

AIM: to investigate health outcomes, patient experience and costs of patients admitted to the ICW.

*Inter*professional collaboration: different profession (e.g. nurses and doctors).

Intraprofessional collaboration: different

disciplines (e.g. doctors from different specialties).

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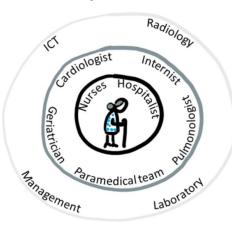
Outcomes: primary: length of stay. Secondary: consultations, mortality, readmissions, patient experience, costs.

nts: The Intensive Collaboration Ward

de Pol, MD PhD³; Babette C. van der Zwaard, PhD⁴;

s, Amsterdam UMC, location VUmc, the Netherlands 3. Department of Primary

ing The concept of the ICW:



Everyone works together to treat the multimorbid patient

RESULTS

	ICW patients (n=200)	Control patients (n=51)	p-value
Age (median years)	81.5	79	0.085
Female (%)	53	55	0.759
Length of stay (median days)	5	7	0.004
In-hospital consults (% ≥1)	21	41	0.003
30-day mortality (%)	15	8	0.182
30-day readmission (%)	14	12	0.677
Overall patient satisfaction (rating 1-10)	8.22	8.75	0.060

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CONCLUSIONS

This study shows that combined *inter*professional and *intra*professional collaboration on an Intensive Collaboration Ward (ICW) reduces length of stay and consultations in multimorbid patients, without reducing patient satisfaction. In addition there is an indication for reduced costs in the long term.

Corresponding author: Simon de Gans, BSc s.d.gans@jbz.nl

