Posters

Clinical Quality - Improved access to Service

763 QUALITY IMPROVEMENT PROJECT (QIP) ON IMPROVING THE USE OF THE CLINICAL FRAILTY SCALE (CFS) DURING THE COVID-19 PANDEMIC

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Introduction: Older people were disproportionally affected by the COVID-19 pandemic resulting in a surge in the demand for healthcare resources. The aim of this QIP was to assess and improve the compliance of using the CFS in patients over the age of 65 with COVID-19 to aid in establishing appropriate Treatment Escalation Plans (TEPs) during admission.

Method: Prospectively, clinical notes of 80 patients were reviewed to calculate the compliance of documenting the CFS on admission. Multiple Plan-Do-Study-Act (PDSA) cycles were implemented. As the first intervention, a trust-wide email message was sent to all medical doctors highlighting the importance of assessing CFS in all patients during admission. Also, reminder emails and text messages were sent to all medical doctors' WhatsApp groups. As the second intervention, we designed an e-poster and displayed it as a screensaver on all trust computers for 2 weeks. Data was collected and analysed after each intervention.

Results: The baseline audit showed that only 42% of patients had a CFS documented during admission. The majority (55%) had a CFS above 5 and 93% of the patients had a 'Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place. Compliance in assessing CFS after the two interventions was 65% and 68% respectively. In both cycles, all patients who had a CFS of 5 and above had DNACPR decisions in place. Moreover, significant variability in escalation plans was noted when the CFS was 4.

Conclusion: The compliance in assessing CFS progressively improved with each intervention. Although the CFS is a valuable tool in assisting TEPs, it should be treated as a spectrum that is independent of age, rather than a binary phenomenon. We hope to further improve compliance by arranging teaching sessions for doctors in our hospital and thereby ensure appropriate TEPs are in place.