

Improving inpatient frailty identification and its impact on Advance Care Planning.

Tania Usman¹, Josephine Coffey¹, Areej Benafif¹, Liam Stapleton¹

¹ Medicine for the Elderly, University College London Hospitals NHS Foundation Trust

INTRODUCTION

Clinical frailty scale (CFS) is used to generate a score ranging from 1 (very fit) to 9 (terminally ill) for individuals aged ≥65 years. A CFS of ≥7 correlates with a one-year mortality rate of up to 50% (1), making it useful for identifying individuals potentially approaching the last year of life. NICE recommend this patient group are offered Advance care planning (ACP) (2). ACP discussions are paramount to ensuring individuals receive care which is personalised, respecting their needs and wishes, including spiritual and cultural needs and proactive symptom control.

AIMS

We aimed to improve CFS documentation and accuracy, and assess this impact on ACP discussions, following educational interventions as well as introducing electronic health record templates with embedded CFS “flowsheets”.

METHODS

We performed a retrospective analysis of all inpatients admitted to an Elderly Medicine department on a given day.

Data for documented CFS score, and ACP discussions was collected. CFS scores were recalculated to assess accuracy.

We delivered formal education sessions focussing on documenting CFS, encouraging the use of electronic “flowsheets” and conducting ACP discussions to the multi-disciplinary team.

Following the intervention, data was periodically recollected for 8 months using weekly snapshots and monthly discharge data.

RESULTS

- The initial sample included 61 patients with 52 patients in the repeat sample.
- 36% of patients had CFS recorded in the initial sample compared to 77% in the repeat sample 3 months later following the start of educational interventions (Figure 1).
- In the initial sample, there was an 18% difference in documented and recalculated CFS for patients with a CFS of ≥7 compared to 7.7% in the repeat, showing improved identification of advanced frailty.
- On average, 85% of patients had CFS documented in the electronic “flowsheets” 7 months following the intervention (Figure 1) indicating a sustained improvement.
- Furthermore, the average percentage of patients with documented CFS on their discharge summary was 70% with an average of 39% having a CFS of ≥7 post-intervention compared to 32% and 31% respectively pre-intervention (Figure 2)
- In the initial cohort, 18% had a pre-existing ACP and 16% had inpatient ACP discussion, compared to 21% in the repeat with pre-existing ACP and 15% having inpatient ACP discussion; demonstrating minimal impact on rates of ACP.

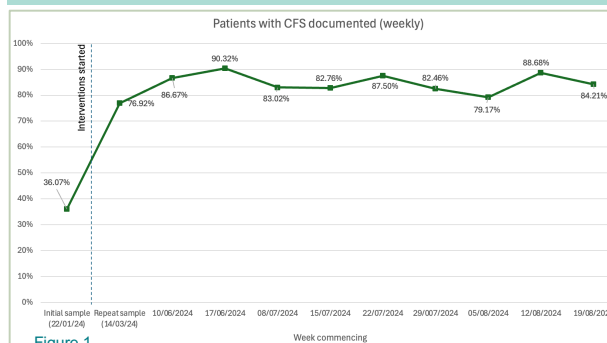


Figure 1

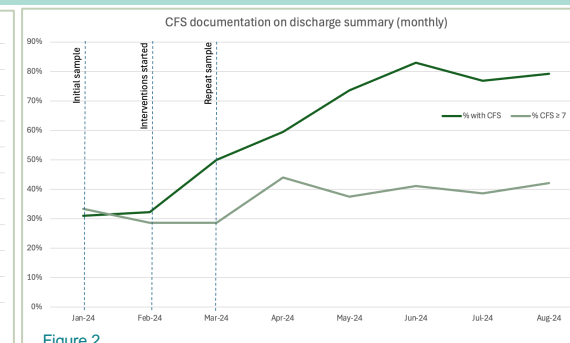


Figure 2

CONCLUSION

CFS documentation improved highlighting the effectiveness of education involving the whole MDT, specifically encouraging the use of electronic “flowsheets” and involving therapists in the documentation process, to better identify frailty within the inpatient setting.

The improved use of electronic CFS “flowsheets” allowed for the automatic population of future clinical notes and automatic extraction for further clinical and research purposes.

Despite this, ACP discussion rates remained low. Potential barriers include time-pressure and lack of confidence approaching ACP demonstrating a need for further awareness and training.

This project has highlighted the low rates of ACP discussions taking place which has prompted our Elderly Medicine department to commence addition training with the Gold Standards Framework teaching program.

REFERENCES: (1) End of Life Care in Frailty: Urgent care needs. British Geriatrics Society Clinical Guideline. Published 12 May 2020. www.bgs.org.uk/resources/end-of-life-care-in-frailty-urgent-care-needs;
(2) Quality statement 2: Advance care planning: End of life care for adults: Quality standards (no date) NICE. Available at: www.nice.org.uk/guidance/qs13/chapter/Quality-statement-2-Advance-care-planning (Accessed: 29 October 2024).