High Quality Care for Older Patients with Frailty – Building a National Clinical Database

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Introduction Older patients with frailty are vulnerable to hospitalisation and transitional care due to limited intrinsic resources to overcome stressors. Therefore, interdisciplinary and cross-sectoral approaches are needed to provide high-quality care. Despite well-documented interventions, healthcare systems still struggle to fulfil patients' needs. To address deficiencies, a national clinical database is being established to monitor variation in care.

The Danish Clinical Quality Program is co-designing the database with clinicians and relatives using evidence-based indicator monitoring and Plan-Do-Study-Act circles. Comprehensive Geriatric Assessment (CGA) designates domains-of-interest to ensure patient-centered outcomes. The database will be implemented nation-wide.

Methods At first, steering committee was established comprising physicians, nurses, dietitian, physio-, and occupational therapists from both primary and secondary sector. The patient's perspective was represented by a relative and a representative from the DaneAge Association. Through four full-day meetings, the definition of an older patient with frailty was specified along with indicator domains using Comprehensive Geriatric Assessments framework and patient-journey mapping. For each domain evidence-based and obtainable indicators were specified. The indicator set will be finalized in consensus meetings with focus on level-of-evidence and use-resources. Implementation will be preceded by public consultation.

Results The population was pragmatically defined as patients ≥80 years, acutely admitted to a hospital and assessed to have a Clinical Frailty Scale (CFS) score ≥5 two weeks prior admission. Following domains were identified as process-: 1) CFS screening, 2) Delirium screening, 3) Mobilization, 4) Do-not-resuscitate evaluation, 5) Nutrition plan, and 6) Activities-of-Daily-Living. Further, 7) Medication review and 8) Basic needs indicators are being developed.

To monitor the effect of the process indicators, result indicators included all-cause mortality and acute readmission within 7 or 30 days.

Despite concurrent views on domains, underlying areas of interest important to relatives were not possible to incorporate by the existing data sources e.g. experience of care provided.

A national Danish database covering older patients with frailty will be implemented in all Danish hospitals in 2024, to improve quality-of-care. When well-established, the database will expand to include patients aged 65-79 years and primary care contacts to monitor care during the entire patient-pathway. To better accommodate the relative's perspective on quality-of-care, future attention is to gather qualitative data in structured format. Besides improving quality of care, the database has a huge research potential with baseline data and information on continuity of acute care for all older patients with frailty.

References