

# Frailty Screening in the ED

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In August 2021, STAG announced their plan to include frailty scoring as a national question. STAG recommended using the clinical frailty scale (CFS).

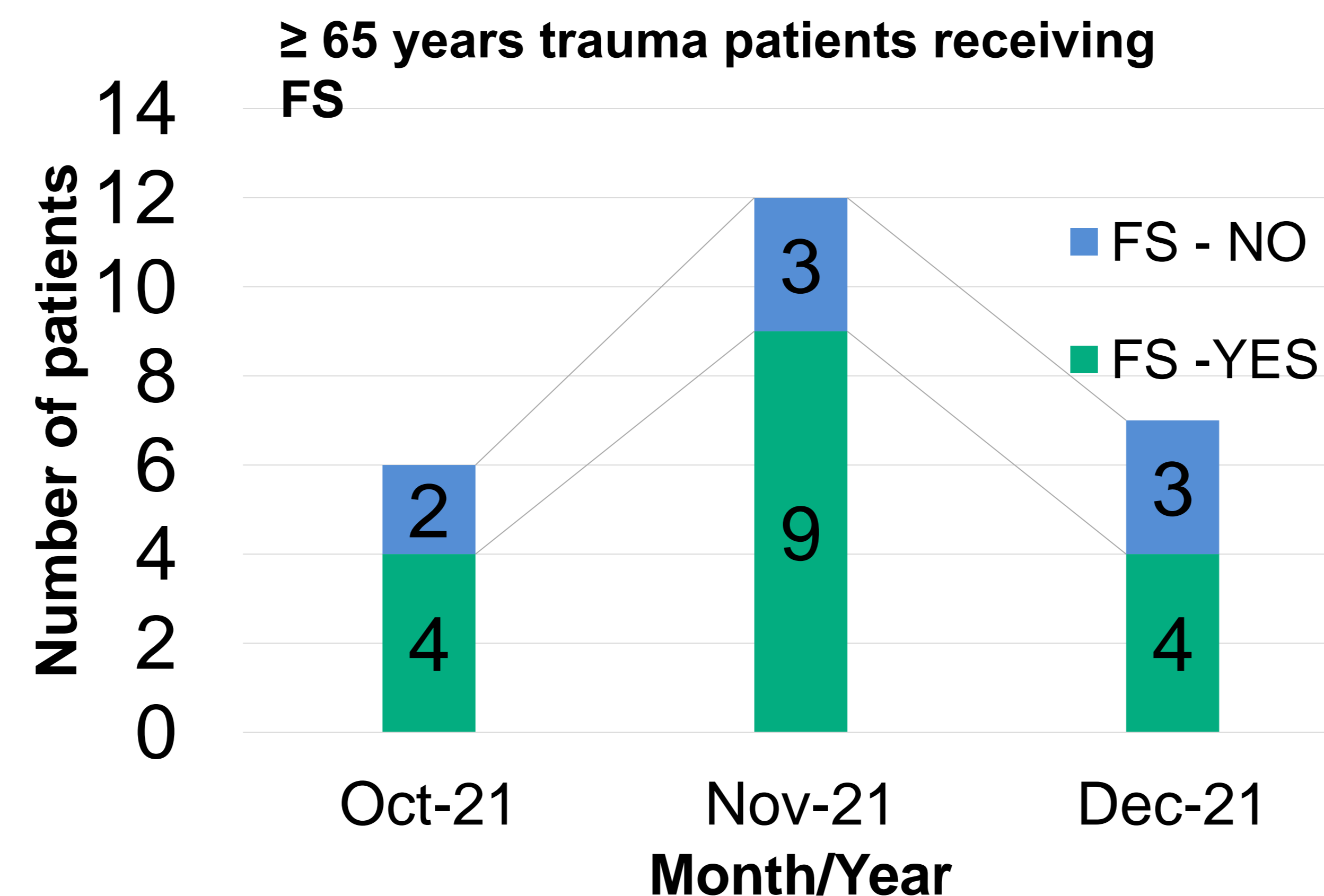
Frailty causes increased mortality, impedes recovery and is known to contribute to longer hospital admissions  
The CFS became very topical during the pandemic to help clinicians delineate ceilings of care

## METHODOLOGY

- Meeting held with Local STAG Clinical Lead, Local audit coordinator and Geriatric Team
- Frailty Assessment teaching session delivered by Geriatrician to ED
- All ED staff were provided with a link to complete an online frailty module



- Combined patient assessment paperwork redesigned to include the CFS
- Frailty infographic posters displayed in the Emergency Department
- Frailty scenarios incorporated into departmental training day using the mobile skills unit



## AIMS & OBJECTIVES

- Screen and record frailty score's in all patients ≥ 65 years (Oct 2021 onwards)
- Highlight to ED staff:
  - Most common cause of major trauma in ≥ 65 is fall from standing.
  - This patient group is at greater risk of a negative outcome if they are clinically frail.
  - Frailty screening as an aid to support clinical decisions
- Audit uptake

## RESULTS/OUTCOMES

- 68% of eligible trauma patients (aged ≥ 65) received frailty scoring in the audit period
- Limited resources in the Geriatric team at the time meant we were unable to trigger a clinical response in the event of a positive frailty screen
- A recent increase in Geriatricians at DGH (Aug '22) has led to an ED outreach service and hopefully better patient placement within DGH
- Further work is required to increase compliance in completing frailty tool

