



Quality of Life on the Problem List

Frailty identified and addressed in a geriatric population.

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Background

Physicians' performance and salary are determined by health metrics like:

- A1c, blood pressure, readmission rates, etc.

How should quality of life (QoL) play into the picture? QoL is hard to measure and standardize but it is an important aspect of health care that deserves attention.

QoL may be measured by important necessities such as:

- amount of sleep, energy, quality of relationships, ability to continue hobbies, stress level, etc.

The project goal is to quantify QoL of the patients of the Sangre de Cristo family medicine clinic. A high percentage of patients seen at the practice are geriatric.

This project is of interest because there comes a point when treating the geriatric population, that quality of life needs to be discussed.

This project may shed light onto ways patients' QoL can be improved. This project may influence future metrics by which physicians are scored and improve the lives of the patients that are treated.

Objective

To gather quantitative information about elderly patients' quality of life. This information will be used to develop targeted interventions to assist the geriatric population in maintaining the highest QoL possible.

Methods

44 patients >65 years of age were surveyed with a Frailty Index questionnaire.

- 3 age groups were defined: 65-74, 75-84, 85-94
- The results of the survey were used to identify problems to target
- Interventions have been designed to address the frailty problems.

Results

Figure 1. Frailty Index Responses

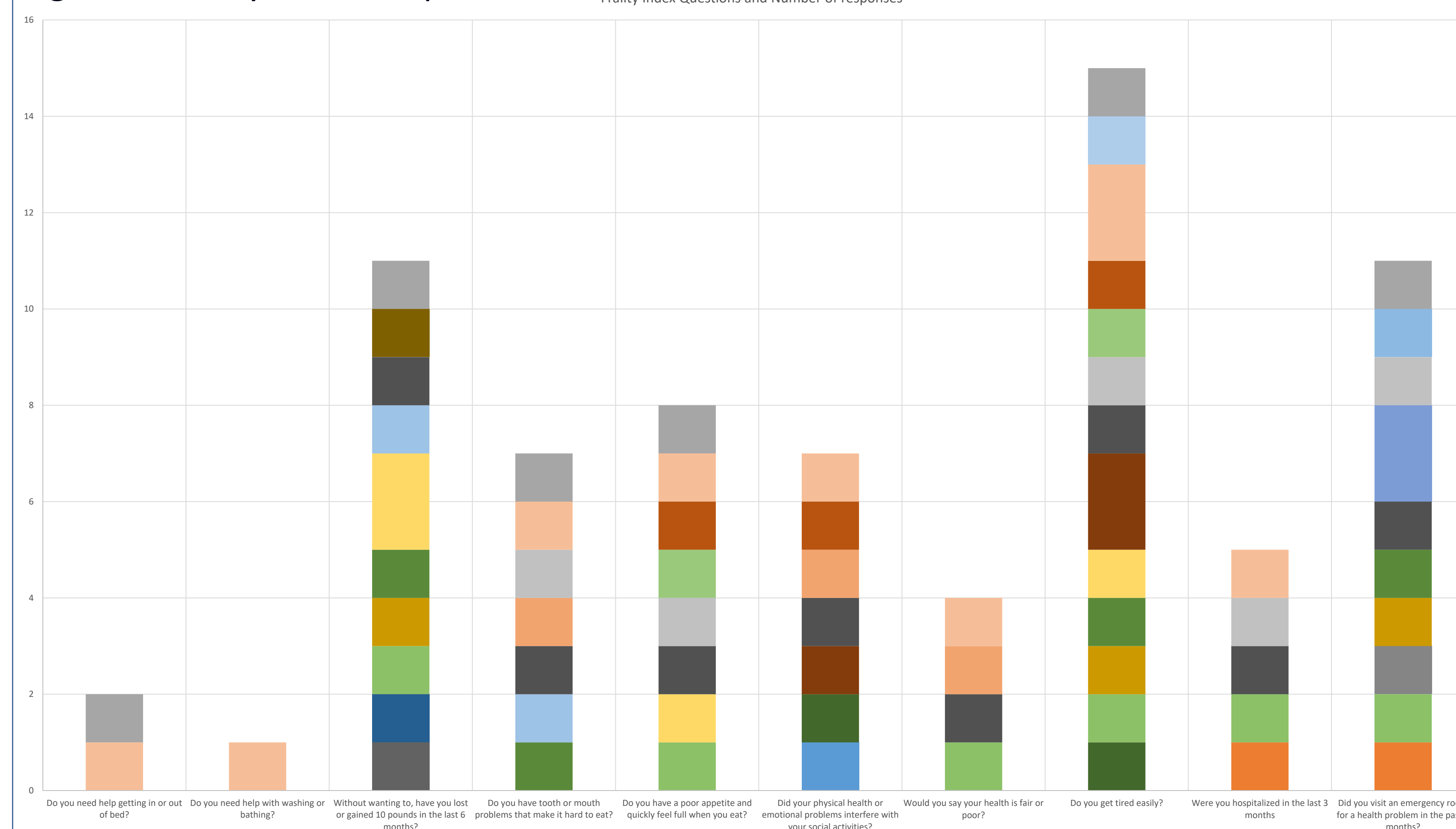


Figure 2. Female Frailty Responses

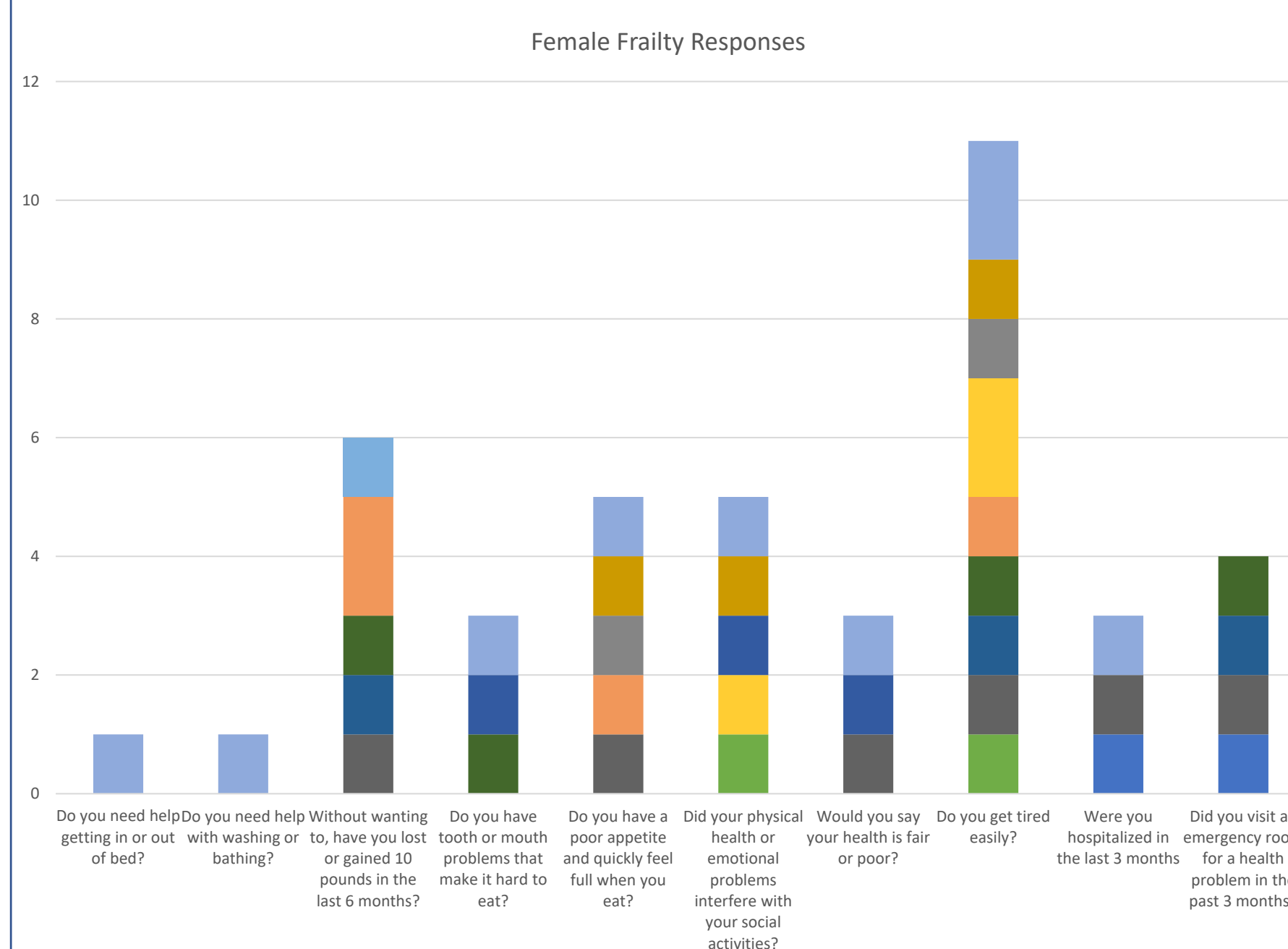


Figure 3. Male Frailty Responses

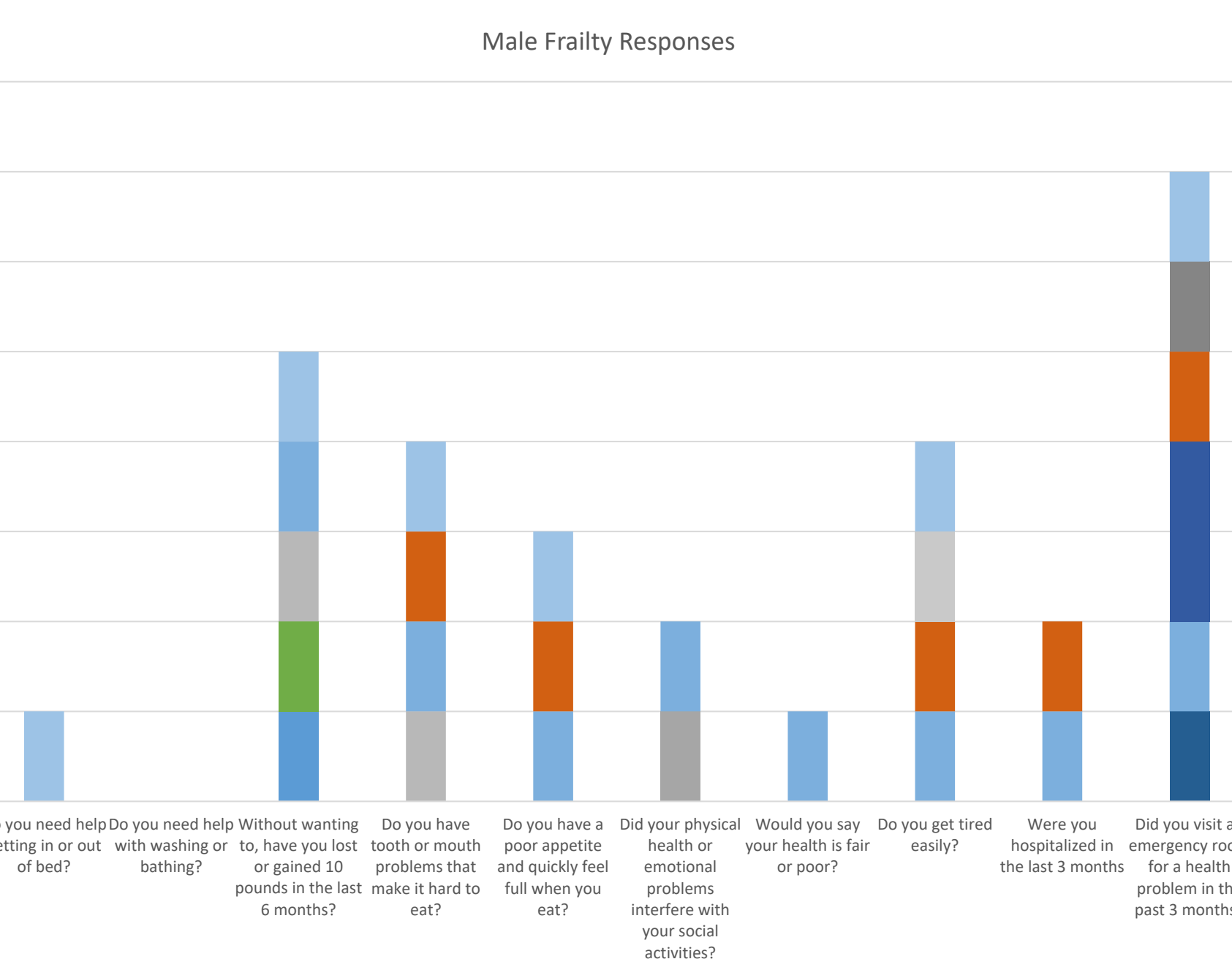
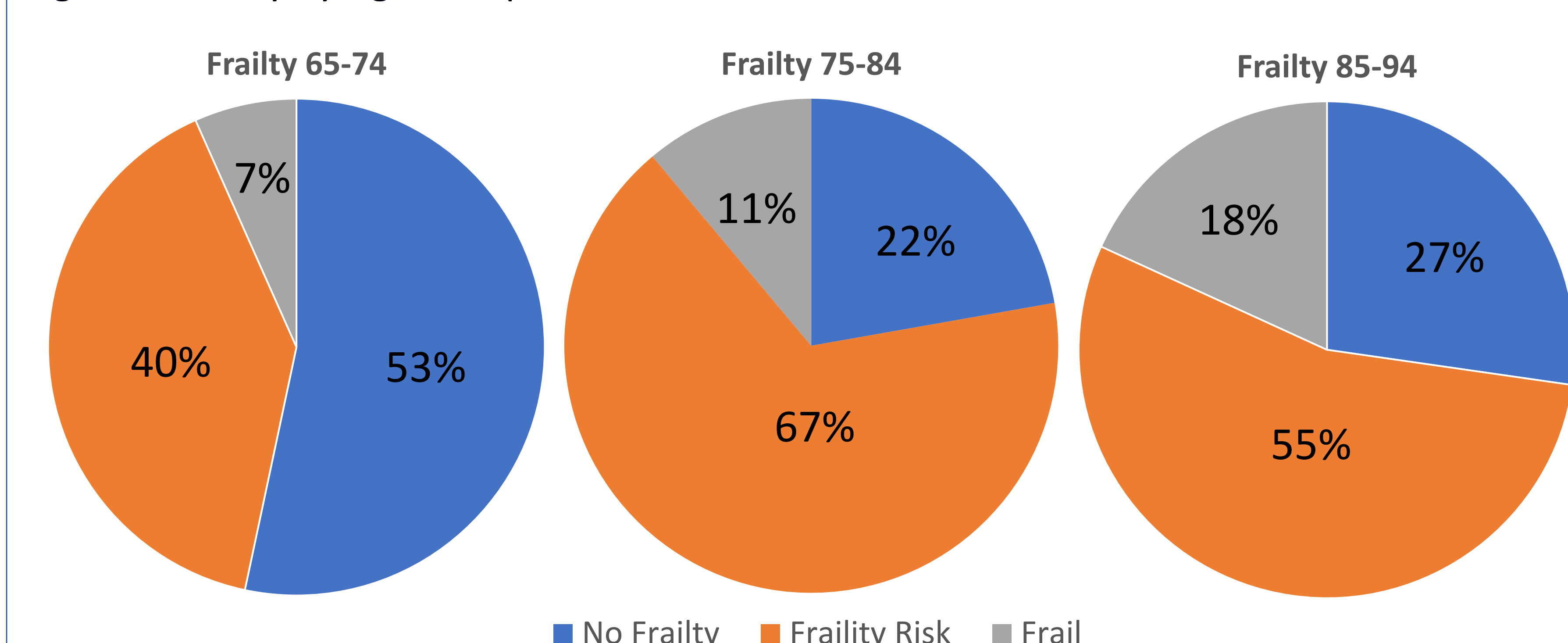


Figure 4. Frailty by Age Group



Discussion

- 16 males and 28 females, for a total of 44 patients, were surveyed. Of the 44 patients, 32% had no signs of frailty, 54% were at risk, and 14% were determined to be frail.
- On the survey the problems that were endorsed most were fatigue (34%), visiting an emergency room in the past 3 months (25%), and 10 pound changes of weight within the last 6 months (25%).
- In general patients at risk for frailty and those with frailty increased with age, as expected. The 85-94 age group had a slightly greater percentage of non-frail patients and a slightly lower percentage of patients at risk for frailty than the 75-85 age group.
- This unexpected finding can be confounded by the lower sample size of the 85-94 group which is subject to more variation from actual frailty. A larger sample size would need to be collected to establish a higher power that is more representative of the actual population frailty.
- Issues:
 - Some patients filled out the survey independently while others filled it out in the presence of an observer.
 - The survey was read to some patients due to issues with vision. The questions were paraphrased at times to make them more understandable.
 - Some people misunderstood survey questions.

Future Directions

- Repeat PDSA cycle with the following modifications:
 - provide guidance and information on how to stabilize weight and improve energy.
 - Provide advanced care planning to avoid unnecessary ED visits. Billable with 99497 and 99498 for each additional 30 minutes of discussion.
 - Placing Quality of life on the problem list.

Reference

- Rockwood K, Song X, MacKnight C, et al. A global clinical measure of fitness and frailty in elderly people. *CMAJ*. 2005;173(5):489-95.