



Older people with frailty in the Emergency Department

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What evidence is there for the identification of frail older people in the emergency department?



Source: NIHR Photo Library

A systematic mapping review

- A **systematic mapping review** of evidence indicates a range of different approaches adopted to identify and manage older people with frailty in the ED.
- We found evidence of approaches to identify patients in four different areas – identifying **frailty**, identifying **frailty related issues**, identifying patients at risk of **adverse events in the ED** and identifying patients at risk of **adverse events upon discharge**
- We also found interventions to manage older people in the ED. These interventions were focused on changes to **staff**, changes to the **infrastructure of the ED** and changes to **care delivery**, although these interventions often overlapped.
- A wide range of both patient and health service outcomes were measured across the studies we identified with limited evidence of their impact.

What is the problem?

Emergency Departments are facing unprecedented levels of demand and one of the factors causing this is the ageing population. Increased demands are placed on the ED as a result of the medical and social needs of older people, especially older people with frailty and frailty related conditions. It is important to understand how these patients are both identified and managed in the ED

What did we do?

We undertook a systematic search, screening and data extraction process to identify evidence on the identification and management of older patients (either aged 65+ years or defined as frail/high risk) within the ED. We numerically and narratively synthesised this evidence to categorise and map the evidence on management and identification. Methodological quality at an individual study level was not assessed.

What did we find out?

We identified 103 peer reviewed articles/conference abstracts and 17 systematic reviews published between 2005-2016. Of the 90 studies (that were reported in the 103 articles) that we identified, 32 had studied a population defined as frail or high risk.

Studies were undertaken in 19 different countries including the USA (n = 27), the UK (n = 14) and Australia (n = 10).

Studies were divided into those identifying frailty or other related issues and those managing older people in the ED

To identify frail or high-risk older people (n = 37)
Diagnostic tools to screen for frailty-related issues (n = 7)
Prognostic tools to measure risk of adverse events in the ED (n = 5)
Diagnostic tools to identify frailty (n = 7)
Prognostic tools to measure risk of adverse events on discharge (n = 18)

To manage frail and older people in the ED (n = 53)

To manage frail and older people in the ED (n = 53)

Changes to ED staffing (n = 21)

Changes to the physical infrastructure (n = 11)

Changes to how care is delivered (n = 18)

What are the implications?

There was little consensus on how frailty is defined, measured and reported and the age threshold for assessing people for frailty and frailty related conditions. There was limited evidence of evaluation of tools to identify frailty in the UK.

Interventions were often complex and involved elements of identification and management as well as changes to staff, infrastructure and care delivery – therefore we need better evidence on their effectiveness and implementation.

Service delivery interventions demonstrated a general trend towards reduced admissions, reduced ED reattendance and improved discharge rates. However, the evidence base was mixed in terms of interventions and the outcomes that they measured.

Further research would usefully assess outcomes are important to patients and which are important to the health service, for example whether rapid discharges lead to increased readmissions.

This is an increasingly important area for research and practice and there is a need to focus on care for patients with complex frailty related issues.

Source

Preston L, Chambers D, Campbell F, Cantrell A, Turner J, Goyder E. What evidence is there for the identification and management of frail older people in the emergency department? A systematic mapping review. Health Serv Deliv Res 2018;6(16)