



**\*Homero Teixeira Leite<sup>1,2</sup>** , Alex C. Manhães<sup>2</sup>, Luisa A. Antunes<sup>1</sup>, Tevy Chan<sup>3</sup>, Guy Hajj-Boutros<sup>4</sup> and José A. Morais<sup>3,4</sup>

<sup>1</sup>Prevent Senior, Av. Jorge Curi, 550–Bloco A–Sala 186–Barra da Tijuca, Rio de Janeiro 22611-202, Brazil

<sup>2</sup>Department of Physiological Science, Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Avenida Marechal Rondon, 381, São Francisco Xavier, Rio de Janeiro 0950-000, Brazil

<sup>3</sup>Division of Geriatric Medicine, McGill University, Montreal, QC H3G 1A4, Canada

<sup>4</sup>Research Institute of the McGill University Health Centre (MUHC), Montreal, QC H4A 3J1, Canada

## The Implementation of a Geriatrics Co-Management Model of Care Reduces Hospital Length of Stay

The activity of present acute care hospitals reflects the changes occurring in our society in which treatments and services are being provided to patients of ever-greater age using advanced technology. The present model of hospital care often presents hostile characteristics to older patients. Older adults comprise a large proportion of hospitalized patients. Many are frail and require complex care. Geriatrics has developed models of care specific to this inpatient population.

Our objective was to demonstrate the effect of a geriatric co-management team on clinical administrative indicators of care in Clinical Teaching Units (CTUs) that have adopted the Age-friendly Hospital (AFH) principles in Brazilian hospitals.

The method consisted of following 3 months of implementation of the AFH principles in CTUs, in which two periods of the same 6 months of two consecutive years were compared.

As results we had the total number of participants in the study being 641 and 743 in 2015 and 2016, respectively. Average length of patient-stay (length of stay:  $8.7 \pm 2.7$  vs.  $5.4 \pm 1.7$  days) and number of monthly complaints ( $44.2 \pm 6.5$  vs.  $13.5 \pm 2.2$ ) were significantly lower with the co-management model. Number of homecare service referrals/month was also significantly higher ( $2.5 \pm 1$  vs.  $38.3 \pm 6.3$ ). The 30-day readmission rates and total hospital costs per patient remained unchanged.

In summary, the presence of a geriatric co-management team in CTUs is of added benefit to increase the efficiency of the AFH for vulnerable older inpatients with reduced LOS and increased referrals to homecare services without increasing hospital costs.

Overall, we demonstrated the usefulness of having a model of co-management with geriatrics in the implementation of the AFH concept in a CTU with many older inpatients. Results bring evidence to include geriatric co-management care model in wards with many older patients as it decreases average length of stay and patient's complaints to the ombudsman without increasing 30-d readmissions and this, while being cost-neutral.

**Biography**

TEIXEIRA-LEITE, Homero – MD PhD

- Research Collaborator - Department of Neurophysiology State of Rio de Janeiro University, Brazil, 2009 - present
- Research Collaborator – Division of Geriatric Medicine – McGill University, Montreal – Canada, 2013 - present

