3-Tier Framework for the NFP (Recommended for seniors aged 60 years and above) FIGURE 4



IDENTIFICATION IN THE COMMUNITY AND PRIMARY CARE

The screening tools used should be simple and intuitive, and could be administered by trained lay staff and healthcare workers.

(A) Primary Screening for all Seniors

- Clinical Frailty Scale (CFS) the version with visual aids¹⁶ [highly recommended]
- FRAIL scale
- Fried's Frailty Phenotype
- Frailty Phenotype Questionnaire (FPQ)
- Community Screening Tool (CST) Locally adapted from interRAI Contact Assessment output

(B) Secondary Screening for CFS 4 to 5

WHO ICOPE screening tool¹⁷ [highly recommended]

CFS 4 to 5 with decline in IC detected from ICOPE screening + CFS ≥ 6



FOLLOW-UP ASSESSMENT IN POLYCLINICS, GERIATRIC **SERVICE HUBS AND HOSPITALS**

The clinical assessments should be multi-dimensional and risk-factor targeted to assess the losses in Intrinsic Capacity (IC). The tools and scales listed are examples of what could be administered by healthcare workers based on clinical judgement, and are not exhaustive in nature.

CFS 1 to 3 (Robust)

CFS 4 to 5 with preserved IC (according to ICOPE screening)

Frailty

- Comprehensive Geriatric
- Assessments (CGAs)
- interRAI Check Up (CU)
- Clinical Frailty Scale (CFS) – the clinical version
- PRISMA-7
- Edmonton Frailty Scale (EFS)
- Tilburg Frailty Index (TFI)
- Vulnerable Elders Survey (VES)
- Easy Care
- Risk-factor specific
- Sarcopenia¹⁸ E.g. SARC-F questionnaire
- Malnutrition E.g. Mini Nutritional Assessment (MNA), Simplified Nutritional Appetite Questionnaire (SNAQ)
- Polypharmacy E.g. Screening Tool of Older Person's Prescriptions (STOPP) criteria
- Delirium E.g. Confusion Assessment Method (CAM) Cognitive Decline – E.g. Montreal Cognitive Assessment (MoCA), Abbreviated Mental Test (AMT), Mini-Mental State Examination (MMSE), Informant Questionnaire on Cognitive
- Decline in the Elderly (IQCODE) Depression / Low mood – E.g. Geriatric Depression Scale (GDS)
- Social isolation E.g. 8-item Social Frailty Scale (SFS-8), Lubben Social Network Scale



MANAGEMENT AND TRACKING OF SENIORS

The interventions provided should be needs-directed, senior-centric and multidisciplinary, based on population health goals, seniors' behaviours, and receptiveness to interventions. They can be administered by trained lay staff and/or healthcare workers.

A MANAGEMENT

MANAGEMENT				
Frailty Group	Robust	Frail	Severely Frail	Terminally ill
CFS	1-3	4 – 6	7-8	9
Anchor Setting(s)	Community & Primary Care	Community, Home, Primary Care & Acute Care	Home, Intermediate and Long-Term Care	
Broad Recommended Interventions	 Exercises consisting of strength, balance, and flexibility aspects¹⁹ Nutritional support Falls prevention Chronic disease management Social networking activities Psychosocial support Medication review 	 Exercises consisting of strength, balance, and flexibility aspects¹⁹ Nutritional support Falls prevention Chronic disease management Social networking activities Psychosocial support Medication review Rehabilitation Specialist care Caregiving support 	 Psychosocial support Medication review Specialist care Caregiving support End-of-life care 	
Desired Outcomes	 Prevent / reverse frailty and keep seniors healthy by building resilience through population-based strategies Maintain and enhance intrinsic capacity (IC) and functional ability (FA) 	 Manage frailty through population-based strategies, CGAs and specialised care Manage declined IC Enhance FA to compensate for losses in IC 	 Manage frailty through specialised care and support dignified end- of-life Manage declined IC and impaired FA 	
Examples of Programmes	 Live Well, Age Well Programme by Health Promotion Board (HPB) and People's Association (PA)²⁰ Tsao Foundation Community Geriatric Services Centre at Whampoa (ComSA) Gym Tonic Combat Age Related Loss of Muscle (CALM) package by SportSG AIC Wellness Programme, Partnering Agencies' Resources Community Health Posts (CHP) 	 Live Well, Age Well Programme by HPB and PA²⁰ Say No to Frailty Programme Geriatric Services Hubs (GSHs) Alexandra Hospital (AH) Changi General Hospital (CGH) Ng Teng Fong General Hospital (NTFGH) Sengkang General Hospital (SKH) Singapore General Hospital (SGH) Tsao Foundation ComSA Gym Tonic CALM package AIC Wellness Programme, Partnering Agencies' Resources CHP Project SilverCare 	• AIC Wellness Programme, Partnering Agencies' Resources	

B TRACKING

Examples of Measurement Tools to Track Frailty Progression of a Senior

Physical Functions

- Short Physical Performance Battery (SPPB)
- Grip Strength/ 30-seconds Arm Curl Gait Speed
- Timed Up and Go (TUG) • 5x Sit To Stand / 30-seconds Chair Stand
- 6-minute walking test (6MWT)
- Life Space Assessment (LSA)
- Four Square Step Test
- 2 minutes Step-in-place
- Individual Physical Proficiency Test for Seniors (IPPT-S)
- International Physical Activity Questionnaires (IPAQ) Physical Activity Scale for the Elderly (PASE)
- Basic Activity of Daily Living (BADL) and Instrumental Activity of Daily Living (IADL)

Cognitive Functions

- Montreal Cognitive Assessment (MoCA)
- Abbreviated Mental Test (AMT)
- Mini-Mental State Examination (MMSE) • Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE)

Social Functions

- 8-item Social Frailty Scale (SFS-8)
- Lubben Social Network Scale
- **Multi-Dimensional**

Term Care Facilities (LTCF)

• Frailty Index (FI) • interRAI Check-Up (CU) / interRAI Home Care (HC) / interRAI Long