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GDAŃSKI UNIWERSYTET MEDYCZNY

„CENTER OF GERIATRIC CARE”

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INTERDYSCYPLINARY MODEL OF GERIATRIC CARE

- a dedicated and multidisciplinary team of professionals provides care for the elderly
- a comprehensive team approach is employed to assess the patient's health and social concerns, identifying effective solutions
- the collaborative definition of therapy and care objectives, and the methods of their implementation – as one of the key parts of the process
- taking responsibility for the manner and effectiveness of the implementation of the measures taken

COMPREHENSIVE GERIATRIC ASSESSMENT (CGA)

a multidirectional diagnostic process, usually interdisciplinary in character, aimed at :

- evaluation of the patient's functional status and his/her ability to independent life
- Geriatric Giants' presence (cognitive decline, depression, falls, frailty, urine incontinence, malnutrition)
- identification of (long-term) needs: health, rehabilitation, care and nursing, social and economicopracowanie ogólnego planu leczenia i rehabilitacji
- facilitating primary care

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Review Article

Three Decades of Comprehensive Geriatric Assessment: Evidence Coming From Different Healthcare Settings and Specific Clinical Conditions

Alberto Pilotto MD [a,b,*], Alberto Cella MD [a], Andrea Pilotto MD [c], Julia Daragjati PhD [b], Nicola Veronese MD, PhD [d], Clarissa Musacchio MD [a], Anna Maria Mello MD [a], Giancarlo Logroscino MD, PhD [e,f], Alessandro Padovani MD, PhD [c], Camilla Prete MD [a], Francesco Panza MD, PhD [e,f,g]

Analysis of the impact of using Comprehensive Geriatric Assessment in various clinical contexts (geriatric ward – acute care, geriatric rehabilitation ward, orthogeriatrics, emergency ward, outpatient care)

BENEFITS OF A COMPREHENSIVE AND INTERDISCIPLINARY CARE SYSTEM FOR THE ELDERLY

- greater diagnostic accuracy
- more rational pharmacotherapy
- improved cognitive functions
- improvement of functional status
- reduced risk for hospitalisation/rehospitalisation and institutionalisation
- reduced mortality

CGA IN OUTPATIENT CARE FOR ELDERLY PATIENTS

- the vast majority of programmes -> comprehensive support for seniors in their environment (home visits/regular telephone contact) –> ***case management***
- structure of the team caring for seniors: geriatric nurse, social worker, psychologist, occupational therapist + other professionals as needed
- clinical effects: reduction in mortality, maintenance of functional capacity, reduction in the risk of institutionalisation
- effectiveness of the interventions mentioned: particular emphasis is placed on the role of **repeated home visits** and the use of these interventions for **younger people with a lower risk of death**

THE MAIN GOALS OF GERIATRIC CARE PROJECT

- reduction in hospitalisations number and emergency room visits
- reduction in the number of exacerbations of chronic conditions
- reduction in the risk of institutionalisation
- improvement in the functional capacity, cognitive function and mood,
- decreased risk of falls
- improvement in quality of life
- reduction in treatment costs

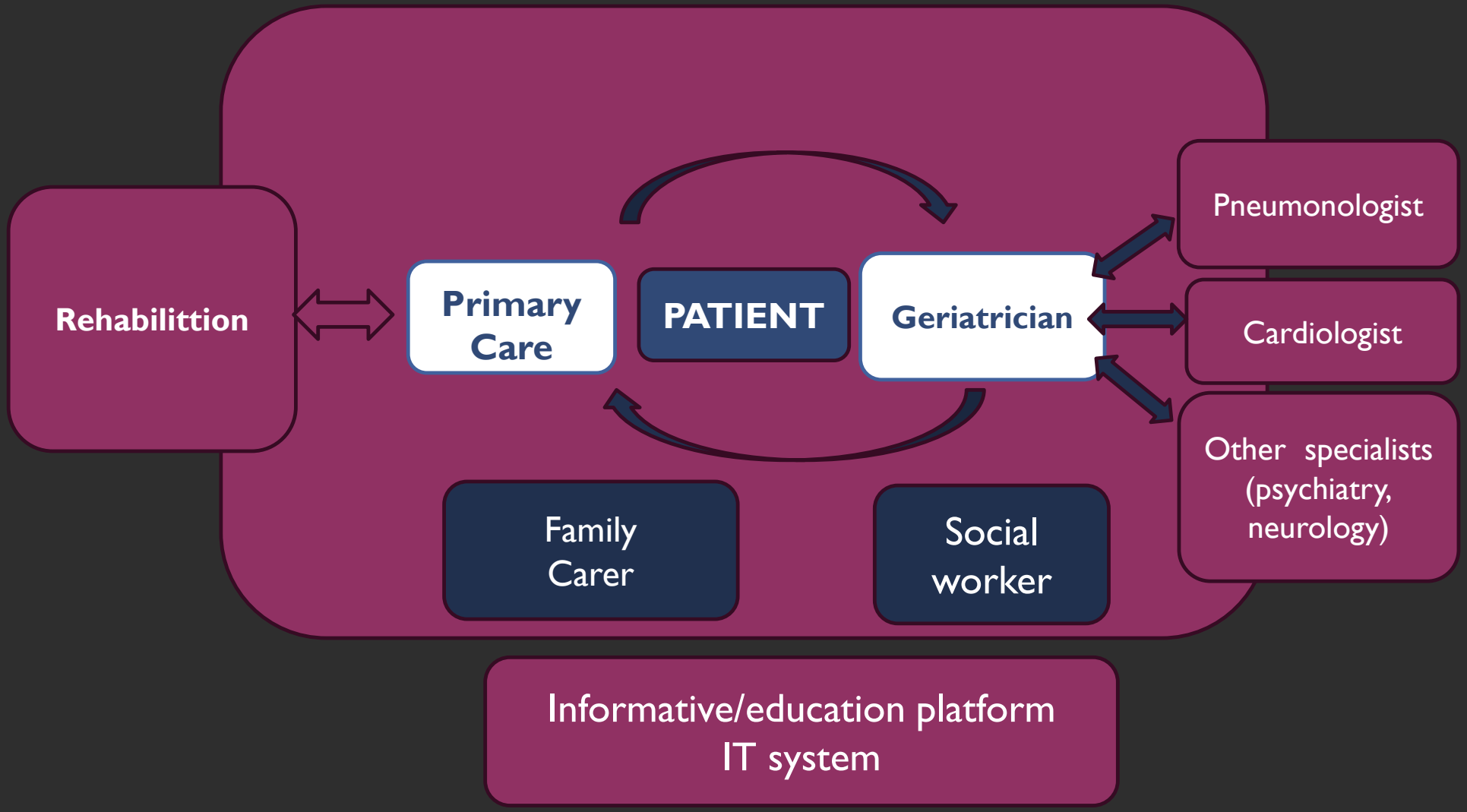
MAIN ASSUMPTIONS OF THE GERIATRIC CENTRE PILOT PROGRAMME

- Comprehensive Geriatric Assessment (CGA) -> diagnosis and development of a care plan for the patient -> monitoring of the patient's condition, assessment of the effectiveness of treatment and rehabilitation
- care based on the work of an interdisciplinary integrated care team
- patient care plan
- regular meetings of the integrated care team
- key role in the care process - patient assistant (caregiver)
- regular home visits and telephone/video contact (tablet)

MAIN ASSUMPTIONS OF THE GERIATRIC CENTRE PILOT PROGRAMME

- IT systems
- flexibility and constant readiness to change
- securing funding and regular, stable salaries
- ongoing support from a geriatric specialist
- physiotherapy and encouragement to engage in daily physical activity

CARE MODEL „Geriatric Care Center”



GERIATRIC CARE MODEL IN THE 'GERIATRIC CARE CENTRE' PROJECT ⟹ 3 PATHS

Geriatric patient – general practitioner (GP)/geriatrician

COPD patient – pulmonologist/geriatrician

Heart failure patient – cardiologist/geriatrician

•aged 65+
•under the care of primary care
• multimorbidity
•pre-frail individuals

• age 65+
• hospitalisation due to COPD exacerbation or ≥2 outpatient COPD exacerbations

• age 65+
• LVEF ≤ 40%
• hospitalisation due to exacerbation of chronic HF or episode of acute HF

↓

Comprehensive Geriatric Assessment

Nurse
ADL, IADL, VES-13, MNA, WHOQoL, FRAILTY

Psychologist
MMSE/MoCA, CDT
GDS,

Physiotherapist
Tinetti, TUG, SPPB

Geriatrician
CGA summary, medical history and physical examination, medication rewiev

↓

Geriatric care team meeting
shared assessment of the patient -> diagnostic and therapeutic treatment plan, identification of priorities

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shared assessment of the patient -> diagnostic and therapeutic treatment plan, identification of priorities

Further proceedings

Additional tests
laboratory, radiological...

Referal to specialist
psychiatrist, cardiologist pneumonologist

Trained Carer
home visits 2x/ month

Physiotherapy

Geriatric care team meeting
Monitoring the implementation of tasks and their clinical effects, modification of procedures

Evaluation of project acitivies (6/12/18 months)
CGA, FRAILTY, WHOQoL, number of hospitalisation/rehospitalisations, medical adherence,

TELECARE – EXPERIENCES OF A GERIATRIC CARE CENTER

PHYSIOTHERAPY

- between March and June 2021, using tablets with mobile Internet access, on the ZOOM platform
- 68 patients participated; 67 patients used tablets, only one, due to difficulties in operating the equipment, connected with the physiotherapist by telephone;
- meetings in groups of two patients + a physiotherapist supervising the exercises (in exceptional cases, e.g. hearing impairment or the necessary presence of family members, rehabilitation was conducted individually;
- session duration - 40 minutes

TELE – PHYSIOTHERAPY

- the exercises included general fitness training on chairs (necessary to reduce the risk of falling in the absence of physiotherapist supervision, and in many cases due to low exercise tolerance in patients with pulmonary and cardiac conditions);
- in the second stage of rehabilitation – resistance training of the inspiratory and expiratory muscles – particularly important in patients with cardiovascular and respiratory diseases, exercises to increase the flexibility of the upper and lower limb muscles and the spine, as well as exercises to increase the range of motion in the joints.

TELE – PHYSIOTHERAPY – THE PATIENTS' SAFETY

- before, during and after exercise – measurement of CT, pulse, and in patients with POCH – SpO_2
- assessment of fatigue level – 20-point Borg scale
- in the case of deterioration of clinical parameters and/or symptoms indicating deterioration of the patient's condition (e.g. headaches or dizziness, shortness of breath, significant fatigue, chest pain) -> reduction of physical exertion intensity or discontinuation of training
- it was recommended that when exercising at home, patients living alone should leave their doors unlocked in case they need to call the emergency medical services

IT SYSTEMS

- during the COVID-19 pandemic – online meetings of the interdisciplinary care team using an IT platform and/or teleconferences (by telephone)
- meetings between carers and patients – by telephone, then video – using tablets on an IT platform
- GerrApp application – an application containing basic patient data, Comprehensive Geriatric Assessment results, and entries from periodic meetings (conclusions), coordinator interventions, visits to a geriatrician, any specialist consultations (e.g. psychiatrist), physiotherapist observations from the course of physiotherapy sessions