



FRAILTY: THE ISLAND EXPERIENCE

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OBJECTIVES

- Provide an overview of our current understanding of frailty
- Ministry of Health directives
- Island Health initiatives

FRAILTY

- A clinical syndrome:
 - Weakness
 - Fatigue
 - Inactivity
 - Reduced food intake and weight loss
- Often associated with:
 - Sarcopenia
 - Balance and gait abnormalities
 - Deconditioning
 - Osteopenia



FRAILTY

- The consequence of frailty is reduced resiliency and inability to respond to physical stressors
- This leads to
 - Falls and injuries
 - Acute illness and Hospitalizations
 - Decline in function with dependency
 - Institutionalization
 - Mortality



MEASUREMENT

- Why Measure?
 - Prognosis and planning for care; health care decisions; end of life discussions
 - Quantifying frailty to minimize interventions that are not going to change outcome

The CSHA Clinical Frailty Scale

- 1 **Very fit** – Robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age
- 2 **Well** – Without active disease, but less fit than people in category 1
- 3 **Well, with treated comorbid disease** – Disease symptoms are well controlled compared with those in category 4
- 4 **Apparently vulnerable** – Although not frankly dependent, these people commonly complain of being “slowed up” or have disease symptoms
- 5 **Mildly frail** – With limited dependence on others for instrumental activities of daily living
- 6 **Moderately frail** – Help is needed with both instrumental and non-instrumental activities of daily living
- 7 **Severely frail** – Completely dependent on others for the activities of daily living, or terminally ill

IADL

Activities required to live in the community

- Meal preparation
- Ordinary housework
- Managing finances
- Managing medications
- Phone use
- Shopping
- Transportation

ADL

Non-instrumental activities of daily living; related to personal care

- Mobility in bed
- Transfers
- Locomotion inside and outside the home
- Dressing upper and lower body
- Eating
- Toilet use
- Personal hygiene
- Bathing

PREVIOUS EFFORTS

- Mandated 48/6
 - Functional status pre-hospitalization in six domains compared to current function
 - Care planning to maintain or restore function to premorbid status
- Electronic Health Record to include frailty scale

NEW MINISTRY OF HEALTH DIRECTIVE

- Thirteen communities across the province selected to participate
- With Primary Care being the foundation
- Island Health communities
 - Comox/Courtenay
 - Cowichan District
 - Saanich Peninsula

COMMUNITY INTEGRATION FOR THE FRAIL ELDERLY

- “Primary Care Home”
- Multidisciplinary community teams
 - Accessible by patient, family, community
 - Identify at risk individuals
 - Timely and appropriate interventions
- Intermittent, as needed, access to specialty services

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- Communication
 - Information for Patient
 - Prevention
 - Co-location
 - Technology
 - Transition
 - Integration