Multidisciplinary Care in a Franchise Network of LTCFs in Brazil: An Experience Report from a Partner Company E. de Faria Ferreira**.** *Gerontechnology* 25(s)

Objective: Population aging represents one of the greatest global public health challenges of the 21st century, placing new demands on care systems, especially in developing countries such as Brazil (CABAÑERO-GARCÍA et al., 2025). In this context, Long-Term Care Facilities for Older Adults (LTCFs) play a central role by providing continuous, specialized, and structured care for older adults with varying degrees of dependency (STEEL et al., 2022). Geriatric care requires innovative and integrated models that combine technical expertise, prevention, and a person-centered approach. Multidisciplinary teamwork has proven effective in promoting healthy aging, preserving functional capacity, and addressing physical, cognitive, emotional, and social dimensions (HICKMAN et al., 2015). Teams composed of professionals from different disciplines — such as Physiotherapy, Speech Therapy, Physical Education, Psychology, Occupational Therapy, Art Therapy, and Music Therapy — contribute to enhancing autonomy and improving residents' quality of life (STEEL et al., 2022). Experiences from partner companies that support LTCF networks in Brazil provide valuable insights into how to structure specialized services, strengthen care quality, and optimize both clinical and managerial processes (CABAÑERO-GARCÍA et al., 2025). **Methods:** This is an experience report developed within a Brazilian network of Long-Term Care Facilities for Older Adults (LTCFs) that implemented a multidisciplinary care model in partnership with a specialized company. The experience was carried out in two owned units located in Campinas (SP) over six months, involving approximately 50 residents. The model integrated different health disciplines — Physiotherapy, Speech Therapy, Physical Education, Psychology, Occupational Therapy, Art Therapy, Music Therapy, and Outdoor Activities — focusing on continuous staff training, multiprofessional integration, standardized protocols, and systematic clinical case discussions. A key feature was the use of an integrated digital electronic health record system, which centralized resident information, organized care procedures, and supported coordination among professionals. This technological tool promoted standardized practices, safety, and quality of care while enhancing decision-making and alignment with a person-centered model. **Results and Discussion:** The adoption of this model led to significant improvements in standardization and care quality. Teams were unified under shared protocols, reducing variability in clinical practices and promoting greater consistency across units. Technical training was strengthened through continuous education and regular case discussions, which enhanced professional autonomy and safety. Internal processes were optimized through technological integration among departments, improving communication and enabling timely interventions while minimizing redundancy and continuity gaps. Evaluation of the experience was based on feedback meetings with professionals and families, spontaneous satisfaction reports, and institutional observation of routine indicators (such as participation in activities and social engagement). These findings indicate perceptible improvements in family satisfaction and resident autonomy, reinforcing the qualitative value of the implemented model. The multidisciplinary model demonstrates potential for replicability and sustainability and can be adapted to different institutional contexts. Professional integration, strategic use of technology, and ongoing staff development emerge as essential pillars for consolidating a person-centered, technically rigorous, and humanized care model aligned with global demands for healthy aging.

References

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