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

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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. The Clinical Frailty Scale (CFS) can detect older adults at higher risk of complicated course and longer hospital stay. 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 CGA 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