

Paper Category:	Physical Activity and Exercise
Paper Title: (Arial Font; 14 Pt Size)	Enhancing detection of possible sarcopenia and delivery of targeted physiotherapy interventions among hospitalized older patients– a Quality Improvement (QI) initiative
Abstract Body: (Arial Font; 12Pt Size)	<p><u>Background</u></p> <p>Sarcopenia, defined as age-related loss of muscle function and strength, has a reported prevalence of up to 40.4% in the older adult. Despite its association with frailty, disability and mortality, it is underdiagnosed among hospitalized older patients. Exercise interventions have also been shown to improve fall risk scores for sarcopenic patients.</p> <p><u>Objective</u></p> <p>A QI initiative was started by a team comprising doctors and physiotherapists. Our aim was to enhance detection of possible sarcopenia and reduce time to delivery of targeted physiotherapy interventions to 1 working day from admission in patients aged ≥ 65 admitted to our ward. Interventions were grouped into three main categories – strength training, balance and gait stability training. A pilot study of 12 patients showed that no sarcopenia assessments were carried out and mean time to PT review was 2.6 days from admission, with an average of 1.5 interventions performed per patient.</p> <p><u>Methodology</u></p> <p>Fishbone analysis and Pareto chart were conducted to identify and prioritise factors behind low screening rates of sarcopenia, before driver diagram was performed to develop solutions. Our team established that education of junior doctors on sarcopenia and implementation of SARC-CAIF screening were the most appropriate interventions to achieve our objective.</p> <p><u>Results</u></p> <p>A total of 26 patients were identified, with an average age of 76.7 [6.7] years old. The mean SARC-F and SARC-CalF scores were 4.51 [3.5] and 14.6 [2.4] respectively. 50% (13/26) of patients were admitted for falls. After implementation of SARC-CalF screening, mean time to PT review was shortened to</p>

	<p>1.38 days from admission, with an increase in PT interventions to 2.23 per patient.</p> <p><u>Discussion and Conclusions</u></p> <p>The prevalence of possible sarcopenia is high inpatient. More can be done to enhance its detection among frail hospitalized older patients, so as to deliver targeted physiotherapy interventions. Doctor education and SARC-CaIF screen are simple and practical tools that can be utilised.</p>
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