

# Strength in Screening: Enhancing Frailty Identification in the Emergency Department at Joondalup Health Campus

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## Introduction

Frailty is a syndrome commonly associated with aging that increases vulnerability to adverse outcomes like falls, hospitalisation, and mortality. It is often under-recognised, particularly in Emergency Department (ED) settings.<sup>3</sup> In 2023 and 2024, individuals aged 65 and over accounted for 22% of all presentations to the ED at Joondalup Health Campus (JHC) in Perth, Western Australia.

Occupational Therapists (OT's) currently work in the ED on a seven-day roster and typically see older adult patients by multidisciplinary team referral or self-referrals. In recent years, OT self-referrals and screening for frailty has been reduced due to caseload demands. Screening tools, like the Think Frailty Tool has been shown to effectively identify frailty indicators and ensure timely intervention.<sup>4</sup>

## Aims of Project

In the absence of a formal frailty screening tool, this project aimed to streamline and enhance frailty identification using an evidence-based tool, in addition to the Clinical Frailty Scale.<sup>5</sup> The project also aimed to increase self-referrals in a 3-month trial of the Think Frailty Tool.

## Method

A literature review was completed to identify appropriate evidence-based frailty screening tools. The Think Frailty Tool was identified, and adapted into a sticker, with permission from NHS Scotland.<sup>6</sup> The sticker was implemented and trialled between October and December 2024. Data was collected during the trial and compared with data from the same period in 2023.

- **Inclusion criteria:** Patients aged  $\geq 65$ , able to engage in conversation, or carer available.
- **Exclusion criteria:** Patients  $< 65$ , in residential care, medically unstable/infectious/psychotic, BAL  $> 0.05$ , or still in the waiting room/no carer available.

THINK FRAILTY		YES	NO
<b>F</b>	<b>Functional Impairment in context of significant multiple conditions:</b> Do you have any difficulty with doing your day-to-day tasks? (showering, dressing, cooking, cleaning, driving, medications).		
<b>R</b>	<b>Reduced Social Support:</b> Do you feel you have inadequate support at home?		
<b>A</b>	<b>Acute confusion or altered mental state, diagnosis of dementia.</b> Have you noticed any changes to your thinking?		
<b>I</b>	<b>Immobility or Falls in last 12 months.</b> Do you have difficulty walking? Have you had any falls in the last 12 months?		
<b>L</b>	<b>Loss of Appetite/Loss of weight/Loss of muscle mass.</b> Have you lost any weight or noticed a reduced appetite lately?		

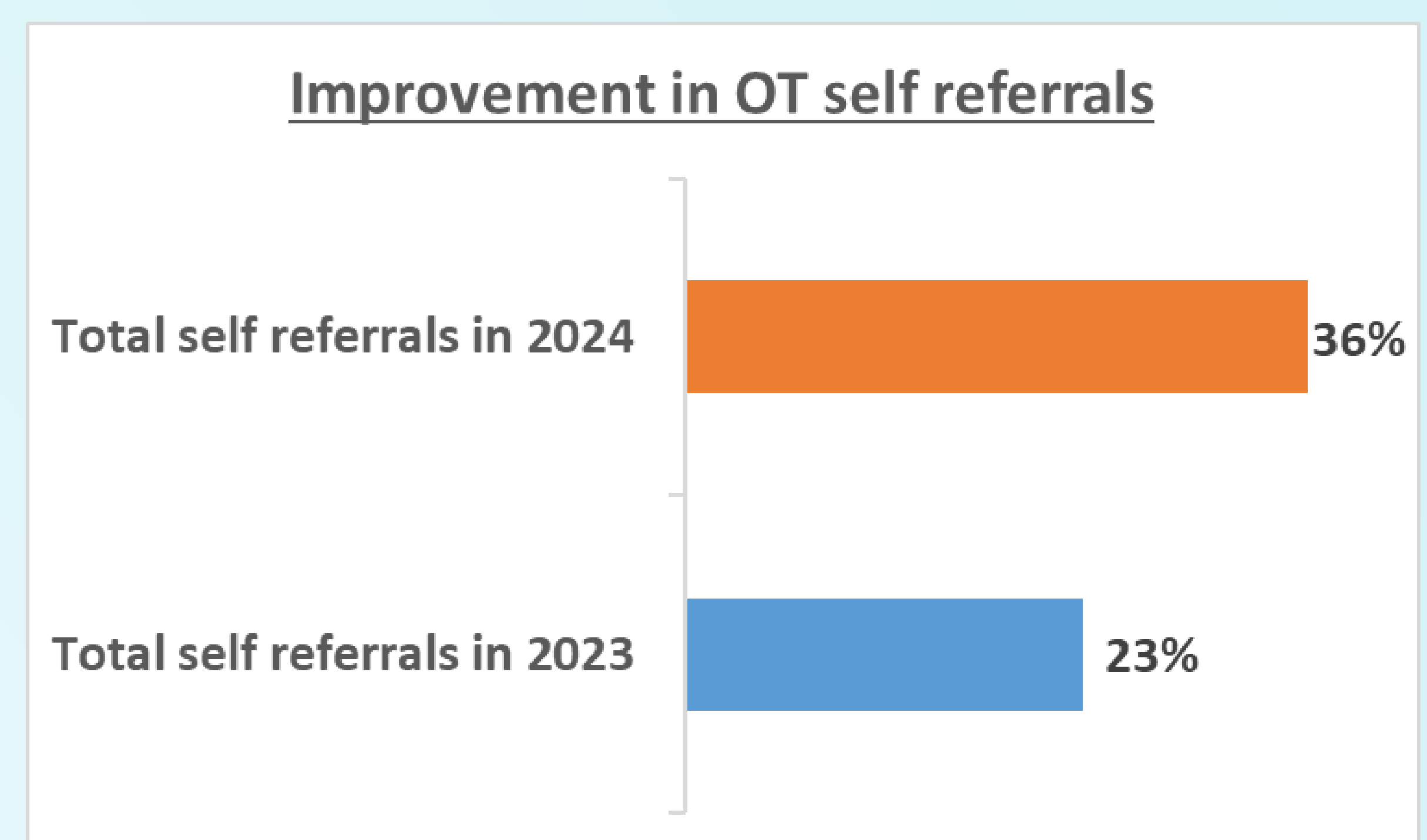
Clinical Frailty Scale (CFS) Score: \_\_\_\_\_

If **yes** to any of the above, please consider early referral to **MDT** for frailty management.

## Results

The introduction of the adapted Think Frailty screening tool in the ED led to a **15%** increase in OT self-referrals, proactively identifying older adults at risk of frailty.

**47%** of patients that received the frailty screening received a comprehensive assessment from OT, targeting their frailty indicators and initiating early allied health referrals. A total of **55** frailty stickers were used in the trial period.



## Conclusion

The adapted Think Frailty Tool was successfully implemented for a three-month trial period. This demonstrated that a simple, structured screening tool can support early identification of frailty indicators whilst enhancing OT activity in the ED.

Early comprehensive assessment can also have the potential to improve patient outcomes and reduce care delays. Future work may include discussions regarding incorporating the adapted Think Frailty Tool into ED pathways for older adults.



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