Evaluation of Frailty Assessment, Management Practices and Patient Outcomes in Patients Under 85 Years of Age: A Two-Cycle Audit conducted in GIM Wards at Queen Alexandra Hospital/Portsmouth Hospital University NHS Trust

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INTRODUCTION

Frailty affects hospital stay length and readmission rates among elderly patients. At Queen Alexandra Hospital, inpatients under 85 in General Internal Medicine wards have limited access to frailty services. This initial audit evaluated frailty assessment and management practices, along with patient outcomes, while incorporating staff education, ward posters, and a frailty Multidisciplinary Team (MDT).

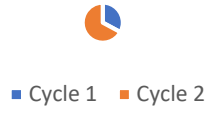
METHODS

Retrospective data were collected from three General Internal Medicine wards over two audit cycles: the first in January 2024 and a re-audit in August 2024. The study focused on patients aged 65-85 admitted to these wards. It evaluated the percentage of patients assessed with the Clinical Frailty Scale (CFS) at admission, adherence to Comprehensive Geriatric Assessment (CGA) practices (such as referrals to the Frailty Intervention Team and CFS documentation), and frailty prevalence (CFS score ≥ 5). The analysis examined compliance, documentation, and patient outcomes, including frailty prevalence, advance care planning, and hospital readmissions.

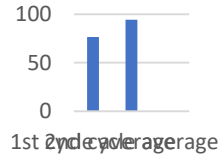
RESULTS

- **Compliance** with CFS assessments: Average increase from 76.6% in 1st cycle to 94.4% in 2nd cycle.
- **Frailty detection** (CFS scores ≥ 5): From 36% to 75%.
- **Documentation** of CFS scores: Increased to 34.5%.
- **Advanced Care Planning**: Remained low at 3.03%.
- **Readmission rates of frail patients**: Remained high, with 56.6%, underscoring the need for better frailty management strategies.

Average % of patients detected with frailty (CFS>4)

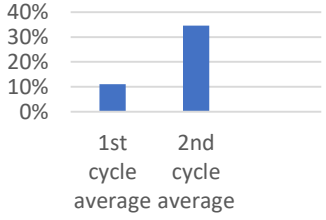


CFS assessment on admission



Proportion of frail patients with recurrent hospital admissions(>2 admissions in the same year)

CGA/Documentation on CFS in patient notes



Advance care planning in frail patients

CONCLUSION

This audit shows significant improvements in frailty assessment, detection, and documentation, especially with high compliance in using the Clinical Frailty Scale. Targeted interventions have positively impacted some wards, but challenges persist, such as underutilization of ACP and inconsistent documentation of CGA. Effective in-hospital frailty management strategies are crucial to reduce high readmission rates.

RECOMMENDATIONS

- **Implement** robust policies for ACP and CFS documentation by doctors
- **Educate** all doctors to practice comprehensive geriatric assessment and participate in frailty MDT meetings.
- **Further audits** to specifically investigate the proportion of patients admitted with frailty syndrome and assess their prognosis.
- **Prioritize** triage based on CFS scores/frailty over age to enhance targeted care and resource allocation.

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