

# Employing frailty assessments on the acute medical ward

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# Declaration for Emma Vardy

I have no financial interests or relationships to disclose with regard to the subject matter of this presentation.

An aerial photograph of ocean waves. The top portion of the image shows a golden-brown, textured surface of water, likely representing a reflection of the sky. Below this is a thick, white, foamy band of breaking waves. The bottom portion of the image shows a deep, clear blue ocean. The word "Reflection" is centered in the white foam area in a large, black, sans-serif font.

Reflection

# Outline

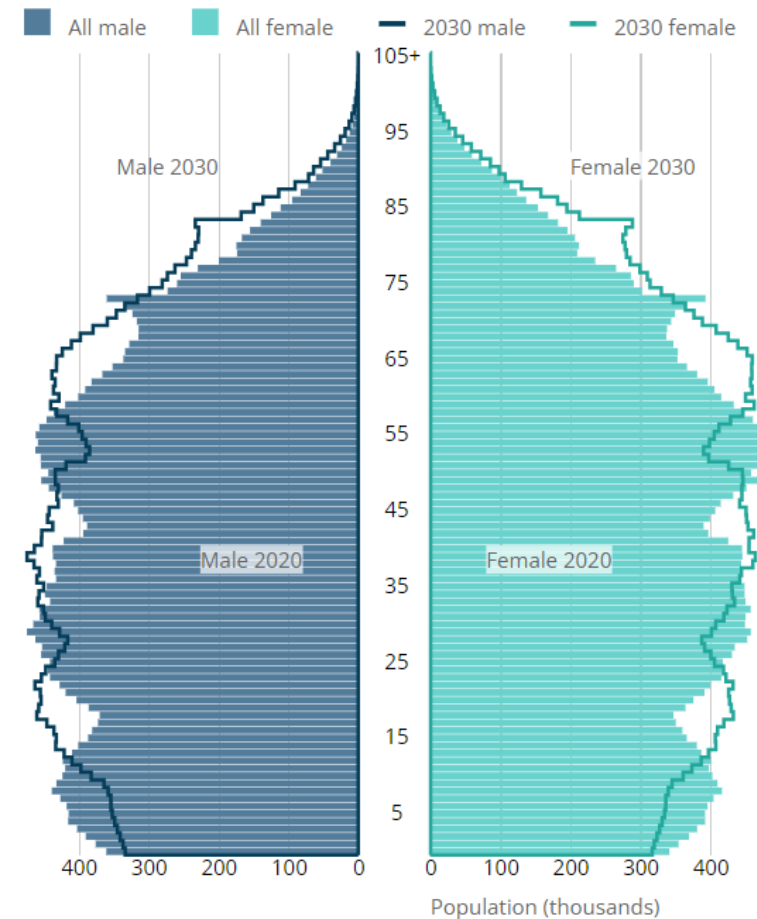
- What, why, how
- Evidence, Context and Resources



# Population data (ONS)

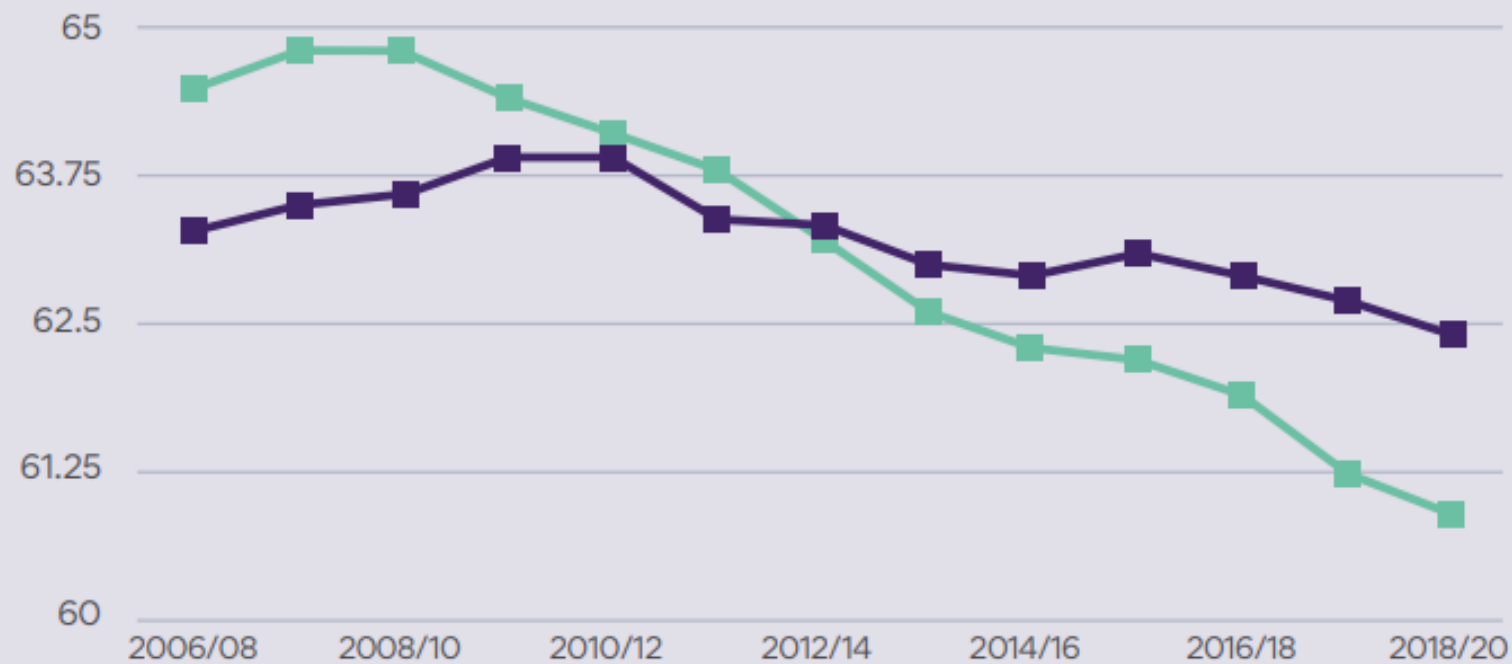
- increasing number of older people
- 11 million people aged 65 and over - 19% of the total population, 10 years' time, this will have increased to almost 13 million people or 22% of the population
- number of people aged 85 years and over was estimated to be 1.7 million in 2020 (2.5% of the UK population) and this is projected to almost double to 3.1 million by 2045 (4.3% of the UK population).

Age structure of the UK population, mid-2020 and mid-2030



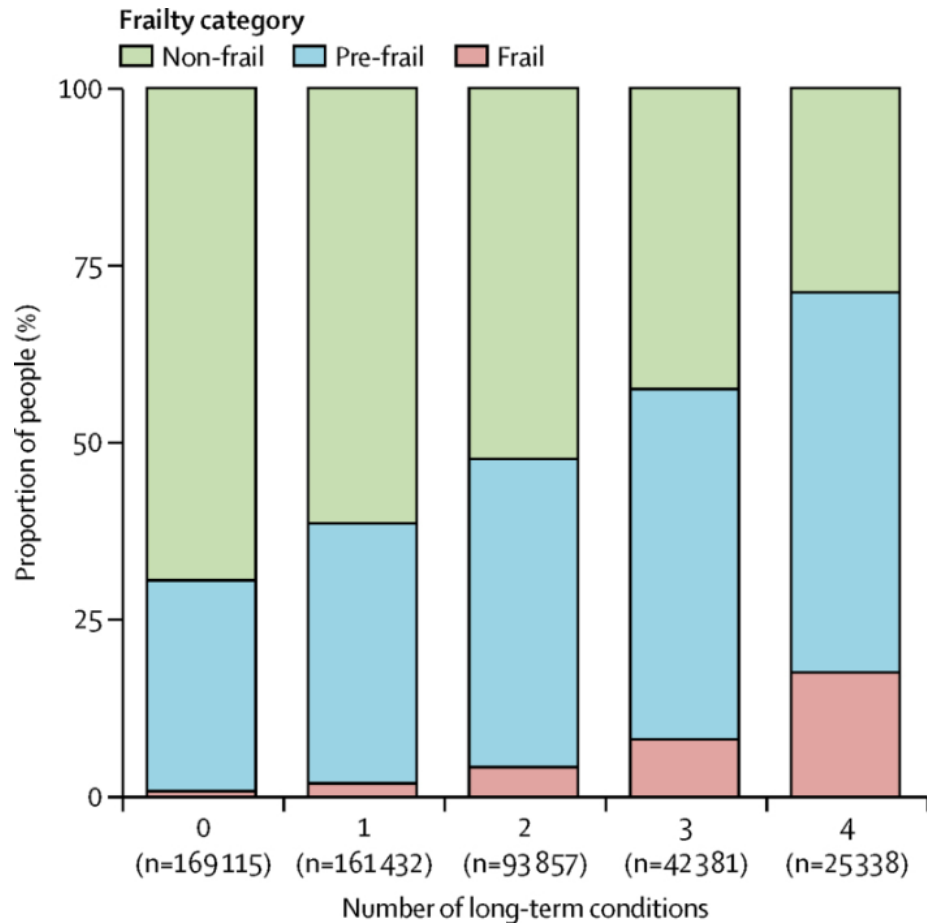
## Disability-free life expectancy at birth by gender (years), England 2006/08 to 2018/20

Men Women



Source: ONS, Health and life expectancies.

# Multi-morbidity and frailty



**Frailty and pre-frailty in middle-aged and older adults and its association with multimorbidity and mortality: a prospective analysis of 493 737 UK Biobank participants**

*Hanlon et al, Lancet Public Health, 2018*

# Triple Assessment

- NEWS2
- CFS
- 4AT

GIRFT  
GETTING IT RIGHT FIRST TIME

Geriatric Medicine  
GIRFT Programme National Specialty Report

by Dr Adrian Hopper  
GIRFT Clinical Lead for Geriatric Medicine

February 2021



## Six Steps to Better Care for Older People in Acute Hospitals

Guidance for managing the GIRFT Overall Frailty pathway – Geriatric Medicine

July 2023



- [5 Benefits of using the Clinical Frailty Scale \(youtube.com\)](#)





### 5 Benefits of using the Clinical Frailty Scale

 Leeds Frailty Educ...  
19 subscribers

Subscribe

 3 

 Share 

Title	Supporting Documents	Applicable to
<u>Frailty identification and management guideline</u>	N/A	Bury Care Organisation Oldham Care Organisation Rochdale Care Organisation Salford Care Organisation Northern Care Alliance (all)

## Commissioning for Quality and Innovation (CQUIN) scheme for 2023/24

Annex: Indicator specifications

## Clinical Frailty Scale\*

**1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

**2 Well** – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.

**3 Managing Well** – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.

**4 Vulnerable** – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being "slowed up", and/or being tired during the day.

**5 Mildly Frail** – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

**6 Moderately Frail** – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



**7 Severely Frail** – **Completely dependent personal care**, from whatever cause (physical/cognitive). Even so, they seem stable and a high risk of dying (within ~ 6 months).



**8 Very Severely Frail** – Completely dependent approaching the end of life. Typically, they do not recover even from a minor illness.



**9. Terminally Ill** - Approaching the end of life category applies to people with a **life expectancy <6 months**, who are **not otherwise evident**

### Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the ever repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, though they seemingly can remember their **past life events**. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without

\* 1. Canadian Study on Health & Aging Revised 2006.  
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

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Clinical Frailty Scale  
Acute Frailty Network

Install

4.8 ★

15 reviews ⓘ

10K+

Downloads

3

PEGI 3 ⓘ



Helps health care professionals identify frailty in people over the age of 65.

# Tips

- Only been validated in older people
- Not widely validated in younger populations (below 65 year of age), or in those with learning disability (e.g. Spiers et al, BMJ, 2021)
- It may not perform as well in people with stable long-term disability such as cerebral palsy but guidance on holistic assessment to determine the likely risks and benefits of critical care support, and seeking critical care advice where there is uncertainty, is still relevant
- Capability 2 weeks ago and not as person is in front of you
- Decision makers must ensure accuracy
- Dementia, mild, moderate and severe map to 5,6,7, if unsure use standard scoring

# Why identify frailty?

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UNIVERSITY OF LEEDS

Because it meets the general criteria for diagnosing any condition in medicine:

- 1) It is an excellent predictor of natural history
- 2) It predicts response to therapeutic interventions

# Predicts natural history



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Specialty	Outcome	Adjusted OR/RR/HR (95% CI)
Cardiology	30 day mortality post ACS	2.17 (1.28 to 3.67)
Critical care	Physical recovery 12m after ICU	0.32 (0.19 to 0.56)
General surgery	Post-operative morbidity	2.06 (1.18 to 3.60)
General surgery	30 day post-operative mortality	4.00 (1.10 to 15.20)
Geriatric medicine	Inpatient delirium	8.50 (4.80 to 14.80)
Oncology	Chemotherapy intolerance	4.86 (2.19 to 10.78)
Primary care	Falls	1.23 (0.99 to 1.54)
	Disability	1.79 (1.47 to 2.17)
	Nursing home admission	2.60 (1.36 to 4.96)
	Hospitalisation	1.27 (1.11 to 1.46)
	Mortality	1.63 (1.27 to 2.08)
Renal medicine	Mortality in ESRD patients on dialysis	2.24 (1.60 to 3.15)
Respiratory medicine	90 day readmission after COPD exac	1.43 (1.13 to 1.80)

# NICE- FRAIL

- Based on the British Geriatrics Society's 'Fit for Frailty' model.
- Outline an approach to frailty
  
- **Find**
- **Recognise** frailty in a person.
- **Assess** – a multidisciplinary assessment involving a geriatrician, allied health professionals, specialist nurses, and mental health and social work teams. The aim is to identify and manage long-term health conditions, identify goals, and develop a personalised care and support plan.
- **Intervene** – e.g falls risk assessment and a multimorbidity review
- **Long-term** – includes discharge planning and advanced care planning.

# Assess

- **Severe Frailty CFS 7-9.** Think about supportive care versus cure, advance care planning, recognition that enhanced supportive care is an active intervention, offering improved quality of life and, sometimes quantity of life. Comprehensive Geriatric Assessment must be completed.
- **Moderate Frailty CFS 6.** Actively seek out and manage frailty syndromes e.g., falls, fragility fractures, cognitive impairment, continence and/or polypharmacy issues. Use the 4AT to screen for delirium in patients with dementia and/or delirium. The presence of one or more frailty syndromes should trigger Comprehensive Geriatric Assessment (CGA).
- **Fit/Mild Frailty CFS 1-5.** Plan care as usual but address reversible issues such as sarcopenia and nutrition. Consider social prescribing and where relevant e.g., elective care, plan for “prehabilitation”.



# Intervene

- Flow and prioritisation
- Peri-operative
- Frailty syndromes
  - Falls
  - Cognitive impairment
  - Fragility fractures (and bone health)
  - Continence
  - Polypharmacy

# Frailty Outcomes

APPENDIX 2: OUTCOMES IN ACUTE CARE (NOT COVID SPECIFIC) ASSOCIATED WITH FRAILITY

CFS grade	Length of stay	Readmission rate	In-patient mortality	Care intentions	Service referrals	Post-discharge support
1	4	4%	2%	Detect and manage geriatric syndromes e.g. delirium	General internal medicine	Self-care
2	5	7%	2%			
3	7	11%	2%			
4	8	13%	3%			
5	10	15%	4%			
6	12	15%	6%			
7	13	14%	11%	Think about palliative vs. restorative care	Geriatric medicine	Transitional care
8	12	10%	24%			
9	10	13%	31%			

Changed?



## Outcomes in adults living with frailty receiving cardiopulmonary resuscitation: A systematic review and meta-analysis

[Joseph Hamlyn](#)<sup>a</sup>, [Charlotte Lowry](#)<sup>a</sup>, [Thomas A Jackson](#)<sup>a,b</sup> and [Carly Welch](#)<sup>a,b,\*</sup>

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› [Age Ageing](#). 2021 Jan 8;50(1):147-152. doi: [10.1093/ageing/afaa104](https://doi.org/10.1093/ageing/afaa104).

## Frailty status predicts futility of cardiopulmonary resuscitation in older adults

[Sarah E Ibitoye](#)<sup>1</sup>, [Sadie Rawlinson](#)<sup>2</sup>, [Andrew Cavanagh](#)<sup>3</sup>, [Victoria Phillips](#)<sup>2</sup>, [David J H Shipway](#)<sup>4</sup>

Affiliations + expand

PMID: 32500916 DOI: [10.1093/ageing/afaa104](https://doi.org/10.1093/ageing/afaa104)

› [Resuscitation](#). 2019 Oct;143:208-211. doi: [10.1016/j.resuscitation.2019.07.021](https://doi.org/10.1016/j.resuscitation.2019.07.021). Epub 2019 Jul 29.

## Frailty is associated with adverse outcome from in-hospital cardiopulmonary resuscitation

[Chris Wharton](#)<sup>1</sup>, [Elizabeth King](#)<sup>2</sup>, [Andrew MacDuff](#)<sup>3</sup>

Affiliations + expand

PMID: 31369792 DOI: [10.1016/j.resuscitation.2019.07.021](https://doi.org/10.1016/j.resuscitation.2019.07.021)

# Resources

- BGS frailty hub
- Leeds frailty education
- AFN



**Frailty Hub**

[www.bgs.org.uk/frailtyhub](http://www.bgs.org.uk/frailtyhub)

**Frailty Hub**

This resource series brings together articles, national guidelines and best practice relevant to frailty.




Joining the dots:  
A blueprint for preventing  
and managing frailty  
in older people

BGS



**NHS**  
Acute Frailty Network



<https://www.leedsfrailtyeducation.co.uk>

Who is this course for? A frailty course? Why?  
Videos on Frailty Learning Objectives  
Upcoming Courses Our team Contact FAQs

The Leeds Frailty Education Course

Group Exercise/Break  
Out Rooms

A frailty education course to help professional  
the care they deserve

# Future

- Increasingly sophisticated assessment
- Frailty reversibility
- Population health

Any questions?