Comprehensive Geriatric Assessments: An Audit into Assessing and Improving Uptake on Geriatric Wards at King's College Hospital, London

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Abstract : The Comprehensive Geriatric Assessment (CGA) is the multidimensional tool used to assess elderly, frail patients either on admission to hospital care or at a community level in primary care. It is a tool designed with the aim of using a holistic approach to managing patients. A Cochrane review of CGA use in 2011 found that the likelihood of being alive and living in their own home rises by 30% post-discharge. RCTs have also discovered 10-15% reductions in readmission rates and reductions in institutionalization, and resource use and costs. Past audit cycles at King's College Hospital, Denmark Hill had shown inconsistent evidence of CGA completion inpatient discharge summaries (less than 50%). Junior Doctors in the Health and Ageing (HAU) wards have struggled to sustain the efforts of past audit cycles due to the quick turnover in staff (four-month placements for trainees). This 7th cycle created a multi-faceted approach to solving this problem amongst staff and creating lasting change. Methods: 1. We adopted multidisciplinary team involvement to support Doctors. MDT staff e.g. Nurses, Physiotherapists, Occupational Therapists and Dieticians, were actively encouraged to fill in the CGA document. 2. We added a CGA Document Pro-forma to "Sunrise EPR" (Trust computer system). These CGAs were to automatically be included the discharge summary. 3. Prior to assessing uptake, we used a spot audit guestionnaire to assess staff awareness/knowledge of what a CGA was. 4. We designed and placed posters highlighting domains of CGA and MDT roles suited to each domain on geriatric "Health and Ageing Wards" (HAU) in the hospital. 5. We performed an audit of % discharge summaries which include CGA and MDT role input. 6. We nominated ward champions on each ward from each multidisciplinary specialty to monitor and encourage colleagues to actively complete CGAs. 7. We initiated further education of ward staff on CGA's importance by discussion at board rounds and weekly multidisciplinary meetings. Outcomes: 1. The majority of respondents to our spot audit were aware of what a CGA was, but fewer had used the EPR document to complete one. 2. We found that CGAs were not being commenced for nearly 50% of patients discharged on HAU wards and the Frailty Assessment Unit.

Keywords : comprehensive geriatric assessment, CGA, multidisciplinary team, quality of life, mortality

Conference Title : ICGG 2022 : International Conference on Geriatrics and Gerontology

Conference Location : Amsterdam, Netherlands

Conference Dates : September 15-16, 2022

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