

Geriatric Consultations Improve Outcomes for Elderly ER Patients



Patients over the age of 65 who need surgical treatment for traumatic injuries benefit from early consultation with a geriatrician, according to an article in press in the *Journal of the American College of Surgeons*. Since older patients struggle with different difficulties following traumatic injury, including cognitive functioning, family support and mobility challenges, the intervention of specially trained geriatric care teams can lead to fewer treatment complications and readmissions.

“Trauma teams are generally good at making sure a range of specialists get involved like neurologists and orthopedists, but typically there is no geriatrician involved,” said Lillian Min, MD, MSHS, assistant professor of geriatric and palliative medicine at the University of Michigan Health System and the study’s lead author.

“Even for something as simple as several rib fractures, an older patient would require a longer stay due to complications such as pneumonia, needing more pain management or more attention to helping them to walk and return home again, than a younger patient with the same injury,” she continued.

Dr. Min and her colleagues evaluated two groups of patients over the age of 65 who were treated at the Ronald Reagan University of California at Los Angeles (UCLA) Medical Center for trauma care. The first group was comprised of 71 patients who were admitted between December 2006 and November 2007, and who were not routinely offered consultations with a geriatric care team. Such patients are typically treated and then monitored for subsequent injuries before being discharged.

The second group included 76 patients who were admitted to UCLA between December 2007 and November 2009; for this group, geriatric medicine specialists consulted with the trauma surgery team. When these patients were discharged, the geriatricians determined whether there was any loss of function, so that the care team could plan for home health care, nursing home care or physical therapy.

The study compared the medical records of the two groups, calculating quality-of-care scores based on a set of 33 quality indicators. These indicators measured how well the older patients were cared for in areas such as cognition, functional status and mobility.

The results revealed a statistically significant improvement in care with the geriatric consultations, even after controlling for age and injury severity. Specifically, those who received the consultations passed 74 percent of care quality indicators, compared to only 68 percent for those patients who did not receive consultations. The former group also had 8.4 percent improved care for cognition and delirium.

Not every hospital offers geriatric specialists who can assess elderly trauma patients, but the authors hope that they will one day be part of an overall strategy for improving care and reducing readmissions. By making geriatricians available to older patients and their families soon after hospitalisation, it becomes more likely that medication routines and additional therapy can be coordinated in advance, as necessary.

“Geriatric care may not be available everywhere, so we all have to become geriatricians, for the sake of our family members, especially as our population ages,” she advised.

The study appears online now, and will be published in the print edition of the *Journal of the American College of Surgeons* this spring.

Source: [American College of Surgeons](#)

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