Frailty Screening in Outpatient Geriatric Clinic: A Quality Improvement Project





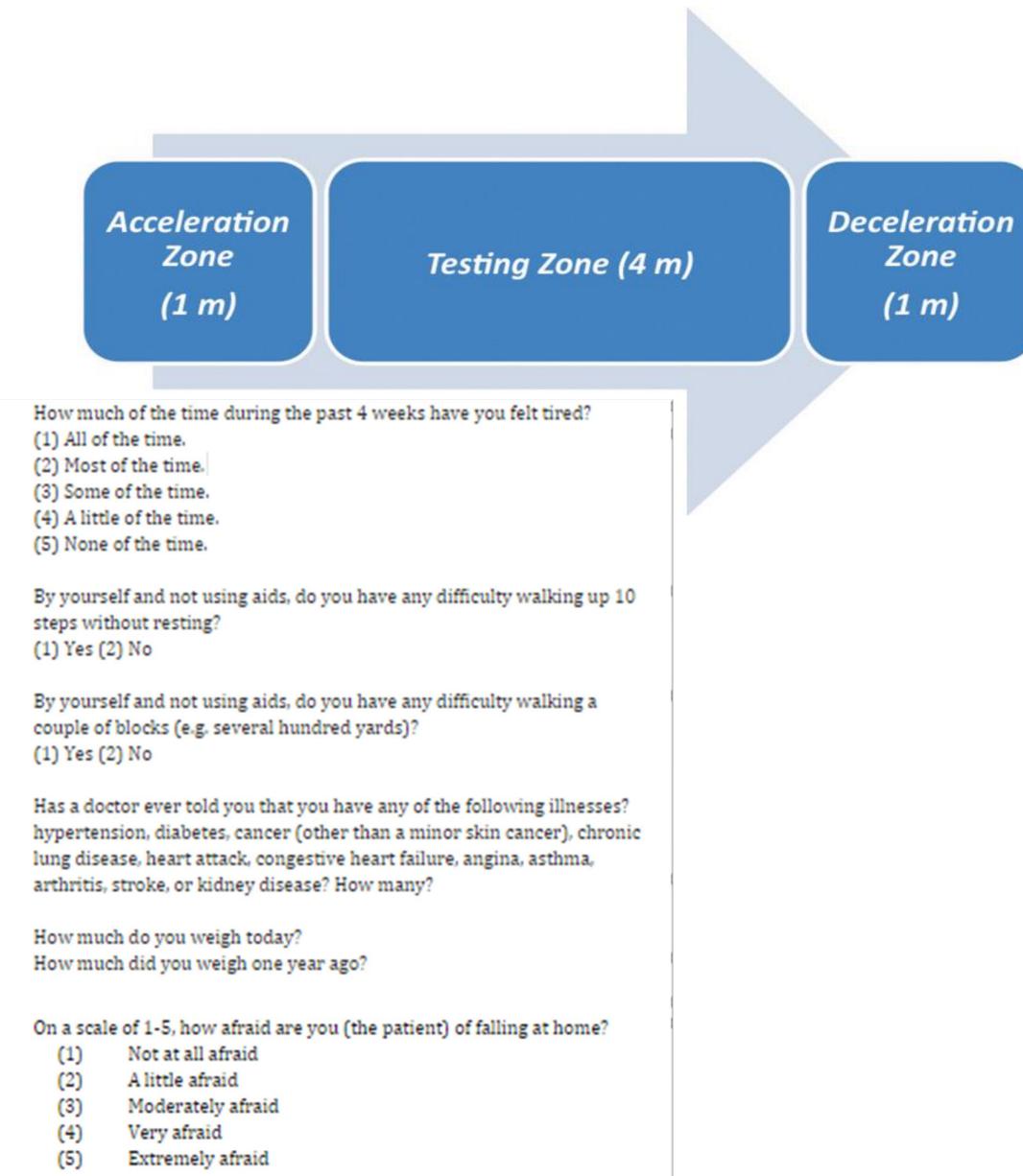
BACKGROUND

- Medical frailty: a state of low functional reserve and resilience, increasing risk of adverse outcome after a stressor.
- Due to insidious onset, and confusion between the concepts of clinical frailty and results of aging, many patients are not diagnosed with frailty until functionally disabled.
- 10% of community-dwelling Americans over age 65 are frail.
- Prospect of increased adverse outcomes and expenditures with the aging demographic
- Outpatient frailty screening is now standard in Canada and UK, allowing early interventions and decreased morbidity.
- From 1/1/2019 7/31/2021, 15201 patients were seen in our clinic, and frailty was charted in only 53 patients.

PROJECT AIM

- 1) Apply a practical screening for frailty at East Carolina University (ECU) Monk Geriatric Center.
- Increase targeted therapy and decrease 2) disability and mortality.

PROJECT DESIGN



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Plan	
• Cycle 1:	
 Literature and clinic 	c data
review	
 Identify Screening a 	
diagnosis Instrume	
 Create Clinic protoc 	col
• Cycle 2:	_
 Update diagnostic f 	form
Cycle 3	
 Literature review for 	or
education	
Act	
• Cycle 1	
 Nursing protocol up 	date
 Re-enforce compliar 	nce
• Cycle 2	
 Patient education m 	naterial
 Increase data coding 	g positior
 Update frailty scale 	
• Cycle 3	
 Grand Rounds 	
 Update Frailty Smar 	tphrase
 Update literature 	-

RESULTS

Screening	n (580)	Percent	Fear of Falls	s i
Negative (<5s)	315	54%	Robust	
Positive (>=5s)	111	19%	Prefrail	
Unable to walk	154	26%	Frail	
Positive	265	46%	All positives	-
FRAIL Scale	n (265)	Percent	Control group (<5	5
Robust (0)	15	6%	Total	
Pre-frail (1-2)	92	35%	Robust (0)	
		40%	Prefrail (1-2)	
Frail (3-5)	105	40 70	Frail (3-5)	
Missing data ?	54	20%	Average fear of fa	
Total frail: [•]	105/580 =	- 18%	Average speed	

DSA CYCLES)

• Cycle 1

 Implement Screening and diagnostic instruments

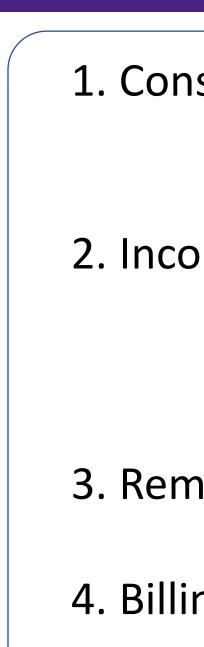
Do

- Implement Nursing protocol
- Cycle 2
- Diagnostic form update
- Patient handout
- Cycle 3
- Physician education

Study

- Cycle 1
- Data reconciliation and analysis
- Cycle 2
- Feedback from nurse and medical records
- Cycle 3
- Physician feedback

RESULTS, cont.					
Frailty ICD-10 billing and coding					
Dates	Claims	Unique MRN's	No prior claim		
8/2019-8/2020	60	35			
8/2020-8/2021	30	18			
8/2021-Now	131	97	91		



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All Monk Geriatric clinic faculty and staff, especially nurses, MAs. Doyle "Skip" Cummings, PharmD, for his consultation and guidance. Alyssa Adams, for chart data collection.

LESSONS LEARNED

- 1. Consistency of screening test
 - Provider education
- A simple, generalizable screen 2. Incomplete data collection
 - Team effort actively seek feedback
 - Develop infrastructure to ensure
 - documentation and follow up
- 3. Remember the primary objective
- Do what's best for the patient 4. Billing/coding
 - Speak the same language as your data collectors
 - Adapt study design to data that are possible to collect

NEXT STEPS

- llect 3-month follow up data for analysis Ibgroup analyses of ambulatory vs. nonnbulatory patients
- nalysis of actions taken e.g., physical
- erapy, nutrition, home health, social work
- nalysis of morbidity/mortality outcomes
- nalysis of demographic trends

ACKNOWLEDGEMENTS

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