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

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INTRODUCTION

Frailty significantly affects outcomes like length of stay and readmissions in elderly patients. At Queen Alexandra Hospital, inpatients under 85 are under the care of General Internal Medicine (GIM) wards and they lack regular access to frailty services. This baseline audit evaluated frailty assessment, management practices and patient outcomes, implementing staff education, ward posters, and a frailty Multidisciplinary Team (MDT) between cycles.

METHODS

Retrospective data were collected from three General Internal Medicine (GIM) wards during two audit cycles. The first cycle was conducted in January 2024, followed by a re-audit in August 2024. Eligible patients were patients admitted to GIM wards aged 65-85 years. The audit assessed the percentage of patients evaluated using the Clinical Frailty Scale (CFS) on admission, Comprehensive Geriatric Assessment (CGA) practices (including referral to the Frailty Intervention Team [FIT] or CFS documentation by clinicians), and the prevalence of frailty (CFS score ≥ 5). Data analysis focused on compliance, documentation, and patient outcomes, including frailty prevalence, advance care planning (ACP), and hospital readmissions.

RESULTS

Significant improvements in frailty management were observed across the two cycles.

- Compliance with frailty assessments increased from an average of 76.6% in the first cycle to 94.4% in the second cycle, reflecting enhanced screening practices.
- Frailty detection (CFS scores ≥ 5) improved markedly from 36% to 75%, indicating better identification of frail patients.
- Documentation of CFS scores increased to an average of 34.5%, with notable improvements in CGA documentation.
- However, ACP rates remained critically low at 3.03%, underscoring the need for better future care planning.
- Despite progress, high readmission rates persisted, with 56.6% of frail patients experiencing recurrent admissions within the same year, highlighting the need for continued improvement in frailty management strategies.

CONCLUSION

This audit demonstrates substantial improvements in frailty assessment, detection, and documentation, particularly with high compliance in the use of the CFS. Targeted interventions have had a positive impact in some wards. However, challenges remain, particularly the underutilization of ACP and inconsistent CGA documentation. Robust in-hospital frailty management strategies are essential to address persistent 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.