The Clinical Frailty Score as a Tool to Prioritise Orthogeriatric Resources: A Retrospective Audit in Aberdeen Royal Infirmary

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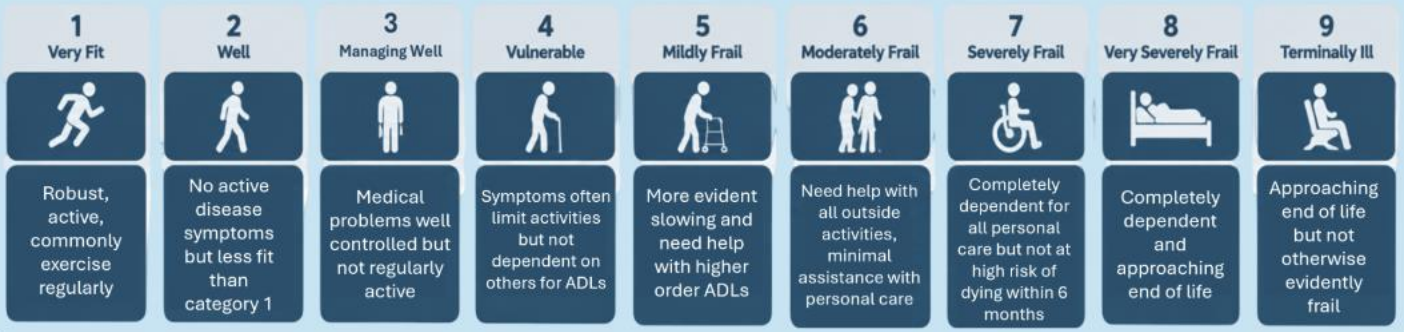
Background

- Orthogeriatric services are under increasing workload pressures in line with the ageing and co-morbid population.
- With frailty a recognised predictor of adverse perioperative outcomes (Swarbrick *et al,* 2025), scoring systems, including the Rockwood Clinical Frailty Scale (CFS), have the potential to serve as efficient and accessible triage tools to prioritise limited medical resources.

Figure 1: Adapted Clinical Frailty Scale Infographic (Moorehouse and Rockwood, 2012)



Methods

- In December 2025, the orthogeriatric service within Aberdeen Royal Infirmary (ARI) comprised of a team of ANPs with twice weekly liaison consultant input.
- In March 2026, the service underwent a trial of daily consultant cover, with CFS utilised as the triage tool to highlight those with highest frailty for senior medical review.
- Data from a two-week period within each of the above time frames was subsequently retrospectively audited for people aged >/=75 admitted to the orthopaedic trauma unit.

Results

- Over a two-week period in December 2025, 16 patients with an average CFS of 4.65 received consultant-led care, in comparison with 19 patients with an average CFS of 5.42 in March 2026.
- In December, patients identified as a CFS of 1-3 remained in ARI for an average of 11.56 days and those with a CFS of 6-7 for 18.33 days. In March, the average length of stay was reduced across all bandings, including a significant reduction to 13.85 days for those banded CFS 6-7.

Figure 2: Percentage of patients with a consultant review by CFS category (December 2025)

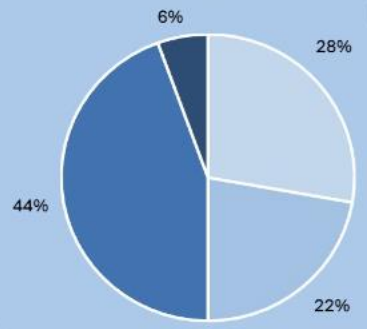


Figure 3: Percentage of patients with a consultant review by CFS category (March 2026)

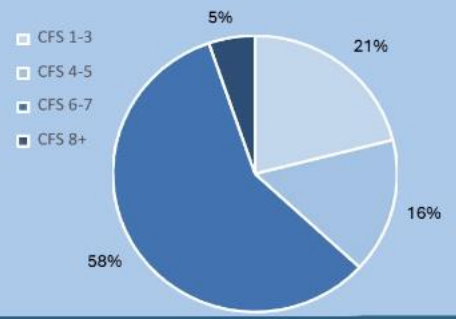
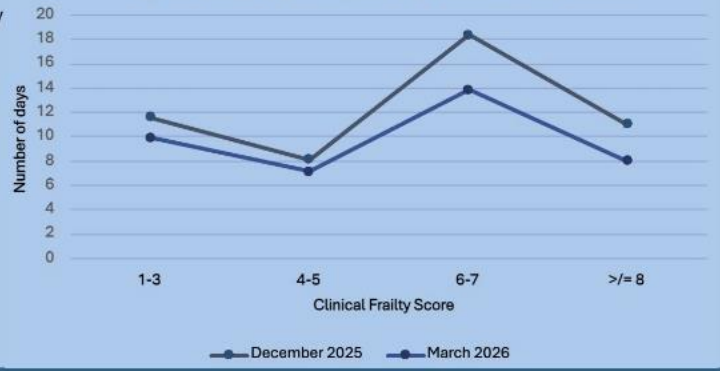


Figure 4: Average length of inpatient stay in Aberdeen Royal Infirmary



Conclusion

- CFS allowed for the early identification of those living with frailty who were admitted to the department.
- The redistribution of pre-existing resources and increased consultant presence allowed for earlier senior review of those with the highest clinical need, whilst continuing to support ANP-led reviews.
- The results show that the use of CFS as a triage tool to allocate resources promoted shorter inpatient stays across the patient population.

Next Steps

- Future work will look towards promoting the use of CFS across surgical specialties to allow for earlier identification of those living with frailty.