observer agreement and reliability, and internal consistency for most disabilities. At the end of the study, two major outcomes produced; a disability score to categorize trauma patients according to their needs, and a coding system to assist health care personnel in scrutinizing the types of assistance required by patients.

CONCLUSION

The proposed system provides a new practical measure to evaluate disability among Muslim patients in performing their religious duties. It will provide a balance approach in trauma patients' care and deliverance of assistance wherever required. It has potential of becoming a standard of practice in a holistic patient care in accordance to the much-anticipated ibadah-friendly hospital.

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UTILISING FRAILTY SCORING IN THE ACUTE HOSPITAL SETTING TO IDENTIFY FRAIL AND VULNERABLE PATIENTS

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ABSTRACT CATEGORY

Research

TITLE

Utilising frailty scoring in the acute hospital setting to identify frail and vulnerable patients

AIM

Our objective is to operationalize a clinically usable tool, frailty early warning score (FEWS), which will identify frailty and help predict significant outcomes, including readmission, length of stay (LOS) transfer to higher level of care and mortality.

METHODS

FEWS is based on a frailty model described by Soong et al (2015) with four specific domains (physical, mental, social and environmental, as illustrated in figure 1). Between 03 June 2015 and 27 August 2015, 700 acutely admitted patients over the age of 65 were reviewed. Data were collected from clinical notes taken routinely as part of the emergency admission process. No new data were collected. All data were collected electronically through bespoke software by Thinkshield and innate hospital programs. The national early warning scores (NEWS) were simultaneously collected for comparison.

OUTCOMES/RESULTS

700 patients were included (52.6% female) with an average age of 81 years. 94% were medical admissions (including orthogeriatric patients). 30 day mortality was 3.0%, 30 day readmission rate was 16.1% and the average length of stay (LOS) was 12.3 days (Table 1). 280/700 (40.0%) patients aged > 80 had >3frailty score, whereas ages 65-80; 96/700 (13.7%) had a frailty score of 0. Table 1 provides additional patient demographics. NEWS and FEWS were cross-tabulated: 246 admissions scored < 3 on NEWS (i.e. this would not trigger escalation), of which 206 scored ≥1 on the frailty tool. This could indicate a potential threshold for frailty escalation.

CONCLUSION

This study describes FEWS as a novel way of predicting a frail

individual's outcomes. This score can be easily calculated at the point of care using routinely corrected data. It is fast and simple to use; it will not require additional clinical assessment. Further work is needed to determine the weight of each domain and sub-domain, as this will be needed to define the sensitivity of the final aggregate score.

ETHICS

This research is limited to secondary use of information previously collected in the course of normal care. The patients or service users were not identifiable to the research team carrying out the research.

DISCLAIMER

This abstract presents independent research commissioned by the National Institute for Health Research (NIHR) under the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) programme for North West London. The views expressed in this publication are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

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FACTORS INFLUENCING THE WILLINGNESS OF PARAMEDICS TO PERFORM SUPRAGLOTIC AIRWAY DEVICE (SAD) INSERTION IN PRE HOSPITAL CARE (PHC)

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BACKGROUND

The use of Supraglotic Airway Device (SAD) by Prehospital Care (PHC) paramedics is on the rise globally by paramedics, and evidence suggests that they are suitable alternatives to conventional endotracheal intubation, or during a difficult airway situation in PHC. However, the use of SAD in PHC by paramedics in Malaysia is very limited, and therefore a study was conducted to elucidate potential factors influencing paramedic willingness based on the Theory of Work Performance.

METHODS

This is a cross sectional study using a self-administered, validated questionnaires. The study population consists of 143 paramedics working at pre hospital care from 4 government-funded public hospitals. Universal sampling procedure was employed and the response rate was 90.5 %. The questionnaire consists of demographic information such as years of working experience and academic qualification, willingness and confidence in performing SAD insertion and availability of administrative policies.

RESULTS

The study showed 88% (n=127) were willing to use SAD in PHC with a statistical significant association between confidence and willingness ($p<0.05$). There was also a significant association between willingness to perform a SAD and having a Post Basic in Emergency Medicine in addition to Diploma, as compared to only having Diploma in Medical Assistance ($p<0.05$). Approximately 80% (n=114) of paramedics perceived that there are no clear policies available with regards to the use of SAD in PHC. A significant number 72.5% of paramedics had also shown a degree of concern over medical liability during work.