Submission Id: 5196

## **Title**

Exploring stakeholders' experiences of comprehensive geriatric assessment in primary care and out-patient settings.

## **Priority 1 (Research Category)**

Geriatrics

## **Presenters**

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## **Abstract**

Context: Comprehensive Geriatric Assessment (CGA) is a multidimensional interdisciplinary process that addresses an older adult's bio-psycho-social capabilities to create an integrated and co-ordinated plan of care. While there is established quantitative evidence that demonstrates the positive impacts of CGA on clinical and process outcomes, less is known about how older adults and service providers experience CGA. Objective: This study aimed to systematically review and synthesise qualitative studies reporting stakeholder experiences of CGA in the primary care and out-patient (OPD) setting. Study design and analysis: This qualitative evidence synthesis involved a systematic search across 5 databases including MEDLINE, CINAHL, PsycINFO, PsycARTICLES and Social Sciences Full Text targeting qualitative or mixed methods studies that reported qualitative findings on stakeholder experiences of CGA. The protocol was registered with the PROSPERO database (Registration: CRD42021283167). The methodological quality of the included studies was appraised using the Critical Appraisal Skills Programme checklist. Results were synthesised according to Noblit and Hare's approach to meta-ethnography. Setting: Primary care or OPD setting. Population: This study included community-dwelling older adults', carer's and healthcare professional's experiences. Intervention: The intervention explored was CGA. Outcome measures: Stakeholder experiences were analysed. Results: Twelve studies were included where CGA was completed in the older adult's home (n=6), out-patient setting in general practice (n=3) and out-patient setting in acute hospitals (n=3). Synthesis identified four key themes: (1) CGA is experienced as a holistic process (2) The home environment enhances CGA (3) Time, the prevailing healthcare model and interprofessional communication influenced the success of CGA in the community (4) Conflicting perspectives on the meaningful involvement of older adults, carers and family in the CGA process. Conclusion: The findings demonstrate that CGA in a home-based setting allows for a more holistic approach to care while increasing patient satisfaction and accessibility to healthcare. Although potential barriers to the delivery of CGA include current fragmented health service structures and a lack of understanding of CGA, factors such as enhanced communication, carer and older adult involvement in the CGA process are potential facilitators to its implementation.