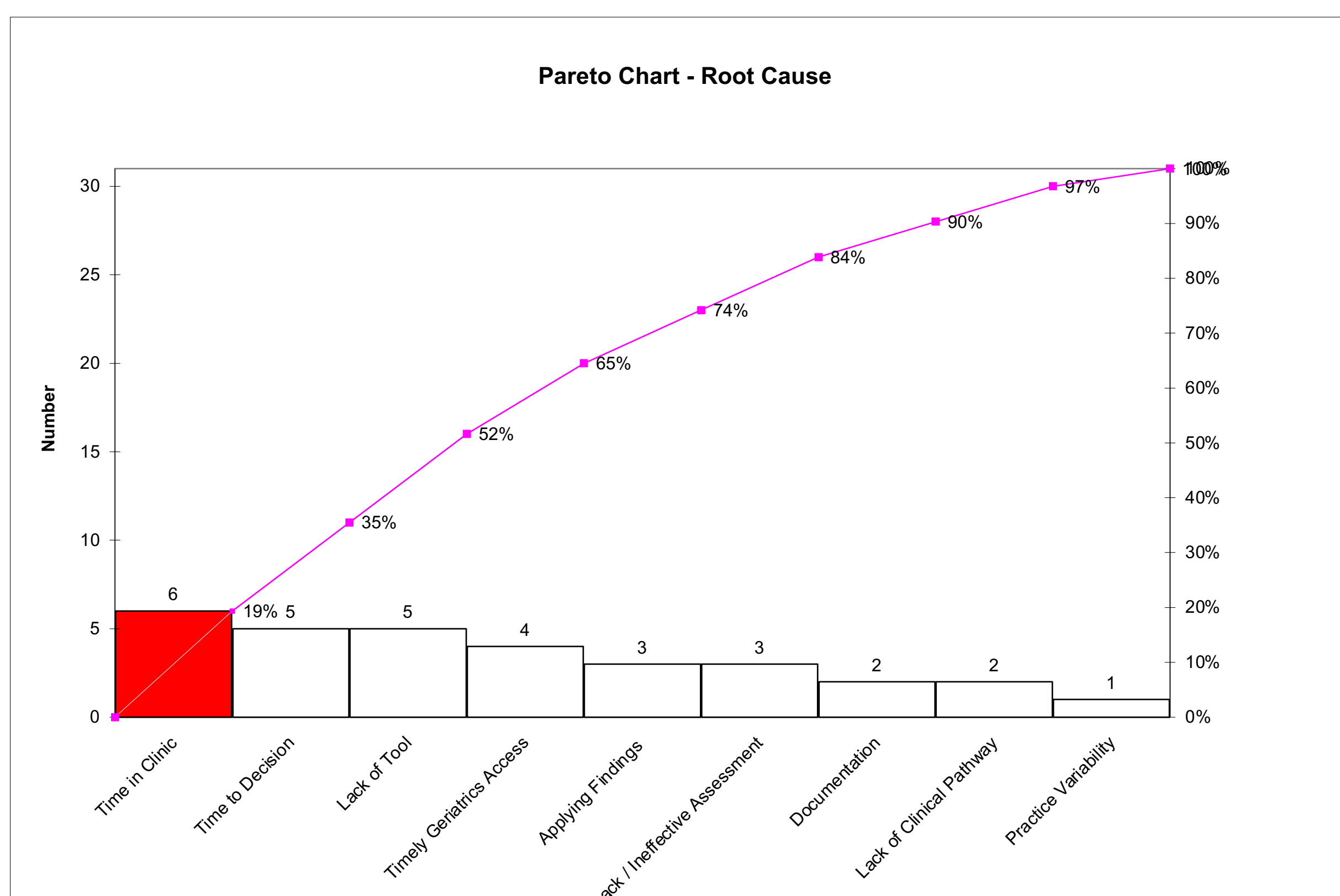
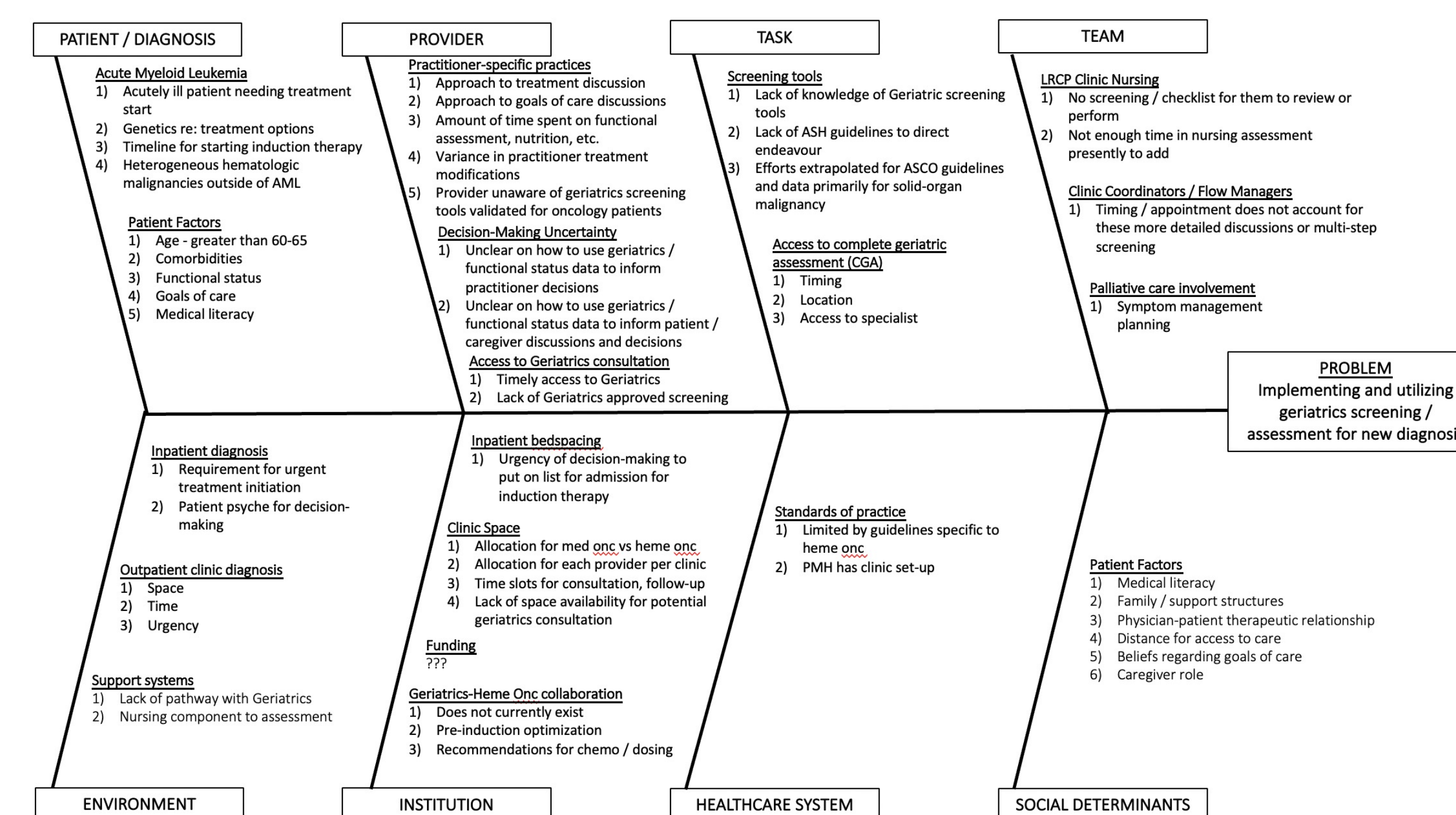


AIM Statement: By December 2023, all elderly patients >65yo in LRCP malignant hematology clinics will have a Geriatrics 8 screening assessment as part of initial consultation.

PROBLEM DEFINITION

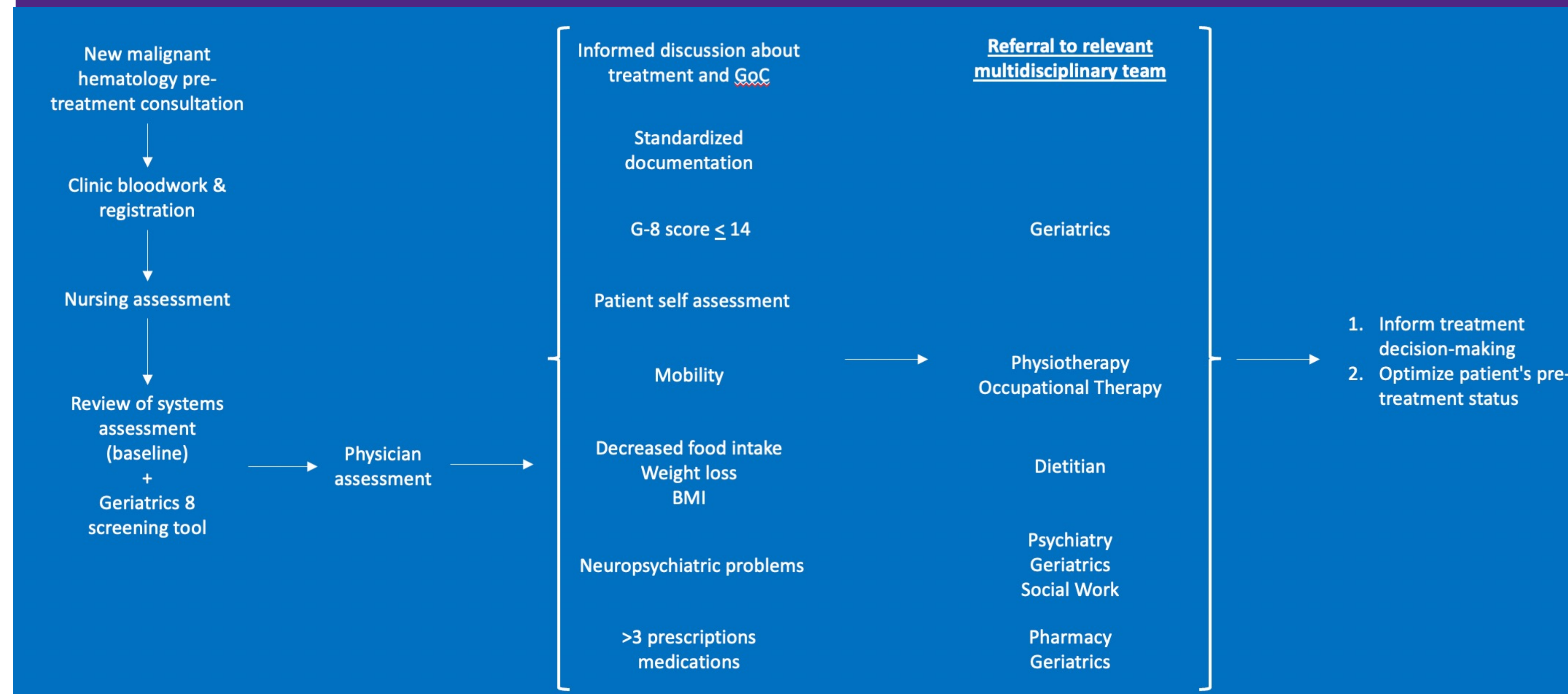
Within the LHSC Division of Hematology, there is a need to develop an evidence-based pathway for geriatrics screening, assessment and management of elder patients with new diagnoses of hematologic malignancy with support from geriatrics specialist.

ROOT CAUSE ANALYSIS



The Geriatrics 8 screening tool is an evidence-based approach and provides an opportunity to standardize evaluation of elderly patients in malignant hematology clinics which can be effectively integrated into the current structure of the initial consultations to better inform treatment decisions and patient optimization.

Future Planning



LITERATURE REVIEW & STAKEHOLDERS VIEWS

- Evidence shows that geriatrics screens/assessment result in patient-centred treatment decisions and improved side-effect and comorbidity management.
- Geriatrics 8 (G8) is a validated screening tool in hematologic malignancy patients.
- Hematologists lack awareness of screening tools and how to apply information collected.
- Access to time and expert advice is seen as primary limitation

PDSA CYCLES

- Cycle #1** – Simulated G8 - 5 minutes to complete
- Cycle #2** – Simulated patients with LRCP Clinic Nurses - 5 minutes to complete - Redundancies with existing assessments - Challenges with neuropsychiatric domain question
- Cycle #3** – Review with LRCP Hematologists - G8 addresses a need/want
- Cycle #4** – New patient consult (?MPN) - 10-15 minutes for full assessment (no extra time) - Challenges with neuropsychiatric domain

Next Steps

- Gather data on score and domain patterns
- Obtain Geriatrics perspective to administer neuropsychiatric domain