Recognising frailty in non-elective general surgical patients to optimize their care

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Introduction

In 2021, 13% of adults living in Brighton and Hove were aged over 65 (1), but they make up 56% of emergency laparotomy procedures in the UK (2).
At the Royal Sussex County Hospital, a Frailty Liaison Service was developed to better meet the needs of an increasing number of general surgical (GS) patients with frailty across Sussex.
However, with no routine frailty identification, decisions were made without the GS frailty liaison input. Potentially putting patients at risk of adverse outcomes such as deconditioning (3)

Aim

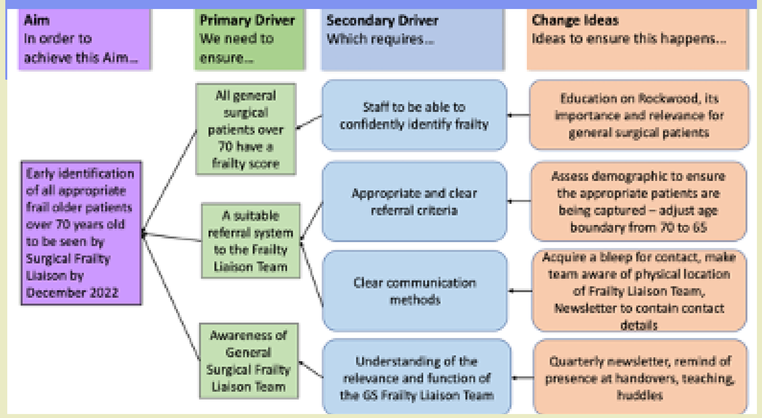
Identification of all appropriate frail older patients over 70 years old to be seen by Surgical Frailty Liaison within 72 hours, by Dec 22

Methodology

We used the Model for Improvement and diagnostic tools (fishbone; stakeholder mapping; driver diagram) and PDSA cycles to test the impact of junior doctor education on CFS scoring and awareness raising primarily through a newsletter. We used cross-sectional data collection to measure baseline and impact following our interventions on the number of frailty scores given to patients under the GS team. We collected feedback following the education sessions to assess usefulness.

Results

100% of participants felt that their confidence in identifying frailty in GS patients increased.
Earlier assessment by Frailty Liaison Team from 8.29 days to 6.36 days per patient, but with significant variation.
Proportion of appropriate referrals increased.
Junior doctors felt real life examples of frailty from the ward would be more helpful in teaching.



Learning points

- Identification and engagement of staff right from the start, and building personal relationships is key
- Delivering a QI project with limited time resource required careful scheduling
- Hidden complexities in seemingly small tasks, more time than expected to embed CFS assessment and recording consistent with other sites developing POPS services (4)
- Limited impact of education on completion of CFS due to frequent changeover of junior doctors
- Engaging with QI experts allows development of skills

Implemented changes

- Contact bleep for Frailty Liaison team acquired
- Expanded staff on the Frailty Liaison Team
- Communication materials distributed to increase awareness of the service amongst GS staff
- Successfully delivered training to 7 Foundation Year 1 Doctors on two occasions
- Expansion of referral criteria from age over 70 to age over 65

Next steps

- Second PDSA on junior doctor teaching has been initiated
- Delivery of CQUIN05: Identification and response to frailty in emergency departments using electronic recording system sitewide
- Continue with multi-pronged case finding – referrals via any team member, ward list, take list, MDT
- Longitudinal data collection rather than serial cross-sectional data collection

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