Comprehensive Geriatric Assessment and the Interprofessional Geriatric Team

Key Points

The comprehensive geriatric assessment (CGA) assesses an older adult’s physical, cognitive, psychological, social and functional status. It is a benchmark that clinicians utilize to assess an older adult, determine the plan of care and evaluate plan of care outcomes.

CGA is highly effective for diagnosing and treating geriatric syndromes and co-morbid conditions in older adults. It provides information to understand the impact of illness; assess quality of life; identify needs; and, regulate progress.

Functional decline, a component of the CGA is often the first sign of acute illness. Functional impairments are prevalent among older adults and can be improved with early recognition and treatment.

The World Health Organization (2010) defined Interprofessional team (IPT) collaborative practice as healthcare providers from a variety of professional backgrounds working together with patients, families, caregivers, and communities to deliver the highest quality of care.

Patient centered care is the goal of IPT collaborative practice (Interprofessional Education Collaborative, 2011).

IPT collaborative members interdependently and collectively complete a CGA.

Overview

A CGA differs from the standard patient evaluation in three distinct ways:

1. It focuses on older adults with complex problems;
2. It emphasizes functional status and quality of life; and,
3. It involves an interprofessional team of health care providers.

The assessment components of the CGA include social activity, fall risk, vision/hearing, medication review, dentition, functional status, living situation, nutritional assessment, financial situation, cognitive ability, environmental assessment, affect/mood, spiritual belief, sexual function, urinary continence, and advanced care preferences.
Assessment

The following is a list of commonly used assessment tools.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td>Mini Nutritional Assessment</td>
</tr>
<tr>
<td><strong>Functional Status</strong></td>
<td>Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)</td>
</tr>
<tr>
<td><strong>Cognitive Status</strong></td>
<td>Saint Louis University Mental Status (SLUMS), Confusion Assessment Methods (CAM)</td>
</tr>
<tr>
<td><strong>Affect/Mood</strong></td>
<td>Geriatric Depression Scale</td>
</tr>
<tr>
<td></td>
<td>PHQ-9</td>
</tr>
<tr>
<td><strong>Medication Review</strong></td>
<td>Review prescription and over the counter medications every visit. In-depth review for: &gt;5 prescription drugs or &gt;3 over the counter drugs.</td>
</tr>
<tr>
<td><strong>Environmental Assessment</strong></td>
<td>Home Safety Evaluation</td>
</tr>
<tr>
<td><strong>Fall Risk</strong></td>
<td>Get Up and Go Test</td>
</tr>
</tbody>
</table>

Evidenced-based support includes:

- Reduce the incidence of a wide range of inpatient adverse effects
- Shortens hospital length of stay
- Lower hospital costs
- Decreases the incidence of 30-day readmissions
References


Flood, KL, MacLennan, PA, McGrew, D, Green, D, Dodd, C, & Brown, CJ (2013). Effects of an acute care for elders unit on costs and 30-day readmissions. *JAMA Internal Medicine, 173*(11), 981-987.

