The authors have no conflict of interest.

Data from Maidstone and Tunbridge Wells NHS Trust

Completion of Comprehensive Geriatric Assessment and Subsequent Emergency Re-referral in the Elderly

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INTRODUCTION

The Comprehensive Geriatric Assessment (CGA) assesses functional status, identifies complex needs and can assist discharge planning for elderly admissions. We assessed whether CGA within 24 hours affected rates of subsequent emergency hospital re-attendance.

METHODS

Using an electronic list of all acute referrals between January 2012 and March 2013, we identified all those aged ≥75, assessed CGA completion and identified those re-referred within 28 days.

There were 5764 acute medical referrals age ≥75 during the study period; of these, 3,326 (57.7%) had documented CGA within 24 hours and 2,438 did not. In total, 574 patients (10.0%) were re-referred within 28 days and 310 (5.4%) were re-referred within 7 days.

TABLE 1. Comparison of patients aged ≥75 according to CGA completion

<table>
<thead>
<tr>
<th></th>
<th>CGA completed</th>
<th>CGA not completed</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number</strong></td>
<td>3326 (57.7%)</td>
<td>2438 (42.3%)</td>
<td>not significant</td>
</tr>
<tr>
<td><strong>Mean age ±SD (years)</strong></td>
<td>82.0 ±5.0</td>
<td>81.8 ±4.9</td>
<td>not significant</td>
</tr>
<tr>
<td><strong>% Female</strong></td>
<td>54.1%</td>
<td>54.2%</td>
<td>not significant</td>
</tr>
<tr>
<td><strong>% Day shift (8am-9pm)</strong></td>
<td>64.1%</td>
<td>63.4%</td>
<td>not significant</td>
</tr>
<tr>
<td><strong>Re-referral ≤ 28 days</strong></td>
<td>9.0%</td>
<td>11.3%</td>
<td>not significant</td>
</tr>
<tr>
<td><strong>Re-referral ≤ 7 days</strong></td>
<td>5.0%</td>
<td>5.9%</td>
<td>not significant</td>
</tr>
</tbody>
</table>

CONCLUSIONS

Completion of CGA within 24 hours did not affect subsequent re-referral. Completion pre-discharge may be a more appropriate metric.

Only 2.7% of elderly referrals to acute medicine were discharged without hospital admission, suggesting that re-referral may be as valid a metric as re-admission in this patient group.

Beyond improving patient safety in comparison to handwritten referrals, electronic patient lists allow detailed audit and research.

FIGURE 1. Before and after

The electronic patient list is a Microsoft Excel™ spreadsheet simultaneously accessible to authorised users via any hospital computer. Data can be entered and updated by those involved in a patient’s care, with the times of key events recorded in addition to demographic and clinical data.

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Figure 1. A handwritten on-call patient list as used prior to the electronic list. Patient last name, date of birth and consultant name have been anonymised.