

<b>Paper Category:</b>	6. Surgery and Perioperative Medicine
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	Knowledge, practice, barriers and enablers of surgical doctors towards embedding frailty into preoperative care
<b>Abstract Body:</b> (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> <li>• Background</li> <li>• Objectives</li> <li>• Method</li> <li>• Results</li> <li>• Discussions and Conclusions</li> </ul>
<p><b>Background</b> Frailty is a risk factor for poorer than expected outcomes in older surgical patients. However, preoperative screening for frailty is not routine. At Austin Health, an initiative is underway to embed frailty screening enabled by the electronic medical record (EMR). This began by canvassing the opinions of the surgical team.</p> <p><b>Objectives</b> To determine doctors' knowledge, practice and opinions regarding preoperative frailty screening.</p> <p><b>Method</b> Procedural medical staff at Austin Health were invited to participate in a Qualtrics survey.</p> <p><b>Results</b> There were 67 responses, with over half coming from consultants and representation from all procedural specialties. 95% of respondents agreed that frailty was a risk factor for postoperative morbidity and mortality. 80% agreed that frailty could be optimised prior to surgery. 96% agreed that knowing whether a patient was frail was important in pre-operative counselling. 60% of respondents were familiar with one or more tools to screen for frailty. 43% were familiar with the Clinical Frailty Scale. 24% of respondents always screened their older patients for frailty, and 15% of respondents referred frail patients for further assessment. 92% believed that screening for frailty should occur prior to consent. 67% believed that the proceduralist should be responsible for screening. Time constraints were the most prominent barrier to frailty screening. Frailty screening was considered most useful in aiding shared decision making. Prompts in the EMR, clinical decision support and discussing frailty in multidisciplinary meetings were considered enablers for embedding frailty screening into practice.</p> <p><b>Discussion and Conclusions</b> Surgical doctors understand that frailty is a risk factor for poor outcome in surgery and believe that frailty should be considered during consent discussions, however their practice does not yet reflect this. Having prompts in the EMR, streamlining referral processes, and having a frailty tab on the MDM might be time-efficient ways in which busy surgical staff might address this implementation gap.</p>	

Date of Submission: 31/07/2023

Total number of words: 298

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