

**Quality Improvement Implementation - Frailty Pathway**  
**Project Time Period: 1/1/2023-12/31/2023**

**Summary:** The focus of this project will be to institute a system for screening vulnerable patients for the presence of frailty using a validated screening tool. The information gathered during the screening process will be used to guide discussion between the patient, family, caregivers and surgeon regarding the risks, benefits, and desired outcomes of surgical and non-surgical intervention. The site will monitor compliance with both using the selected validated screening tool as well as the documentation of a guided conversation following screening and prior to surgery between the surgeon and patient/caregivers. Moving forward, the information gathered during the pilot year of the frailty pathway will inform and direct the interventions for patients identified as frail in future projects.

**QI implementation Requirements:** For the frailty pathway, sites will continue to collect MSQC core data. In addition to this collection sites will implement and distribute to participating surgeons a frailty screening tool which will be obtained on all patients meeting criteria.

Criteria for Frailty Screening:

- Age  $\geq$  60 on surgical date
- Currently on Hemodialysis
- Current diagnosis of Cancer
- Identified as “not independent”
- Current diagnosis of CHF

The SCQR will be responsible for education of surgeons and their staff in the use of this tool and assistance ensuring that a guided discussion of risks and benefits is had and documented in the electronic medical record. Frailty screening will occur on all patients meeting criteria who are undergoing an elective MSQC included procedure.

**Additional resources:** Sites participating in the frailty pathway will have access to the frailty toolkit with evidence based interventions to improve medical management.

**Implementation goals:** Implement all the following to improve upon and monitor the process measures for frailty screening in elective patients. Measurement period will include 7/1/2023-12/31/2023.

Pre-implementation & Planning	Implementation	Data collection	Follow up
Determine the frailty screening tool to be used at your facility	Disseminate Screening tool to surgeon offices	Review EMR for appropriate patients	Identify trends for gaps in documentation
Educate staff and surgeons regarding use of the tool and rationale for screening	Determine the location of screening results in the EMR	Abstract presence of screening, total score, name of tool used, and level of frailty	Follow up with outliers to determine barriers to completing or documenting tools
Develop tool to chart completion of risk assessment discussion	Review with surgeons the necessary elements of patient risk discussion with screening results	Abstract presence of charting discussion with patient/ caregivers in EMR	Identify trends in missing documentation and follow up with outliers to identify barriers to discussion or charting

**Goal 1: Pre-implementation and planning goals (6 points total)**

**1a: Determine a screening tool to be used across the institution.**

Decision to be made with input from all stakeholders (surgeon, office staff, SCQR, etc.) The decided-on tool will be submitted to the coordinating center no later than May 1, 2023. **(3 points)**

- Validated screening tools:
  - RAI-C Score (appendix A)
  - FRAIL Scale (appendix A)
  - Edmonton Frail Scale (appendix A)
  - Groningen Frail Scale (appendix A)
  - Clinical Frailty Scale (appendix A)

Participating sites will work with their surgeons to determine which of the above frailty scales are best suited for their institution and patient needs. The decided-on tool will be submitted to the coordinating center on or before May 1, 2023.

After discussion with stakeholders, an alternate tool may be currently in use or desired for determination of frailty. Any tool used must be a validated screening tool. Any site wishing to use an alternate tool must submit to MSQC the name of the tool for approval on or before May 1, 2023.

**1b: Multidisciplinary meeting to kick off data collection and implementation.**

The kickoff meeting must include at least three individuals representing: MSQC, surgeon stakeholders or advanced practice individuals working with surgeons, anesthesia, quality department, perioperative staffing or management representation and any other group who will be impacted or needed for assistance with project completion. **(3 points)**

- An agenda outlining the planned discussion should be submitted with the final project submission. Minutes should be taken and submitted with the final project submission. Any power points or visual aids utilized in the presentation should be submitted with the final project submission.
- A synchronous meeting may take place in person or hybrid in person/virtual. Attendees and their role within the organization as well as within the project should be tracked and submitted to MSQC. Asynchronous participation via email or video may be utilized to share information with additional stakeholders, however the synchronous portion of the meeting must have at least three participants to encourage active participation and discussion.
- Tracking and documentation of communication with stakeholders regarding the utilization of the screening tool with stakeholders should be maintained. Communication includes introduction to the project as well as any assistance or problem solving with the surgeons/facility to ensure adequate utilization and appropriate use of tools. This tracking should be incorporated into the final project summary.

**Goal 2: Implementation goals (6 points total)**

**2a: Disseminate screening tools to surgeon offices**

Screening tool may be completed electronically, incorporated into the EMR or completed on paper at the preoperative appointment. **(3 points)**

When abstracted the tool name, total score and the level of frailty are to be obtained. Please refer to the selected screening tool in the frailty toolkit to determine level of frailty to be assigned based on scoring results. If you are not using an MSQC identified tool and have obtained permission to use an alternate tool, you will be provided with the level of frailty to be assigned based on the scores obtained from the decided upon tool.

- Determine workflow for filling out the screening tool and identify staff responsibility in ensuring completion. Tools may be completed by surgeon or office staff as appropriate for training and scope of practice.
- Initiate any tools needed for placement of screening tool data in the EMR. You may work with your IT department for options to incorporate this or use the scanned document feature if the tool is to be completed on paper.
- The documentation of the frailty screening tool and discussion should be consistent in the EMR to facilitate abstraction. Work with IT if needed to identify and develop appropriate tools if needed. Use of “dot phrases” within the preoperative note may be useful for discussion documentation.
- You should identify a process for noting and completing any incomplete questions on the screening tool for accurate calculation of frailty. Failure to fully complete the necessary elements of the screening tool will be marked as “screening incomplete” unless the incomplete elements may be obtained by the SCQR from the medical record on abstraction.

**2b:** Develop standardized charting to attest a discussion with patient and family members regarding risk, benefit and expected outcomes. **(3 points)**

- Review with surgeons the necessary elements of preoperative risk assessment and discussion with patient and caregivers. This discussion should include review of the frailty screening, discussion of risks specific to the patient for both operative and non-operative management of patient condition and should include the patient as well as caregivers or family members identified by the patient as assisting with their care. Necessary elements and tips are available in the frailty toolkit.
  - When discussing possible outcomes patients and caregivers should be educated on potential negative outcomes including the possibility of postoperative delirium and loss of functioning either temporarily or permanently. The possibility of needing placement or increased assistance at home postoperatively should also be discussed.

**Goal 3: Data collection goals (8 points total)**

**3a:** Presence of complete frailty screening tool data for > 75% of patients who meet criteria for screening. **(4 points)**

**3b:** Presence of attestation of informed discussion between the surgeon and patient/caregivers regarding risks/benefits and expected outcomes for > 75% of patients meeting criteria for screening. **(4 points)**

**Goal 4: Project Summary (5 points total)**

Submit a QII Project Summary which includes a narrative description of the project and activity tracking of the steps to implementation of the frailty pathway, PDSA steps taken to address any deficiencies, successes and barriers to implementation and analysis, and next steps to improve performance. The template for this is available on the MSQC website. Documentation may include attachments as needed to exemplify steps taken. Any modifications made to any portion of the project including the rationale for modification and evaluation of success of the modified process should be included.