

APPLYING THE BRIEF FRAILITY ASSESSMENT (BFA)

Using the brief frailty assessment is a great way to make sure that a frail older adult is being supported. It uses high yield screening questions to dig a little deeper so that we can support people to be safe and independent in the community. It does not replace regular protocols and processes of primary care.

This document will walk through each part of the assessment and provide some ideas of what you might do in response to "positive screens" that you identify.



The geriatric approach means remembering these things:



- Ask the questions and plan around the answers
- Support older adults AND their support systems, including their environment. This includes making sure they have access to resources and equipment that they need
- Embrace complexity - one symptoms is likely to have multiple causes that require intervention and a multidisciplinary approach
- Atypical presentations of illness - Acute functional decline = acute illness and requires a medical work up
- The goal is to support the person and prevent poor outcomes. Frailty is rarely reversible, but maintenance is a very important objective
- Functional status is one of the strongest predictors of outcome and should steer intervention and treatment
- Advanced age alone does not cause functional impairment

Clinical Frailty Scale (CFS)

Clinical Frailty Scale®

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 “sloved 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 (cuing, standby) 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**.

Scoring frailty in people with dementia
The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.
In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.
In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Reinken 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. *CMAJ* 2005;173:981-985.
© 2008, Version 1.2.2016. All rights reserved. Geriatric Medicine Research, Dalhousie University, Halifax, Canada. Permission granted to copy for personal and educational purposes only.

If you will be using the Clinical Frailty Scale to identify people who would benefit from the further assessment of the BFA, make sure to do the training module found here: <https://rise.articulate.com/share/deb4rT02lvONbq4AfcMNRUudcd6QMts3#/>

There are other tools you can use with the CFS found here: <https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale/cfs-guidance.html>

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Things to consider

- Each domain flagged may or may not require further exploration or intervention – clinical judgement will be essential.
- There is no one size fits all approach. Consider individual priorities, resources and complexity when planning care and include the person in the planning.
- Some people will require a comprehensive approach from a multidisciplinary team, and other may require continued monitoring and a note to follow up on an area at the next visit - and everything in between.
- The suggestions in this document are not all inclusive of resources available, but should serve as a starting point for planning.
- For primary care environments with access to My Health Teams, this is often an excellent place to look for supports first



Must Know Resources

- For people with complex needs, multiple flagged domains, or where specialist assessment **and intervention** is needed, refer to the **Geriatric Day Hospitals/Multidisciplinary Geriatric clinics**
- For in-home comprehensive assessment with specialist recommendations and referral to support services, (specialist input through report by clinician, not assessed directly) refer to **Geriatric Program Assessment team to Geriatric Mental Health Team (65+)**.
- For assessment and connection to resources (no specialist physician involved) you can refer to the **Healthy Aging Resource Teams (HART) (55+)**.
- For connection to community resources (no assessment by health care practitioner) refer client to **Seniors Resource Finders**
- **Manitoba 211** is a free, confidential, 24/7 service that connects individuals to government, health, and social services that are available across the province. individuals can now call 2-1-1 to talk with trained professionals to help find and navigate the services they need and use the chat function available from this website
- To find people who can be contracted for one's specific needs, connect to **Care Possible**

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)

When using the BFA, if you have a recent assessment for any particular area, you are welcome to use the findings of that history to replace the BFA screening question. For example, if a person has a dementia diagnosis, you might skip the cognition screens and just check it off as a known flag.



Q1: Self Rated Health

THE QUESTION:

For your age would you say, in general, your health is excellent, good, fair, poor or bad?

POSITIVE SCREEN:

poor or bad

WHY ASK?

Widely accepted as a reliable measurement of overall health and a strong predictor of mortality. Many causes of poor self rated health are modifiable.

WHAT TO DO WITH A POSITIVE SCREEN

- Just ask the question and continue on with the assessment.
- Although most of the time you would not expect a frailty score to change, this could be an area where tracking for a change in results might be useful.
- Approach the remaining questions with an increased index of suspicion in looking for modifiable factors that could produce a more favourable response to this question in the future



Q2: Recent Hospitalization

THE QUESTION:

Have you been in the hospital in the past six months?

POSITIVE SCREEN:

yes

WHY ASK?

Post-hospitalization functional decline has been shown to be sustained up to one year following discharge, and non-recovery to baseline functional status has been associated with increased risk of institutionalization, prolonged disability, and death

WHAT TO DO WITH A POSITIVE SCREEN

- Proceed with a heightened awareness for impacts on these areas in particular: mobility, nutrition, continence, polypharmacy.
- Specific interventions will be considered as each areas is assessed in the BFA.

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Q3: Social Supports

THE QUESTION:

Is there someone that you can call and count on when you need help?

POSITIVE SCREEN:

no

WHY ASK?

Supports are pivotal for retaining the balance if the scales are tipping. Keep in mind that the person may also be providing support to a spouse or someone else.

WHAT TO DO WITH A POSITIVE SCREEN

Each person should have an emergency plan. - Who can they call in an emergency? How would they manage if they were sick needed help?

Consider:

- What supports are available to them?
- Are there friends/family who could be approached about creating a support network?
- Are there community organizations that could be consulted to provide supports or act as a resource in an emergency?
- Who could be enlisted to assist in creating an emergency plan? - Friends/family? Social work? Home Care Case coordinator?
- Consider discussing an emergency call bell system such as [Lifeline](#)
- Facilitate connection to social programs - [Seniors Resource finders](#), [Seniors Centres](#), [A&O](#), [Adult Day Programs](#) through Home Care



Q4: Activities of Daily Living

THE QUESTION:

Ask about level of independence with bathing, dressing, toileting, transferring and eating. - Independent, Some difficulty, or dependent

POSITIVE SCREEN:

Some difficulty or dependent

WHY ASK?

Prevention of problems and enhancing function

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- discuss the level of difficulty and the person's goals.
- assessment and intervention by OT/PT - private, [CTS](#), [Day Hospital](#), My Health Teams,
- accept a person's right to be independent. Some people would prefer to do things slowly and independently rather than have outside help, and this can be a very reasonable choice.
- if they do need more help, discuss available resources - family/friends, private or public [home care](#), [Care Possible](#)

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Q5: Instrumental Activities of Daily Living

THE QUESTION:

Ask about level of independence with using the telephone, shopping, preparing meals, housekeeping, laundry, transportation, taking medications, handling finances - Independent, Some difficulty, or dependent

POSITIVE SCREEN:

Some difficulty or dependent

WHY ASK?

Prevention of problems and enhancing function

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- Are there friends/family who could be approached to assist where there are needs?
- Depending on the needs, consider community resources such as grocery delivery, meal delivery, private housekeeping, [Transportation Options Network for Seniors](#), [Home Maintenance Program](#), bubble packing of pills, home care(public or private), automatic bill payments, [Support Services to Seniors](#) website contains many resources for these issues
- Connect them to [Care Possible](#) to find a match to needs and services
- Referral to a home assessment service or program could be considered such as [Healthy Aging Resource Teams](#) or [GPAT/GMHT](#)
- Referral to a system navigator like [Seniors Resource Finders](#) or [Manitoba 211](#) to find services for specific needs
- If more supportive environment considered, see [A&O Housing directory](#) or [Long Term and Continuing Care Association](#) for information about Assisted Living etc.



Q6: Cognition

If a person has a known dementia diagnosis, consider the value of these cognition questions. You may want to just flag cognition as an area of concern and continue with functional assessments and supports.

THE QUESTIONS:

Three item recall: “I am going to say three words that I want you to remember now and later. The words are banana, sunrise, chair. Please say them now”

Clock drawing: “Please draw a clock in the circle. Put all the numbers in the circle”

When completed, say, “Now set the hands to show ten past eleven”

POSITIVE SCREEN:

Three item recall: not all words recalled - recall portion is done later in the assessment for a delayed recall of the words

Clock drawing: any of the following errors: not all numbers present, numbers repeated, numbers not in the right order or not clockwise, hands not pointing to the 11 and 2- hand length is not scored

WHY ASK?

Identifying changes in cognition is essential and may represent a progressive state such as dementia, or an acute change secondary to other factors

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Q6: Cognition - continued

WHAT TO DO WITH A POSITIVE SCREEN

Whenever possible, be sure to obtain collateral information from family/support people about their observations on the person's cognitive function.

Consider:

- if there are changes in cognition that are not associated with a known diagnosis, a medical workup should be done to rule out other causes of changes to cognition
- a more thorough cognitive assessment may be required - Consider: OT through My Health Teams, [Geriatric Outreach teams](#), [day hospital/geriatric clinic](#) for geriatrician assessment, geriatric psychiatry, Neurology/Psychiatry - Corydon Neurology Associates & Crescentwood Memory Clinic (<65 years old)
- if there is a positive screen, keep this in mind for the rest of the assessment as this may impact other decisions and care planning such as medication management
- If the person has adequate supports or if they have a known dementia diagnosis, the primary care plan may be continued monitoring for supports and safety
- remember that for a person with a dementia, repeated cognitive screens are often less valuable than collateral information and assessments of function and how the cognitive changes are affecting daily life
- consider supports for the client and support people through community organizations such as the [Alzheimer's Society of Manitoba First Link](#) program:, [home care](#), [day programs](#), [A&O Caregiver supports](#)
- consider transportation issues - are they driving? Should there be intervention or assessment? [Drive able](#)



Q7: Visual Impairment

THE QUESTION:

Do you have difficulty driving, watching television, reading or doing any of your daily activities because of your eyesight, even while wearing glasses?

POSITIVE SCREEN:

yes

WHY ASK?

Function and safety can be significantly impaired by poor vision and there are many visual problems that become more common for older adults which should be treated - Assessment for functional vision.

Prevention of falls, social isolation which can result from vision related impairments.

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- eye and vision assessment should be facilitated
- referral to specialists as required
- connection to community programs such as [CNIB](#)
- OT assessment
- Vision loss resources on [Misericordia Eye Care website](#)

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Q8: Hearing Impairment

THE QUESTION:

Hears whispered numbers at 2 feet

POSITIVE SCREEN:

no

WHY ASK?

Function and safety can be significantly impaired by poor hearing. There is a connection between hearing loss and development of dementia. - Even mild hearing loss triples fall risk - Social isolation.

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- referral to services and supports - audiologist, hearing centres that provide services such as Hearing tests, Custom hearing protection and hearing aid products, Assistive listening devices, including products for your phone and TV, [Canadian Hard of Hearing Association](#)



Q9: Urinary Incontinence

THE QUESTION:

Have you had urinary incontinence (lose your urine) that is bothersome?

POSITIVE SCREEN:

yes

WHY ASK?

Most people are never asked about this and it can cause embarrassment, withdrawal, falls.

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- medication review
- physical assessment to determine causes
- interventions may include pelvic floor muscle exercises (could refer to physio for this), medication, vaginal pessaries, penile clamp, lifestyle changes



Q10: Nutrition

THE QUESTION:

Have you lost weight in the last year without trying to?

If yes, how much?

POSITIVE SCREEN:

Loss of at least 5 percent of usual body weight in last year

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Q10: Nutrition - continued

WHY ASK?

Unintended weight loss can be multifactorial - function, dentition, access to food, social isolation, depression, medication, medical

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- medical exam to rule out medical causes
- referral to dentist/denturist services
- low income/options include Deer Lodge Dental Centre - Home Dental Care program - [U of M College of dentistry](#)
- meal prep and grocery access options - meal programs, [meals on wheels](#), grocery delivery, food banks - See the [Support Services to Seniors](#) website for listings or [Food Matters](#) Community Area Facilitators, Home Care
- [Dial a Dietitian](#) 204-788-8248 for people who have questions about nutrition
- Private dietitian services can be found here: (insurance) <https://www.collegeofdietitiansmb.ca/find-a-dietitian/private-practice/>
- Self referral to dietitian (no insurance) <https://wrha.mb.ca/nutrition/dietitian/>
- Referral to [Seniors Resource Finders](#) or [Manitoba 211](#) for navigation



Q11: Mobility

THE QUESTION:

Have you fallen two or more times in the past 12 months?

Have you been afraid of falling because of balance or walking problems?

Unsteady Gait

POSITIVE SCREEN:

any yes response

Why ask?

mobility issues lead to decreased quality of life, and contribute to a multitude of health issues

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- gait aids, environmental assessment - referral to OT/PT private services/[CTS](#)
- multidisciplinary assessment and intervention - [GPAT](#), [Day Hospitals](#)
- falls prevention programs - [Day Hospital/ A&O Safety Aid program](#)
- community exercise programs - Reh Fit, Wellness Centre, Seniors Centres, YM-YWCA, Leisure Guide, Seniors Resource Finders, [Manitoba 211](#)
- medical/medication review for contributing factors (cardiovascular, diabetes, medications)

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Q12: Depression

THE QUESTION:

Over the past two weeks, how often have you been bothered by:
0-not at all 1- several days 2-more than half of the days 3- nearly every day
Little interest or pleasure in doing things?
Feeling down, depressed or hopeless?

POSITIVE SCREEN:

total ≥ 3

WHY ASK?

Depression in older adults often goes undiagnosed and it can be treated successfully if identified

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- referral to services for counselling
- My Health Teams Brief Treatment counselling where available
- [Shared Care](#)
- [CMHA Navigator](#) for resources
- [A&O counselling](#), [Mood Disorders Association of Manitoba](#) for support groups and education
- Treatment with medications - refer to [RACE Psychiatry](#) with questions about management
- [CBTM \(Cognitive Behavioural Therapy with Mindfulness\)](#) in person or virtual classes
- [Seniors Resource Finders](#) or [Manitoba 211](#) for connection to community based enrichment opportunities

Crisis Services:

- [Klinik Crisis lines](#)
- [Crisis Response Centre](#)



Q13: Medications

THE QUESTION:

Do you use 4 or more medications on a regular basis?

POSITIVE SCREEN:

yes

WHY ASK?

Being on 4 or more medications increases morbidity and mortality regardless of what the medications are

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- Discussion with community pharmacist
- Medications should be reviewed yearly with an eye to de-prescribing
- Set goals for treatment - allow for adjustments to be made and medications to be discontinued if required
- Adverse Drug Events can appear non-specific and be passed off as other geriatric syndromes
- May precipitate confusion, falls or incontinence
- Medications that someone has taken for a long time, can cause problems as the person's body changes
- Consult [RACE](#) geriatrics for advice about medication management

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Q14: Financial

THE QUESTION:

Sometimes people find that their income does not quite cover their living costs. In the last 12 months, has this happened to you?

POSITIVE SCREEN:

yes

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- referral to social work or other financial services and supports - My Health Teams
- refer to services specific to areas where financial needs are not met - [Seniors Resource Finders](#) or [Manitoba 211](#)
- [Community Financial Counselling Services](#) provides in depth financial assessments and a complete review of the options available, information and education about finances and managing your money, assistance with tax preparation and benefits, budgeting, debt management, education



Q15: POA/HCP

THE QUESTION:

Do you have a Power of Attorney and Health Care Proxy/Advance Directive?

POSITIVE SCREEN:

no

WHY ASK?

Every person should have a Power of Attorney and Health Care Proxy/Advance Directive established while they are legally competent to do so.

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- refer to a lawyer to establish these documents
- if finances are an obstacle, [A&O](#) may be able to offer assistance for POA
- [Legal Help Centre](#)
- [ERIK kit](#) can be provided which includes health care directive
- [Advance Care Planning Canada](#) website for resources and education
- Information can be found at this site: gov.mb.ca/seniors/safety.html

APPLYING THE BRIEF FRAILTY ASSESSMENT (BFA)



Q17: Substance abuse

THE QUESTION:

Do you drink alcohol or use drugs? When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed

POSITIVE SCREEN:

If yes, continue to CAGE-AID questions.

If no, negative screen

CAGE AID

In the last three months:

Have you felt you should **C**ut down or stop drinking/ using drugs?

Has anyone **A**nnoyed you or gotten on your nerves by telling you to cut down or stop drinking/using drugs?

Have you felt **G**uilty or bad about how much you drink/use drugs?

Have you been waking up wanting to have an alcoholic drink/use drugs? (**E**ye Opener)

one or more Yes response is a positive screen

WHAT TO DO WITH A POSITIVE SCREEN

Consider:

- discuss concerns with the individual, provide education
- monitor
- referral to appropriate resources - [AFM](#)
- [Rapid Access to Addictions Medicine \(RAAM\) clinic](#)
- [Manitoba Addictions Helplines](#) 1-855-662-6605