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Background

- Primary health care (PHC) providers regularly encounter frail persons in their daily clinical work
- However:
 - Routine identification and measurement of frailty is not part of standard practice
 - There is a general lack of awareness about, and consistency in approach to, frailty
- A web-based tool, the 'Frailty Portal' aids providers in the identification, screening and care planning of frail patients
- Development was a collaborative effort between *Primary Health Care*, Nova Scotia Health Authority (NSHA) and the *Palliative and Therapeutic Harmonization (PATH)* program

Objective

To assess the implementation, feasibility and impact of a web based tool (the Frailty Portal) in the identification, raising awareness of, care planning and delivery of appropriate care for the frail in community primary care practice.

Method

Design

- Convergent mixed methods

Setting

- Community-based family practice, Central Zone, NSHA
- Cross-jurisdictional exploration in Fraser Health, British Columbia.

Participants

- Family physicians (FPs), nurse practitioners (NPs), frail patients/caregivers, other stakeholders

Intervention

- Provider education with respect to frailty identification
- Application of the Frailty portal within community practice

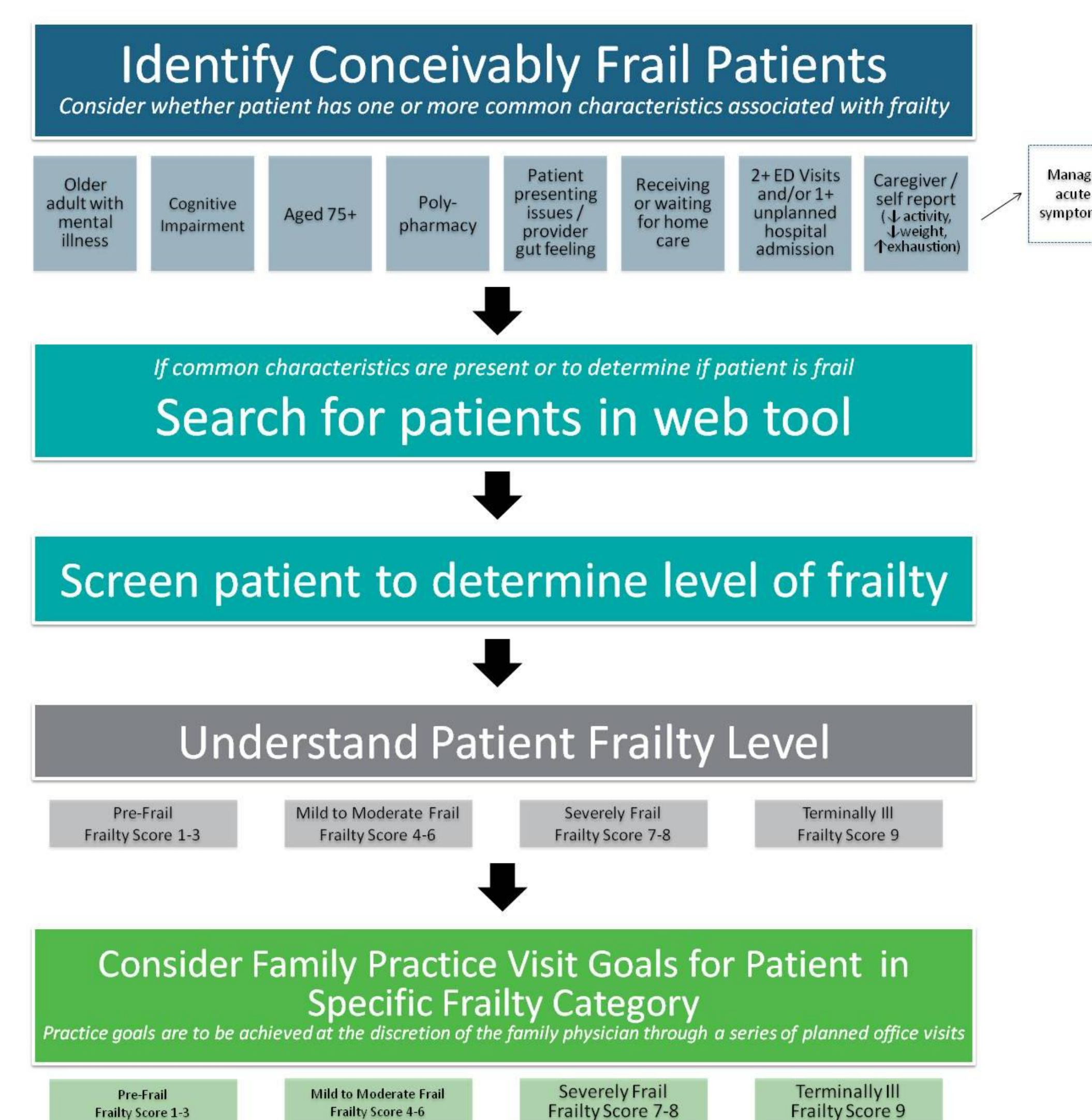
Acknowledgements

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The 'Frailty Portal' includes:

- An electronic version of the Frailty Assessment for Care Planning Tool (FACT)
- Practical evidence-based visit goals to support individualized care plan development; and
- A toolkit of integrated, resources



Measures

- Provider adherence to implementation plan activities
- Barriers and facilitators influencing implementation
- Impact on provider, patient and caregiver
 - Knowledge, awareness of frailty
 - Provider confidence
 - Patient understanding, expectations
- Outer and inner setting characteristics, policy, climate
- Concurrent data collection through surveys, interviews

Results

Quantitative: Analyses are ongoing as data collection is finalized

- 14 providers (10 FPs, 4 NPs) participated
- 7 providers adhered to the implementation activities
 - 55 patients were assessed (completed or started)
 - 41 care plans were completed or started
- Patient/caregiver survey administration nearing completion
- Due to recurring technical issues, providers in British Columbia were not able to access the Frailty Portal for patient assessment

Qualitative:

- 14 stakeholder interviews completed

Three Main Themes:

1. Training:

Viewed positively; good conceptual understanding; encourage portal use directly after training; follow-up needed to address post-training concerns; lack of understanding on how to enact care plans

2. Providers:

Frailty visits well suited to NPs' scope of practice; physician barriers include lack of EMR integration, inadequate compensation; administrative support helpful for patient identification and scheduling

3. Collateral information

Is critical but there are privacy concerns

I'm suspecting that it's probably better that you do ask somebody in the family who sees the other 364 days of the year what's really going on. Get another set of eyes." (HP8)

Conclusions

- Attention to identified facilitators and barriers core elements for successful implementation will aid future scaling-up of the portal within Nova Scotia and across the country
- The Frailty Portal use has the potential to increase community providers' ability to care for patients in the context of their frailty.

