

Pre-operative geriatric medicine clinic: Audit and service evaluation

Dr. David Scholes

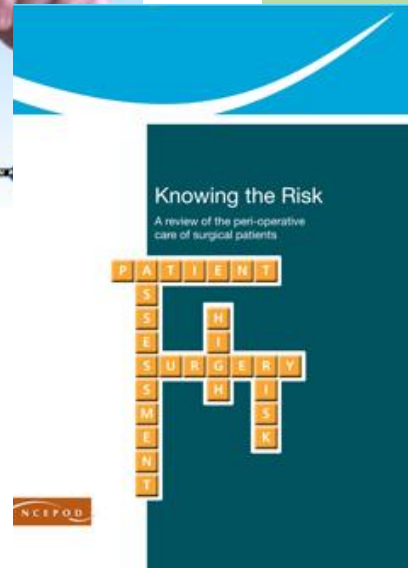
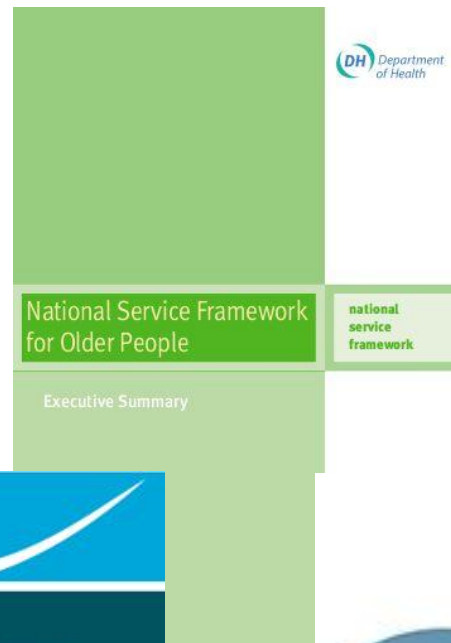
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CONFLICT OF INTEREST DISCLOSURE

I have no potential conflict of interest to report

Drivers



Background

- Royal Liverpool University Hospital
- Regional centre for several surgical subspecialties
 - HPB, vascular, upper GI, urology
- Aim to set up geriatric medicine clinic to review frailest patients being considered for surgery - predominantly orthopaedic, vascular and colorectal
- Set up August 2016

Referral Criteria

- Elective surgery
- Assessed routinely by anaesthetic pre-op nurses
- Edmonton Frailty Score (EFS)
- EFS ≥ 7 for general/vascular
- EFS ≥ 10 for orthopaedics

Edmonton Frail Scale

Table 1. The Edmonton Frail Scale

Frailty domain	Item	Score 0	Score 1	Score 2
Cognition	Imagine this pre-drawn circle is a clock. Place the numbers in the correct positions, then place the hands to indicate a time of 10 past 11	No errors	Minor errors	Other errors
General health status	In the past year, how many times have you been admitted to hospital?	0	1-2	>2
	In general, how would you describe your health?	Excellent, very good or good	Fair	Poor
Functional independence	With how many of the following activities do you require help: meal preparation; shopping; transportation; telephone; housekeeping; laundry; managing money; taking medications?	0-1	2-4	5-8
Social support	When you need help, can you count on someone who is willing and able to meet your needs?	Always	Sometimes	Never
Medication use	Do you use five or more different prescription medications on a regular basis?	No	Yes	
	At times, do you forget to take your prescription medicines?	No	Yes	
Nutrition	Have you recently lost weight such that your clothing has become looser?	No	Yes	
Mood	Do you often feel sad or depressed?	No	Yes	
Continence	Do you have a problem with losing control of urine when you don't want to?	No	Yes	
Functional performance	Timed Up and Go test (Box 4)	0-10 seconds	11-20 seconds	>20 seconds, patient unwilling or requires assistance

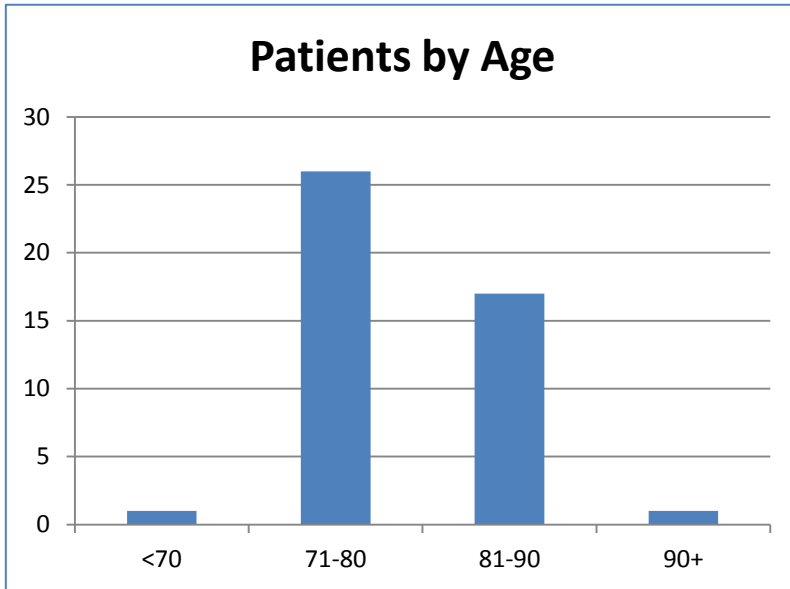
Total (final score is the sum of column totals out of 17)

Scoring: 0-5 = not frail; 6-7 = apparently vulnerable; 8-9 = mild frailty; 10-11 = moderate frailty; 12-17 = severe frailty

Method

- Retrospective analysis August 2016-April 2017
- 47 electronic case-notes reviewed
- Nature of intended surgery
- Whether or not met criteria
- Geriatrician input and alterations to management

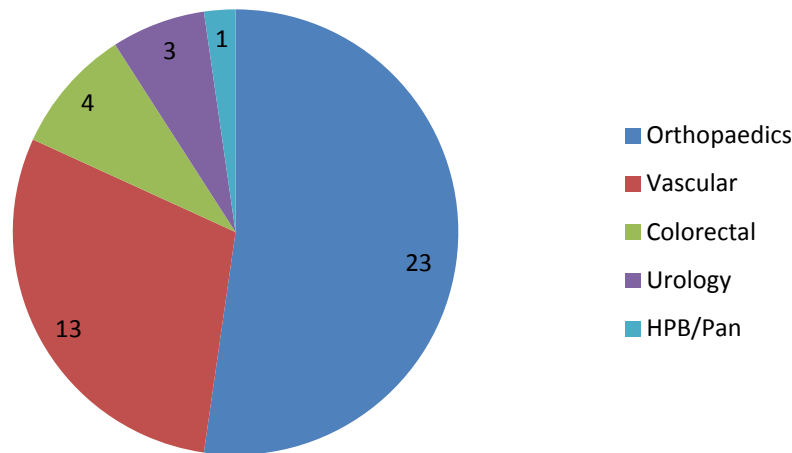
Referrals by Age



<u>Appropriateness of referrals by age</u>					
Quartiles	Q1	Q2	Q3	Q4	
Age	<76	76-79	80-85	86+	
Number		10	13	17	7
Number appropriate by EFS		7	6	10	4
% Appropriate by EFS		70	46	59	57

- Age range 69-94 y
- Median age 80 y
- Largest cohort 71-80 y

Surgical Specialty



- Main source of inappropriate referrals was patients awaiting orthopaedic surgery (35% inappropriate)
- Didn't preclude geriatric intervention

Geriatrician Review

- 43% of all patients referred failed to meet EFS criteria (20 patients)
- In 14 geriatrician input still suggested alteration to management (70%)
- This figure was only 63% in “appropriate referrals”

Surgical Outcome

- 33% underwent surgery by time of audit
- Waiting time from pre-op 3->263 days, median 27 days
- 4 deaths

Discussion

- Limited utility of EFS in this setting
- Prone to error and fails to identify patients in whom geriatric intervention might prove beneficial
- Disproportionate number of older people inappropriately referred
- Policy change to “clinical concern” rather than EFS

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