

Improving frailty identification and comprehensive geriatric assessment (CGA) completion on the wards

Authors: Divya Verma,^A Myuran Kaneshamoorthy,^A Leila Bafadhel,^A Francesca Bonora^A and Rebecca Walker^A

Introduction

Comprehensive geriatric assessment (CGA) is known to deliver substantial and measurable health improvements to frail older people, including increased independence and a reduction in mortality.¹ The Clinical Frailty Scale (CFS) can detect older adults at higher risk of complicated course and longer hospital stay.² Despite the known benefits, previous audits have shown poor documentation on geriatric wards at Southend Hospital. Therefore, we devised a quality improvement project to improve the uptake of both these.

Method

A total of two plan, do, study, act (PDSA) cycles were completed where CGA completion and CFS documentation were audited. Each cycle lasted 2 weeks (25 patients). Qualitative feedback was obtained from the members of the multidisciplinary team to aid improvements. The baseline audit was based on the introduction of a two-page ward pro forma for all new patients. The first intervention was an improved two-page ward pro forma. The second intervention was a one-page ward pro forma.

Results

Originally, 40% of new patients admitted onto the ward had a CGA and CFS score. After the first intervention, 79% (19) patients had a CFS score and a CGA; 21% had a full CGA completed and 58% had partial CGA. Feedback included wanting a single page pro forma to increase uptake. Questions needed to be more unambiguous and more tick boxes. After the second intervention 100% (25) patients had a CFS score and a CGA; 40% (10) had a full CGA completed and 60% (15) had a partial CGA. Feedback include incorporating the ward round documentation to avoid repetition.

Conclusions

The results show that by using a focused, concise and user-friendly pro forma, uptake of GCA and CFS can be significantly increased, bringing substantial and measurable health improvements to frail older people admitted to elderly care wards. ■

Conflicts of interest

None declared.

References

- 1 Welsh TJ, Gordon AL, Gladman JR. Comprehensive geriatric assessment—a guide for the non-specialist. *Int J Clin Pract* 2014;68:290–3.
- 2 Juma S, Taabazuig MM, 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.

Authors: ^ASouthend University Hospital NHS Foundation Trust, Southend, UK