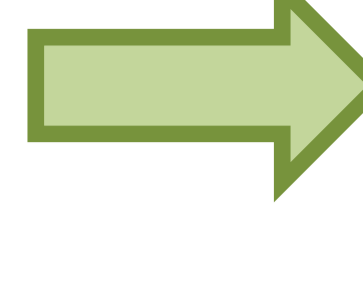
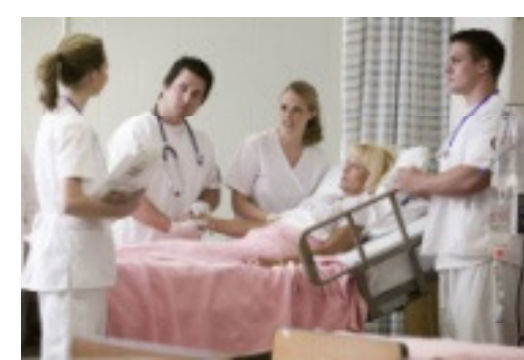


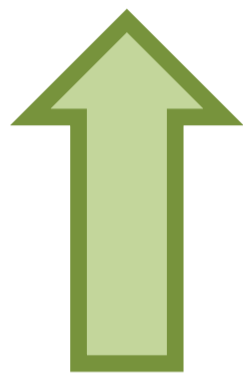
Post-operatively, nursing team administers medication and monitor day-to-day progress. Unfortunately, she suffered a stroke during the operation. The nurse and the doctor discuss her care and they organise a MDT to help care for the patient.



Speech and language therapist assesses the patient's chewing and swallowing ability to facilitate adequate intake. Dietician assesses nutrition, makes changes to her diet and educates the patient on calcium intake. Together, they give their input into the management plan of the patient.



The A & E doctor takes a history and examines the patient and discusses with the nurse the plan for pain medication and pelvic X-ray. X-ray reveals a fractured neck of femur. An orthopaedic team is arranged and discusses with the patient the need for hip surgery and the risks. She consents to the procedure.



THE MDT WORKING TOGETHER TO PROVIDE BETTER CARE FOR THE ELDERLY

By Chun Shing Kwok (MED), Margaret Rice (NAM) and Holly Moule (OT)

BACKGROUND AND AIMS

BACKGROUND

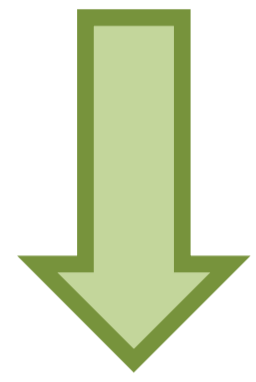
- Literature suggests that acute care of older patients should be delivered by a MDT with a gerontological expertise. [1]
- The evidence supporting MDT management of older patients in heart failure, COPD or hip fracture care is unclear.

AIMS

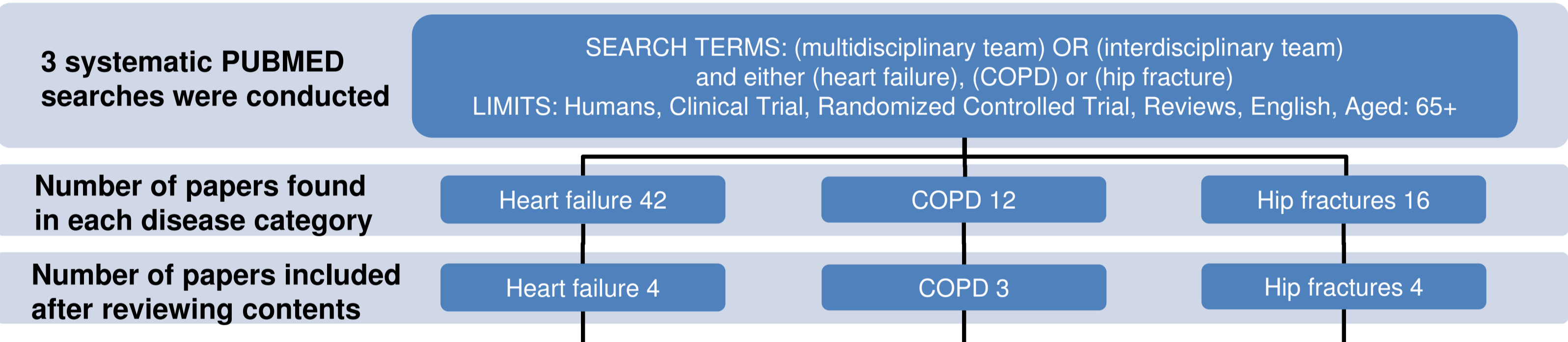
- We aim to examine the evidence for MDT care for elderly patients with heart failure, COPD or hip fractures.
- We also wish to illustrate the multidisciplinary care using a hypothetical case presentation.



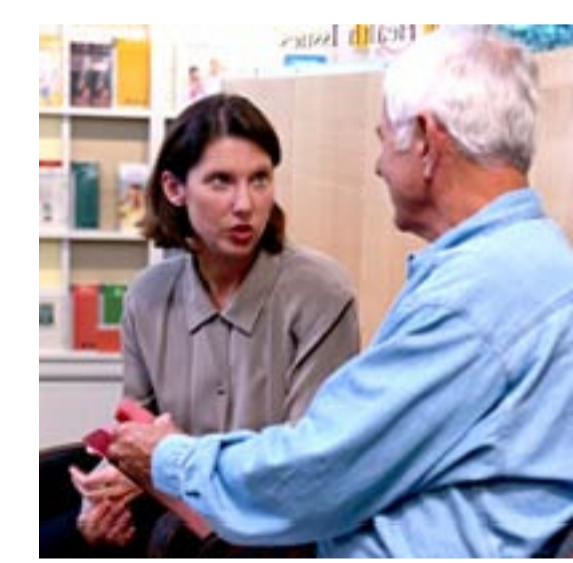
Physiotherapist assesses the patient's mobility and discusses their daily activities. She and the patient agrees that the patient would benefit from more exercise. Her advice is discussed with the nurse and doctor and incorporated into the management plan.



METHODS AND RESULTS



A neighbour finds the patient collapsed on floor complaining of a painful hip. Paramedics take her to A & E. The paramedics, A & E nurse and doctor discuss her presentation and her history of COPD and heart failure.



The social worker assesses the patient's psychosocial status and their need for help. She learned that the patient receives support from her family and neighbours. She reports documents her findings and gives suggestions to the MDT.



BENEFITS OF MDT IN HEART FAILURE

- A lower rate of readmission 7.8% vs 25.5% over 3 months [2]
- A number needed to treat of 6 to prevent one hospitalisation over 3 months [3]
- Reduced hospital stay [4]
- Fewer admissions and better management of early signs and symptoms of worsening heart failure when the MDT was nurse led [5]

BENEFITS OF MDT IN COPD

- A lower rate of readmission 51% vs 69% at 12 months [6]
- Better patient knowledge 81% vs 44%, inhaler compliance 71% vs 37% and earlier treatment during exacerbation 90% vs 66 [7]
- Reduced hospital bed stay and improved physical and emotional aspect of chronic respiratory disease [8]

BENEFITS OF MDT IN HIP FRACTURES

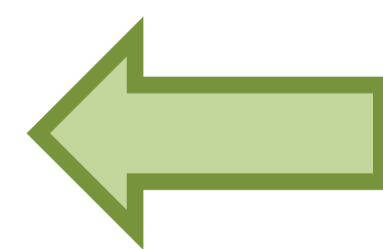
- Less postoperative complications 20% vs 33% and reduced 12 month mortality 12% vs 23% [9]
- Increased odds of independence at 12 months OR 3.49 (95% CI 1.31-9.23) [10]
- Reduced postoperative fall incidence rate [11]
- Reduced hospital stay 34 vs 42 day, faster recovery of activities of daily living, no differences in direct costs of medical care [12]



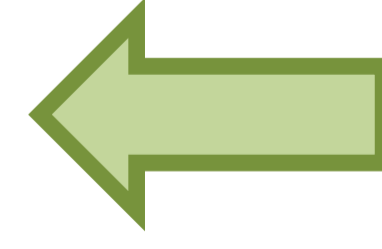
START
Patient feels unwell with severe shortness of breath and visits GP. Referral to respiratory consultant and the patient was diagnosed with mild COPD with mild heart failure based on investigations. The patient was referred to cardiology and treated with blood pressure medication, inhalers and home oxygen.



Patient is happy and feels that she is well managed. Ongoing heart failure and COPD are followed up in outpatient clinics.



GP and patient discuss reasons for not taking medication. The patient agrees to seek further advice from the pharmacist. GP and pharmacist work together with patient to encourage the patient to take medication properly.



Occupational therapist assesses the patient's need for adaptive equipment initially in hospital and then in the home environment. Adaptive equipment was given to the patient to overcome manual dexterity deficits and promote independence. During the home visit, the occupational therapist notices unopened medication and she informs the GP.

CONCLUSIONS

- There are improved outcomes associated with multidisciplinary care for patients with heart failure, COPD and hip fractures.
- This suggests that multidisciplinary care programmes should be encouraged in the management of these disease in primary, secondary and community care.

REFERENCES

[1] Hickman L et al. "Best practice interventions to improve the management of older people in acute care settings: a literature review." J Adv Nurs. 2007; 60(2):113-126.
[2] Ledwidge M et al. "Is multidisciplinary care of heart failure cost-beneficial when combined with optimal medical care?" Eur J Heart Fail. 2003;5(3):381-9.
[3] Ducharme A et al. "Impact of care at a multidisciplinary congestive heart failure clinic: a randomized trial." CMAJ. 2005;173(1):40-5.
[4] Jaarsma T "Nurse led, multidisciplinary intervention in chronic heart failure." Heart. 1999;81(6):676.
[5] Paul S "Impact of a nurse-managed heart failure clinic: a pilot study" Am J Crit Care. 2000;9(2):140-6.
[6] Garcia-Aymerich et al. "Effects of an integrated care intervention on risk factors of COPD readmission." Respir Med. 2007;101(7):1462-9.

[7] Casas A et al. "Integrated care prevents hospitalisations for exacerbations in COPD patients." Eur Respir J. 2006;28(1):123-30.
[8] Rea H et al. "A chronic disease management programme can reduce days in hospital for patients with chronic obstructive pulmonary disease." Intern Med J. 2004;34(11):608-14.
[9] Pedersen SJ et al. "A comprehensive hip fracture program reduces complication rates and mortality." J Am Geriatr Soc. 2008 ;56(10):1831-8.
[10] Stenvall M et al. "Improved performance in activities of daily living and mobility after a multidisciplinary postoperative rehabilitation in older people with femoral neck fracture: a randomized controlled trial with 1-year follow-up." J Rehabil Med. 2007;39(3):232-8.
[11] Stenvall M et al. "A multidisciplinary, multifactorial intervention program reduces postoperative falls and injuries after femoral neck fracture." Osteoporos Int. 2007;18(2):167-75.
[12] Tuusko TM et al. "Intensive geriatric rehabilitation of hip fracture patients: a randomized, controlled trial." Acta Orthop Scand. 2002;73(4):425-31.