ALL patients ≥65yrs old with an unplanned admission to hospital**. Our initial data collection highlighted that the SEU is not meeting this requirement with **CFS only being documented in 20% in all patients over 65 years old admitted to SEU**.
- **Frailty is an independent predictor of adverse surgical outcomes**, including increased mortality, longer hospital admissions and delayed recovery.
- Using the CFS offers a **standardised way to identify frail patients, alongside avoiding age-related bias and discrimination**. This is crucial within SEU for perioperative optimisation and surgical decision-making.

METHODOLOGY

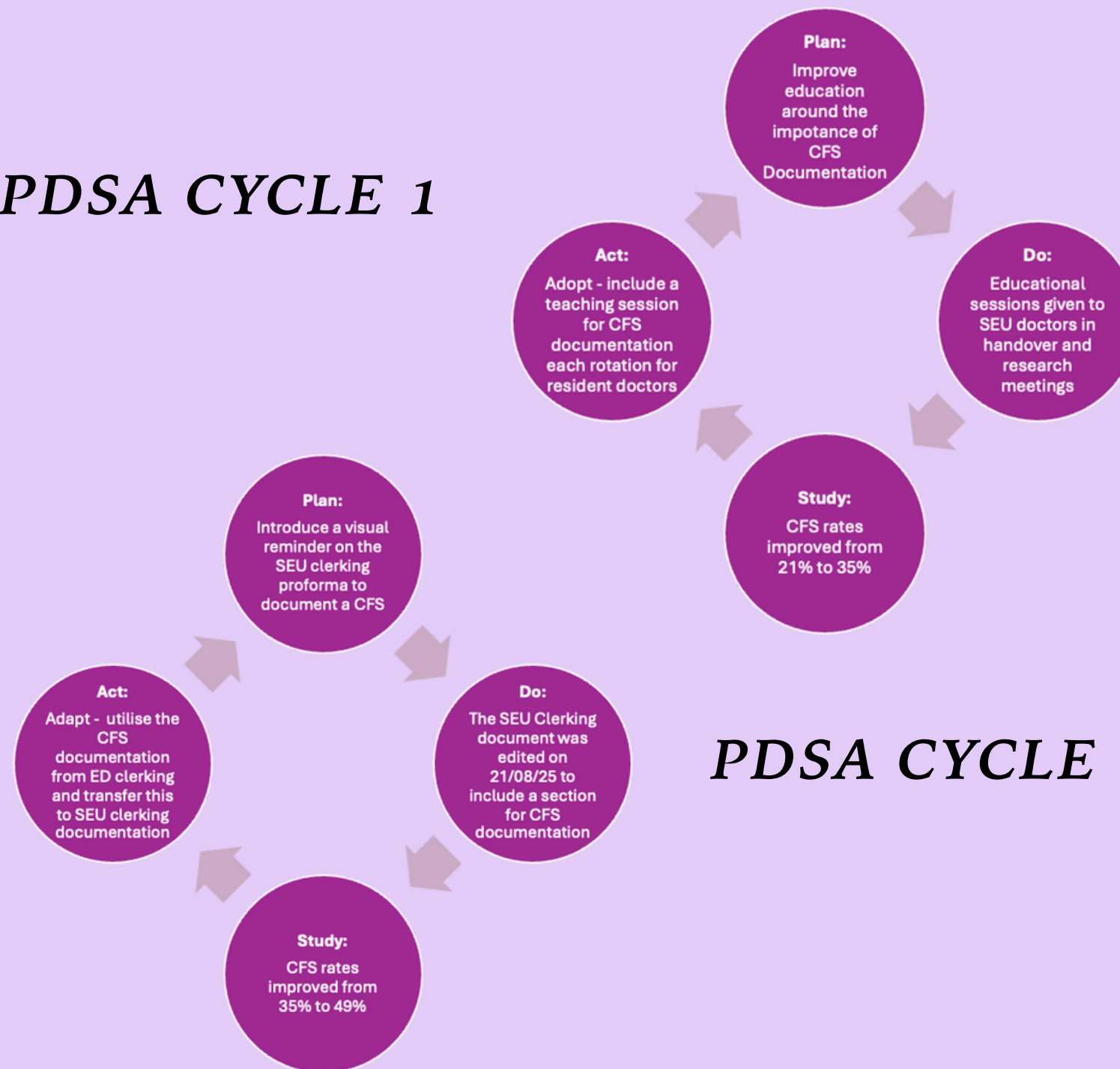
- Data was collected from the SEU acute take list on the electronic patient record (EPR) over **2 week periods**
- All patients admitted to SEU between these dates and who were **aged ≥65 years old were included**.
- This QIP was registered on Ulysses clinical reporting system.
- Data was anonymised and recorded on excel.
- Data collected: sex, age, initial diagnosis, co-morbidities, length of hospital admission, if a CFS was recorded and who recorded this.
- **Two PDSA cycles** were completed

AIMS

To improve the documentation of CFS within SEU, thereby supporting peri-operative optimisation and surgical decision-making, while reducing age-related bias and discrimination.

Plan-Do-Study-Act (PDSA)

PDSA CYCLE 1



PDSA CYCLE 2



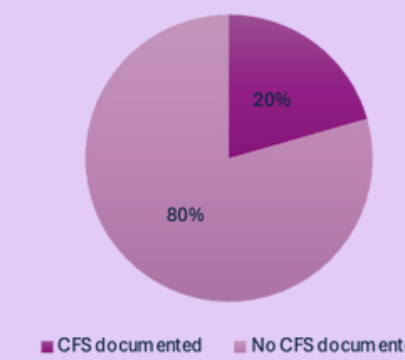
KEY FINDINGS

- **Initial data collection showed only 20% of all admissions aged ≥65 years had documented CFS**
- **After 2 complete PDSA cycles, 49% of admissions had CFS documented, a 29% increase in documentation.**
- **SEU remains below the trust's target standards** for documentation of CFS scores in patients ≥ 65yrs old with an unplanned admission to hospital.

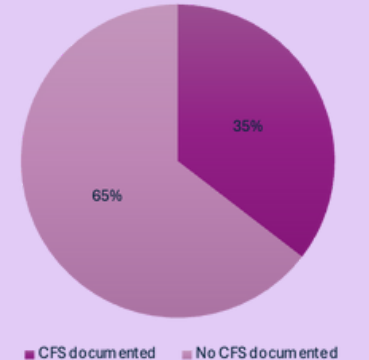
RESULTS

- The initial dataset included 73 patients (n=73) (median age 80; range 65–100 years), with only 20% (n=15) having a documented CFS.
- Post-intervention, 79 (n=79) patients were identified (median age 81; range 65–94 years), with CFS documentation rising to 35% (n=28) of patients
- After the first PDSA cycle a **15% improvement in documentation was noted**

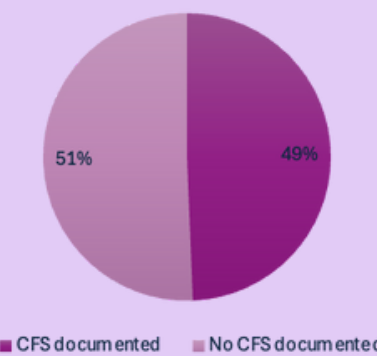
DOCUMENTATION OF CFS IN SEU PRE-INTERVENTIONS



DOCUMENTATION OF CFS IN SEU PDSA CYCLE 1



DOCUMENTATION OF CFS IN SEU PDSA CYCLE 2



CONCLUSIONS

- Despite completing two full PDSA cycles, **CFS documentation within the SEU remains below the Trust's target standards**. However, targeted educational interventions, including the use of visual aids, have led to a significant improvement in adherence to Trust policy.
- Our **interventions** have proven to be **scalable, easy to implement, and effective**, providing a strong foundation for ongoing quality improvement efforts.
- Future work will focus on sustaining and expanding the progress made, with the aim of further increasing CFS documentation rates.
- Enhancing frailty identification within the SEU has the potential to **improve perioperative care, support tailored surgical planning, and improve overall outcomes for older patients attending SEU**.