

Short Commentary

In the Elderly (≥ 65 years/age) Hospitalized Patient Who Experiences an Acute Fragility Hip Fracture, How Does the Implementation of the Clinical Frailty Scale (CFS) Tool Compared to No Frailty Screening, Increase the Incidence of Palliative Care Referral in the Target Population?

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Introduction

Frailty is a state of increased vulnerability to illnesses or health conditions following a stressor event such as a hip fracture, thus increasing the incidence of disability, hospitalization, long-term care, and premature mortality [1]. Hip fracture is associated with high morbidity and mortality in the frail, elderly patient [2]. A hip fracture in the elderly can also severely impact physical, mental, and psychological health and diminish quality of life (QOL) [3]. Palliative care has been shown to mitigate these impacts by managing symptoms, thus improving patient QOL and patient and caregiver satisfaction [4,5].

The American College of Surgeons and the American Geriatrics Society recommend that frailty screening be performed as a routine preoperative assessment on patients ≥ 65 years of age [1]. A standardized assessment tool can be used to measure frailty in this patient population as a predictor of those at risk for high morbidity and mortality. The Clinical Frailty Scale (CFS) is a standardized assessment tool that measures frailty based on comorbidity, function, and cognition to assess a numerical frailty score ranging from very fit to terminally ill [6]. The CFS was used in a quality improvement study to measure frailty in this patient population. The study recommended palliative care consultation for those who scored moderately frail or above.

Including palliative care in the multidisciplinary care of frail, elderly hip fracture patients is appropriate as these injuries can pose a risk to QOL [7]. Palliative care providers assist with symptom management, QOL, and advanced care planning [4,5]. The palliative care team helps patients determine the best management or treatment options considering the patient's prognosis and can assist in providing safe and effective pain management to elderly patients [4,5]. This

quality improvement initiative demonstrated the correlation between implementation of a frailty assessment on this patient population and the increase in palliative care consultations. Further studies are needed to evaluate the impact of frailty screening and subsequent palliative care inclusion on symptom management, QOL, and patient and caregiver satisfaction.

References

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