Improving Frailty Screening in the Emergency Department

Context & Introduction

- Set in a District General Hospital with >20,000 attendances per annum aged 75+ years.
- Early recognition of frailty is advocated [1,2] and accurate estimation can contribute to clinical pathway and management [3,4].
- Frailty screening by ED staff at triage (electronic tool) was introduced in 2016 with rates >80%, slowly declined to approximately 60% in 2019.
- Anecdotal evidence of inaccurate Clinical Frailty Scale (CFS).
- Our aim was increased frequency and accuracy of screening at triage.

Methods & Interventions

- CFS screening rates were reviewed with the ED Frailty Lead and Frailty and Interface Team (FIT).
- Data reviewed in March 2020 focussed on accuracy by comparing ED screening CFS vs FIT assessed CFS.
- The CFS reliability (ED vs FIT) for 10 consecutive patients per day was measured in June 2020 before and following 2 education sessions.
- Our interventions included:
  - Small group education sessions January 2020
  - Revised frailty screening tool introduced February 2020
  - Education sessions for ED nursing staff June 2020

Results

- Frailty screening rates increased significantly following revised screening tool introduction to >80%.
- In March 2020, agreement of CFS at triage in ED and FIT review was 22% (76/341).
- The reliability of CFS was 0.23 prior to teaching in June and rose to an average of 0.31 following the teaching intervention.

Conclusions

- A quality improvement approach to frailty screening has improved proportions screened.
- Reliability of CFS improved following teaching interventions but overall remains low. Work is continuing to focus on improving this further.
- Although CFS is found to be reliable between raters in other settings [5] we have found this difficult to replicate. It is not known if this is due to local factors or to more common challenges that others may face in CFS estimation by ED staff.

References