

# Comprehensive geriatric assessment for frail older people in acute hospitals: the HoW-CGA mixed-methods study

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**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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## Plain English summary

### **The HoW-CGA mixed-methods study**

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## Plain English summary

Older people in acute hospitals are at high risk of poor outcomes. Although holistic care can improve these outcomes, it is not routinely available across whole hospitals. Even within dedicated older people's services, the provision of holistic care is variable and patchy.

Most older people will come in to contact with acute hospitals services over a 4-year period, especially those living in areas of deprivation. Routine hospital data can be used to identify older people in acute hospitals at particular risk of harm; for example, older people with features of frailty are at a 70% higher risk of dying, are 600% more likely to have prolonged hospital stays and are 50% more likely to be readmitted within 30 days of discharge than older people without features of frailty.

A clinical toolkit designed to help non-geriatric teams improve the care that they offer to frail older people was well received and thought to be useful. However, it did not achieve its stated aims of improving care, in part owing to competing priorities within cancer and surgical services, as well as the need for extended support to embed the intervention and support from specialist geriatricians.

Outcomes from this project include a tool to allow frailty to be identified across the whole country using routine hospital data, easy-to-use spreadsheets that can inform hospitals and local authorities about the nature of frailty in the populations for whom they care and a toolkit that is ready for further testing within specialist services.



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