

Frailty Scores in the Older Person Assessment Service: To What Extent Do Allocated Scores Vary Between Healthcare Professionals

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Aims

There is an unmet need to minimise the variability of frailty scores allocated to patients in the Older Person Assessment Service (OPAS). The Clinical Frailty Scores (CFS) are widely used on the wards, in the community and in OPAS and can significantly alter the treatment and care pathway of the patient. Frailty scores are based on clinical judgment of cognition and physical health, ranging from 1, 'very fit' to 9 'terminally ill', however, between these values there is a great deal of subjectivity which can be detrimental to patient care. This audit aims to determine the extent of the variability between the frailty scores allocated by doctors, nurses, physiotherapists and occupational therapists in OPAS, explores the consequences of this and considers methods for minimising this discrepancy.

Methods

An audit was conducted in Morriston Hospital, Swansea's OPAS department over a period of 14 days in June 2021. The variability of frailty scores given by 4 types of healthcare professional to 26 patients was analysed.

Results

Of all the patient scores audited in OPAS, the frailty scores allocated varied by at least 1 point in 46% of patients, with a 2 point difference being found in only 3% of patients. Most commonly, variability tended to occur between frailty scores of 4-6. The average difference between the highest and lowest score given to each patient was 0.5.

Conclusions

Frailty scores are allocated based on clinical judgment and are useful in determining the risk and benefits of critical care support. The pathway of care that patients in OPAS receive can significantly vary depending on the perceived level of frailty, and where significant variability is found this must be addressed. With higher scores determining whether palliative care is given, or lower scores encouraging clinicians to provide treatments of higher risk or discharge patients, it is clear that misjudged frailty scores can be detrimental to patients where, as a consequence, the incorrect level of treatment is given.

This audit reveals that the frailty scores allocated in OPAS are not completely harmonious throughout the different healthcare practitioners, however no significant fluctuations were found. Where larger disparities are evident, methods of reducing this variability would help to ensure patients are more accurately scored and receive the most optimal treatment pathway. However, given the average variation of 0.5 per patient in this small sample, it is possible that larger disparities would be discovered in a larger sample set and so further research may be required.

