The A & E doctor takes a history and examines the patient. Paramedics take her to A & E. The patient's condition is assessed, and she is treated. Post-operatively, nursing team administers medication and monitors day-to-day progress. Unfortunately, she suffered a stroke during the operation. The nurse and doctor discuss her care and they organise a MDT to help care for the patient.

**THE MDT WORKING TOGETHER TO PROVIDE BETTER CARE FOR THE ELDERLY**

By Chun Shing Kwok (MED), Margaret Rice (NAM) and Holly Moule (OT)

**BACKGROUND AND AIMS**

**METHODS AND RESULTS**

3 systematic PUBMED searches were conducted

<table>
<thead>
<tr>
<th>Number of papers found in each disease category</th>
<th>Number of papers included after reviewing contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart failure 42</td>
<td>Heart failure 4</td>
</tr>
<tr>
<td>COPD 12</td>
<td>COPD 3</td>
</tr>
<tr>
<td>Hip fractures 16</td>
<td>Hip fractures 4</td>
</tr>
</tbody>
</table>

| SEARCH TERMS: (multidisciplinary team) OR (interdisciplinary team) and either (heart failure), (COPD) or (hip fracture) LIMITS: Humans, Clinical Trial, Randomized Controlled Trial, Reviews, English, Aged: 65+ |

**REFERENCES**


**THE MDT WORKING TOGETHER TO PROVIDE BETTER CARE FOR THE ELDERLY**

**BACKGROUND**

- Literature suggests that acute care of older patients should be delivered by a MDT with a gerontological expertise. [1]
- The evidence supporting MDT management of older patients in heart failure, COPD or hip fracture care is unclear.

**AIMS**

- We aim to examine the evidence for MDT care for elderly patients with heart failure, COPD or hip fractures.
- We also wish to illustrate the multidisciplinary care using a hypothetical case presentation.

**BENEFITS OF MDT IN HEART FAILURE**

- A lower rate of readmission 7.8% vs 25.5% over 3 months [2]
- A number needed to treat of 6 to prevent one hospitalisation over 3 months [3]
- Fewer admissions and better management of early signs and symptoms of worsening heart failure when the MDT was nurse led [5]

**BENEFITS OF MDT IN COPD**

- A lower rate of readmission 51% vs 69% at 12 months [8]
- Better patient knowledge 81% vs 44%, inhaler compliance 71% vs 37% and earlier treatment during exacerbation 90% vs 66 [7]
- Reduced hospital bed stay and improved physical and emotional aspect of chronic respiratory disease [8]

**BENEFITS OF MDT IN HIP FRACTURES**

- Less postoperative complications 20% vs 33% and reduced 12 month mortality 12% vs 23% [9]
- Increased odds of independence at 12 months OR 3.49 (95% CI 1.31-9.23) [10]
- Reduced postoperative fall incidence rate [11]
- Reduced hospital stay 34 vs 42 days, faster recovery of activities of daily living, no differences in direct costs of medical care [12]

**CONCLUSIONS**

- There are improved outcomes associated with multidisciplinary care for patients with heart failure, COPD and hip fractures.
- This suggests that multidisciplinary care programmes should be encouraged in the management of these diseases in primary, secondary and community care.