Pathway Pearls

Frailty Screening

Who, what, when, where, why & how?

An interactive discussion with rehab teams

2018Jun7

Alberta Health Services
Strategic Clinical Networks

Learning Objectives

- Review practice recommendations
- Discuss the importance of frailty
- Discuss frailty screening in relation to Elder Friendly Care
- Identify recommended frailty screening tools
- Identify healthcare providers who could complete frailty screening
- Share Site approaches to complete frailty screening
- Identify 2 Pathway Pearls to assist implementation

Outline

- Recommendations (including frailty definition)
- Frailty Screening

  (Mollie Cole, MN, RN, GNC (C)
- Group Discussion:
- Wrap Up

2017 Comprehensive Update of the Canadian Cardiovascular Society Guidelines for the Management of Heart Failure

- **Frailty** affects up to 50% of older patients with HF, in whom it is associated with nonspecific clinical features, acute care utilization, poor quality of life, **worse outcomes** from concomitant conditions, and mortality.
- We recommend that patients with known or suspected HF should be **assessed for multimorbidity, frailty, cognitive impairment, dementia, and depression,** all of which might affect treatment, adherence to therapy, follow-up, or prognosis *(Strong Recommendation; High-Quality Evidence) (p. 1411).*
- Clinical trials of community-based integrated systems of care for frail seniors have shown better care quality, coordination, and continuity, better health outcomes, and equal or reduced overall costs *(p. 1412).*

Presentation

Frailty

Mollie Cole, RN, MN, GNC (C)

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Seniors Health SCN:
Frailty, Dementia, Delirium

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Prioritized Clinical Knowledge Topics

- Current Prioritized Topics

What is Frailty?

- Health state, not same as ‘getting old’
- May be frail without a ‘life-threatening illness’
- Increased vulnerability:
  - reduced physical reserve (energy, physical ability, health, cognition)
  - loss of function across multiple body systems
- Rapid changes in health status possible/expected
- Higher risk of negative health outcome (institutional care, death)

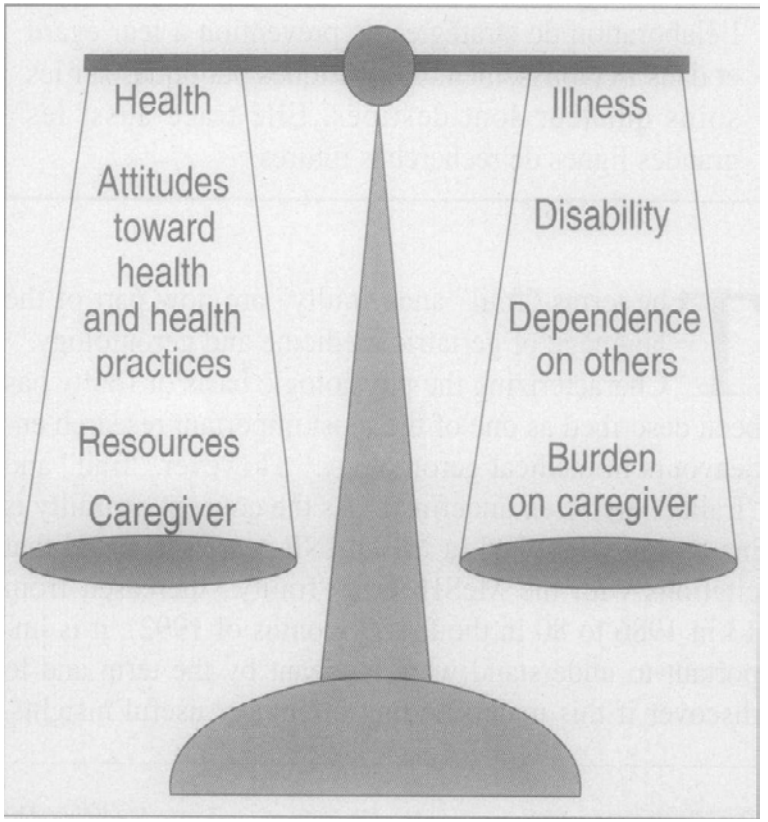
Frailty

(Canadian approach – Dr. Ken Rockwood)

A “ state”

“tipping point”

Most apparent when person is under stress



Recognizing Frailty in acute care?

Consider assessing for frailty:

- Over 65 (age-related decline) + change in overall health:
  - **multi-morbidity** (two or more chronic medical conditions) (multiple co-morbidities!)
  - Polypharmacy (how many vs. appropriate)
  - Falls, immobility
  - un-intended weight loss
  - cognitive impairment

Assessing for cognitive changes?

- **Delirium**
  - Sudden start (days/hours)
  - Attention is impacted; disorganized thinking; change in LOC (hypo/hyper active)
  - Underlying medical cause(s): (infection, new medication, dehydration, etc.)
- **Dementia**
  - Chronic medical condition: Alzheimer most common form (Vascular and Lewy Body)
  - Insidious start…impacts more than memory (judgement, wayfinding, mood)
- **Depression**
  - Low mood (often denied in older adults)
  - May impact sleep/eating
  - May impact cognition (memory)
  - Behaviour may be impacted (agitated depression)

Delirium screen: CAM

Confusion Assessment Method

☑ **Sudden onset** (days/hours) *(baseline?)*

☑ **Inattention** (ask: ‘days of week backward’)

And one of:

☐ **Disorganized thinking** (rambling speech)

Or

☐ Change in **Level of Consciousness**
(HYPER or HYPO state) (fluctuates)

Cognitive screen: Mini-Cog

- Repeat 3 words (banana, sunrise, chair)
- CLOCK (numbers, hands at 10 past 11) (distractor and screen for cognitive processes) (2 points for normal clock)
- Recall 3 words (1 point for each recalled)

Score: __/5

http://mini-cog.com/wp-content/uploads/2015/12/Universal-Mini-Cog-Form-011916.pdf

Think of an older client and (from memory) rate their frailty on this tool

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 for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

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

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

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 event itself, repeating the same question/story and social withdrawal.

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

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

K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.

Using the same client, rate their frailty using the Edmonton Frail Scale

The Edmonton Frail Scale

NAME : _____

d.o.b. : _____ **DATE :** _____

Frailty domain	Item	0 point	1 point	2 points
Cognition	Please imagine that this pre-drawn circle is a clock. I would like you to place the numbers in the correct positions then place the hands to indicate a time of 'ten after eleven'	No errors	Minor spacing errors	Other errors
General health status	In the past year, how many times have you been admitted to a hospital?	0	1–2	≥2
	In general, how would you describe your health?	'Excellent', 'Very good', 'Good'	'Fair'	'Poor'
Functional independence	With how many of the following activities do you require help? (meal preparation, shopping, transportation, telephone, housekeeping, laundry, managing money, taking medications)	0–1	2–4	5–8
Social support	When you need help, can you count on someone who is willing and able to meet your needs?	Always	Sometimes	Never
Medication use	Do you use five or more different prescription medications on a regular basis?	No	Yes	
	At times, do you forget to take your prescription medications?	No	Yes	
Nutrition	Have you recently lost weight such that your clothing has become looser?	No	Yes	
Mood	Do you often feel sad or depressed?	No	Yes	
Continence	Do you have a problem with losing control of urine when you don't want to?	No	Yes	
Functional performance	I would like you to sit in this chair with your back and arms resting. Then, when I say 'GO', please stand up and walk at a safe and comfortable pace to the mark on the floor (approximately 3 m away), return to the chair and sit down'	0–10 s	11–20 s	One of : >20 s , or patient unwilling , or requires assistance
Totals	Final score is the sum of column totals			

Scoring :
0 - 5 = Not Frail
6 - 7 = Vulnerable
8 - 9 = Mild Frailty
10-11 = Moderate Frailty
12-17 = Severe Frailty

TOTAL /17

Administered by : _____

Which was easier to use?

- Clinical Judgement-based Frailty Scale
  (Clinical Frailty Scale – CFS)
- Syndrome-based Frailty Scale
  Edmonton Frail Scale (EFS)
- Deficit-based Frailty Scale
  Electronic Frailty Index (recommended for Connect Care/Epic build)

After screening:

At risk or mild:

- Interprofessional team assessment
- CAREPLAN to prevent worsening condition

Moderately or Severe:

- Seek a specialized geriatric assessment - significant complexity, diagnostic uncertainty or challenging symptom control

Careplan: S E N I O R S C A R E

S – sleep

E – elimination (bowel/bladder)

N – nutrition/hydration

I – independence – MOBILITY

O – orientation (D,D,D)

R – reality of pain

S – sensory changes

C – patient/family concerns

A – atypical (falls/delirium)

Rx – med review

E - environment

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Home > About AHS > Strategic Clinical Networks > Seniors Health SCN > EFC Toolkit

Elder Friendly Care Toolkit

What is the Elder Friendly Care Project?

The Elder Friendly Care (EFC) Toolkit supports care teams working with older adults in acute care facilities.

These resources are designed to protect cognition and function, decrease adverse events such as delirium, and support effective transitions to home or continuing care.

Includes Quality Improvement (QI) resources to help shift workplace culture and processes, involve patients, families and staff, and measure outcomes.

Optimize medical care

- Blood sugars
- Pain control
- Inflammation

Goals of care

- What does the person want?
- What do they want us to do?
- What are they willing to do (prevention)?

- What is the plan for the next urgent event?
- (falls, delirium, sudden immobility)

- How to make this clear to the system? (how to communicate with ED/acute, etc.)
- Can future admissions be avoided?

Frailty Screening Documentation

Transition to Community Care Orders

Heart Failure Pathway: Transition to Community Care

Affix patient label within this box

Date *(yyyy-Mon-dd)*	Time *(hh:mm)*

Consultations (For all consultations, utilize the most appropriate/available health care provider(s) at your site to deliver services)

- ☑ Dietitian for assessment regarding sodium/fluid and malnutrition
- ☑ Pharmacist to optimize heart failure medication therapy
- ☑ Physiotherapy and/or Occupational therapy to screen for the following as necessary
  - Frailty
  - Cognitive status
- ☑ Transition/Discharge services if anticipate need at discharge

Heart Failure Education and Self-Care instructions – use teach-back technique to reinforce learning

- ☑ Provide approved Heart Failure education resources to patient/caregiver

Heart Failure Admission to Discharge Checklist

Please complete the following activities related to Heart Failure (HF) patient care. Check the appropriate column as each item is addressed for the patient and/or caregiver(s). Provide additional comments if item is incomplete and when necessary.

Admission Date *(yyyy-Mon-dd)*	Time *(hh:mm)*			
Activity	**Completed**			**Initial**
Patient Education	**Yes**	**No**	**N/A**	
1. Provide 'Patient Education Resource Package' – Review with patient/caregiver				
a) Heart Failure Management Guide				
b) Nutrition and Lifestyle Choices to Manage HF				
c) Daily Weight Monitoring				
d) Weight Chart				
e) Signs and Symptoms				
f) Benefits of Low Salt (Sodium) Diet				
g) Tobacco use; assess and provide tobacco cessation support resources.				
h) Heart Failure Medicines				
2. Sodium/Fluid Intake ☐ Provider ☐ Dietitian ☐ Other, *specify* _____				
Prior to Discharge ***Review results and ensure appropriate follow-up***				
5. Frailty screen				
5. Cognitive screen				
6. Transition/Discharge services assessment				

Admission to Discharge Checklist

"Was the patient screened for Frailty?"

Participants are encouraged to participate in session talks.

If you would like us to ask your question, please email during session to:

hfpathway@ahs.ca