FrailtyCIsurvey\_6May

Start of Block: Default Question Block

Q1 **Frailty and Cognitive Impairment in Older People Being Considered for Procedures or Surgery - what do proceduralists know, and how can we help them?**   This survey will ask questions about your thoughts, knowledge and practice regarding pre operative assessment for frailty and cognitive impairment, as well as questions about how these assessments might most easily be added to the workflow of your practice.   
 You have been invited to participate in this survey as you are a member of the medical staff in the Department of Surgery and Therapeutic Intervention (DoSTI) at Austin Health.  
   
 This survey will take 10-15 minutes to complete. Your input is appreciated. Participation in this survey is not compulsory, and you can stop answering questions at any time.  
   
 Please answer honestly – we are collecting minimal demographic data. For small surgical subspecialties, though the data might be re-identifiable, no attempt will be made to identify individuals, and individual responses will not be shared with anybody.  
   
 Completion of the survey implies consent to participate in the survey, and having the responses to the survey presented in aggregate in peer reviewed journals and conferences. The survey findings will be shared with respondents at future surgical meetings.  
   
 The main use of the survey will be to inform design of a workflow to rapidly assess for frailty and cognitive impairment, and provision of clinical decision support if these conditions are detected.  
   
 Data will be stored in Qualtrics on secure University of Melbourne and Austin One Drive  Servers, and accessed only by named investigators.  
   
 This survey is being conducted as part of a digital health fellowship undertaken by Dr Cilla Haywood, at the Centre for Digital Transformation of Health, at the University of Melbourne. It has been approved by the Austin Health Human Research Ethics Committee (HREC/97396/Austin-2023)

End of Block: Default Question Block

Start of Block: Block 1

Q2 Question 1: Demographics.   
 A) What is your position?

* Pre-vocational doctor: Intern / resident medical officer (1)
* Vocational Trainee: Registrar / Fellow (2)
* Consultant (3)

Q3 What is the procedural specialty in which you currently/most recently have worked

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End of Block: Block 1

Start of Block: Block 2

Q4 Question 2: Regarding your knowledge of frailty and cognitive impairment in older people   
 A. Pre-operative frailty is a risk factor post-operative morbidity and mortality

* Strongly disagree (1)
* Somewhat disagree (2)
* Neither agree nor disagree (3)
* Somewhat agree (4)
* Strongly agree (5)
* I do not know (6)

Q5 B. Pre-operative cognitive impairment is a risk factor for post-operative morbidity and mortality

* Strongly disagree (1)
* Somewhat disagree (2)
* Neither agree nor disagree (3)
* Somewhat agree (4)
* Strongly Agree (5)
* I do not know (6)

Q6 C. Frailty and cognitive impairment can be improved/optimised with treatment prior to surgery

* Strongly disagree (1)
* Somewhat disagree (2)
* Neither agree nor disagree (3)
* Somewhat agree (4)
* Strongly Agree (5)
* I do not know (6)

Q7 D. Knowing whether a person is frail or cognitively impaired is important in pre-operative counselling and consent processes

* I don't know (1)
* Strongly Agree (2)
* Somewhat agree (3)
* Neither agree nor disagree (4)
* Somewhat disagree (5)
* Strongly disagree (6)

Q8 E. I am familiar with one or more validated tools to screen for frailty

* No (1)
* Yes (2)
* Not sure (3)

Q9 F. I am familiar with one or more validated tools to screen for cognitive impairment

* No (1)
* Yes (2)
* Not sure (3)

End of Block: Block 2

Start of Block: Block 3

Q10 Question 3: Familiarity with measures   
 I am familiar with the following tools used to assess for frailty and cognitive impairment (click all that apply)

* Mini Mental State Examination (MMSE) (1)
* Rowland Universal Dementia Assessment Scale (RUDAS) (2)
* Montreal Cognitive Assessment (MOCA) (3)
* Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE) (4)
* Clinical Frailty Scale (5)
* Edmonton Frailty Scale (6)
* Another tool (state which) (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q11 Question 4: Practice Regarding Cognitive Impairment in Older People   
 A. I screen my older patients for frailty as part of my pre-operative assessment

* Always (1)
* Usually (2)
* About half the time (3)
* Sometimes (4)
* Never (5)

Q12 B. I screen my older patients for cognitive impairment as part of my pre-operative assessment

* Always (1)
* Usually (2)
* About half the time (3)
* Sometimes (4)
* Never (5)

Q13 C. I refer those who I know have frailty for further assessment prior to their surgery

* Always (1)
* Usually (2)
* About half the time (3)
* Sometimes (4)
* Never (5)

Q14 D. I refer those who I know have cognitive impairment for further assessment prior to their surgery

* Always (1)
* Usually (2)
* About half the time (3)
* Sometimes (4)
* Never (5)

Q15 Do you have anything you would like to add regarding the previous 4 questions regarding your pre-operative assessment practices?

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End of Block: Block 3

Start of Block: Block 4

Q16 Question 5: Regarding Workflow   
 A. In an ideal world, at what point in the patient's pre-procedure journey should screening for frailty or cognitive impairment occur?

* Initial appointment with proceduralist, prior to consent (1)
* Subsequent/review appointment with proceduralist, prior to consent (2)
* Pre-admission clinic, after consent (3)
* Anaesthetic pre admission clinic (4)
* Another time, state which (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q17 B. Which team member do you believe should be primarily responsible for screening older patients for frailty and cognitive impairment?

* Medical team - proceduralist (1)
* Medical team - anaesthetic (2)
* Nursing team - surgical liaison nurse (3)
* Nursing team - anaesthetic nurse (4)
* Other - state who (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q18 C. There are many potential barriers to screening for frailty and cognitive impairment in the pre-procedure assessment. Please indicate how large a barrier the following issues are: 

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No barrier (1) | Small barrier (2) | Moderate barrier (3) | Large but surmountable barrier (4) | Insurmountable barrier (5) |
| Time constraints (1) |  |  |  |  |  |
| Knowledge of when it is appropriate to screen (2) |  |  |  |  |  |
| Knowledge of which test/s I should use (3) |  |  |  |  |  |
| Knowledge of what to do if I find somebody with frailty or cognitive impairment (4) |  |  |  |  |  |
| Knowledge of how to explain the processes to the patient and family/carers (5) |  |  |  |  |  |
| Other: Please insert barrier (6) |  |  |  |  |  |

Q19 D. Hypothetically, how would you use the information obtained in frailty and cognitive impairment screening in your practice?

* To stratify risk in procedural consent (1)
* To aid in shared decision making (2)
* To help decide whether or not the procedure should be offered (3)
* In overall prognostication (4)
* In research (5)
* I would not do the tests or use the information (6)
* Other: please state (7) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q20 Question 5: Enablers   
 What would help you identify and manage frailty and cognitive impairment in your practice? Click as many as apply.

* Online education on these issues for staff (1)
* In-person education on these issues for staff (2)
* Information regarding communication with patients and families/carers on these issues (3)
* Having prompts in the electronic medical record (4)
* Having flags for abnormal frailty/cognitive impairment screening results (5)
* Embedding clinical decision support into the EMR (eg prompts for further referrals etc) (6)
* Template for multidisciplinary team meetings including frailty/cognitive impairment screening results (7)
* Conversation scripts for raising these topics with patients and families (8)
* Other (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q21 **OPTIONAL:** Do you have any other general comments, please write them below:

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End of Block: Block 4

Start of Block: Block 5

Q22   
Many thanks for your participation in this survey. If you have any questions or concerns, or are interested in participating in a co-design process, please email me on cilla.haywood@austin.org.au

End of Block: Block 5