Assessment of Frailty in Nursing Home Residents
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Background
- Frailty is a well-documented risk factor for cognitive impairment and a positive correlation exists between them.
- There are approximately 75+ different tools to assess frailty and there does not appear to be any consensus as to how frailty should ideally be measured.
- With use of the Physical Frailty Phenotype, frailty can be broken down into individual factors which can be measured objectively.
- The value of addressing frailty in nursing home residents is rooted in the attempt not only to prolong life, but also to improve its quality.
- If there is an outlier leading to increased rates of frailty in nursing residents, then a facility-wide improvement could be made which reduces frailty on a larger scale.
- If an intervention is made, this may result in an objectively measurable decline in the rate of cognitive deterioration of nursing home residents.

Methods
The Physical Frailty Phenotype was used to assess the frailty of 30 nursing home residents concerning the following traits:
1. Weight Loss >10% over 1 year
2. Walking speed
3. Averaged Grip Strength
4. Self-Reported Endurance and Energy
5. Amount of Physical Activity

“Have there been any gaps in your care?”
4 residents had referrals to specialists made by the PCP that had not been scheduled in over 2 months.
- 1 missed follow-up appointment with neurosurgery for management of a brain abscess requiring IV antibiotics.
5 cases in which requests to be evaluated by a specialist were not made known to PCP by staff for greater than 2 months.
1 case of gross medical negligence in which failure to administer daily medications resulted in a CHF exacerbation which required admission to the hospital.

Results

Physical Frailty

- Severe Frail: 17%
- Pre-frail (1-2): 58%
- Frail (3-4): 45%

Interventions
- The means of having the most substantial reduction of frailty in the majority of nursing home residents was found to be in fostering an environment which cultivates participation in daily activities.
- Despite having discovered facility-based deficits, none were found to be significant contributors to overall frailty.

Discussions

Future Direction
- Random visit to determine if intervention has resulted in a statistically significant increase in physical activity amongst original cohort.
- Measurement in 1 year of cognitive decline as assessed by MMSE with comparison to group not regularly engaging in physical activities.

Reference
Annals of Internal Medicine: Evidence for Improving Palliative Care at the End of Life: A systematic Review. Karl A. Lorenz, MD, MSHS; Joanne Lynn, MD, MA, MS; Sydney M. Dy, MD; Lisa R. Shugarman, PhD; Anne Wilkinson, MS, PhD; Richard A. Mularski, MD, MSHS, MCR; Sally C. Morton, PhD; Ronda G. Hughes, RN, MHS, PhD; Lara K. Hilton, BA; Margaret Maglione, PhD; Shannon L. Rhodes, MS; Cony Rolon, BA; Virginia C. Sun, BS, MSN; Paul G. Shekelle, MD, PhD.