

Performance Analysis of Geriatric Consult Service for Geriatric Trauma Service

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Introduction

- Expected Population age ≥ 65 yrs. expected to double by 2050 to 83.7 million¹
- 50% of Population uses 97.1% of healthcare resources²
- 5% of population uses 49.5% of healthcare resources²
- People ≥ 65 yrs. are 13% of population but spend 36% of healthcare dollars⁷

Introduction cont.

- Geriatric Medicine consultation for patients ≥ 75 yrs. admitted to Sentara Norfolk General Hospital Trauma Service
- Co-morbidities complicate treatment and prognosis of geriatric trauma patients

Introduction cont.

- Interdisciplinary medical team care under geriatric-orthopedic physician leadership improves clinical outcomes and decreases cost
- Could an interdisciplinary co-management model fit for geriatric-trauma patients?

Methods

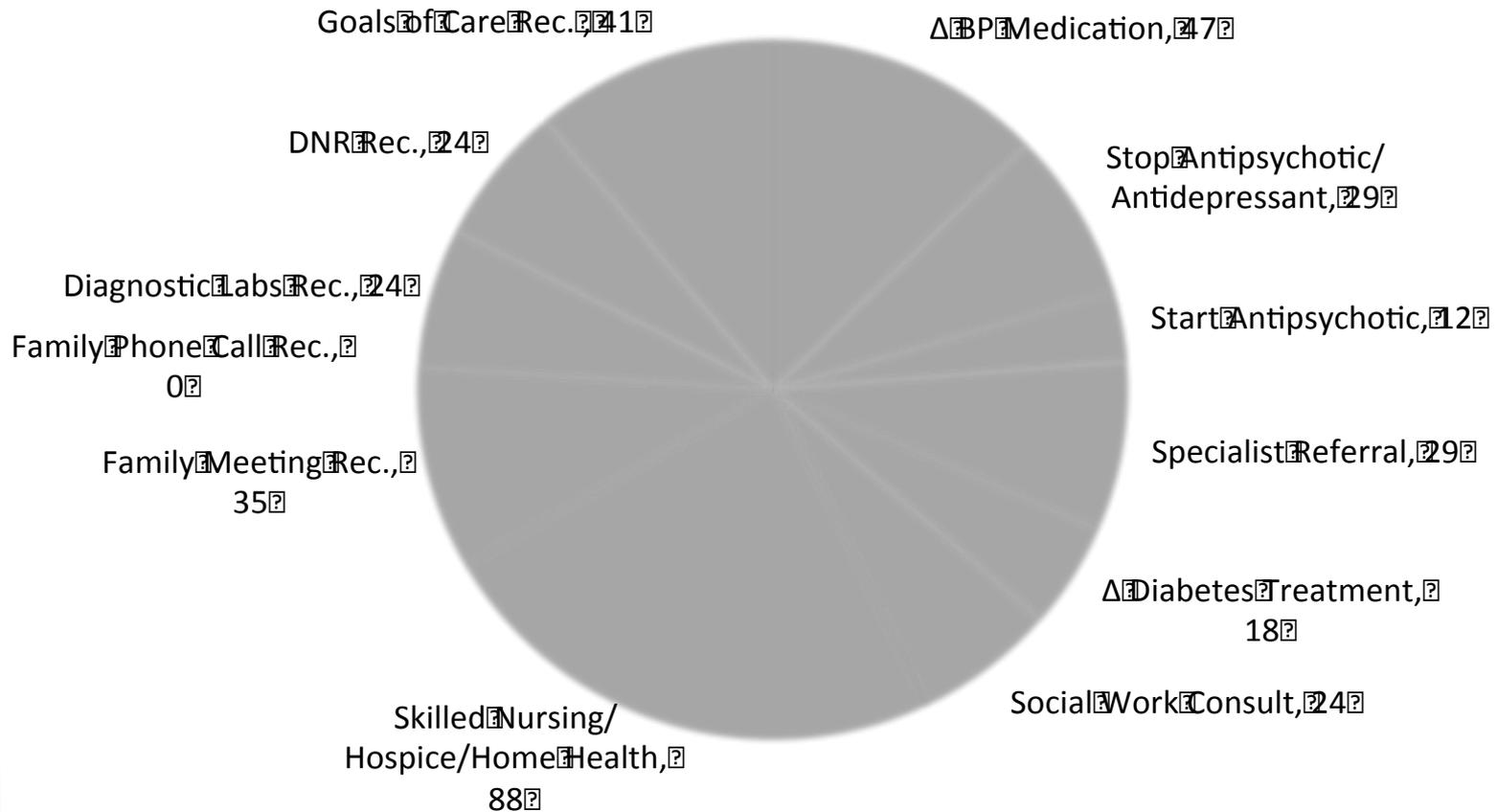
- Medical record review of patients seen at SNGH surgical trauma team
- Records reviewed: 17, estimated 100 upon study completion
- Consultations records from April 2015 to June 2016

Methods cont.

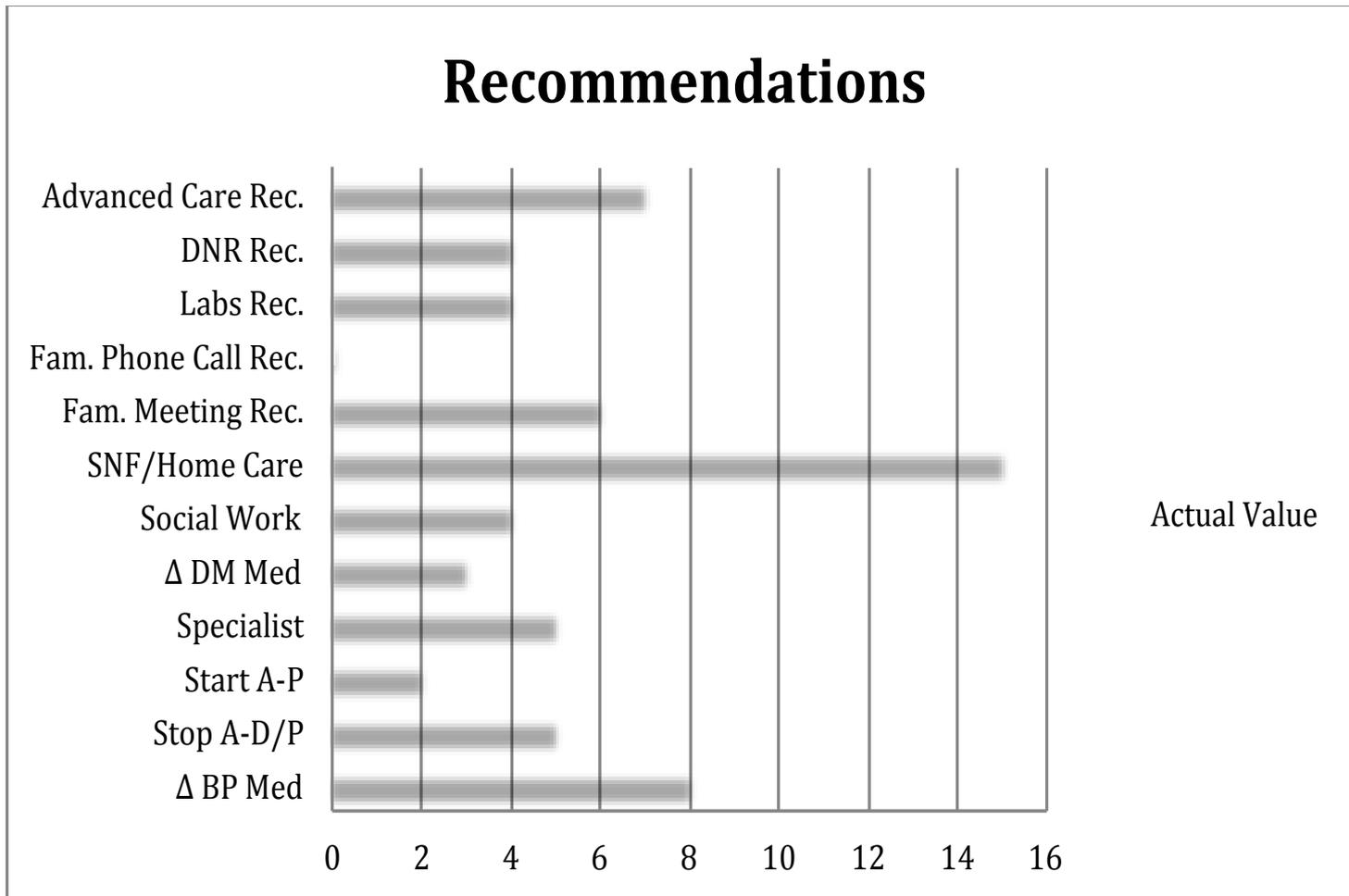
- Data collected:
 - Demographic
 - Clinical
 - Medications
 - Functional status
 - Medical recommendations

Results

Recommendations (%)



Results cont.



Results cont.

- Majority of traumatic injuries were: fractures, subdural hematomas or both
- Medications modified in 12% to 47% of cases

Discussion

- Geriatric consult complements trauma management with expert medical care of the geriatric patient
- Recommendations support trauma surgeons' medical plan
- Geriatrician management may support mental health of geriatric patients
- Beers criteria, potentially inappropriate medications for the elderly, medications discovered in 5 consults⁶

Conclusion

- Geriatric medicine – surgical trauma collaboration may increase patient quality of life and decrease cost of care
 - Medication changes, 47%
 - Transition of care (SNF, etc.), 88%
- Further analysis is needed upon study completion

References

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