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Comprehensive Geriatric Assessments (CGA): Are you on board?

Jeannine Nonailhada, PhD, OTR/L, BCG

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Learning Outcomes

As a result of this course, participants will be able to:

- 1) Recognize aspects of relevant literature about the rationale for comprehensive geriatric assessment
- 2) Identify necessary components of a comprehensive geriatric assessment
- 3) List appropriate tools to screen and assess the multi-faceted needs of older adults

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What is a Comprehensive Geriatric Assessment?

- Defined: “Comprehensive geriatric assessment (CGA) is a multidisciplinary diagnostic and treatment process that identifies medical, psychosocial, and functional capabilities of older adults to develop a coordinated plan to maximize overall health with aging.” (Pilotto et al, 2017)

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Literature Review

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- CGA more likely to be discharged home rather than SNF (Eamer et al., 2017; Ellis et al., 2017)
- CGA good for fitness to undergo treatment, informs decision making process (breast and prostate cancer) (Okorji, Sinha, Phillips, Fatz, & Ring, 2017; Osborne et al., 2017)
- Prevents delirium after hip fracture (Shields et al., 2017)
- Preoperative CGA reduces length of stay, shorter complications, and incidences of dependence after vascular surgery (Partridge et al., 2017)

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CGA and Surgery

- Older people post hip fracture who received CGA were less likely to die and more likely to return home (Eamer et al., 2018). More readmits to hospital for those who did not receive CGA. Not enough evidence for other conditions to see effect of CGA.
- Cost-effective (Eamer et al., 2017) for perioperative period

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CoMORBIDITIES

- Arthritis
- Obesity
- Diabetes
- Heart Disease
- High Blood Pressure
- High cholesterol
- Kidney Disease
- Depression
- COPD

• (Adams, 2017; Centers for Medicare and Medicaid Services, 2015).

Cognition/executive functions

- Orientation
- Memory
- Attention
- Concentration
- Visuospatial Abilities
- Clock Drawing
- Object Naming



(Katzman et al., 1983; Nasreddine et al., 2005)

Activities of daily living (ADL)

Basic ADL

- Dressing
- Grooming
- Bathing
- Toileting
- Feeding
- Transferring



(The Hartford Institute for Geriatric Nursing, 2007)

Instrumental ADL

- Telephone Use (Communication)
- Laundry
- Medication Management
- Shopping
- Food Preparation
- Mode of Transportation
- Housekeeping
- Finances



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Polypharmacy

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- Evaluate performance of activities necessary to manage medications (American Occupational Therapy Association, 2017)



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Nutrition

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- What is a typical breakfast for you?
- How much water are you drinking?
- Complexity of meals (hot vs. cold)

• (Engelheart & Brummer, 2018)



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Functional Falls

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(SafeStep, 2012)



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Mood

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- Life satisfaction
- Boredom
- Helpless
- Preference to stay home vs. going out
- Worthless
- (Hoyl et al., 1999)
- THIS IS WITHIN OT's SCOPE!



Social Support

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- Live alone?
- Caregiver
- Proximity of family/friends



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Client Portrayal

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Angela

- Angela S. is an 83 year old female admitted to the acute hospital after falling at home, and sustaining a hip fracture and bruise on left eye. She underwent open reduction internal fixation surgery on left hip yesterday and is now weight bearing as tolerated. Occupational Therapy has been consulted for Activities of Daily Living evaluation. The admitting physician note states the client scored 21/28 on a mental status examination.
- Past medical/surgical history is significant for hypertension, osteoarthritis, diabetes (non-insulin dependent), macular degeneration, urinary incontinence, and bunionectomy. She has had two prior falls within the past two months.
- Angela lives alone in a private suburban two-story home. She does not drive. Her son transports her to all of her doctor appointments and takes her grocery shopping.

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Cognition/Executive Functions

- The OT administers a standardized cognitive test, and Angela was unable to recall the name and address from the test. Furthermore, although her clock design was inclusive of all numbers and correct placement of the hour and minute hands, she required redirection to task frequently. The OT determines that Angela exhibit short term memory deficits which can affect her overall safety. For example, Angela may leave the stove on when cooking something. The OT notes on the evaluation that this may be indicative of a need for more assistance/supervision at home.

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Activities of Daily Living

- Angela requires 50% assistance to perform bed mobility and transfers. She complains of 8 out of 10 pain with all mobility and requires increased time to move from sit to stand and pivot to bedside chair with a rolling walker. She is unable to attempt lower body dressing, bathing, and grooming due to pain upon initial evaluation.
- After instruction by the OT, Angela is able to locate the hospital room call bell and simulate calling the nurses' station for assistance to make her needs known. The OT derives she is dependent with her instrumental activities of daily living at this time due to pain and decreased functional mobility.

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Polypharmacy

- The OT inquires about Angela's medication routine prior to admission, and asks Angela if she can name all of her medications, what time of day she takes them, and if any of them require to be taken with food. Angela is unable to state the names of her medications, but describes them by color and indication (i.e. "my sugar medication" and "the round pink pill"). Due to Angela's demonstrated short-term memory deficits, the OT suggests to Angela and her son the use of a seven day medication organizer so that Angela may keep track of her medication routine safely. The son agrees to assist with this.

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Nutrition

- The OT inquires about Angela's meal preparation and cooking. Angela reports healthy eating with fruits and vegetables, but it is determined by the OT that she may be dehydrated, as Angela reports only drinking coffee throughout the day. The OT recommends keeping a hydration worksheet chart on her refrigerator where Angela can check off the glasses of water that she drinks daily.

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Functional Falls

- The OT asks Angela what she was doing when she fell. Angela stated she was attempting to reach for a box of cereal from a high shelf in her kitchen and lost her balance. The OT makes note of this as upon her return to home, Angela may benefit from a home safety evaluation to better arrange items within reach and/or recommend adaptive equipment.
- The OT then proceeds to assess for Angela's proprioception in her lower extremities, and finds that Angela has inconsistent awareness of her ankle and foot position in space. The OT informs the physical therapist, that is scheduled to see Angela later in the day, that perhaps a structured lower extremity exercise program is indicated for Angela to increase proprioception.
- The OT also documents Angela's decreased standing balance at this time, given her pain level and general weakness from being hospitalized after her surgery.
- The OT does a general vision screen with Angela, having Angela read a sign posted on the wall. Even with her corrective lenses, Angela demonstrates difficulty reading and so the OT recommends that Angela have her eyes examined again by her physician and to receive a more comprehensive vision evaluation.

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Mood and Social Support

- The OT conducts a short mood assessment and determines that Angela may be feeling a bit sad due to her inability to drive and get out in her community. The OT makes note of this to inform the social worker who may be able to connect Angela with community resources for socialization and activities.

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Discharge Recommendation

- After speaking with the interprofessional care team, the OT recommends subacute rehabilitation for Angela upon discharge from the hospital.

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Questions?

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