Implementation of a clinical frailty pathway at a cancer centre
- a quality improvement project -

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Disclosures

• Advisory role: Boehringer

• Research grant: Pfizer, Roche, Takeda

• Travel grant: Pizer, Roche
Background

- Clinical frailty is associated with ageing and it may impact patients’ outcomes
  - E.g. anti-cancer treatment decisions and tolerability, access to clinical trials, survival, quality of life, experience, etc.

- The NHS Specialized Clinical Frailty Network is raising awareness and promoting frailty assessment & management across specialized centres in England.
  - Our cancer centre joined this network in Aug/2018

**Aims:** To implement a frailty pathway to improve outcomes for advanced lung cancer patients

- Multi-phase project
- **Phase A:** implement a frailty screening tool into standard of care
- **Phase B:** implement specialized frailty assessments (pilot team)
- **Phase C:** expand frailty team for all tumour sites (business case)
Methods

Quality improvement methodology

PDSA cycle

1. Act
2. Do
3. Study
4. Plan

Multidisciplinary team
Education/training (~20 lung clinicians)
Digital tools (CFS implementation / real time data dashboard)
Engage with hospital executive board

Phase A: screen ≥80% of all new lung cancer patients (any age)

Rockwood Clinical Frailty Scale (CFS)

1. Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
2. Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.
3. Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.
4. Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slow"ed up, and/or being tired during the day.
5. Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
6. Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (sitting, standing) with dressing.
7. Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
8. Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
9. Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.
Results

Frailty screening rate

902 new lung cancer patients completed CFS screening

89%

CFS patient distribution

42% classed as frail

CFS and age

Median age 70y
Age group <70y 70+
Frail (CFS 4+) 43% 54%

CFS and treatment pathway

20% less likely to be offered any anti-cancer treatment

SACT continued beyond 1st cycle

64% Frail 91% Fit

CFS and ePROMS (QoL)

52 70

EQ-5-D5L

SACT – systemic anti-cancer treatment

OR 0.7, 95%CI 0.5-0.9; p<0.01
Conclusions

• The implementation of a frailty screening as a digital tool is feasible, even in a high-volume center

• 4/10 patients with advanced lung cancer are likely to have some degree of frailty

• Frail patients are less likely to tolerate/comply with cancer treatments

• It is not enough to label patients as fit/frail > specific needs and intervention plan
  • From quality improvement project to service transformation!

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