Geriatric CO-mAnagement for Cardiology patients in the Hospital

G-COACH

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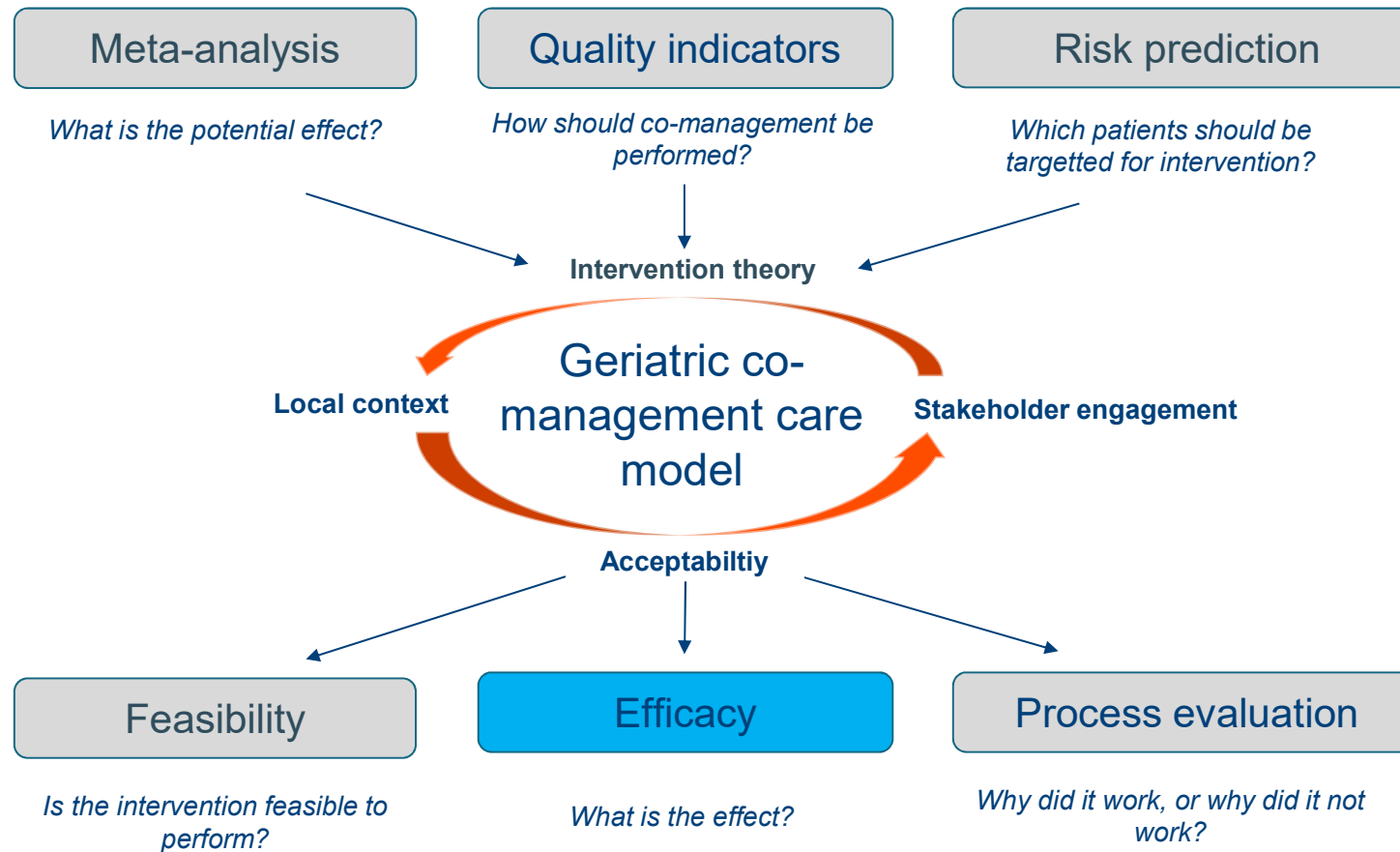Department of Public Health and Primary Care

Why G-COACH?

- 70% of older adults suffer from cardiovascular disease

- 60% of patients with cardiovascular disease have ≥ 1 geriatric syndrome(s)

- Cardiovascular care = diagnosis driven

  - Guidelines

  - Functional, psychosocial & environmental needs neglected

- Geriatric co-management

  - Improved outcomes in trauma patients

Boyd et al. Clinics in Geriatric Medicine 2016; 2 Bell et al. Clinics in Geriatric Medicine 2016; 3 Van Grootven et al. Age Ageing 2017
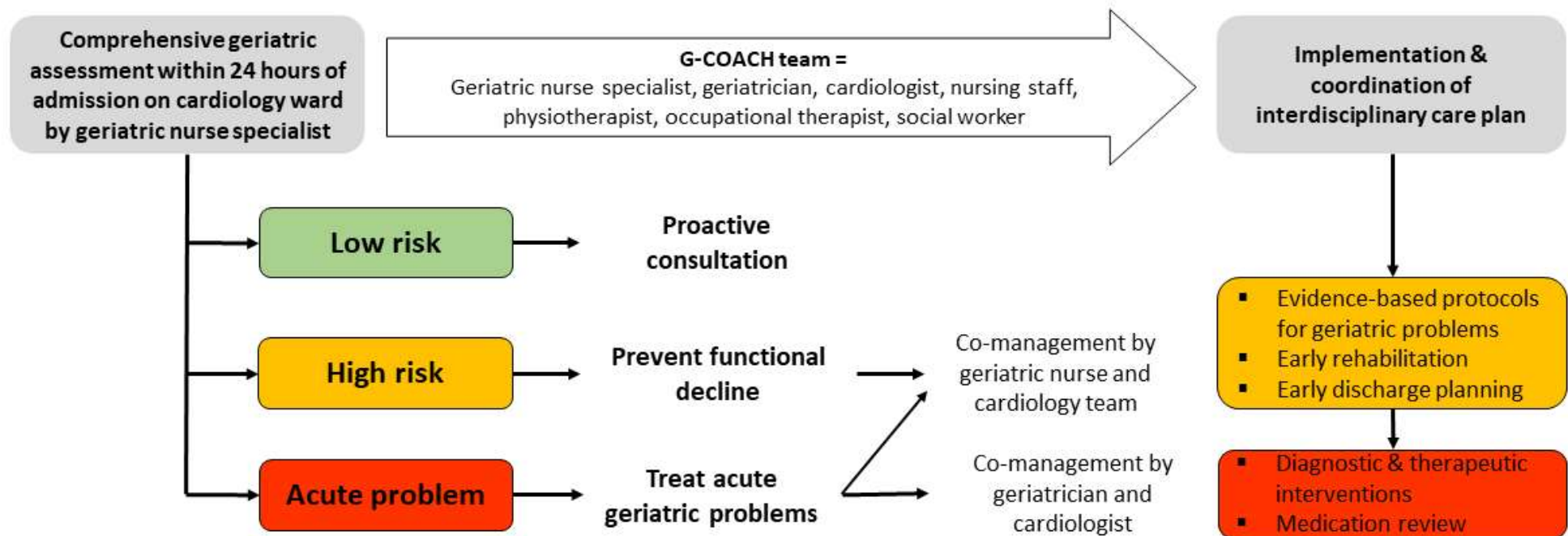
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Geriatric co-management

- Shared responsibility and decision making

- Cardiology team and a geriatric liaison team

- Complementary geriatric care

- Prevention of acute geriatric-oriented complications

G-COACH framework

Van Grootven et al. Age Ageing 2018; BMJ Open 2018; BMC Geriatrics 2020; J Am Geriatr Soc 2021; Deschodt et al. BMJ Open 2018;

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G-COACH program

Evaluation

Geriatric co-management for cardiology patients in the hospital: A quasi-experimental study

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Evaluation

- Quasi-experimental study

  - Before measurement: Sept 2016 – June 2017

  - Implementation: June 2017 – Januari 2018

  - After measurement: Januari – Ocotber 2018

- Sample: cardiac care units UZ Leuven

  - Aged 75 years or older

  - Cardiovascular disease & TAVI

  - Length of stay > 3 days

Results: in-hospital outcomes

Outcome	Control group	Intervention group	Effect size (95% CI) *
Functional decline (Katz), n (%)	68/158 (43)	38/151 (25)	OR = 0.5 (0.3 – 0.8)
Delirium (CAM), n (%)	30/158 (19.0)	9/151 (6.0)	OR = 0.3 (0.1 – 0.7)
Infections (clinical), n (%)	26/158 (16.5)	10/151 (6.6)	OR = 0.3 (0.1 – 0.6)
Obstipation, n (%)	23/158 (14.6)	7/151 (4.6)	OR = 0.3 (0.1 – 0.9)
Length of stay, mean (95% CI)	9.4 (8.5 – 10.3)	8.9 (8.0 – 9.8)	MD = -0.5 (-1.8 – 0.8)
EQ-5D QoL, mean (95% CI)	65.8 (63.2 – 68.4)	65.1 (62.3 – 67.9)	MD = 0.03 (-0.01 – 0.08)

* Adjusted for relevant baseline confounders

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Results: care processes

Care process, %	Control group	Intervention group	Difference (95% CI)
Received physical therapy	70%	79%	**9% (0 – 19)**
Received discharge planning	29%	37%	**8% (0 – 18)**
Received nutritional advice	68%	79%	**11% (0 – 21)**
Catheter utilization rate	13.5%	5.9%	**-8% (-9 – -6)**
Physical restraint utilization rate	4%	2.5%	**-1.5% (-5 – 2)**
Referral to falls clinic	3%	5%	2% (-2 – 6)
Referral to memory clinic	3%	19%	**16% (9 – 23)**

Conclusion

- Nurse led geriatric co-management was effective in

    - Improving care processes

    - Patient outcomes

    - Without additional resources

- Proof of concept for cardio-geriatric co-management

- Investigate scaling-up in follow-up project: G-COMAN

Thank you

G·COACH team

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