

# College of geriatrics

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BELGISCHE  
VERENIGING VOOR  
GERONTOLOGIE EN  
GERIATRIE

SOCIÉTÉ  
BELGE DE  
GERONTOLOGIE ET DE  
GERIATRIE



# College of geriatrics

what



when

why

who

~~where~~

# College of doctors

KB 15-02-1999

- purpose : better quality of medical service

- tools : internal and external control



hospital

college

- indicators of quality and evaluation criteria
- visitation and control
- national report; provides information

# College of geriatrics

what?

define

evaluate

promote

quality

how?

describe

evaluate

improve

ad hoc situation

$\Rightarrow$  *propositions*

# Belgian Minimum Data Set for Comprehensive Geriatric Assessment

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# introduction

- continuous registration of quality variables is an obligation
  - the Ministry intends to ask this registration
- ⇒ College & BVGG : *choose it ourselves !*

# BMDS study : *aims*

- analyze the tools routinely used by the Belgian geriatric teams
- ask propositions for "**Belgian Minimum Data Set**"
  - ~ comprehensive geriatric assessment  
feasible  
approved by geriatricians

# BMDS : methods

- Questionnaire
  - sent by e-mail; surface mail,  
downloadable ([www.geriatrie.be](http://www.geriatrie.be))
- *used* and *proposed* scales for minimal geriatric assessment
- domains : ADL; I-ADL; falls; cognition; depression; social; nutrition; pain; QOL



# results

- 59 questionnaires
- acute and subacute G beds

# hospital characteristics (N=59)

	Valid N	Mean or %	Median	Minimum	Maximum	Std.Dev.
Types:						
General		76%				
Academic		10%				
rehabilitation		14%				
total beds nb	57	442	359	54	1712	304
G beds nb	58	56	48	16	210	37
G beds proportion (%)	57	17	13	3	100	16
G LOS (days)	52	24,8	21,0	12,0	97,0	13,8
G Occupation rate (%)	53	92,6	93,0	71,9	116,0	8,7
Acute G beds proportion (%)	48	77,6	100,0	0,00	100,0	36,5
Beds in de registrated unit	58	29,5	26,5	16,0	72,0	10,9

# staff characteristics (per 24 beds)

	Valid N	Mean	Median	Minimum	Maximum	Std.Dev.
Non Geriatrician Practitioner(s)	58	,69	,42	0,00	2,18	,65
Geriatrician(s)	58	,87	,84	0,00	1,74	,39
Nurses	58	12,1	12,3	5,2174	24,6	4,7
% A1 nurse	56	33	31	1	74	18
% A2 nurses	56	40	39	4	88	21
Physiotherapist(s)	58	,83	,80	0,00	2,63	,44
Occupational therapist	58	,68	,75	0,00	1,41	,37
Speech therapist	57	,12	0,00	0,00	,75	,18
Social Worker	58	,49	,45	0,00	1,20	,25
Psychologist	58	,08	0,00	0,00	,75	,14
Psychiatrist	58	,03	0,00	0,00	,75	,11
Neuropsychologist	58	,04	0,00	0,00	,75	,13
Dietician	58	,15	,09	0,00	1,00	,20
Total paramedical workers	59	2,39	2,31	0,00	6,25	1,00
Secretary	51	,27	,13	0,00	1,24	,32

# comprehensive geriatric assessment

- ADL
- IADL
- RISK of FALLING
- COGNITION
- DEPRESSION
- SOCIAL
- NUTRITION
- PAIN
- QOL

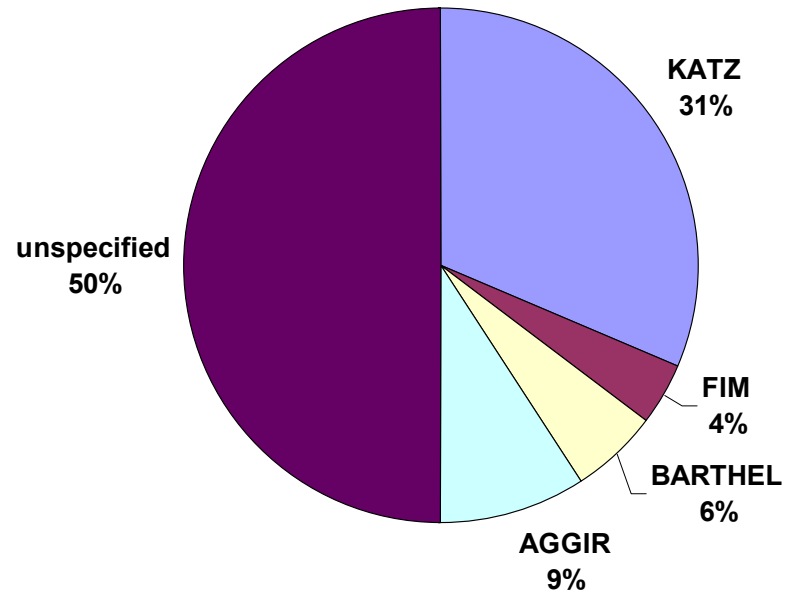
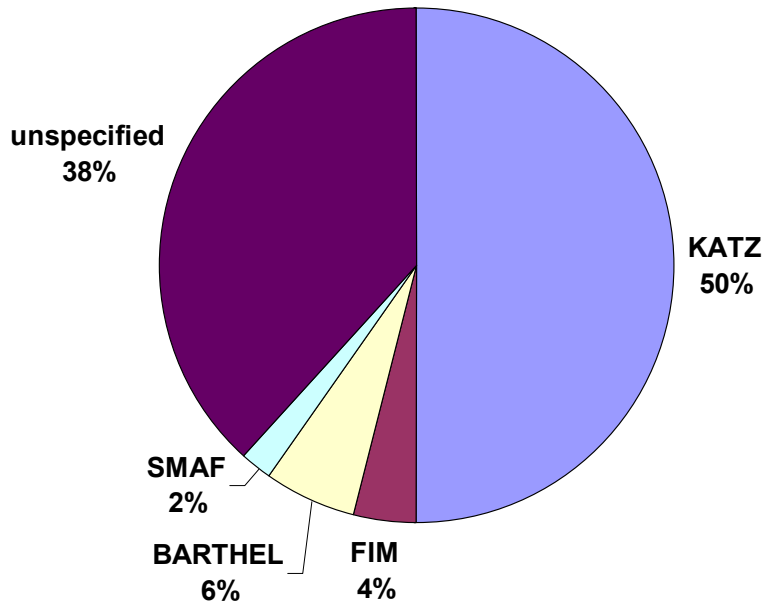
*already used*

*proposed for BMDS*

# ADL

*used 92%*

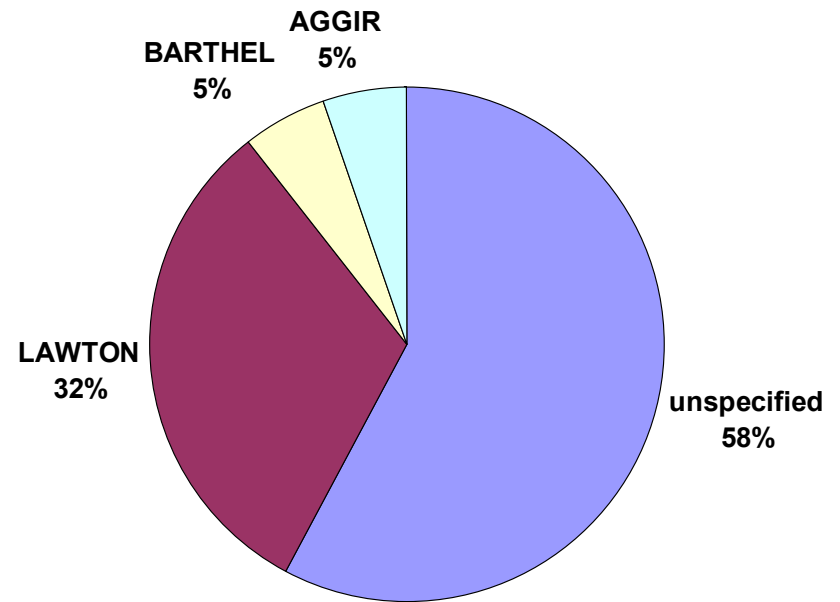
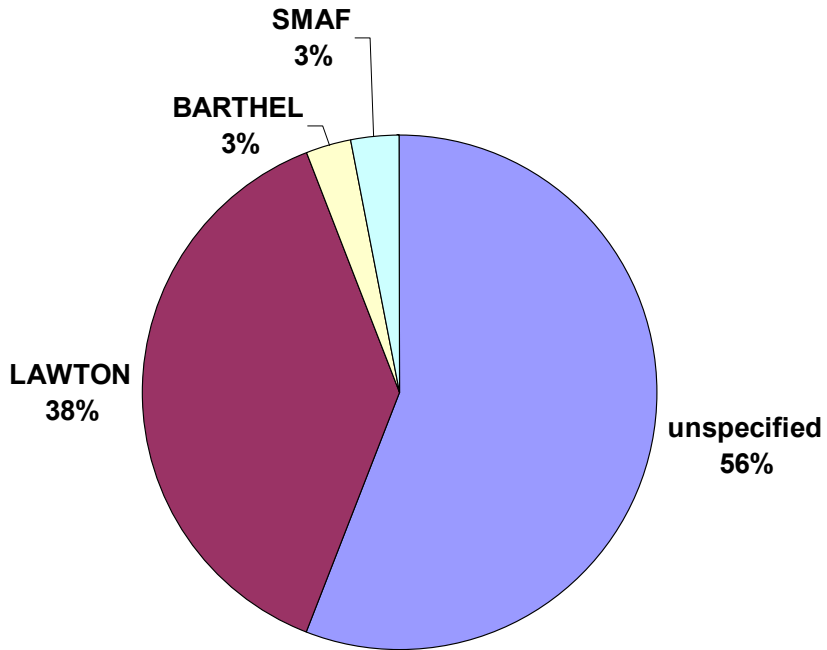
*proposed 92%*



# IADL

*used 56%*

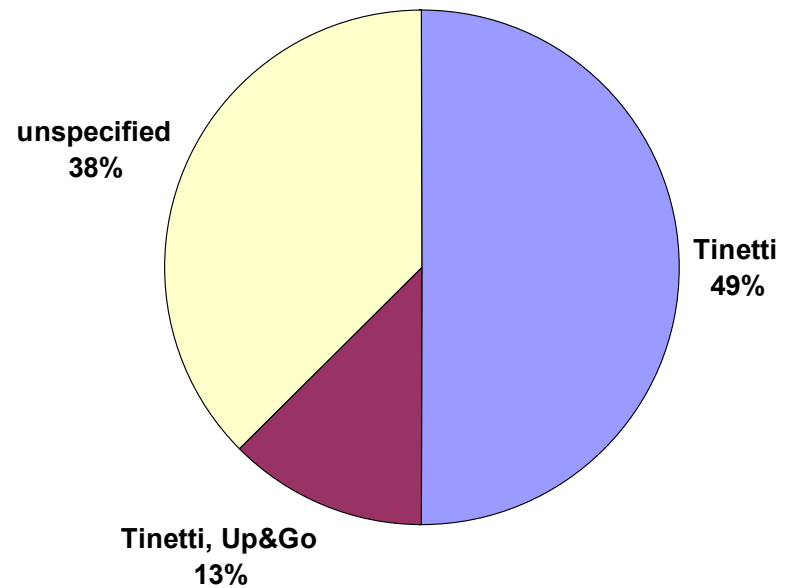
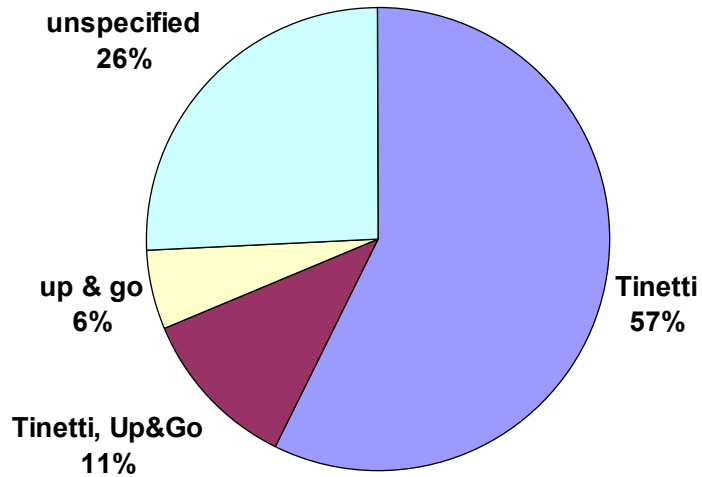
*proposed 58%*



# risk of falling

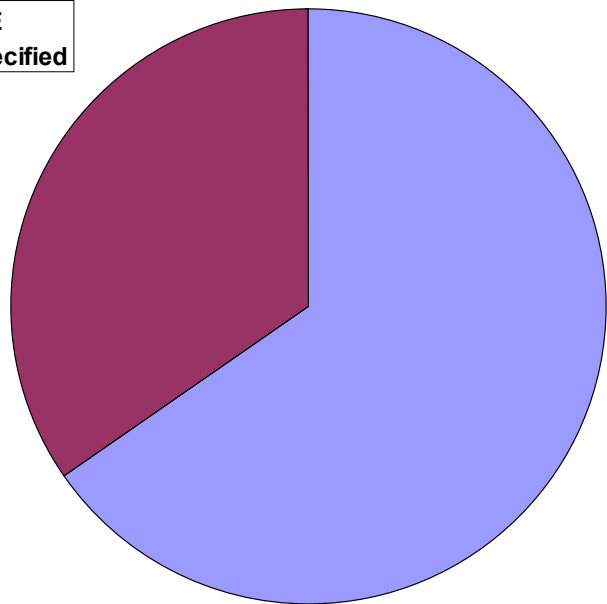
*used 59%*

*proposed 68%*



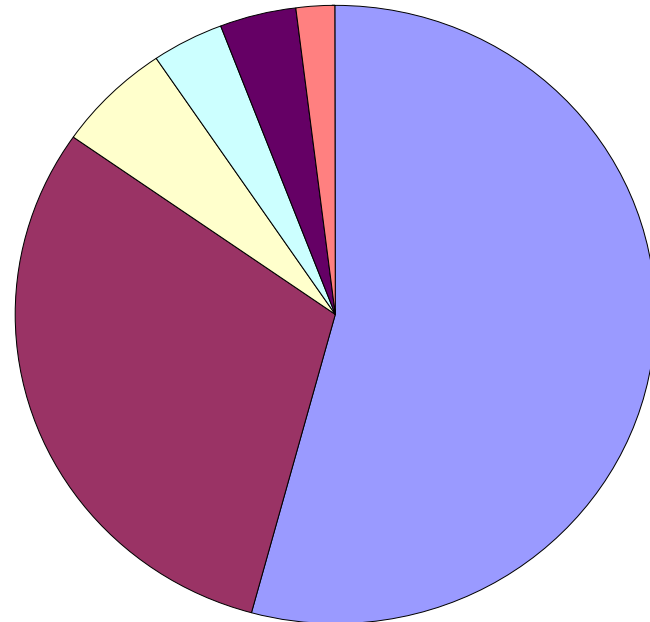
# cognition

*used 52%*



MMSE  
unspecified

*proposed 51%*

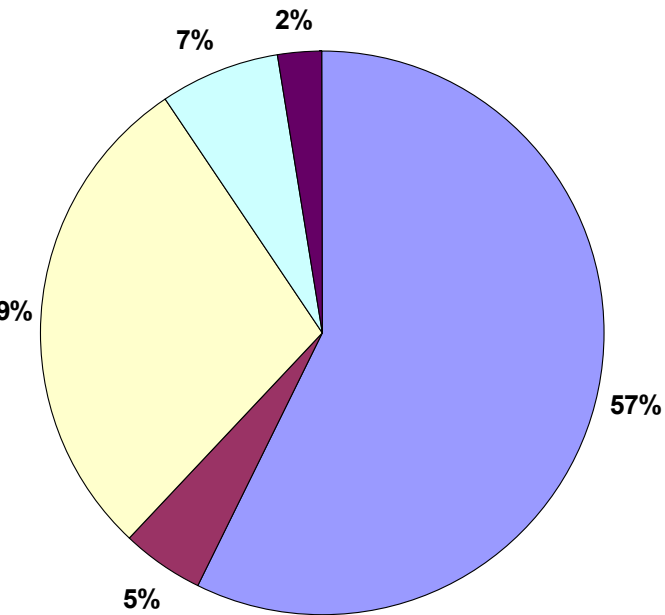


MMSE  
unspecified  
MMSE kloktest  
MMSE CAMCO  
MMSE MATTIS  
AMYS, klock te

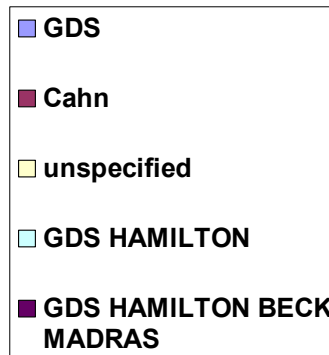
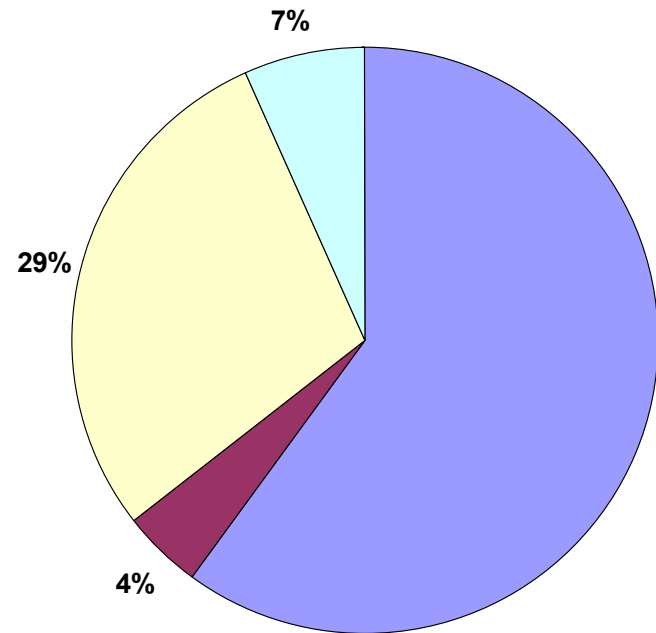


# depression

*used 39%*



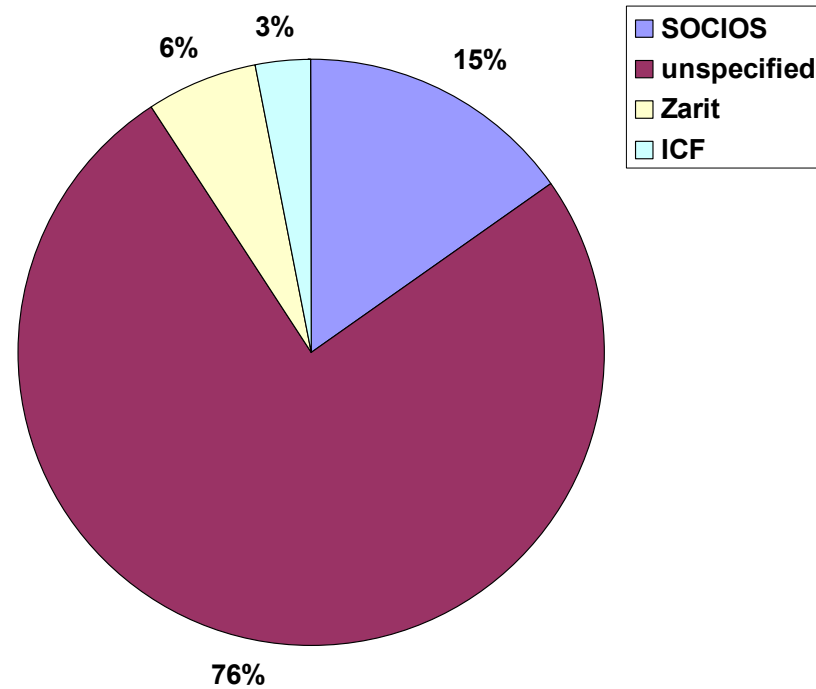
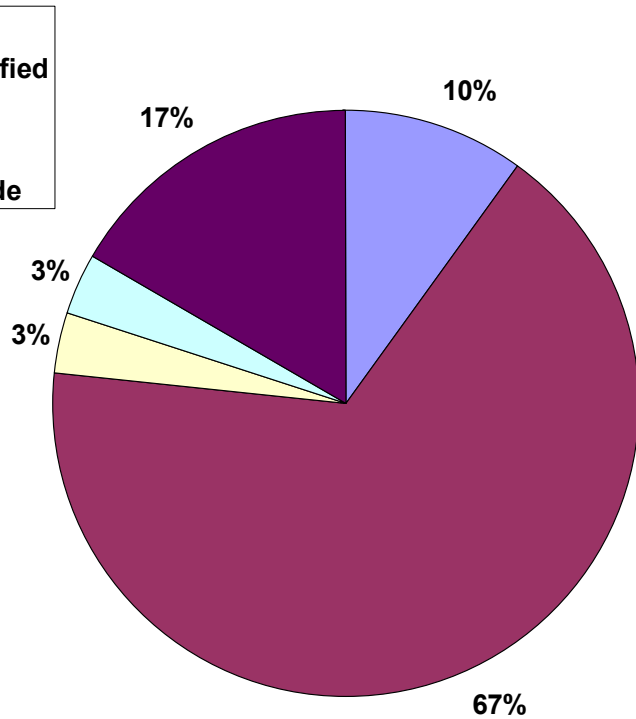
*proposed 45%*



# social assessment

*used 51%*

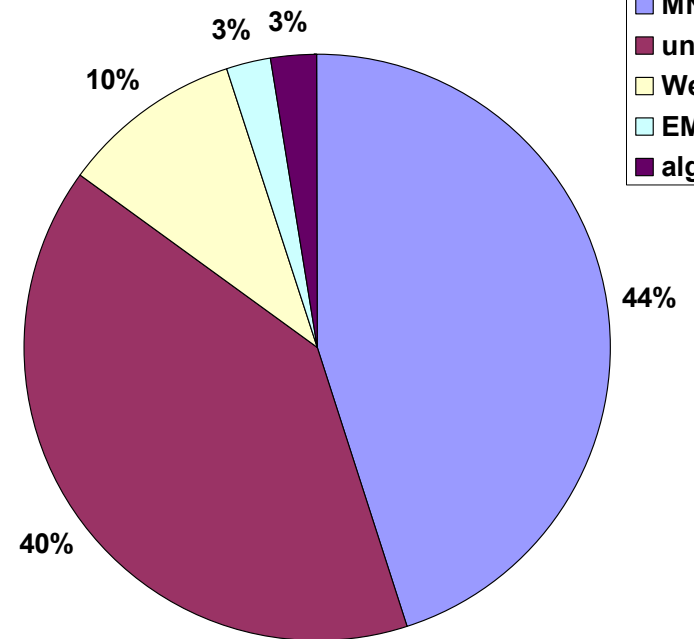
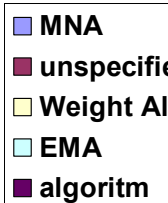
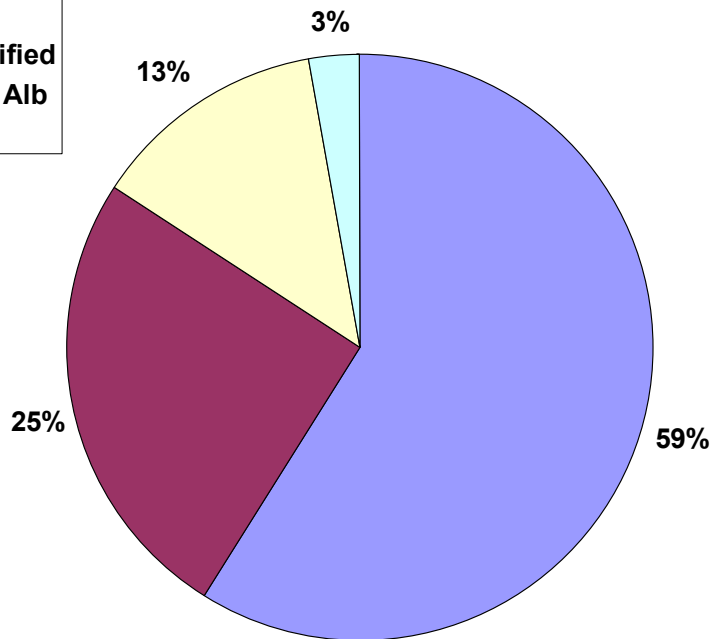
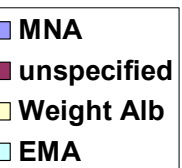
*proposed 56%*



# nutrition

*used 36%*

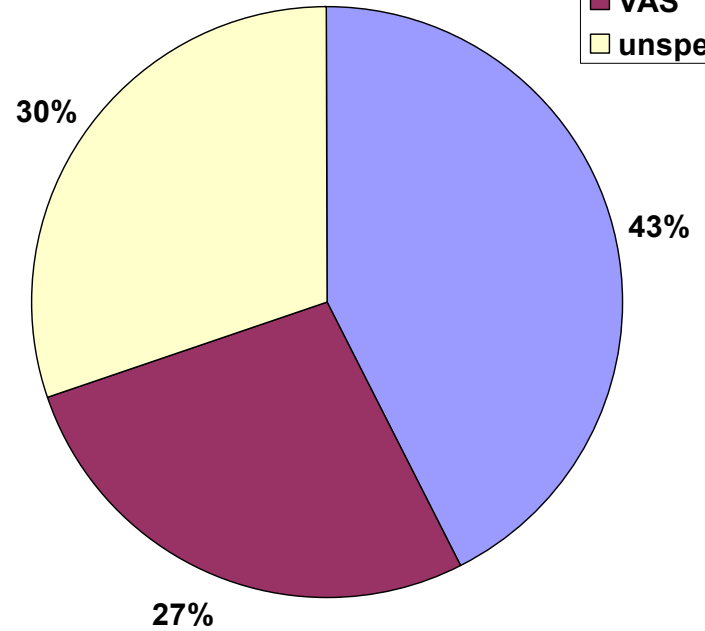
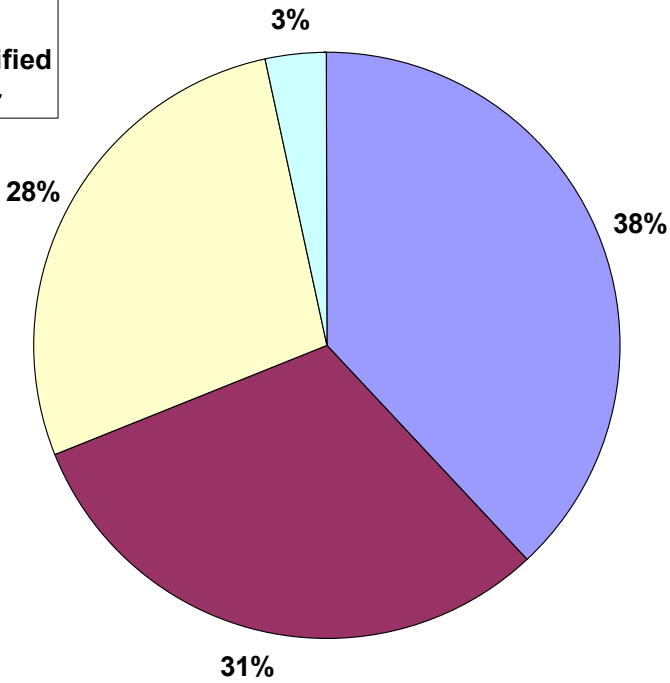
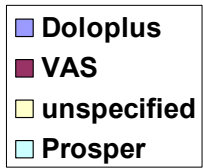
*proposed 40%*



# pain

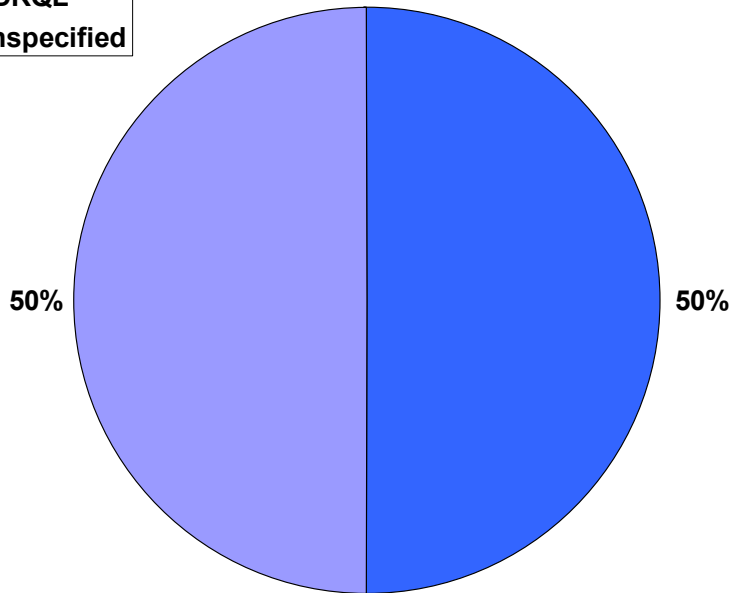
*used 49%*

*proposed 54%*

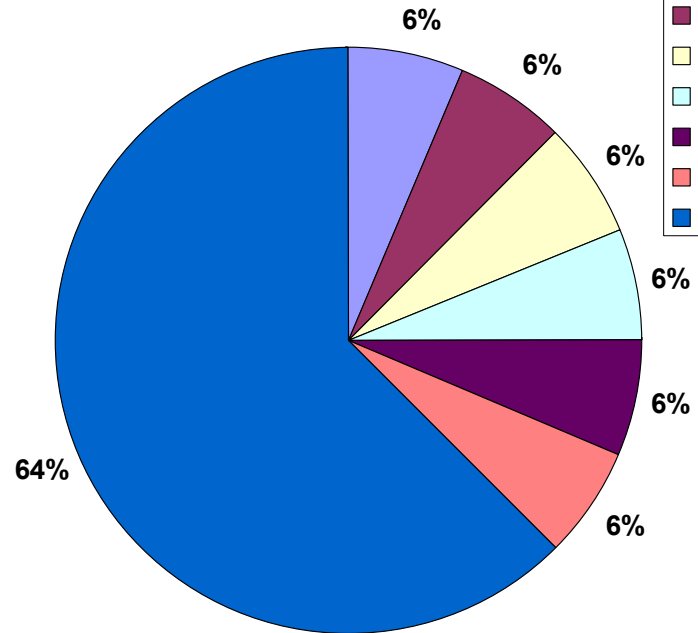
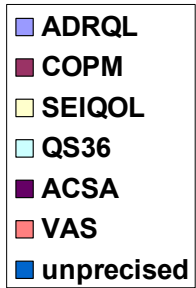


# quality of life

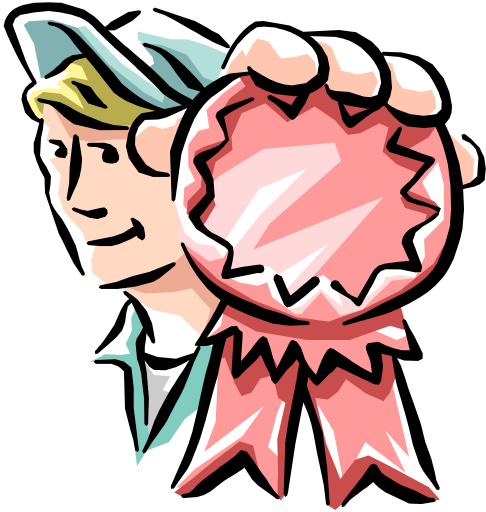
*used 2%*



*proposed 27%*



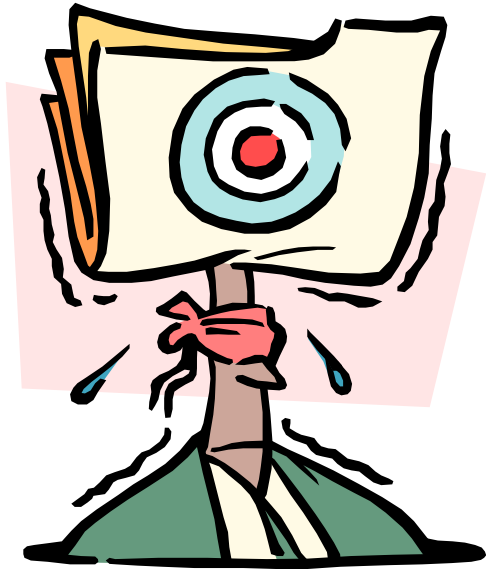
# conclusions



response rate

geriatricians : interested in CGA

transparency of geriatric units



quality of questionnaire

not enough CGA

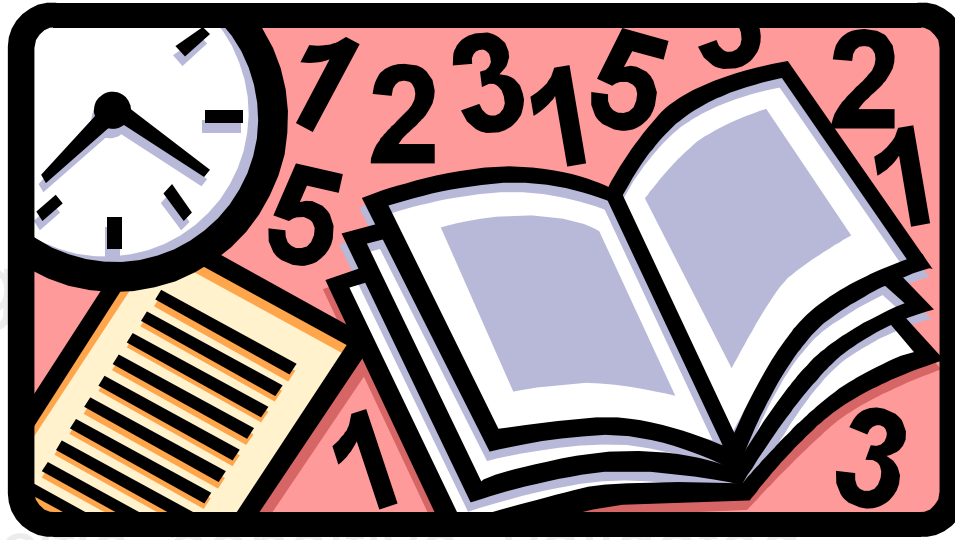
lack of uniformity CGA

~ no consensus

# perspectives

working groups to propose “minimal” CGA

- specific, sensitive, validated
- feasible
- screening tools
- a basis for further algorithms



working

nal" CGA

– specific, sensitive, validated

# Consensus conference

– screening tools

– a basis for further algorithms

May 7th, 2004



# acknowledgements

- College:  
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- external experts & participants : P Devriendt, C Sachelm, A Velghe



and YOU

