Quality Improvement Implementation, Option B
Frailty
Project Time Period: 1/1/2023 – 12/31/2023

Background:

Frailty is an accumulation of deficits accumulated over time that places patients at increased risk of suboptimal post-operative outcomes. Screening for frailty and discussing the risk and benefits of moving forward with surgical and non-surgical treatment paths has been shown to improve both objective outcomes and patient satisfaction

Project Goal and Summary:

The focus of this project will be to implement a system to assess vulnerable patients for frailty using a validated screening tool. The goal will be to use information gathered during the screening process to guide a discussion among patient, family, caregivers and surgeon about the risks, benefits, and desired outcomes of surgical versus non-surgical interventions. Each site will monitor for use of the selected validated screening tool as well as documented evidence of a guided conversation between the surgeon and patient/caregivers following screening and prior to surgery. Going forward, information collected during the frailty pathway pilot year will inform and direct interventions for patients identified as frail in future MSQC QI projects.

<u>**QI Implementation Goals and Requirements**</u>

Sites selecting the frailty pathway will continue to collect MSQC core data. They will also distribute and implement a frailty screening tool to participating surgeons that will be completed on all elective surgery patients meeting the following criteria:

➢ Age ≥ 60 years on the day of surgery
➢ Current dialysis as defined in MSQC core variable definitions
➢ Current Cancer as defined in MSQC core variable definitions
➢ Functional health status identified as "Not Independent" in MSQC core variable definitions
➢ Current CHF as defined in MSQC core variable definitions

The SCQR will manage education of surgeons and their staff in the use of this tool and provide assistance ensuring that a guided discussion of the risks and benefits has taken place and is documented in the medical record. Frailty screening will be performed on all patients' meeting criteria who are undergoing an elective MSQC eligible procedure.

For high volume sites, defined as MSQC case volume calculation greater than or equal to 1.0 full FTE SCQR, a subset of surgical groups may be selected to implement this project. If a subset is used, the name(s) of the physician group(s) will be submitted with the 2023 MSQC project declaration. All elective MSQC surgical cases performed by surgeons affiliated with the selected practice(s) will be assessed for use of the frailty screening tool.

The SCQR will implement all the following to implement and monitor the process measures for frailty screening in elective patients. The measurement period for this project will include 7/1/2023-1231/2023.

Pre-Implementation & Planning	Implementation	Data Collection	Follow Up
Select the frailty screening tool to be used at your facility	Disseminate screening tool to surgeon offices	Review EMR to identify eligible patients	Identify trends in documentation deficiencies
Educate staff and surgeons about use of the tool and rationale for screening	Determine the location of frailty screening results in the EMR	Abstract the presence of screening, total score, name of tool used and level of frailty	Review outlier cases to identify barriers to use of tools, or documentation of screening findings
Develop tool to document completion of risk assessment discussion in the medical record	Review the necessary elements of frailty screening results and patient risk discussion with participating surgeons	Abstract presence of charting showing the discussion took place between the surgeon and patient/caregivers in EMR	Identify trends in missing EMR documentation of frailty screening and follow up with outliers to determine barriers to discussion or charting

Goal 1: Pre-Implementation and Planning Goals (5 total points)

1a: Select the frailty screening tool to be used across the institution

Decision to be made with input from all stakeholders including surgeons' office staff, MSQC staff, surgeons, etc. Participating sites will collaborate with their surgeons and staff to determine which of the frailty scales are best suited for their institution, surgeon, and patient needs. The selected tool will be submitted to the MSQC Coordinating Center on or before May 1, 2023. **(2 points)**

Validated Screening Tools (see toolkit for details of each)
➢ RAI-C score
➢ FRAIL Scale
➢ Edmonton Frail Scale
➢ Groningen Frail Scale
➢ Clinical Frailty Scale
➢ Other validated screening tool (must be submitted to MSQC for review and approval at time of project declaration in December 2022).

1b: Multi-disciplinary meeting to kick off data collection and implementation (3 points)

The kickoff meeting, held no later than March 31, 2023, must include at least three individuals performing distinct roles within the institution. Examples of these roles include:
➢ Surgeons
➢ Anesthesia
➢ Quality Department
➢ Perioperative Staff

➢ Physician Office Staff
➢ Institution Management
➢ Any other department affected by the project

An agenda outlining the planned discussion, meeting minutes, and any Power-Point or visual aids used in the meeting should be submitted with the final project summary.

The meeting should be synchronous for at least three of the participants but may take place in person, via online conferencing or using a hybrid method. Other members not available at the time of meeting may participate asynchronously via recording or transcription of meeting minutes.

The participants, both synchronous and asynchronous, should be recorded and submitted along with their role or title within the institution.

1c: Tracking and documentation of communication with stakeholders regarding use of screening tool

Communication includes introduction to the project, as well as any aid or problem solving you provide participants to ensure adequate and proper usage of screening tool. Tracking of this communication should be included in the final project summary.

1d: Documentation of frailty screening tool findings and discussion with patient/family members

Documentation of the completed screening tool and subsequent discussion with patient/family members should be captured consistently in the EMR to facilitate abstraction. You may work with your IT department to identify and implement EMR functionality to facilitate frailty screening documentation.

Goal 2: Implementation Goals (7 total points)

2a: Implement selected screening tool to surgeon offices (2 points)

The approved screening tool should be submitted to all participating surgeon offices. Screening should take place at the preoperative visit when the decision to proceed with surgical intervention is discussed. It may be administered by any office staff as appropriate. The tool may be completed electronically, incorporated into the EMR or documented on paper and scanned into the record.

During abstraction, the numerical value representing the total score is to be recorded. This value will be converted to a verbal descriptor of Pre-Frail, Frail or Robust. Conversion from the numerical score to frailty level is available in the Frailty Toolkit. If your site is using a non-standard frailty screening instrument (tool not specified in the Validated Screening Tool list), MSQC will provide you with the proper frailty level scoring assessment ranges for your tool.

2b: Develop workflow for completion of the screening tool (2 points)

Identify staff responsible for completion and documentation of screening tool. Establish workflow to ensure complete and consistent charting. The tools may be completed by surgeon of office staff as appropriate and within their scope of practice.

2c: Initiate any EMR modifications necessary to support accessibility to, and use of, the frailty tool

You may work with your IT department to review options available for charting results of the frailty screening. Appropriate staff should be educated on proper documentation to facilitate complete abstraction of information by the SCQR.

The SCQR should identify a process for noting and completing any incomplete questions on screening. If the data needed is found within the chart and current, this may be used to complete the questionnaire if needed. Failure to fully complete all questions and obtaining a final score should be marked incomplete if the missing information is not in the chart. To obtain credit for the patient/family discussion, the total score must be reviewed with the patient by the surgeon.

2d: Review with surgeons risk assessment score and elements needed for patient discussion (3 points)

The discussion between the surgeon and patient should include review of the frailty screening results, and the risks specific to patient for both surgical and non-surgical treatment of patient condition. Additionally, the patients' goals for care, both related to the relevant issue and general health/life goals, should be discussed and charted. Overall health goals include:

➢ Acceptable level of assistance needed. Does the patient have strong feelings about permanently or temporarily requiring stay at rehab or long-term care facility?
➢ Necessary ADL's and IADL's. Is the patient currently driving and unwilling to give this up? How much help are they willing to accept to get through their day or week?
➢ Willingness to spend time in ICU or step-down if their condition deteriorates.
➢ Level of medical intervention desired and expected, and what conditions would the patient consider unacceptable.
➢ Discussion of complications common in the frail such as delirium and discharge to a higher level of care than baseline.

Participants in this discussion should at minimum include the surgeon and patient (or patient proxy if patient is deemed unable to make medical decisions). Additional participants should be included at the patient request. If needed this discussion may be had after the visit, over the phone or utilizing telehealth if necessary to include all requested participants or at patient request. This discussion must take place prior to the day of surgery.

Goal 3: Data Collection Goals (8 total points)

3a: Screening tool
Presence of complete frailty screening tool results for ≥ 75% of patients who meet screening criteria **(4 points)**

3b: Attestation
Presence of attestation of informed discussion between the surgeon and patient/caregivers about the risks and benefits of operative and non-operative treatment and expected outcomes for both in ≥ 75% of patients **(4 points)**

Goal 4: Quality Improvement Summary (5 total points)

Submit a QII Project summary on or before January 16, 2024, which includes a narrative summary along with activity tracking of steps taken to address any deficiencies, successes and barriers to implementation, analysis, and next steps to improve performance. Documentation may include attachments as needed to illustrate the steps taken.

Any modifications to any part of this project, including the rationale for modification should be submitted to MSQC for approval.

Additional Resources:

The frailty toolkit includes references for screening tool use along with articles and tips for improving care of frail patients.

Implementation Points:

An additional 05 implementation points may be granted based on the detail of the project narrative, tracing long and analysis to be added to achieve a maximum of 25 points.