

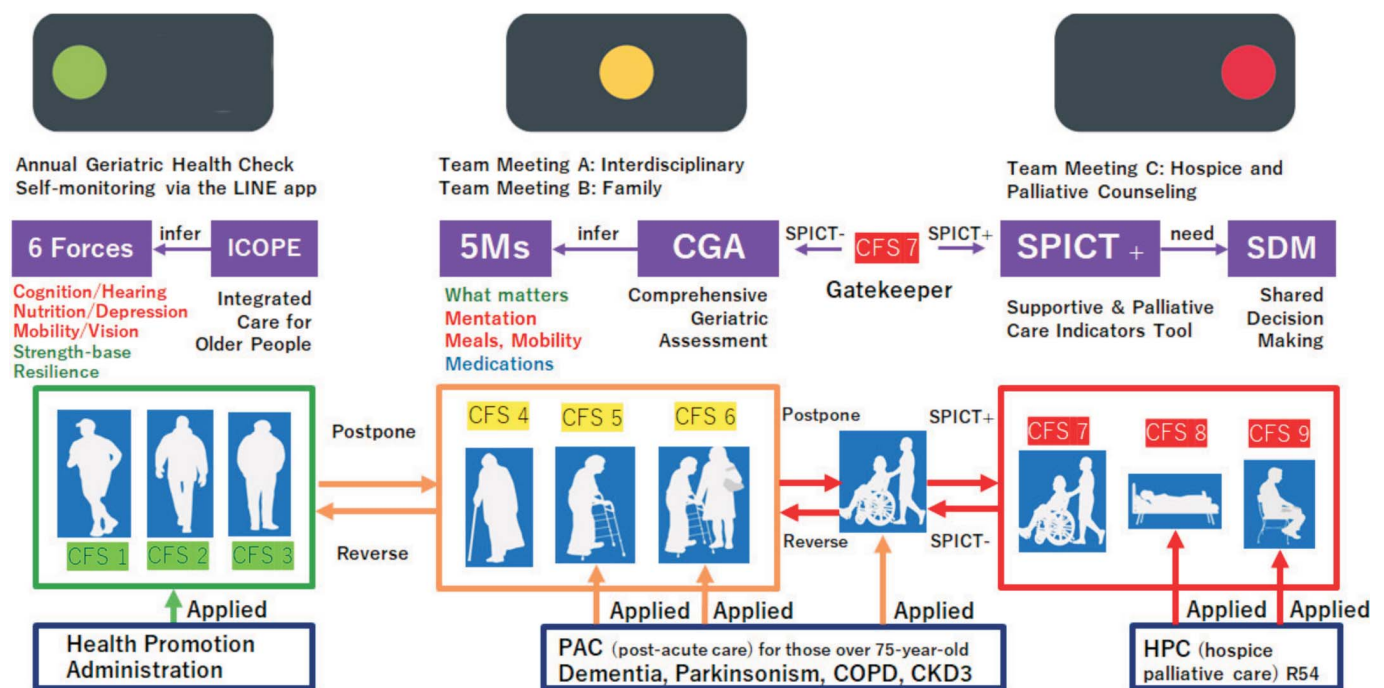


Editorial Comment

## The Geriatric Traffic Light Model and Corresponding Care Recommendations

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**Geriatric Traffic Light Model.** This figure illustrates the Geriatric Traffic Light Model, a framework for guiding clinical care in older adults based on their Clinical Frailty Scale (CFS) scores. The model prioritizes care interventions starting from the most critical cases of severe frailty (red zone) and then progressing to moderate frailty (yellow zone) and healthy aging (green zone). Red Zone (CFS 7–9): Patients with severe and end-stage frailty are the primary focus, requiring palliative care and symptom management, particularly for CFS 8–9. CFS 7 is a crucial point for determining if earlier palliative intervention is needed based on SPIC-T testing. Yellow Zone (CFS 4–6): Patients in this zone exhibit frailty and need comprehensive geriatric assessments and coordinated care. Interventions here aim to prevent further decline by addressing multiple aspects of health and functionality. Green Zone (CFS 1–3): These patients are healthy and independent, focusing on self-monitoring and preventive care to sustain resilience and delay the onset of frailty. Please have a look at the article’s main text for more detailed explanations about care strategies and interventions at each stage.

The Geriatric Traffic Light model visualizes the progression of frailty and guides healthcare teams in making timely interventions for older adults.<sup>1–3</sup> This system categorizes patients based on their Clinical Frailty Scale (CFS) scores.<sup>4,5</sup>

### 1. Red Light (CFS 7–9): Identifying end-stage frailty and implementing HPC

For patients in the red zone (CFS 7–9), healthcare interventions should focus on recognizing and addressing severe frailty in different life trajectories. CFS 8–9 indicates end-stage frailty, and these patients should be referred to hospice and palliative care (HPC) services, which prioritize comfort and symptom management over cu-



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rative treatment.<sup>6</sup> HPC reduces unnecessary medical interventions and provides dignity in the final stages of life.<sup>7</sup>

CFS 7 is viewed as a gatekeeper of end-stage frailty, indicating a critical point in a patient's health where decisions about palliative care should be considered. When patients test positive on the Supportive and Palliative Care Indicators Tool (SPICT), meaning they have a greater than 50% likelihood of dying within one year, they should be included in Team Meeting C discussions. These meetings involve family members and the healthcare team, facilitating shared decision making (SDM) to assess and address any unmet palliative care needs. If a patient tests negative for SPICT, a yellow light care strategy should be followed, focusing on stabilizing health and delaying further deterioration.

## 2. Yellow Light (CFS 4–6): Comprehensive geriatric assessment and 5Ms approach

Patients in the yellow zone (CFS 4–6) are at an intermediate stage of frailty, making this the ideal point for implementing comprehensive geriatric assessment (CGA). Resources should be mobilized to ensure these patients receive thorough evaluations and care through the 5Ms Framework, which includes:

1. **What Matters:** Understanding the patient's care goals and preferences.
2. **Mentation:** Assessing and addressing cognitive function and mood status to prevent further decline.
3. **Meals:** Ensuring proper nutrition supports health and strength and avoids sarcopenia or malnutrition.
4. **Mobility:** Promoting physical activity to maintain or improve mobility and prevent falls and pressure sores.
5. **Medications:** Reviewing medications to minimize polypharmacy and to avoid potentially inappropriate medications.

Team Meeting A (without families) and Team Meeting B (with families) should be held for patients in this stage to coordinate interdisciplinary care plans. For patients with CFS 5–6, as well as CFS 7 patients with negative SPICT results, the feasibility of post-acute care (PAC) should be assessed.<sup>8,9</sup> PAC is particularly important for patients aged 75 and older with chronic conditions such as COPD, CKD3, Parkinson's disease, or dementia, as it focuses on rehabilitative care to slow the progression of frailty.

## 3. Green Light (CFS 1–3): Self-monitoring and resilience building

Patients in the green zone (CFS 1–3) are generally healthy and functionally independent. These individuals should focus on self-monitoring through the Integrated Care for Older People (ICOPE) model, which promotes preventive care and resilience.<sup>10</sup> The ICOPE framework assesses six key health factors known as the 6 Forces:

1. **Cognition/Hearing:** Regular checks for cognitive function and hearing to prevent isolation and cognitive decline.
2. **Nutrition/Depression:** Ensuring adequate nutrition and monitor-

ing mental health to prevent malnutrition and depression.

3. **Mobility/Vision:** Promoting physical activity and maintaining vision health to prevent falls and maintain independence.

Through this self-monitoring and preventive approach, patients can maintain a high quality of life and delay or prevent the onset of frailty.

## 4. Conclusion

The Geriatric Traffic Light Model provides a structured framework for managing frailty in older adults, offering tailored interventions based on a patient's clinical frailty status. Patients in the red zone (CFS 7–9) should be assessed for end-stage frailty, and those who are SPICT-positive should be considered for palliative care services. For patients in the yellow zone (CFS 4–6), comprehensive geriatric assessments and the 5Ms approach are critical for maintaining function and delaying further deterioration. Finally, individuals in the green zone (CFS 1–3) can benefit from self-monitoring strategies and resilience-building efforts to maintain their independence and health.

By recognizing the stages of frailty and applying the appropriate interventions, healthcare teams can provide patient-centered care that balances maintaining functionality with improving the quality of life for older adults.

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