

# Using the e-Frailty Index to Improve Patient Care

*A local story from Living Well in Communities*



## *Context*

Dollar Health Centre is a semi-rural practice in central Scotland with a population of 5000.

The medical practice started using the e-Frailty Index (e-FI) in January 2019 to help identify people living with frailty.

## *Identifying people before a crisis*

Using the e-FI through SPIRE highlighted Mrs Jones as someone who was high priority – in February her eFI score indicated that that she was severely frail. Her score had increased in the preceding 6 months, a sign that her frailty was becoming increasingly severe.

## *Accessing preventative support*

Mrs Jones was therefore discussed at the practice multi-disciplinary team meeting. Most people at the meeting had had some previous contact with Mrs Jones in recent months, and were able to contribute some useful information, but no-one felt that they had a complete overview of the situation. She was therefore sent an invitation to attend the practice nurse for a healthcare review.

Mrs Jones attended the health review with her daughter, Julie. Julie confirmed that she was concerned about her mother, as a recent chest infection had taken much longer to resolve than normal and during this time her mother's energy levels and mobility had deteriorated. The previous month she had had to take her mother to the out of hours service following a fall at home. Her mother was also becoming more forgetful, and the daughter was worried about leaving her mother on her own. The practice nurse spent most of the consultation exploring concerns and undertaking a basic health assessment.

Mrs Jones was discussed at the next team meeting, and it was agreed that a referral would be made to the community ACP team to visit Mrs Jones at home. A referral was also made to the dementia outreach team.

Over subsequent weeks a package of care was introduced to support Mrs Jones at home, and a mobile emergency call system (MECS) was put in place. Further examination revealed postural hypotension and a GP reviewed and reduced some of her medication. A community physio visited, supplied a zimmer frame, and gave advice about trip and fall hazards around the house.

### *Planning ahead*

Mrs Jones was supported to develop an anticipatory care plan, in which she could highlight how she would like to be cared for in the future, including what and who were important to her. It was felt that she still had capacity to appoint her daughter as welfare Power of Attorney.

### *Outcome*

Mrs Jones remained in the severe frailty category on the eFI, but she was no longer deteriorating and her daughter Julie indicated to nursing staff that she felt much more in control and aware of the help that was available for her Mum should another crisis occur in the future.