S6.1 Integrated Emergency Care for Older People 10:45 Convention Hall A

Identifying Frailty in Older Adults at the Front Door: Screening and Initial Assessment

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The initial evaluation of frailty proceeds in two related steps: screening, and assessment. Classically, screening happens when the condition being screened for is not rare, is serious, potentially can be ameliorated, and when intervention is less costly when done earlier rather than later. Each of these criteria is met in frailty screening. Screening tests typically are safe, simple, rapid and sensitive. Dozens of frailty screening tools exist, and often are interchangeable, when they meet these criteria and are feasible for local use.

Assessment tools aim to classify whether frailty is present. Some also aim to detect the factors contributing to frailty, classify the degree of frailty, and relate the presence of frailty to common frailty syndromes, such as delirium, immobility, falls, functional decline, social abandonment, and incontinence. This presentation argues for assessment methods which achieve each of these objectives. The reference criterion ("gold standard") of frailty assessment is the Comprehensive Geriatric Assessment. The goal of a CGA is a multidimensional care plan which, when enacted, has been shown in randomised controlled trials to offer benefit in terms of rates of people alive and at home at one year.

Many healthcare systems have failed to invest in physicians trained to conduct comprehensive geriatric assessments and formulate multidimensional care plans. In consequence, a central challenge now is how to use existing providers and information systems in ways that allow the benefit of this approach to be realised. Experience with systems such as an electronic frailty index, a frailty index based on common laboratory tests, and on having multiple providers collaborate to gather the information needed for a geriatric assessment will be reviewed. The emphasis will be on having as much of this information assembled as possible when patients first are seen for an adverse change in their health status.