The Frailty Five: Use of a “cheeky checklist” to teach care of frail elderly in the home

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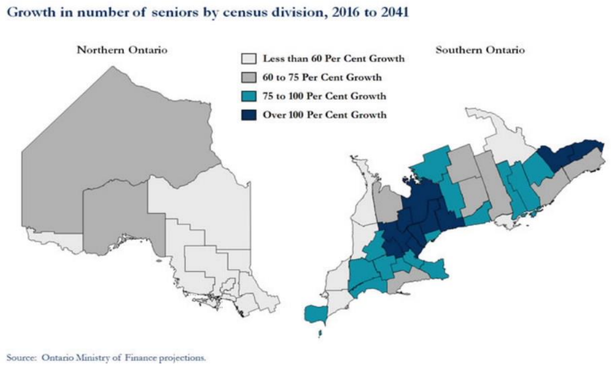
BACKGROUND

- Estimates for 2017 show that 17% of Canada’s population is age 65 and older and this population, especially those over 75, is expected to more than double over the next 20 years. Across the country, health systems are experiencing significant pressure in all sectors as they respond to the needs of seniors — including a widely recognized drive for independence and desire to remain in their homes as long as possible. There are increasing demands for family physicians to provide comprehensive care in the home to frail elderly who are unable to access care in the office.
- Frail elderly who are homebound usually have multiple comorbidities, are on multiple medications and sometimes live in complex social environments. Going on a home visit can be a daunting task for a medical student or resident. For learners to be willing to provide care to complex frail seniors upon graduation, it is critical for them to have a practical approach upon arriving at the home of a frail patient.
- Checklists have been shown to improve care in other areas of health care.



GOALS

- To create a tool that includes evidence based guidelines for frail elderly and emphasizes functional assessment and goals of care.
- To present this material in a way that would be focused and easy to remember for learners.

GUIDE TO USING THE FRAILTY FIVE CHECKLIST

“F”	Topic	Questions
Feelings	Mood	If sign/symptoms of depression, ask do you often feel sad or blue? Consider use of PHQ
	Cognition	Any concerns identified by patient, caregiver or family? If yes, consider screening with MMSE, MOCA, RUDAS
	Pain	Do you have any pain? Where?
Flow	Constipation	How often do you move your bowels? Is your stool hard or lumpy? Do you have to strain with BM?
	Urinary incontinence	Do you ever leak urine?
Function and Falls	Activities of daily living	Do you need help or has anyone taken over any of your usual activities? Review basic activities of daily living: DEATH (dressing/eating/ambulation/toileting/hygiene) Review instrumental activities of daily living : SHAFT (shopping/housework/accounting/ food prep/transportation)
	Falls	Have you had any falls in the past year?
Farmacy	Medication review	Review prescribed and unprescribed medication and how they are taken (including OTCs)
	Medication adherence	How often do you not take or forget to take this medicine?
	Deprescribing	Provider to consider - are there any medications that are not currently needed and can be reduced or discontinued? Are there medications being used to treat inappropriate targets for frail elderly (ie in DM, HT, chol)?
Future and Family	Supports	Who do you rely on for support and assistance?
	SDM	Who is your substitute decision-maker or POA for personal care and POA for finances? Consider does the named SDM align with the legal hierarchy? Have you discussed your goals and values with them?
	Goals of care	What is your understanding of your condition? What do you hope for and value in the remaining years of your life? What are your preferences for care in case of a life threatening illness?

FEELINGS

- Mood – Depression is common in patients with multimorbidity and physical health problems While routine screening for depression is not recommended by the CTFPHC and NICE, these guidelines recommend clinicians be vigilant in detecting any potential signs and symptoms of depression, especially in patients at increased risk.
- Cognition: Screening asymptomatic adults for cognitive impairment is not recommended, however screening is indicated if a patient, family member or other caregiver is concerned about potential cognitive decline or if the patient has symptoms suggestive of mild cognitive impairment.
- Pain: Persistent pain commonly affects older people and is associated with a number of adverse outcomes (including functional impairment, falls, decreased socialization, poor sleep, greater health care use and costs).

FLOW

- Rates of constipation approach 50% in adults over 80. The consequences of constipation in frail seniors can include syncope, coronary or cerebral ischemia as well as anorexia, nausea, pain and diminished quality of life.
- 70% of women over 70 have some form of urinary incontinence. Incontinence is associated with diminished quality of life due to skin irritation, UTIs, falls and social isolation. It is second only to dementia as a cause for admission to LTC.

FUNCTION AND FALLS

- A review of function in the home is critical to understanding what supports are needed. Basic and instrumental activities of daily living should be reviewed.
- Older adults in contact with HCP should be routinely asked whether they have fallen in the past year.
- The following components are part of a multifactorial intervention: strength and balance training, a home hazard assessment and intervention, vision assessment and referral and medication review. The first two components can be done by home based physiotherapists and occupational therapists through the local community care provider. The medication review is addressed below .

FARMACY ☺

- A review of the patient’s medications (prescribed and unprescribed) can be effectively done in the home by reviewing pill bottles, dosettes and blister packages. Developing a shared understanding of the reasons for use of each medication can improve adherence. In this population, an attempt should be made to de-prescribe.

FUTURE AND FAMILY

- Only 2-29% of frail older adults have discussed end of life care with a HCP and the great majority want to discuss this sooner rather than later The primary care provider should find out who are the patient’s supports, if they have a substitute decision maker (SDM) and whether they have discussed advance care directives with their SDM.
- Knowing a patient’s goals of care (i.e. symptom relief, maintaining or improving function, living a long time) can help guide care and treatment decision making in the home.

CONCLUSION

1. Caring for elderly patients in the home can be daunting for both learners and seasoned professionals. Using this “cheeky checklist” can help bring order to complexity.
2. The checklist helps the provider organize the delivery of evidence based care, as well as initiate important goals of care discussions with frail patients and their families.
3. Future directions include dissemination and evaluation of the tool by learners in the home.

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