

Profiling the Frailty Demographic of Renal Admissions

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Background:

Frailty is defined as a medical syndrome with multiple causes and contributors that is characterised by diminished strength, endurance and reduced physiologic function that increases an individual's vulnerability for developing increased dependency and/or death. Frailty is an identified issue within the renal unit in Nottingham University Hospitals (NUH). The aim was to profile the frailty demographic of renal admissions whilst investigating the feasibility of routine frailty assessments. This was preliminary work to a wider programme of work concerned with frailty amongst the renal population.

Methods:

Data was collected for all admissions on 2 renal wards; 20 bedded general renal ward and 12 bedded acute renal ward. Nurses and physiotherapists were asked to use the Rockwood Clinical Frailty Scale to assess every patient over the age of 65 for 2 months between November 2019 and January 2020.

Results:

- 50% of patient admissions within the renal area were over 65.
- Out of this cohort (n=123), 62% had frailty assessments at admission. 20% were exempt from assessment due to being end of life, critically unwell or a day case admission.
- Therefore in total 82% of in patients clinically assessed for frailty.

Discussion:

These findings show that frailty can be assessed on admission, and that it can be done during the busiest time of the year in winter. Nurses were unable to assess frailty, although a band four physiotherapist rehab assistant found it very easy to include this into their caseload. Nurses did not appear to be as engaged with frailty assessment. This may be due to workload, lack of perceived responsibility for frailty assessment or lack of understanding of the global impact of frailty on care. In contrast, the physiotherapist assistant perceived it to be a core element of their role and could easily include a frailty assessment within their current patient assessment.

The results also show that frailty is an issue within acute renal admissions, as currently nearly half of patient admitted to hospital as acute renal admissions are deemed to be frail. Despite this, within this Trust, there is currently no structured guidance on how this influences care decisions and little additional support is offered to these patients to aid recovery or expedite discharge.

Next steps would be to begin to develop ways in which routine frailty assessments can be communicated across the multi-disciplinary team in order for them to inform care decisions. Further work is also required to assess nursing perceptions of frailty and educate the multi-disciplinary team on its value and importance.