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Effectiveness of a geriatric co-management program for cardiac in-hospital patients: a quasi-experimental study

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On behalf: the G-COACH consortium

Topic(s):
Cardiovascular Nursing - Other

Citation:

Funding Acknowledgements:
This study was funded by the KU Leuven Internal Funds (REF 22/15/028).

Background: The majority of older patients admitted to a cardiac care unit have at least one geriatric syndrome, which is associated with the development of functional decline, complications and prolonged length of stay. Geriatric co-management has shown promising effects to prevent complications and reduce the length of stay, albeit mainly in orthopaedic populations.

Purpose: To evaluate the effectiveness of cardio-geriatric co-management on preventing functional decline, delirium, infections, mortality, readmissions and reducing length of stay.

Methods: A prospective quasi-experimental before-after study was performed on two cardiac care units of the University Hospitals Leuven (Sept 2016 – Nov 2018). Patients aged ≥ 75 years admitted for acute cardiovascular disease and an expected length of stay of ≥ 3 days, were included in the co-management group if they were at risk for functional decline or had an acute geriatric complication. Co-management included daily follow-up by a geriatric nurse expert who coordinated early rehabilitation, discharge planning and implementation of evidence-based protocols with the cardiac care team based on a comprehensive geriatric assessment at admission. A geriatrician managed patients with complications. The primary outcome functional decline was measured as the mean difference on the 6-item Katz Index (score 6 – 18) at discharge. Secondary outcomes were the incidence of delirium and nosocomial infections, 30-day mortality and unplanned 30-day readmission and length of stay on the cardiac care unit.

Results: We included 189 and 188 patients in the control and intervention group respectively. The mean age was 83 years. Geriatric co-management reduced in-hospital functional decline (-0.5 points, 95% CI (-1.10 to 0.08) and length of stay (-0.73 days, 95% CI (-1.88 to 0.43), but the differences were not statistically significant. A 10% decrease in incidence of delirium (95% CI (-0.15 to -0.06)) and nosocomial infections (95% CI (-0.15 to -0.04)) in the intervention group was observed. There was no effect on mortality (-0.01%, 95% CI (-0.07 to 0.04)) and readmission rates (-0.01%, 95% CI (-0.08 to 0.07)) 30-days post-discharge.

Conclusion(s): Cardio-geriatric co-management had no effect on functional status, but a statistically and clinically significant difference was found for the incidence of delirium and nosocomial infections.