ASK THE QUESTION

**Question 1:** Will the use of an elderly specific team on an acute eldercare unit improve overall health (outcomes) of patients and customer satisfaction?

**Objective:** To critically evaluate the evidence on the effectiveness of the use of an early interdisciplinary team approach on the elder care inpatient unit.

**Background:**

Adults aged 65 and older constitute the “core business” of hospitals. Although they represent 13% of the population in the United States and 14% of the population in Canada, older adults account for 43% of inpatient hospital days in the United States and 40% in Canada. This trend is likely to continue given population aging and patient living longer with chronic illness.
Search strategies included articles published in English, publications within past 10 years, research-based articles, and elderly patients (>65 years) in acute receiving the interdisciplinary team care.

Databases included PubMed, Cochrane, CINHAL, Scopus, and Google Scholar

Key words/terms Elder care, interdisciplinary care, geriatric unit, chronically illness, patient satisfaction, team approach, multidisciplinary care, care coordination

CRITICALLY ANALYZE THE EVIDENCE

Question 1: Will the use of an elderly specific team on an acute eldercare unit improve overall health (outcomes) of patients and customer satisfaction?

Practice Recommendation: In an elder acute care, the use of elderly care management should be considered to improve care provided and increases overall patient outcome. Strong Recommendations with low quality evidence.

Of the four studies, three directly addresses the PICO, whereas the first study by Lin looks at indirectly and challenges us to explore accepted understanding and cultural norms of the elderly ability to transition when dealing acute illnesses. The other three studies resulted in a mixed finding in evaluating the use of interdisciplinary team approach in geriatric care settings as well as individual team behaviors which demonstrates improved patient outcomes.

In one review of 108 Chinese-Americans ages ranging from 60-94 with a mean age of 70.6, found the more physically challenged the individual, the greater the likelihood of depressive symptoms (Pearlin & Schooler) Earlier studies also looked at the sense of mastery, the ability feel control over one’s life and environment as predictors ((Lin et al., 2014). Lin expanded that with mastery, social networks, and acculturation, understanding language and culture of the host, less depressive symptoms were reported. While a greater
sense of well-being and good mental health, the study was a small sample at the convenience of the design showing biases and homogeneity.

In a RCT, the Geri-FITT, 244 patient mean age 79.7 received geriatric evaluation and team care showed slightly higher care transitions and satisfaction than the control 216 age 79.1 usual inpatient care. There were no statistically significant between the two groups, however, the Geri-FITT group did show slightly higher score in quality, 95.2 % vs 93.8 %, than the control group. Care transition measure CTM-15 was not used instead CTM-3 was selected for decrease complexity of the studies and yielded a smaller single group sample and thus lacking true randomization.

An observational study of 44 group, (MD, RN, Nurse Aid, and patient) the effects of TEPPP/ planned teamwork vs. actual team and discrepancies were analyzed in an ED in Sweden. 25 groups, 60%, were actually seen and 36% participated in team patient intake history. An unexpected discrepancy was seen between the planned teamwork and the actual teamwork behaviors of the team. The planned team behaviors showed consistent teamwork, communication and improved patient flow. The revised key behaviors, when performed, the members work together, changing the environment, and adherence to a planned intervention. The study implied that the study can be adapted in other clinical settings which may or may not be feasible. Other limitations were the employees were getting accustomed to being observed which affects the use of outcomes in true clinical practice.

SR and meta-analysis of 13 RCT, quasi-experimental trials and 19 surveys looked 6,839 participants >65 YO with an average age 81, utilizing the Acute Care Elders (ACE Model) reveals improved patient- and system-level outcomes. Data reviewed over 13 years in acute and non-acute settings. The ACE group experienced 13 % significantly less likely to demonstrate functional decline than those receiving usual care (RR = 0.87, 95% CI = 0.78–0.97; P = .01). Six RCT and 3 medical surgical groups did not report related information, which may have contributed to an overestimation of effect sizes, biases, and impossible to perform subgroup meta-analyses.
<table>
<thead>
<tr>
<th>Study (Ref)</th>
<th>Study Design</th>
<th>Sample Details</th>
<th>Study Results</th>
<th>Study Limitations</th>
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<tbody>
<tr>
<td>Lin, Liu, &amp; Jang (2014)</td>
<td>Systematic review</td>
<td>Volunteer Surveys of 106 Chinese Americans aged 60-94 with an average age of 70.6 (SD = 7.7)</td>
<td>Higher levels of depressive symptoms among older individuals, 56 were female associated with more chronic health conditions, greater functional disability, and lower levels of sense of mastery, social network, and acculturation.</td>
<td>None</td>
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<td>Arbage et al. (2010)</td>
<td>RCT</td>
<td>2 of the 4 services were randomly selected to test the Geri-FITT, 244 patient mean age 79.7 and the other two services continued to the control, 216 age 79.1 usual inpatient care.</td>
<td>There were no statistically significant between the two groups, however, the Geri-FITT group did show slightly higher scores in satisfaction in quality, 95.2% vs 93.8%, than the control group receiving usual care.</td>
<td>None</td>
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<td>Mazzocato, Forsberg, &amp; Schwarz (2011)</td>
<td>Observational studies utilizing behavior analysis method</td>
<td>In June 2010 effects of TEPPP/planned teamwork in an ED in Sweden of 44 groups (MD, RN, Nurse Aid, and patient) 25 actual seen in the second week over</td>
<td>An unexpected discrepancy between the planned teamwork and the actual teamwork behaviors: 60% were actually seen and 36% participated in team patient intake history; the revised key behaviors, when performed, the members work together; examining the context, changing the environment, adherence to a planned intervention can be</td>
<td>Non-Experimental/Observational Studies (case-control, cohort, cross sectional, longitudinal, descriptive, epidemiologic, case study/series, QI, survey)</td>
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APPLY THE EVIDENCE

- Older people are living longer with acute illnesses and a number of commodities. Elder Acute Care Teams and improved interdisciplinary team approach in caring for this group.
- The result of the studies were consistent and sound in literature in terms of effectiveness in the use of intentional team approach in the improvement of care received and greater satisfaction. The feasibility in applying this approach proves challenging in light of financial constraints, available trained staff, and the readiness to implement findings into clinical practice.

EVALUATE THE EVIDENCE

Outcome & Process Measures:

Implementation Plan:
+ discuss current issues involving managing elderly with acute care and chronic illnesses with all staff members.
+ create a common list of orders and unit specifics from admission to discharge to examine actual practice, labs, etc.
+ prioritize list with MD, Nurse Manager, and Clinical Leader.
+ explore options of creating a gericare team, clinical pathway, unit protocols, and or practice improvements.
+ Utilize the IMPROVE Project Implement Model or similar process.
+ Utilize Staff educational resources to educate self, patients, and caregivers.
+ Track patient satisfaction scores, LOS data, 30 readmissions routinely and other relevant data available for staff training.
+ Attend and present literature review on elder care issues at staff meetings, monthly council meetings.
+ Follow up with patient and family when feasible within 1 week of discharge
+ Meet in 30 day, 60 days, 90 days, 120 days for consistently and intentionality.
+ Discuss concerns patients, caregivers, and staff may have utilizing blame free and a just culture.
+ Utilize policies and procedures consistently.
+ Utilize team huddles, hand-offs, AIDET, and staff debriefing consistently.

References

