



Integrated Geriatric-Palliative Care Model for Older Trauma Patients at The Hillingdon Hospitals

Background

- ✓ Geriatric trauma admissions continue to rise, yet optimal care pathways remain poorly defined.
- ✓ Older trauma patients frequently lacked timely recognition of dying and received delayed ceilings of care.
- ✓ This contributed to missed opportunities for symptom management and timely discharge planning.

Aim

- ✓ Evaluate impact of integrated trauma care model with dedicated CoE consultant.
- ✓ Assess early palliative care engagement for older adults with traumatic injuries.
- ✓ Support advance care planning and facilitated discharge pathways.



Methods

Geriatric trauma cases reviewed to assess early CoE and palliative team involvement benefits.

Key Elements

Palliative Review

Early palliative review in cases of prognostic uncertainty.

Direct Referrals

Direct referral pathways from ED for frail or significantly injured patients.

Universal Care Plan

UCPs for older adults with poor prognostic indicators

Educating teams to discuss care plans in frail, readmissions and high risk patients

MDT Assessments

Weekly multidisciplinary team assessments.

Results - Case Examples

Case Study Outcomes

Case 1

99-year-old female with polytrauma. Previously expressed wishes to spend last days at home. Reviewed within 12 hours. Fast track discharge with community pain optimisation.

Case 3

Unwitnessed fall with significant polytrauma, no surgical intervention possible. Appropriate ceiling of care established, end of life pathway initiated with palliative symptom control.

Case 2

88-year-old female nursing home resident with acute SDH and UCP in place. Discharged within 6 hours with community matron and palliative care referrals.

Clinical Impact

Early geriatric-palliative collaboration reduced unnecessary hospital stays and supported timely identification of ceilings of care.

Implementation Potential

- This integrated care model shows promise for reducing prolonged admissions despite frailty and comorbidities.
- Demonstrate improved alignment with patient wishes
- SOPs and community teams involvement

Evidence Base

Trauma centre care improves outcomes in general trauma population; palliative care supports patients with complex needs.

Combined value in geriatric trauma remains unclear, highlighting the need for integrated models like this study proposes.

Conclusions

Early geriatric-palliative collaboration may reduce unnecessary hospital stays and support timely identification of ceilings of care.

Case examples demonstrate clinical impact and collaborative work to ensure patients with complex needs

Summary

- ✓ Preliminary findings support early geriatric-palliative collaboration for improved patient outcomes and care alignment.
- ✓ Model demonstrates potential for reducing prolonged active treatment in frail elderly trauma patients.

References

British Geriatrics Society. (2023). Comprehensive Geriatric Assessment Toolkit.

NICE Guidelines. (2022). End of Life Care for Adults: Service Delivery. National Institute for Health and Care Excellence.