

งานประชุมวิชาการสมาคมพุดฒาวิทยาและเวชศาสตร์ผู้สูงอายุไทย ประจำปี พ.ศ. 2563
เรื่อง Integrated Health and Social care for Longevity

Received: 2 February 2020
Revised: 2 February 2020
Accepted: 3 February 2020

Multidisciplinary team intervention to improve the quality of care for frail older persons; a model for transitional care from hospital to community in an urban area, a preliminary result

Pornwanad Saengsuri*, Varalak Srinonprasert*, Arunotai Siriussawakul*, Titima Wongviriyawong*, Unchana Sura-amonrattana*, Maytinee Srisubin*, Pacha Sinthornkasem*, Suthisa Pitiyan*, Sunit Jarungjitaree*, Yuwadee Paokantarakorn*, Patumporn Suraarunsumrit*, Thanarat Suansanae**

*Faculty of Medicine Siriraj Hospital, Mahidol University

**Faculty of Pharmacy, Mahidol University

Objectives: To evaluate the length of stay of frail older medical inpatients who received the Comprehensive Geriatrics Assessment (CGA) with multidisciplinary intervention compare to usual care in Siriraj hospital. Secondary objectives were to compare mortality rate, readmission rate, functional outcomes and quality of life at 30 days and 90 days between 2 groups.

Materials and methods: Patients age 60 and over admitted to general medical wards were screened for frailty using the Frail Questionnaire. Frail older patients were then randomized, according to sequential numbers in sealed envelop, into two groups. The CGA group was evaluated by a physician to comprehensively identify physical, functional and cognitive problems. Appropriate interventions for all problems were contemplated and delivered accordingly including preparation for discharge planning. After discharging, the CGA group received the contact telephone number and home visit scheduled within 2 weeks. The usual care group was treated by the standard care of medical wards.

Results: Among 30 participants, there were 14 patients in the CGA group and 16 patients in the usual care group. The baseline characteristics were not different between the two groups. The median length of stay in the CGA group and the usual care group were not statistically difference [8.5 (3,16) and 6.5 (3,20) days, p 0.367]. The health related quality of life (HrQL) at 30 days expressed by EQ5D5L was higher in the intervention group [0.944 (0.12,0.96) & 0.478 (-0.03,0.96), p 0.329]. No statistical differences between two groups with regard to mortality rate, readmission rate, and function outcome at 30 days.

Conclusion: Although patients in the intervention group tended to have a better quality of life on -30day follow up, the interpretation of the study at this stage should be caution due to the preliminary report and small sample size.

Keywords: Comprehensive Geriatric Assessment, CGA, multidisciplinary intervention