Introduction:
Hospitalised frail older patients are at risk of clinical deterioration. Early goals of care documentation (GOC) is vital to avoid futile/unwarranted interventions in the event of deterioration. It is however unclear whether being frail impacted GOC timing. We aimed to investigate the impact of frailty, as measured by Hospital Frailty Risk Score (HFRS), on timely GOC and outcomes in all newly admitted older patients.

Methods:
Single-centre retrospective study of all medical patients aged ≥80 years admitted between 1/3/2015 and 31/8/2015. Primary outcome was rates of GOC within 72-hours in frail (HFRS≥5) and non-frail (HFRS<5) patients. Secondary outcomes included GOC during hospital stay, in-hospital mortality, rapid response call (RRC), discharge destination, and 28-day readmission rate.

Results:
529 (47.3%) of the 1,118 admitted patients were frail. Frailty syndromes frequented reasons for hospitalisation in frail patients (55.2% vs. 26.7%; p<0.001). 604 (54%) had GOC during their hospitalisation; 559 (92.5%) of these within 72-hours (53.5% vs. 46.9%; p<0.027), commonly in frail patients. Frail patients had higher proportion of RRCs (12.5% vs. 5.4%, p<0.001), in-hospital mortality (10.8% vs 3.6%, p<0.001), longer hospitalisations (median 5.3 vs 2.9 days, p<0.001) and were less likely to be discharged to their usual accommodation (32.3% vs 57.7%; p<0.001) than non-frail patients. There was no difference in 28-day readmission rates (6.6% vs. 8.5%; p=0.24).

Conclusion:
Older frail patients were more likely to have timely GOC than older non-frail patients. Frail patients had more RRCs, longer hospitalisation and increased hospital mortality. Early GOC may avoid burdensome treatments.