

## **Implementation of a Nurse-Driven Frailty Screening to Improve Access to Home-Based Primary Care**

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### **Background**

Access to Home-based Primary Care (HBPC) remains limited despite acceptance as a standard of care. The Clinical Frailty Scale (CFS) is a valid instrument for identifying older adults vulnerable to poor outcomes. The goal of this evidenced-based practice project was to educate inpatient nursing staff on use of the CFS, promote recognition of frail adults and optimize access to HBPC.

### **Methods**

From October to November of 2022, educational sessions were conducted once weekly on an acute cardiology unit at an academic hospital. The project lead provided educational handouts on scoring the CFS and referring to HBPC. Nurses were coached to enter the patient's CFS score in the electronic medical record. A chart audit was conducted to track completion of the screening. Patients identified as moderately to severely frail were reviewed with the unit-based nursing case manager. Access to HBPC was measured by tracking referrals to HBPC from the project unit concurrently during the project period and 1 month post project completion. Project referral volume to HBPC was compared to referral volume from October to November 2021.

### **Results**

During the project period 79 of 93 hospitalized patients were screened, with a nursing screening adherence rate of 85%. 32 of the 79 patients were identified as moderately to severely frail and therefore, determined to be homebound. Of the 32 patients, 10 patients did not live within the HBPC catchment area, 1 patient was receiving dialysis, and 2 patients were planned discharges to skilled nursing facilities. 19 patients were identified as meeting inclusion criteria for referral to HBPC. Reasons for omission of referral to HBPC included acute psychiatric needs, unstable housing/caregiving, or declined referral to the program. 10 referrals were made during the data collection period compared to 0 referrals from the unit 1 year prior to the project implementation.

### **Conclusions**

The CFS is a valid instrument for identifying hospitalized patients who are eligible for HBPC. Education of clinicians regarding the CFS is a useful method for expanding access to HBPC.