Clinical effectiveness

FRAILTY IDENTIFICATION IN ACUTE MEDICAL ADMISSIONS
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Background: Frailty and its associated health outcomes are well documented. Ideally frailty should be identified early in the patients interface with secondary care to allow targeted Comprehensive Geriatric Assessment (CGA). This requires a short, simple validated tool for the identification of frailty which does not exist in the literature. We developed a quick pragmatic screening tool based on the known evidence, the Frailty Identification Tool (FIT) test.

Innovation: We introduced the FIT test without any additional training for staff. If 1 or more of the criteria were met then it suggested frailty.
1. Over 65 and a care home resident
2. Over 75 with confusion
3. Over 75 with falls or reduced mobility
4. Over 85 with >4 co-morbidities

We collected data for 170 consecutive patients referred to AMU. We recorded hospital number, age, presence of frailty, admission observations and the clinical opinion of the senior medic regarding the patients’ frailty status.

Evaluation: 170 patients had data recorded with 73% being over the age of 65. Frailty was identified in 35% (60/170) of the patients as defined as having at least one criterion from the FIT test. Correlation between the FIT test and clinical judgement was good at 82% for those identified as frail. Prevalence of each frailty criterion identified is displayed below.

<table>
<thead>
<tr>
<th>Frailty Criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of times</td>
<td>7</td>
<td>15</td>
<td>30</td>
<td>17</td>
</tr>
</tbody>
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Conclusions: The frailty criteria used showed a good correlation in frailty status between patients identified as being frail by the tool and the opinion of the senior clinician reviewing the patient. This tool also identifies a similar proportion of patients as being frail as previous studies. Based on this information we intend to pilot the tool in routine use with agreed Key Performance Indicators (KPIs) to identify appropriate patients for CGA.