

## Posters

### CQ - Clinical Quality - CQ - Clinical Effectiveness

#### 1017 EVALUATION OF FRAILTY DOCUMENTATION PRE AND DURING THE COVID-19 PANDEMIC IN A LARGE REGIONAL CENTRE

A. Venkatesh, D.J. Burberry, E.A. Davies, A. Ansar, E. Mwendwa  
Morrison Hospital

**Background:** Identifying frailty can lead to improvements in patient outcomes through interventions such as CGA and prompt discussions around resuscitation and ACP. [Welsh; International Journal of Clinical Practice; 2014; 290–293] Frailty is associated with a higher risk of postoperative mortality and morbidity, and mortality due to COVID-19. [Parmar; Annals of Surgery; 2021; 709–718, Dumitrascu; Journal of the American Geriatrics Society; 2021; 2, 419–2, 429] Our audit considers whether the pandemic had any effect on documentation of frailty, and identifies interventions to improve this process.

**Method:** We retrospectively reviewed notes to look for elements of social history which identify frailty including mobility, ADLs, and CFS. We conducted a series of spot audits in February 2020 (pre-pandemic), April 2021 (Wave 2), and November 2021 (Wave 3) across surgical and medical wards.

**Interventions and Results:** February 2020 This cohort consisted of 62 patients and showed poor documentation across both medicine and surgery with an average of only 21% relevant social history recorded and 0% CFS scoring. Interventions that followed included an educational series by geriatricians and introduction of triaging tools based on CFS in response to the pandemic e.g. Swansea Hip Interrogation Fracture Tool (SHiFT). [Cronin; British Orthopaedic Association; 2020] April 2021 The relevant documentation improved to an average of 31% in this cohort of 37 patients. Interventions that followed included further educational sessions on frailty, a surgical liaison service, and the appointment of an orthogeriatrician. November 2021 This cohort consisted of 149 patients, average relevant social history continued to improve to 49%. Subgroup analysis showed 76% of orthopaedics patients had a CFS score, including 100% of NOF patients.

**Conclusion:** Frailty is important as it is linked to an increased risk of mortality and morbidity. In the pre-pandemic cohort, the results were poor. Improvements were seen after interventions such as educational sessions, pandemic triaging tools, and the surgical liaison service. However, there are still inconsistencies between teams. Future interventions include a CFS app, expansion of the surgical liaison service, and improved proformas.