



# Using a multi-pronged approach to reduce the incidence of frailty at discharge

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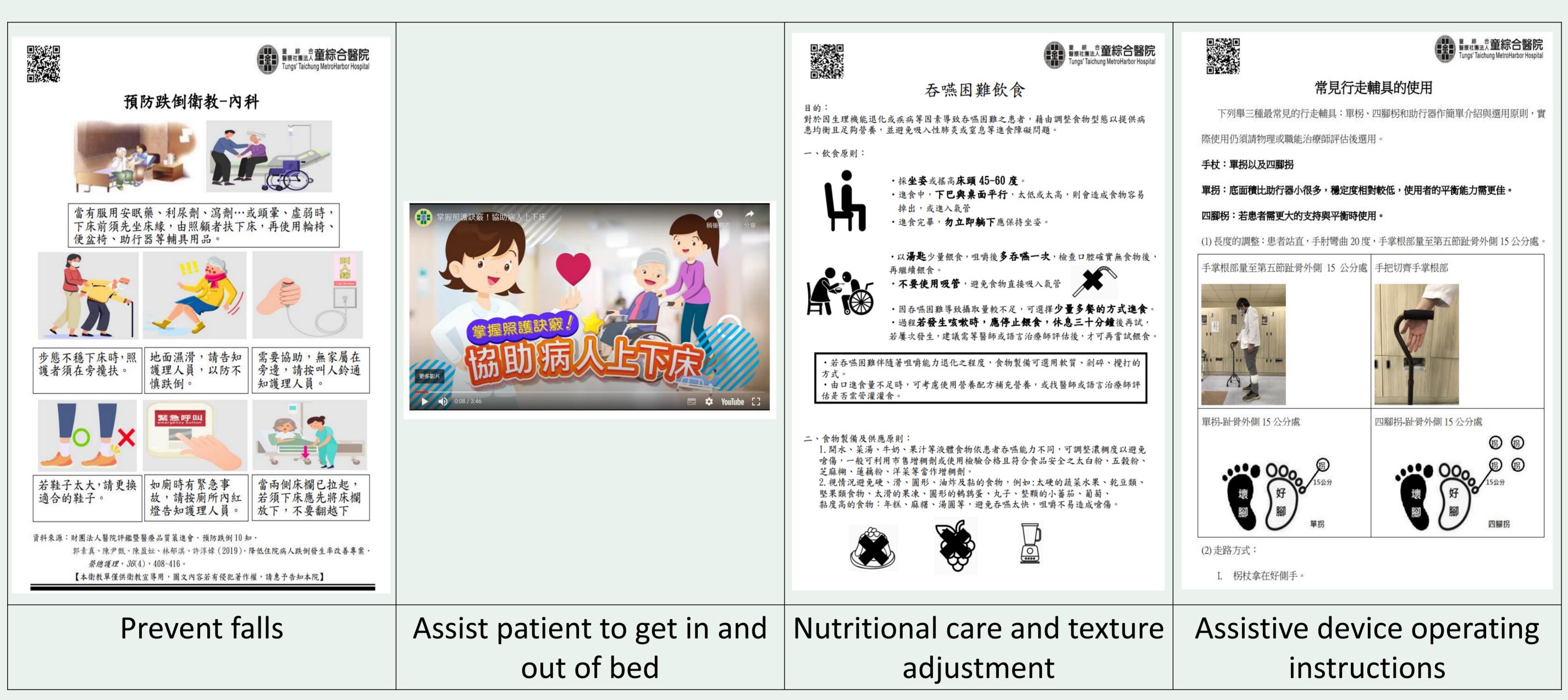
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## Background

More than 60% of Taiwan's population over the age of 65 suffers from two or more chronic diseases, which reduces the body's reserve capacity and makes them vulnerable to debility when hospitalized for acute illnesses. Frailty is a reference indicator for future disability. According to analysis, the incidence of frailty when discharged from our hospital is as high as 81.49%. In order to reduce the incidence of frailty, this study used a questionnaire survey to find that caregivers are worried about patients falling, do not know how to help patients get out of bed, and have insufficient knowledge of nutritional care. , Insufficient operating instructions for assistive devices, and nursing staff's weak cognition may be related.

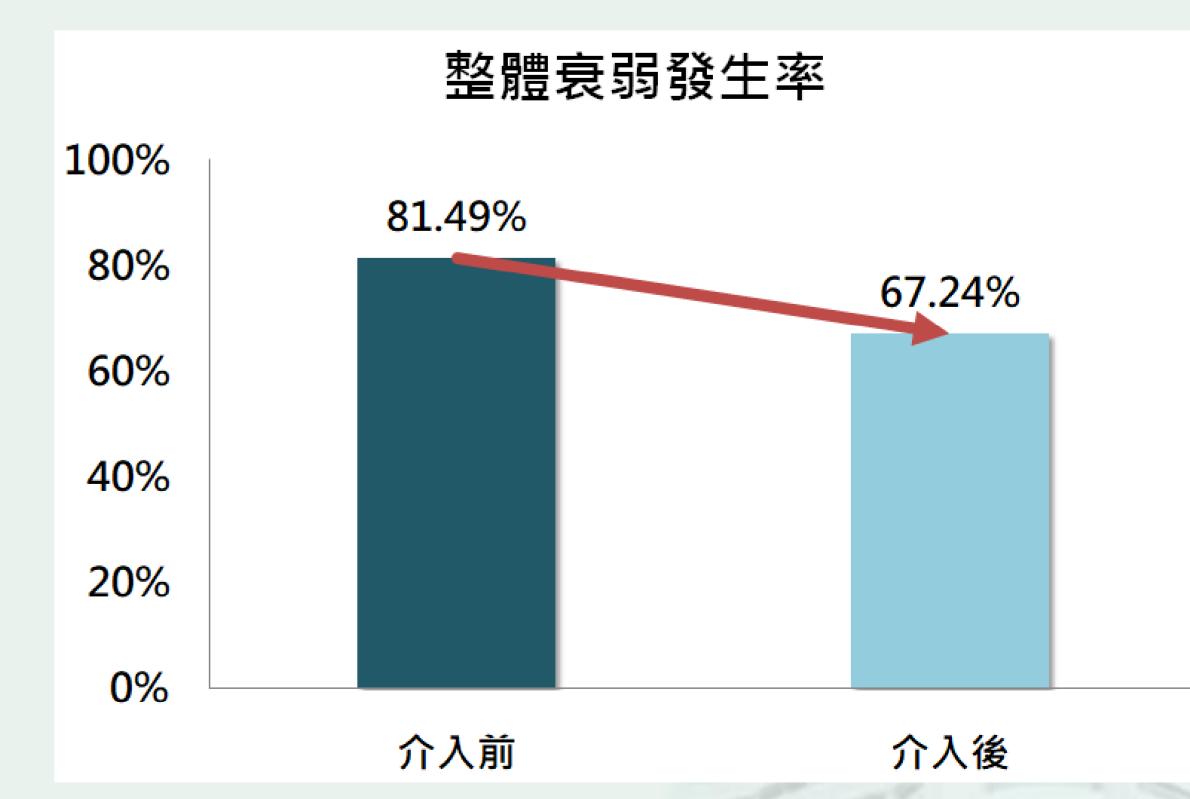
#### Methods

This study follows hospitalized patients over the age of 65, with a Clinical Frailty Scale (CFS) score of 4 or above indicating frailty at discharge. Solutions were developed through team discussions, including teaching on fall prevention, how to assist patients in getting in and out of bed, nutritionists providing nutrition care plans and adjustments to diet texture, rehabilitation therapists producing operating instructions for common assistive devices, and holding a nursing seminar on frailty. Nursing education and training will track the frailty levels of a total of 220 people when they are discharged from hospital in 2023 to understand the effectiveness of improving the incidence of frailty.



## Results

The results showed that through health education, response teaching and consistency in the care process, a total of 147 people had a CFS frailty assessment of 4 or above at discharge, and the overall frailty incidence rate was reduced to 67.24%. It can be seen that active education, training and process improvement can improve frailty care awareness and skills and effectively reduce the occurrence of frailty.



## Conclusions

The results of this study confirm that a multimodal improvement program can reduce the incidence of frailty and improve the quality of care, thereby reducing the risk of disability, readmission rates, institutionalization, and death.