Title:
Proactive Nurse Driven Frailty Screening for Early Palliative Care Intervention

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Session Title:
Improving Outcomes in Vulnerable Populations
Slot:
K 03: Monday, 19 September 2016: 11:15 AM-12:00 PM
Scheduled Time:
11:15 AM

Purpose:
The purpose of this presentation is to provide a validated tool that can be used by any nurse in any unit to determine pre-injury/illness frailty in their patient population. This tool can help promote early intervention for end of life and quality of life discussions.

Keywords:
Frailty, Palliative Care and Screening

References:

Abstract Summary:
Our older adult population is growing. Pre-injury frailty has been determined to be the number one indicator of functional decline and mortality in our older adult trauma patients. We have developed a nurse driven frailty screening tool to guide early palliative care consultations to improve quality of life.

Learning Activity:

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<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>The learner will be able to describe the meaning and purpose of palliative care.</td>
<td>Palliative care is a multidisciplinary approach to medical care that focuses on providing patients with relief of symptoms, pain, and stress of a serious illness to improve quality of care. It is not just for patients experiencing imminent death. Palliative care is often misunderstood. The goals of palliative care are: Early and holistic assessment of medical problems Pain interventions Psychological and</td>
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<td>The learner will be able to describe the meaning of pre-injury or pre-illness frailty.</td>
<td>Frailty is defined as someone who is weak or delicate. When we think of our older adult population, we may view them as such. For the purpose of our study, we defined frailty as: A condition of vulnerability characterized by inconsistency and instability after a stressor event. It is most often a result of physiologic cumulative decline over a lifetime. And frequently a traumatic event is the tipping point that leads to this decline.</td>
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<td>The learner will be able to describe the connection between pre-injury or pre-illness frailty and functional outcomes.</td>
<td>Patients were divided into 3 groups based on findings: 1. Non-Frail: this group of patients returned to functional baseline after injury 2. Pre-Frail: in this group some patients returned to functional baseline and some did not 3. Frail: In this group, no one returned to functional baseline and 25% died within 1 year of hospitalization.</td>
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<td>The learner will be able to use the nurse driven screening tool to perform a frailty screening on their patients. They will understand the scoring system and be able to take home a copy of the tool to use in their institution.</td>
<td>I will provide copies of the tool and provide an in the moment practice session.</td>
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**Abstract Text:**

Our older population is growing, our estimated population of older adults, 65 years of age and older is projected to be 83.7 million by the year 2050 (Ortman, J., Velkoff, V.A., 2014, p. 25). This increase in our older adult population creates an increase in the number of older adult trauma patients admitted to the hospital. Many different variables must be considered when caring for our geriatric population, including their end of life wishes. Palliative care is often a misunderstood term by not only families and patients, but also physicians and nurses. The goal of palliative care is to improve the patient’s quality of life during a time of serious illness. Many studies have assessed the cognitive function of patients predicting functional decline such as (Zahodne, Manly, MacKay-Brandt, & Stern, 2013) which discovered that cognitive scores could predict subsequent functional abilities of patient with eventual incident dementia. However, there were not any studies showing pre-injury frailty as an indicator for functional outcomes in trauma patients. In a study accepted by the Journal of Trauma Acute Care Surgery by Maxwell et. al., (2016) it was discovered that pre-injury physical frailty was the determining factor for functional decline and mortality at 1 year post hospitalization. Maxwell discovered that 25% of the patients rated as frail died within the first year post hospitalization. From this work, a nurse driven frailty screening tool was developed. The screening tool was used as a guide to assess the level of physical frailty and cognitive function prior to hospitalization. The scores from this tool were used to determine if an early palliative care consultation would be initiated. The screening tool was piloted from March 2015 – May 2015 and data were collected. The results showed that 136 patients were admitted to service, with 70 patients receiving a nurse driven screening, and 66 patients did not. The mean age was 76.2 and the number one mechanism of injury was falls. The patients were placed into 3 categories
based on their scores from the screening tool; non-frail, pre-frail and frail. Out of the 70 patients screened, 29% were non-frail, 34% were pre-frail and 36% were assessed as frail and we were able to increase our palliative care consultation rates from 13% to 32%. Our goal was not to change the level of care, but to provide patients and their families with a realistic clinical trajectory and to help them be more prepared to make end of life decisions outside of a crisis situation.