Proactive Nurse Driven Frailty Screening for Early Palliative Care Intervention

Teresa Hobt-Bingham, MSN, RN, NE-BC
Learning Objectives

• Be able to describe the meaning of pre-injury or pre-illness frailty & their connection to functional outcomes
• Be able to describe the meaning and purpose of palliative care
• Be able to use the nurse driven screening tool to perform a frailty screening on their patients
An Aging Population

Dorothy Pearl Hobt

Carolyn Hobt
Original Hypothesis

• Pre-Injury physical frailty and cognitive decline will predict functional decline & overall mortality in geriatric trauma patients at 6 months and 1 year after hospitalization
Why is this important?
Population over 65
Projected to be 83.7 million by 2050
Incidence

- “Approximately 25% of trauma admissions across country are from the geriatric population.”
  
  Richard Miller, MD  
  Professor of Surgery  
  Chief, Division of Trauma and Surgical Critical Care

- Only 18% of our geriatric patients are discharged back to their home or independent living after a trauma injury
Frailty
Frailty

- A condition of vulnerability characterized by inconsistency and instability after a stressor event
- Result of physiologic cumulative decline over a lifetime
- Often a traumatic event is the tipping point that leads to decline
Palliative Care
Palliative Care

- Early and holistic assessment of problems
- Pain interventions
- Psychological and Spiritual support
- Support systems for patient/family coping
- Integrated therapies which may prolong life
Primary Study

- QI: Cathy Maxwell, PhD, RN
- Primary study of admitted Trauma patients
- October 2013 through March 2014 (6 mos.)
- Caregiver interviews of 188 patients
- Determined pre-injury cognitive & physical frailty status
- Follow up calls made at 30, 90, 180 and 365 days to determine post-hospitalization status and outcomes
Primary Study

• The research team tested 5 different screening instruments:
  – AD8 Dementia Screen
  – Informant Questionnaire on Cognitive Decline in the Elderly
  – Vulnerable Elderly Study
  – Barthel Index
  – Life Space Assessment

• 38 frailty questions & 24 cognitive questions

• Interviews 30 minutes in length
Primary Study Findings

• 3 groups: Non-Frail, Pre-Frail & Frail
• All 3 groups declined within the first 30 days
• Non-Frail – returned to baseline
• Pre-Frail – some returned to baseline others did not
• Frail – none returned to baseline and 25% died within 1 year of hospitalization
Physical frailty was the primary predictor of decline and 1 year mortality.

Dorothy Hobt passed away within 1 year of fracturing her hip.
A new hope

How can we provide proactive Palliative Care for these patients and their families?
A Closer Look

• Partnership for a new project called, “Geriatric Trauma and the Need for Proactive Palliative Care”
• Partnership included Palliative Care physicians, Trauma Unit Bedside Nurses and Trauma Surgeons
The Challenge

• Frailty was a primary predictor for poor outcomes in older adults
• Few hospitals screen for pre-hospital frailty upon admission
• Frailty and dementia are not standard triggers for a palliative consult
• Providers as well as the public have misconceived notions about frailty & palliative care
Goals of Palliative Care

• Improve symptoms to help maximize quality of life
• Help patients transition to hospice if appropriate
• Help establish goals of care that are consistent with patient wishes & are medically possible
Secondary Study

- Design a quick and reliable frailty screening tool that could be given by a bedside nurse
- 5 questions on frailty using the Frail Scale
- 8 questions on cognitive impairment using the AD8 Screen
Frailty Screening Tool

___ Pre-injury Frailty (FRAIL Scale: 3 or more = frailty)

___ Fatigue easily?
___ Inability to walk up one flight of stairs?
___ Inability to walk one block (or ¼ mile)?
___ Has 5 or more illnesses?
___ Has lost weight (more than 5-10%) in the last 6 months?

___ Pre-injury Cognitive Decline (AD8 Screen: \( \geq 2 \) [Impairment likely present])

Answer ‘yes’ or ‘no’ to the following questions about your loved one over the past few years.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Problems with judgment (e.g. problems making decisions, bad financial decisions, problems with thinking)?</td>
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<td></td>
<td>Less interest in hobbies or activities?</td>
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<td></td>
<td>Repeats the same things over and over? (questions, stories or statements)</td>
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<td>Trouble learning to use a tool, appliance or gadget? (computer, microwave, remote control)?</td>
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<td></td>
<td>Forgets correct month or year?</td>
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<tr>
<td></td>
<td>Trouble handling complicated financial affairs? (balancing checkbook, income taxes, paying bills)?</td>
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<tr>
<td></td>
<td>Trouble remembering appointments?</td>
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<tr>
<td></td>
<td>Daily problems with thinking or memory?</td>
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<td></td>
<td>TOTAL points</td>
</tr>
</tbody>
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Team Collaboration

• Project presented at unit shared governance meeting & staff meeting
• Frailty tool was introduced
• Demonstration was provided
• Provided input on design and scripting
• Identified exceptions and challenges
Process Implementation

• Decided on a process for delivery, retrieval and storage of frailty forms
  – Medical Receptionist ownership
• All staff trained, nurses provided screening
• Inter-rater reliability tested by QI Coordinator
• Designated unit champions
• Tracking & Progress reported
Proactive Palliative Consultation

- Nurse identifies the trigger
- Doctor initiates the referral
- Palliative Care physician/NP provides the consult & closes the loop
Proactive Palliative Findings

- 36% frail
- 34% pre-frail
- 29% non-frail
- 34% dementia

- Palliative Care screenings increased to 32%
Proactive Palliative Findings

<table>
<thead>
<tr>
<th>Nurse Screening for Frailty and Cognitive Impairment</th>
<th>N (%)</th>
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</thead>
<tbody>
<tr>
<td><strong>FRAIL Scale</strong></td>
<td></td>
</tr>
<tr>
<td>Non-frail (Score = 0)</td>
<td>20 (29%)</td>
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<tr>
<td>Pre-frail (Score = 1 or 2)</td>
<td>24 (34%)</td>
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<tr>
<td>Frail (Score ≥ 3)</td>
<td>25 (36%)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (1%)</td>
</tr>
<tr>
<td><strong>AD8 Dementia Screen</strong></td>
<td></td>
</tr>
<tr>
<td>Score 0-1 (No impairment)</td>
<td>41 (59%)</td>
</tr>
<tr>
<td>Score ≥ 2 (Possible dementia)</td>
<td>24 (34%)</td>
</tr>
<tr>
<td>Missing</td>
<td>5 (7%)</td>
</tr>
<tr>
<td><strong>Patients screened as BOTH frail and possible dementia</strong></td>
<td>16 (23%)</td>
</tr>
</tbody>
</table>
# Palliative Care Consultations

## VUMC Trauma Service Palliative Care Consultations

<table>
<thead>
<tr>
<th>Pre-project</th>
<th>Quality Improvement Project (February-May 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Palliative Care Consults 2011-2014</strong></td>
<td>Increased PC Service Rounding (PC consults/# older patients admitted)</td>
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<td>365/2792 (13%)</td>
<td>12/43 (28%)</td>
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Conclusion

• 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.