The Frailty Service
Galway University Hospital

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Overview

The West of Ireland Challenge

Experience with Implementing Specialist Frailty Service

Service Planning for the Frail Older Person

Education & Research Opportunities
Understanding Frailty Medicine

The Historical Perspective:

“Geriatrics began as the salvage of patients who had been confined to bed at home or in hospital, for months or years, without investigation, diagnosis or rehabilitation”

Isaacs B, Oxford Medical Publications, 1971
Understanding Frailty Medicine

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“Geriatrics began as the salvage of patients who had been confined to bed at home or in hospital, for months or years, without investigation, diagnosis or rehabilitation”
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The Modern Challenge:
“Medicine .... acknowledge the ethical and practical predicament ..... a population of incurable, fragile, but not yet terminally ill patients without concurrently developing a health care system that can meet their needs”
Reuben et al, NEJM, 2014
Frailty: AGE

- Ageing is associated with increasing frailty

- 4.0% to 17.0% (mean 9.9%) prevalence of physical frailty in those aged >65

- Prevalence markedly increased in persons > 80 years of age

- Increased recovery time with ageing leads to accumulation of deficits over time
Galway Area

- Total population: 250,000 approx
- County Galway
- Rural dwellers = 77.4%
- State average = 38%
Reference Guide - NCPOP

Comprehensive Geriatric Assessment

A Summary

Adapted from Specialist Geriatric Team Guidance on Comprehensive Geriatric Assessment
National Clinical Programme for Older People (2016)
Service Delivery

- Screen
  >75 years

- Outpatients
- Consultations
- CGA & take over care
- MDT meeting
- Inpatient progress review
# Approaches to Identifying Frailty

## Presence of Frailty Syndromes:
- Falls
- Immobility/decreased mobility
- Delirium
- Incontinence
- Susceptibility to side effects of medication

## Validated Frailty Assessment Tools:
- Rockwood Clinical Frailty Scale
- PRISMA 7 Questionnaire
- Timed up and go Test
- The Groningen Frailty Indicator Questionnaire
- Edmonton Frail Scale
# Approaches to Identifying Frailty

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## PRISMA 7 Questions

1. Are you more than 85 years?
2. Male?
3. In general do you have any health problems that require you to limit your activities?
4. Do you need someone to help you on a regular basis?
5. In general do you have any health problems that require you to stay at home?
6. In case of need can you count on someone close to you?
7. Do you regularly use a stick, walker or wheelchair to get about?

Frail = ≥3/7
Validation of Frailty Screens in ED

Presence of Frailty Syndromes:
- Validated Frailty Assessment Tools:
  - Falls
  - Immobility/decreased mobility
  - Delirium
  - Incontinence
  - Susceptibility to side effects of medication
  - Rockwood Clinical Frailty Scale
  - PRISMA 7 Questionnaire
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O’ Caoimh et al, 2016
PRISMA 7 score

*Over 75 Medically Admitted via ED*

- Male (230, 47.0%)
- Female (259, 53.0%)
PRISMA 7 score

Over 75 Medically Admitted via ED

Number of Patients

PRISMA 7 Score

Male (230, 47.0%), Female (259, 53.0%)

NOT OVERTLY FRAIL
(Pre-frail?)
PRISMA 7, Clinical Review

Over 75, Medically Admitted via ED

- 19th October 2016 - Monday to Friday Service
  - Exclude days Geriatric Medicine On Call
- Number of Patients Screening Review: n = 491
- Outcomes:
  - Medically Unsuitable: 44%
  - Limited Service Capacity: 16%
  - Non (Pre) Frail: 16%
  - CGA / Take Over Care: 24%
  - Non (Pre) Frail: 16%
Morning Review MDT Meeting

- All patients over 75 years
- Medically Admitted last 24 hrs
- PRISMA 7
- AND
  - Brief Medical History
  - Frailty Syndromes
  - Frequent readmission
  - Living alone
  - High state vulnerability

MDT Discussion
Select ~ 2 patients per day

Comprehensive Geriatric Assessment
A Summary

Adapted from Specialist Geriatric Team Guidance on Comprehensive Geriatric Assessment
National Clinical Programme for Older People (2019)
Intra disciplinary Components

- Medical Diagnosis
  - Rather than symptoms
- Medications
  - STOPP FRAIL (+/- START)
- Delirium Screen, Baseline cognition
  - 4AT
- Clinical Frailty Scale
- Continence Assessment
- Skin Integrity
- Malnutrition Screening Tool
- Functional & Cognitive Assessment
  - OT/ Physio combined review
- Comprehensive Problem List
Comprehensive Geriatric Frailty Pathway

Number of Patients (n= )

PRISMA 7 Score
## Geriatric Syndromes

<table>
<thead>
<tr>
<th>Geriatric Syndromes</th>
<th>Present in Percentage</th>
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<tr>
<td>Falls / Acute loss of mobility</td>
<td>92.8%</td>
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<tr>
<td>Incontinence</td>
<td>51.8%</td>
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<tr>
<td>Poly pharmacy</td>
<td>69.5%</td>
</tr>
<tr>
<td>Acute Delirium</td>
<td>24.3%</td>
</tr>
<tr>
<td>Dementia</td>
<td>32.7%</td>
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<tr>
<td>Fatigue</td>
<td>56.1%</td>
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<tr>
<td>Risk of malnutrition</td>
<td>32.1%</td>
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Discharge Destination

![Bar Chart](chart.png)

- Own Private Residence
- Other Private Residence
- Convalescence
- Long Term Care
- Other (Transfer, RIP)
- Still Inpatients

No of Patients (n= )

Destination
Discharge Destination, following CGA

- Own Private Residence
- Other Private Residence
- Convalescence
- Long Term Care
- Other (Transfer, RIP)
- Still Inpatients

**LTC n = 10**
- 5 (50%) admitted from LTC
- 1 From LTC, discharged home
Frailty Service Education Programme

Undergraduate
- Third Medical Year Programme
- Junior Intern Programme
- School of Nursing
- School of Podiatry

Postgraduate
- HST Specialist Training Programme
- Intra-disciplinary journal club
- School of Nursing – Acute Medicine & Gerontology
- Intra-disciplinary research group
# Frailty Service Development Plan

## Opportunities & Goals

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<th>1 Year</th>
<th>5 Year</th>
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<tr>
<td>• Further develop care pathway for older patients</td>
<td>• Early Supported Discharge for all Frail Older Adults</td>
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<td>• ED avoidance for comprehensive geriatric care</td>
<td>• Development of academic/ clinical hub for Geriatric Medicine</td>
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<td>• Specialist Geriatric Ward</td>
<td>• Establish role of leaders in geriatric care</td>
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<tr>
<td>• Community Channels of Communication</td>
<td>• Advanced nurse practioners, HSCP led initiatives</td>
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<td>• Intra disciplinary approach to Research</td>
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<td>• Enhanced access to Rehabilitation</td>
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Integrated Hub for Frail Older Person

Geriatric Medicine
Healthcare Services

[Logos of various organizations]