

What evidence is there for the identification and management of frail older people in the emergency department? A systematic mapping review

Louise Preston,* Duncan Chambers, Fiona Campbell, Anna Cantrell, Janette Turner and Elizabeth Goyder

School of Health and Related Research (SchARR), University of Sheffield, Sheffield, UK

*Corresponding author l.r.preston@sheffield.ac.uk

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Plain English summary

Identification and management of frail older people in the ED

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Plain English summary

In the UK, emergency departments (EDs) are facing high levels of demand, which are in part related to the number of frail older people presenting to EDs. Frail older people require care in the ED that considers their frailty alongside their health problems. Even though it is important, it can be challenging to identify older people as being frail. Once they have been identified as frail, it is important to deliver the most appropriate care to them.

To better understand how to identify and/or manage frail and older people, we undertook a review of published evidence on the types of initiatives that have been tested in the ED.

We identified a large body of evidence in three areas:

1. how to identify frail patients and patients at risk
2. how to change ED services to meet the needs of frail and older patients
3. initiatives combining identification and changes to ED services.

However, this evidence included different patient and health service outcomes, so it was difficult to compare initiatives.

The majority of the initiatives that we identified did not focus on frail older people, but involved older people more generally. Patients were identified as being frail or at high risk at admission and at discharge. This identification tended to take the form of tools that included questions for patients. The evidence regarding their usefulness was not conclusive. The initiatives that focused on ED services changed ED staffing, infrastructure and how care was delivered. There was a general trend towards improved outcomes in terms of admissions avoidance, reduced ED reattendance and improved discharge outcomes.

Further research would be useful on interventions undertaken elsewhere in the health system to prevent frail older people from attending the ED and on seeking a better understanding of whether or not the initiatives reported are acceptable to patients.

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