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How best to deliver Comprehensive Geriatric Assessment (CGA) on a hospital wide basis: an umbrella review

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Review question(s)

To define the key elements of CGA, for example nurse-led models vs. geriatrician–led models and the timing of CGA

To define the principal outcome measures that have been used in RCTs

To define the characteristics of the main beneficiaries of CGA included in the RCTs

To summarise the main findings about the cost-effectiveness of models of delivery of CGA

To summarise the gaps and weaknesses in the evidence base

Searches

Cochrane Database of Systematic Reviews

DARE via the Cochrane Library

OVID MEDLINE(R)

EMBASE

Limited to English Language

Limited to last 5 years

Types of study to be included

Inclusion: For the purposes of inclusion, CGA will be defined using the authors' definition.

The types of studies to be included will focus on

(i) existing literature reviews and where necessary, the high quality RCTs which contribute data to the reviews of comprehensive geriatric assessment for inpatients

(ii) Randomised controlled trials, performed and reported more recently than those included in the included literature reviews

(iii) Recent observational studies which describe models of delivery of CGA on a hospital wide basis, with direct relevance to UK clinical practice

(iv) Full economic evaluations which meet the population and intervention inclusion criteria.

Exclusion: Due largely to the constraint of time in producing a rapid review to inform further development of the

research, papers selected for review will be restricted to those published English.

Condition or domain being studied
Hospital inpatient care for frail older people

Participants/ population
Patients over 65 years of age, who are in receipt of inpatient hospital care

Intervention(s), exposure(s)
Comprehensive Geriatric Assessment (CGA) is often defined as 'a multidimensional, interdisciplinary diagnostic process to determine the medical, psychological, and functional capabilities of a frail older person in order to develop a coordinated and integrated plan for treatment and long-term follow-up'. CGA improves outcomes for frail older people, including survival, cognition, quality of life and reduced length of stay, readmission rates, long term care use and costs. CGA is the accepted gold standard method of caring for frail older people in hospital but it is unclear which groups patients benefit most.

Included if about CGA in hospital setting.

Excluded if CGA not part of the intervention, if CGA is an element only (not full CGA) and not inpatient care

Comparator(s)/ control
We will include reviews and other studies in which the delivery of comprehensive geriatric assessment is compared to usual inpatient care, or in which the comparator is CGA in an alternative setting, or usual care in another setting, and, if appropriate reviews are available, enhanced CGA vs CGA in the same setting.

Context
Hospital in-patient

Outcome(s)
Primary outcomes
Can we identify a model of choice for hospital wide CGA using the evidence from literature reviews of CGA? If not:

Can we identify a model of choice for hospital wide CGA in the UK using the evidence from high quality randomised controlled trials performed more recently than the most recent reviews? If not:

Can we develop a CGA model that incorporates evidence from different reviews above?

Timing - At follow up - 1,3,6 or 12 months

Effect Measures:-

Living at home

Death

Institutionalisation

Dependence

Death or dependence

Activities of daily living

Cognitive status

Readmissions

Length of stay

Resource use

Secondary outcomes

The review will summarise the overall health economic impact of different models of delivery of CGA, it will summarise the results with regard to:

the scale, timing and study design

the range of costs included and methodology employed to calculate the costs

the outcome metrics employed

the approach to marginal and opportunity costs.

At follow up - 1,3,6 or 12 months

Effect Measures:-

Living at home

Death

Institutionalisation

Dependence

Death or dependence

Activities of daily living

Cognitive status

Readmissions

Length of stay

Resource use

Data extraction, (selection and coding)

Studies will be assessed independently by two reviewers and discrepancies will be resolved by discussion.

The data to be extracted will include:

the key elements of CGA

principal outcomes that have been studies in RCTs

the characteristics of the main beneficiaries of CGA included in the RCTs

the main findings about the cost and resources of models of delivery of CGA

gaps and weaknesses in the evidence base

Risk of bias (quality) assessment

Risk of bias assessments will be incorporated into the synthesis. To avoid risk of bias, we will use a standardized tool

based on the Joanna Briggs Institute data extraction tool to extract the data from the included reviews. These findings will be used to identify which findings should be emphasised as most reliable, to inform the synthesis and ensure that the conclusions are based on the best available evidence. Whilst the less robust may not necessarily be included, they will still be considered.

Strategy for data synthesis
The planned general approach to be used will be aggregate. A quantitative synthesis is planned.

Analysis of subgroups or subsets
If feasible we will compare populations and outcomes between

a) services which select subjects by specific clinical characteristics versus selection on the basis of age and

b) services which are led by medical versus non-medical (e.g. nurse, physiotherapist) professionals.

Dissemination plans
A rapid, interim report for the research team, which will inform the further development of the project including the definitions and key elements of CGA at multiple levels (personal, operational, systemic) to be used through all the workstreams and identification of key outcomes. A full report detailing the review methodology and findings. An executive summary summarising the key findings of the review.

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17 November 2014

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13 November 2015

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Conflicts of interest
None known

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English

Country
England

Subject index terms status
Subject indexing assigned by CRD

Subject index terms
Aged; Geriatric Assessment; Hospitals; Humans

Stage of review
Ongoing

Date of registration in PROSPERO
29 April 2015

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Stage of review at time of this submission	Started	Completed
Preliminary searches	No	Yes
Piloting of the study selection process	Yes	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No