Hospitalization of Older Adults: The Use of Teams in Reducing Complications and Length of Stay

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The number of older adults is rising, and the incidence of injury in this population is increasing. Older patients are at higher risk of experiencing complications when hospitalized due to an injury; this is likely due to a decrease in physiologic reserve and a higher incidence of comorbidities. After being admitted to the hospital, especially due to trauma, older adults typically experience a decline of at least one activity of daily living. Many studies have explored hospital related complications of older adults, but few addresses the impact that a team based approach may have on reducing complications. The purpose of this evidence-based clinical review article is to provide hospitals and healthcare providers with the advantages of using a team based approach in older adult care. A primary literature search of peer-reviewed articles published from 2005 to 2015, obtained from MEDLINE, Cochrane Library, and CINAHL databases, concluded that a multidisciplinary team composed of: therapists (physical, occupational, respiratory), a pharmacist, and primary care provider reduces complications and decreases length of stay in hospitalized older adults. Providing a variety of therapies on an early and frequent basis can help maintain functionality and preserve independence. A chart review by a pharmacist will help reduce occurrences of adverse drug reactions that are more frequent in older adults that have physiologic changes due to age. Primary care providers help direct the team, determine baseline functionality, and extend continuity of care. Each team member plays a pivotal role in the treatment of these patients. Implementing a multidisciplinary team reduces complications, decreases length of stay, and improves functional outcomes in the treatment of hospitalized older adults.