



Quality Improvement Implementation, Option B: Frailty Project Time Period: 1/1/2024 – 12/31/2024

Background: Frailty develops through an accumulation of deficits over time that place patients at increased risk of suboptimal postoperative outcomes. Screening for frailty and discussion of the risks and benefits of moving forward with a surgical or non-surgical treatment pathway have been shown to improve both objective outcomes and patient satisfaction.

Project Goal and Summary: The 2024 frailty project will build on the work begun in 2023 which introduced a system to assess vulnerable patients for frailty using a validated screening tool with an informed discussion regarding the results of frailty screening during the surgical planning phase.

For 2024, the goal is to improve the surgical experience for patients identified as frail through interventions shown to potentially improve outcomes. This year will see an enhanced informed decision-making discussion with surgical candidates and caregivers and add interventions aimed at improving the surgical experience for candidates identified as frail. These interventions will include establishing patient overarching health goals and documenting this in the medical record, developing educational materials for patients and caregivers regarding care and expectations, and involvement of support persons throughout the surgical encounter to support those patients identified as frail.

QI Implementation Goals and Requirements (40 points total)

- *Continuing sites:* Measurement period is 1/1/2024-12/31/2024 OR dates
 - *New sites:* Measurement period is 4/1/2024 to 12/31/2024 OR dates
1. Sites selecting the frailty pathway will collect MSQC data in the Frailty tab for eligible cases.
 2. Hold three (3) **multidisciplinary meetings**. Submit minutes and attendees to the coordinating center with the final project submission (**6 points**):
 - a. Kickoff meeting by March 29, 2024, to review project requirements and preliminary data. (2 points).
 - b. Two (2) additional multidisciplinary meetings (minimally) before December 1, 2024, which include a review of data (2 points each).
 3. **Use of Frailty Tool** for preoperative frailty screening in $\geq 75\%$ of eligible patients (**10 points**). Sites will distribute and implement a frailty screening tool that will be completed during the preoperative planning period and be completed prior to the final decision to proceed with surgery on all elective surgery* patients meeting any of the following criteria:
 - Age ≥ 60 years on the day of surgery
 - Current dialysis as defined in MSQC core variable definitions.
 - Current cancer as defined in MSQC core variable definitions.
 - Functional health status identified as “Not Independent” in MSQC core variable definitions.
 - Current CHF as defined in MSQC core variable definitions.

If frailty screening is not completed for a patient who qualifies:

- The SCQR will discern the rationale for failure to use the frailty tool.
- If this information is unavailable in the chart, the SCQR may also obtain this information by communication with office staff.

*A subset of participating surgeons may be identified if system-wide adoption is not feasible. This subset is to be defined using physician organization or affiliation. If a subset is to be used, a list of physicians who will be included in the data will be submitted when the quality improvement project declaration is provided to the coordinating center. All elective MSQC surgical cases performed by surgeons affiliated with the selected practice(s) will be assessed for use of the frailty screening tool.

4. **A conversation between surgeon and patient/caregivers** occurs for $\geq 75\%$ of patients who screened as frail or pre-frail (**7 points**). The discussion will occur during the surgical planning process by a surgeon or an appropriate healthcare professional designee acting on behalf of the surgeon. This guided discussion and an attestation statement in the medical record are required and ensure that a conversation of the risks and benefits has taken place with the patient and/or caregivers.

The conversation and attestation statement regarding frailty screening, goals, and surgical plan must include the following elements:

1. General information on frailty
2. Interpretation of the scoring results (pre-frail or frail) according to the frailty screening
3. Discussion of the potential impact that frailty can have on surgical outcomes
4. The participants in the discussion, i.e., patient, family, caregiver
5. Any adjustments decided on in the plan of care (if applicable)

Appropriate designees for this conversation are defined as:

- An advanced practice provider (Nurse Practitioner or Physician Assistant) working in collaboration with the surgical team within the clinic setting.
- A provider (MD, DO, NP, CRNA, or PA) acting in partnership with the surgical team to provide preoperative screening, evaluation, or treatment that may occur outside the surgical clinic, on a day prior to the surgical date to facilitate surgical planning.

5. **Patient/caregiver goals for surgery are documented** for $\geq 75\%$ of patients who screened as frail or pre-frail (**7 points**).
6. **Provide preoperatively patient and/or caregiver education (10 points) *measurement period 4/1/2024-12/31/2024** to $\geq 75\%$ of patients who screen frail or pre-frail (positive for frailty). The education may be completed by the surgeon or an appropriate healthcare professional designee which may include a Registered Nurse or Advanced Practice provider and must
 - be provided verbally and in writing regarding the impact of frailty on surgical outcomes.
 - include how increased risk could be mediated pre- and postoperatively.Submit the educational materials that are being used to the MSQC coordinating center for approval by February 15, 2024.
7. Submit the 2024 Frailty Project Summary to the MSQC Coordinating Center no later than **January 15, 2025**. An additional 0-10 implementation points may be granted based on the detail of the project narrative, tracking log, and analysis; to be added to achieve the maximum of 40 project points.