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Evaluating clinician compliance of the clinical frailty score tool for patients admitted with suspected or confirmed COVID-19: a quality improvement project

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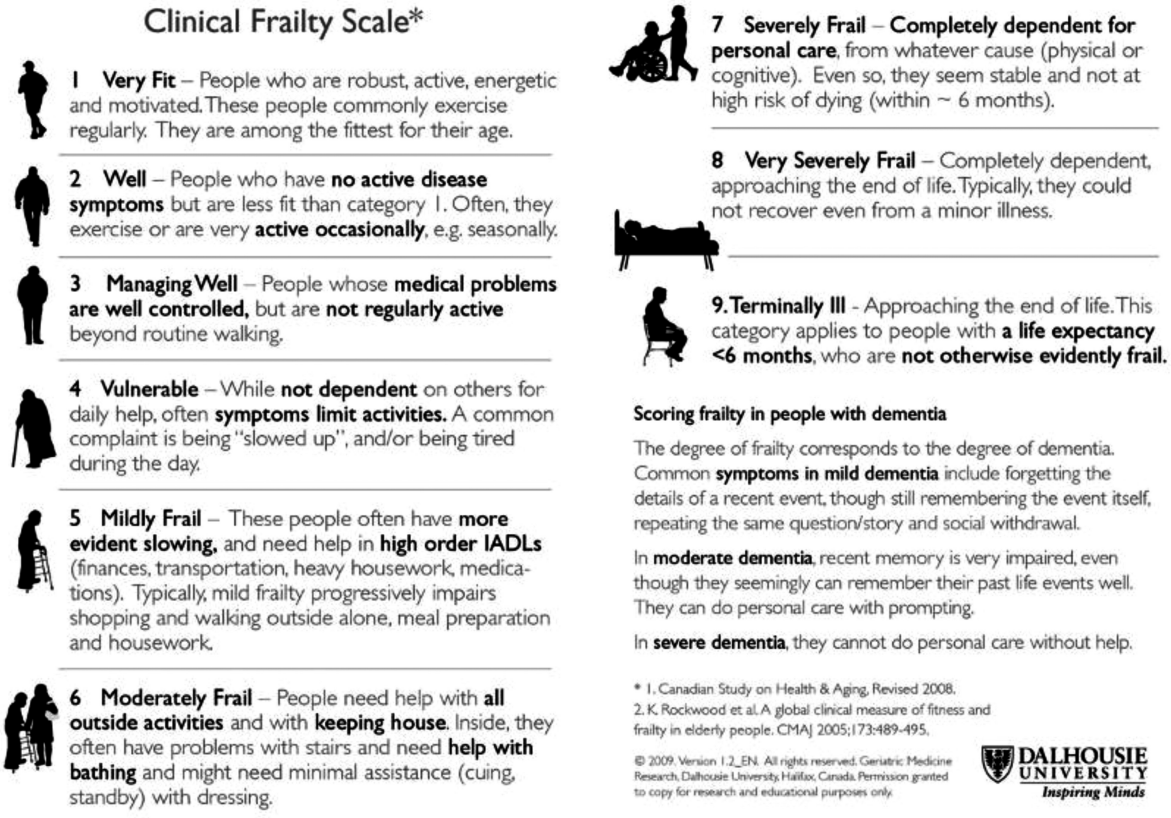

Clinical Frailty Scale*

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.

* 1. Canadian Study on Health & Aging, Revised 2008.
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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Fig 1. Clinical Frailty Scale.[2]

Introduction

The COVID-19 pandemic has pushed healthcare services around the world beyond their limits. The National Institute for Health and Care Excellence (NICE) published *COVID-19 rapid guideline: critical care in adults: NICE guideline [NG159]* which advised clinicians on maximising efficiency and supporting critical care services; in these unprecedented times, the prompt identification of patients who would or would not benefit from escalated levels of care is essential.[1] The guideline therefore recommends assessing the frailty status of all patients at admission, irrespective of their COVID-19 status. NICE recommends grading frailty using the Clinical Frailty Scale (CFS; Fig 1).[2]

The primary aim of this study was to assess CFS documentation for patients with suspected or confirmed

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COVID-19 who were admitted to a district general hospital's acute medical unit.

Methods

Retrospective analysis of patient documentation collected from an electronic recording system was conducted. As per the CSF eligibility criteria, all patients under the age of 65 or with any learning / long-term disabilities were excluded from analysis. Data were collected over a 2-week period for the first audit cycle. Both initial clerking and post-take ward round (PTWR) documentation were analysed for a recorded functional status assessment and a CFS score. Data were also collected on patient age, resuscitation status and whether ITU were involved with the patient's care at any point.

Interventions were implemented to improve compliance. Improving clinician awareness of the NICE guideline and the CFS was targeted through lectures, briefings at handover meetings and email reminders. Posters of the CFS were also placed in doctor offices. A second audit cycle was completed to assess if any improvement to compliance of CFS documentation could be observed.

Results

In the first audit cycle, 273 patient admission documentations were analysed. One-hundred and fifty-four patients met the criteria to be graded using the CFS. 74% had some form of functional status documented at clerking or PTWR and only 21% had a documented CFS.

Following the implementation of interventions, 260 patient records were analysed in a second audit cycle. One-hundred and fifty-six patients were eligible for CFS grading. Of these, 89% had functional status recorded in some capacity. 37% of clerking or PTWR documentation had a clearly noted CFS.

Conclusions

The CFS allows for a simplified and objective assessment of a patient's frailty. The recommendation by NICE to grade patient frailty using the CFS aims to maximise efficiency and patient safety during a time when critical services are fully saturated. The results of this study show that although functional status is widely considered at admission, compliance of CFS grading is alarmingly poor.

Improving clinician awareness, through online tools and email reminders, of the NICE guideline and the CFS has been shown to increase compliance. Following the second audit cycle, interventions were put into place: stickers with a reminder to document a CFS were placed on every computer used for clerking and online reminder tools were set. To further improve this, clerking pro formas will be updated to include the CFS and educational worksheets will be distributed throughout the acute medical units within the trust. ■

Conflicts of interest

None declared.

References

1 National Institute for Health and Care Excellence. *COVID-19 rapid guideline: critical care in adults: NICE guideline [NG159]*. London: NICE, 2020. www.nice.org.uk/guidance/ng159 [Accessed 04 October 2020].

2 Juma S, Taabazuing M, Montero-Odasso M. Clinical frailty scale in an acute medicine unit: a simple tool that predicts length of stay. *Can Geriatr J* 2016;19:34–9.