



Review

Structure and processes of interdisciplinary geriatric consultation teams in acute care hospitals: A scoping review[☆]



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ABSTRACT

Background and objectives: Interdisciplinary geriatric consultation teams are implemented in the acute hospital setting in several high-income countries to provide comprehensive geriatric assessment for the increasing numbers of older patients with a geriatric profile hospitalized on non-geriatric units. Given the inconclusive evidence on this care model's effectiveness to improve patient outcomes, health care policy and practice oriented recommendations to redesign the structure and process of care provided by interdisciplinary geriatric consultation teams are needed. A scoping review was conducted to explore the structure and processes of interdisciplinary geriatric consultation teams in an international context. As nurses are considered key members of these teams, their roles and responsibilities were specifically explored.

Design: The revised scoping methodology framework of Arksey and O'Malley was applied. **Data sources:** An electronic database search in Ovid MEDLINE, CINAHL and EMBASE and a hand search were performed for the identification of descriptive and experimental studies published in English, French or Dutch until April 2014.

Review methods: Thematic reporting with descriptive statistics was performed and study findings were validated through interdisciplinary expert meetings.

Results: Forty-six papers reporting on 25 distinct interdisciplinary geriatric consultation teams in eight countries across three continents were included. Eight of the 12 teams (67%) reporting on their composition, stated that nurses and physicians were the main core members with head counts varying from 1 to 4 members per profession. In 80% of these

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teams nurses were required to have completed training in geriatrics. Advanced practice nurses were integrated in eleven out of fourteen interdisciplinary geriatric consultation teams from the USA. Only 32% of teams used formal screening to identify patients most likely to benefit from their intervention, using heterogeneous screening methods, and scarcely providing information on the responsibilities of nurses. Nurses were involved in the medical, functional, psychological and social assessment of patients in 68% of teams, either in a leading role or in collaboration with other professions. Responsibilities of interdisciplinary geriatric consultation teams' nurses regarding in-hospital follow-up or transitional care at hospital discharge were infrequently specified (16% of teams).

Conclusions: This scoping review identified that the structure and processes of care provided to geriatric patients by interdisciplinary geriatric consultation teams are highly heterogeneous. Despite nurses being key team members, only limited information on their specific roles and responsibilities was identified. More research in this area is required in order to inform health care policy and to formulate practice oriented recommendations to redesign the interdisciplinary geriatric consultation team care model aiming to improve its effectiveness.

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What is already known about the topic?

- Interdisciplinary geriatric consultation teams (IGCT) provide comprehensive geriatric assessment (CGA) for geriatric patients admitted on non-geriatric hospital units.
- IGCTs are structurally implemented in healthcare systems in a limited number of countries, despite inconclusive evidence on its effectiveness to improve patient outcomes.
- Although nurses are considered key members of IGCTs, no overview of their specific roles and responsibilities in these teams is available in the literature.

What this paper adds

- IGCTs providing care for geriatric patients show highly heterogeneous structures and processes of care.
- Although nurses are key members of IGCTs, only limited information on their specific roles and responsibilities in IGCT care is reported.
- More research in this area is warranted in order to inform health care policy and to formulate practice oriented recommendations aiming to improve the effectiveness of the IGCT care model.

1. Introduction

Demographic changes with an increasing aging of the population and the growing burden of chronic conditions affect the number and proportion of older patients in the acute hospital setting (Organization for Economic Cooperation and Development (OECD) Health, 2004). A specific subset of these older patients, namely those with a geriatric profile (hereafter called 'geriatric patients'), are at an increased risk for adverse outcomes both during and after hospital admission (Covinsky et al., 2003, 2011). According to the 'European Union of Medical Specialists' geriatric patients present with a multitude of complex and interrelated problems such as frailty, active multiple pathology, atypical appearances of diseases, polypharmacy, functional decline and psychosocial problems. This

patient profile requires a holistic and interdisciplinary approach to care, including a key contribution of the nursing profession (European Union of Medical Specialists – Geriatric Medicine Society, 2008). Therefore, to address the complex care needs of these geriatric patients the process of 'comprehensive geriatric assessment' (CGA) has been developed, which was defined by Rubenstein et al. as "a multidimensional interdisciplinary diagnostic process focusing on determining a frail elderly person's medical, functional, psychological and social capability in order to develop a coordinated and integrated plan for treatment and long term follow up" (Rubenstein et al., 1991). Hence, CGA encompasses phases of patient identification, assessment and implementation of interventions (e.g. a plan for treatment and follow-up) (Deschodt, 2013). To date, CGA is considered one of the cornerstones of modern geriatric medicine (Rubenstein et al., 1991).

Different models of care can be applied to offer CGA to hospitalized patients. First, it can be delivered in geriatric units where specialist interdisciplinary care is organized for geriatric patients. Care on these dedicated units has been shown beneficial: as compared with conventional care it has been associated with a decrease in falls (Fox et al., 2012), delirium (Fox et al., 2012), in-hospital mortality (Ellis et al., 2011a,b), functional decline (Baztan et al., 2009; Van Craen et al., 2010), and new nursing home admissions (Van Craen et al., 2010). However, not all hospitals have implemented acute geriatric units, and the capacity of such units is often insufficient to accommodate the high number of admitted older patients (Deschodt et al., 2015; Malone et al., 2014). In Belgium for example, where acute geriatric units are implemented since 1984, 81% of all patients aged ≥ 75 years were hospitalized on non-geriatric acute care units in 2011 (Deschodt et al., 2015).

Interdisciplinary geriatric consultation teams (IGCTs) are therefore proposed as an alternative or complementary model of care for providing in-hospital CGA (Deschodt, 2013). IGCTs are mobile teams with the following main activities: the provision of an interdisciplinary CGA for patients with a geriatric profile; the formulation of recommendations to the care team of the non-geriatric unit during the hospitalization period; the formulation of

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