

Can we make Comprehensive Geriatric Assessment (CGA) person-centred?

A Quality Improvement Project using the CGA-questionnaire



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Introduction

CGA is the gold-standard intervention for older adults living with frailty[1]. Similarly, person-centred care is the gold standard model for delivering care that focuses on the needs of the individual[2]. However, there is limited evidence for how to deliver CGA that is person-centred in a time-efficient manner. This Quality Improvement Project (QIP) aimed to implement the CGA-Q, a questionnaire adapted from the CGA-GOLD[3], to improve the person-centredness of CGA in time-limited clinical contexts.

Methods

The CGA-Q is a 2-page questionnaire consisting of 19 tick box questions and 8 free text questions covering 7 domains of CGA (Figure 1) allowing patients and/or carers to identify concerns. The clinician reviews the completed CGA-Q before the consultation to allow the patient responses to guide the subsequent CGA.

Between March 2023 - June 2024 CGA-Q was established in a London and Scottish NHS trust using 'Plan-Do-Study-Act' methodology. The PDSA cycles are shown in Figure 2. Outcomes included patient demographics, CGA-Q completion, number of CGA-Q topics covered in the clinic letter (compared to baseline cohorts from clinics prior to CGA-Q introduction) and person centeredness of the CGA. In this QIP, person-centeredness referred to the inclusion of person-selected concerns in clinic letters and omission of person-excluded concerns.

The image shows a portion of the CGA-Q questionnaire form. It includes a header with 'Name' and 'Hospital No.' fields, and a 'CGA-Q' label. Below this is a section titled 'Please complete this questionnaire and bring it with you when you see the doctor'. The form is divided into several sections: 'PHYSICAL HEALTH' with questions about weight, memory, urgency, and pain; 'PSYCHOLOGICAL NEEDS' with questions about feeling down or loss of interest; 'MEDICATIONS' with a question about problems with medicines; and 'ADVANCE CARE PLANNING' with a question about discussing wishes for healthcare. Each section has 'Yes', 'No', and 'Don't know' options.

Figure 1: CGA-Q (Page 1 of 2)

References: 1. Ellis G et al. 2017. *Comprehensive Geriatric Assessment for older adults admitted to hospital*. 2. WHO. 2015. *WHO global strategy on people-centred and integrated health services*. 3. Kalsi et al. 2014. *Validity and reliability of a Comprehensive Geriatric Assessment screening questionnaire (CGA-GOLD) in older people with cancer*.

Results

Across all cycles and clinics, responders and non-responders were comparable in age, sex, frailty and cognitive status. In cycles 1-3, completion rates and inclusion of person-selected concerns in CGA improved as CGA-Q was embedded in a single clinic with staff training. Completion rates varied in other clinics from 14% to 100%. The mean number of topics addressed in clinics tended to increase after CGA-Q was introduced. Specific topics addressed more in CGA included cognition, mood, continence and falls.

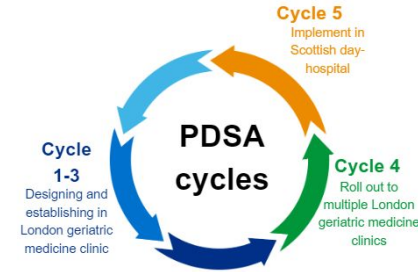


Figure 2: PDSA cycle summary

PDSA Cycle	Geriatric medicine specialist clinic	n =	CGA-Q completion	Mean number of topics covered during CGA (± sd)	Person-centeredness	
					Person-selected concerns addressed	Person-excluded concerns omitted
1	Cardiology (baseline)	48	N/A	5.9 ± 1.9	N/A	N/A
2	Cardiology	71	39%	7.0 ± 2.2	60%	71%
3	Cardiology	55	83%	7.9 ± 2.9	69%	70%
4	CGA (baseline)	50	N/A	5.4 ± 3.4	N/A	N/A
	CGA	13	42%	6.4 ± 4.0	49%	85%
	Bone health (baseline)	48	N/A	4.5 ± 2.7	N/A	N/A
	Bone health	71	14%	6.2 ± 2.7	43%	83%
5	Renal*	12	100%	7.8 ± 1.5	92%	70%
	NHS Lothian day hospital (baseline)	15	N/A	6.7 ± 3.9	N/A	N/A
5	NHS Lothian day hospital	41	100%	7.2 ± 3.1	62%	71%

Table 1: CGA-Q completion rate and impact of CGA-Q on topics covered and person-centeredness, reported per PDSA cycle and clinic type. Baseline cohorts highlighted grey.

*No baseline data available as CGA-Q introduced in inaugural renal CGA clinics

Conclusion

CGA-Q is feasible and can facilitate person-centeredness whilst improving the breadth of topics covered during CGA. It has been successfully implemented across multiple sites and clinics. Early results vary across subspecialty geriatric medicine clinics, which each have unique processes, patient cohorts and staffing structures. Future work involves a qualitative study determining the experience of patients and carers of this approach.

