

# "Polyclinics" - a concept of multiple clinic attendance

## A pilot quantitative and qualitative review

Megan Stross; James Laraman; Aysha Begum; Mithra Punniamoorthy

Department of Elderly Care; Cardiff and Vale University Hospitals

### Introduction

The concept of “polypharmacy” is a well recognised phenomenon, forming a keystone of any comprehensive geriatric assessment.

We considered whether a similar concept could be applied to the number of outpatient clinics that patients may attend – a concept we have coined “polyclinic”. We recognise that older populations may have a greater number of co-morbidities and, as a result, have more healthcare professionals inputting into their care.

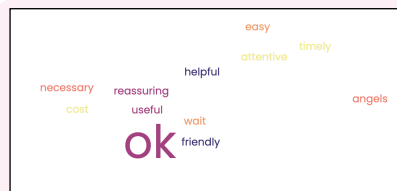
Similar to the potential detrimental effects of multiple medications, we were interested to explore if a similar detrimental effect may apply to patients attending multiple clinics.

We also attempted to consider environmental impacts and approached this in both a quantitative and qualitative manner.

### Method

A cohort was selected from all admissions to a subacute Geriatrics ward at University Hospital of Wales during the month of April 2023. National records were used to review the last decade of clinic attendances.

For interviews an attempt to contact every 4th patient was made.



Word-cloud with patient feedback on clinics



Word-cloud with next-of-kin feedback on clinics



Total mileage to attend clinics over half the circumference of the equator



Average patient clinic attendance over 10 years equivalent to running 74 washing cycles (CO<sub>2</sub>)

### Conclusions

We identified several limitations to this pilot project, however, overall feedback gained from patients and next of kin regarding clinic attendance was positive.

This study does not have the scope to suggest that attending multiple clinics are detrimental but aims to raise the concept of “polyclinics” that may be overlooked, particularly in a co-morbid population. We have also considered potential patient impact to multiple attendance and concerns regarding possible changes to traditional face to face clinics. With a climate crisis upon us we also draw attention to environmental impacts for consideration.

### Results

66 patients (75% female) were identified with 3 exclusions. The average age of included patients was 84.4 years with a range of 45 years (44 to 98).

The average number of clinics attended over 10 years was 18.4 with 0.36 new diagnoses being made per clinic and 0.69 interventions per attendance.

Geriatric clinic attendance yielded both a higher average number of diagnoses and interventions compared to other specialist clinics. (0.93 and 1.4 respectively)

To attend 10 years of clinic the average person travelled 216 miles (347.6km) with a carbon footprint of 51.72kg CO<sub>2</sub> on travel - equivalent to around 74 washing loads.

The approximate total distance for all clinics attended (1160) was just over half of the circumference of the equator.

Patient feedback was limited to 8 patients and 7 next of kin (62.5% Female, average age 87 range 76-95).

Feedback regarding ‘worthwhileness’ was very positive with ratings > 8/10.

Feelings about possible cutting back on clinics or virtual clinic attendance were mixed with concerns regarding suitability and access to technology.