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Moving on from MDT meetings: a trial of joint perioperative wards rounds with occupational therapists

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Background

- Comprehensive Geriatric Assessment (CGA) is a tool designed to prevent institutionalisation and mortality of older adults [1].
- There is evidence that CGA for surgical patients can reduce mortality and improve outcomes [2,3].
- Traditional models of care involve separate assessments with MDT meetings for co-ordination.

Methods

- A perioperative ward round was commenced, co-managed by a Consultant Geriatrician alongside a Senior Occupational Therapist (OT).
- General surgical patients aged ≥ 65 with a Clinical Frailty Scale of ≥4 or other complex needs received a CGA and an individualised MDT care plan.

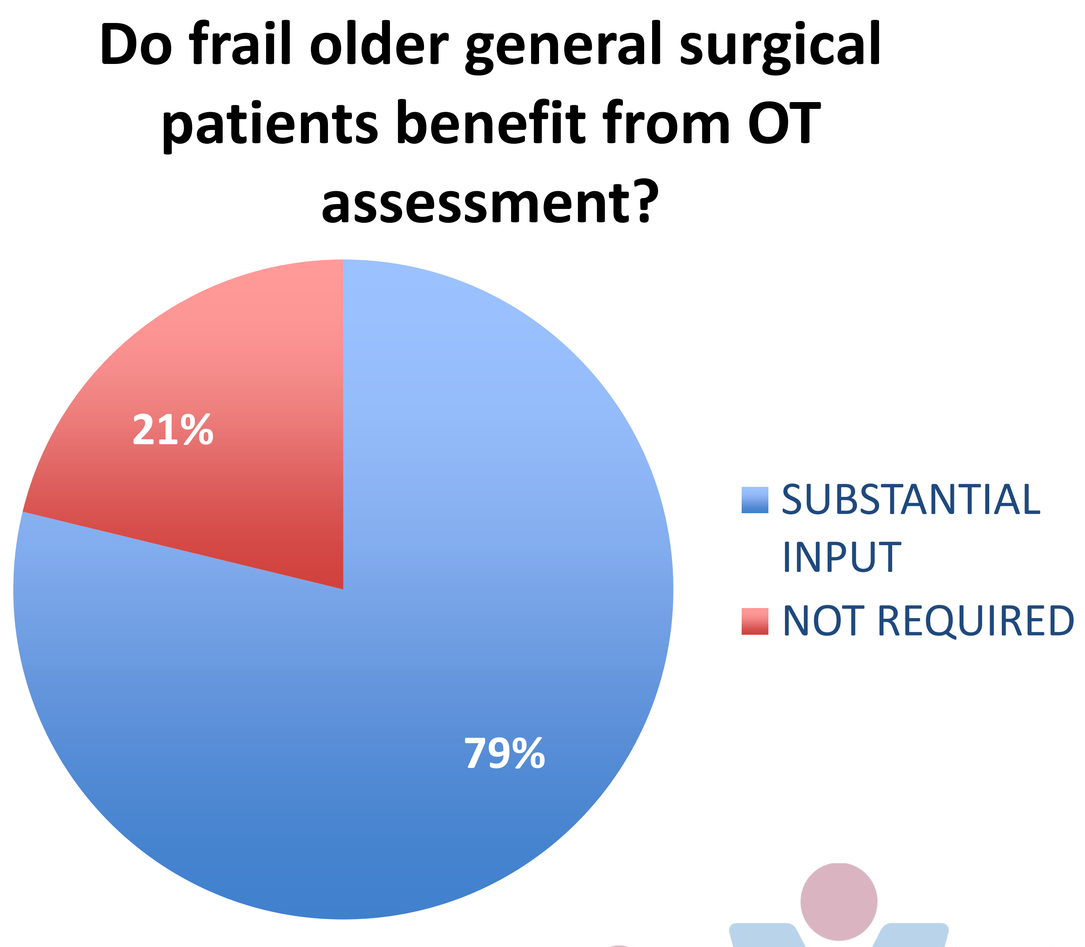
The project aimed to examine whether joint assessment would enable earlier identification of patients for therapy interventions, reduce duplication and improve quality of care.

Results

33 patients were reviewed on 10 joint ward rounds between February- April 2022.

- 26 patients (80%) required substantial OT input.
- 15 patients (45%) required a full 'initial' assessment.
- No therapy referral had been received for 5 (33%) patients.
- Only 11 patients were already known to therapy, with 1 patient having substantial changes to discharge plan following joint review.

The length of stay average for this group was 17 days with 2 outliers >30 days, when removed the average was 13.05 days.



Conclusions

Joint CGA resulted in the effective coordination of care for older surgical patients.

Key benefits demonstrated:

- earlier identification of patients for therapy input and complex discharge planning
- reduced duplication in key CGA domains
- improved MDT management of complex issues which affect patients' treatment and discharge plans
- team building between AHP and medical colleagues

References

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