THE USE OF THE APOP SCREENER IN EMERGENCY TRIAGE OF FRAIL GERIATRIC PATIENTS

Background

Correct triage and follow-up referral of frail geriatric patients on emergency departments (ED) is important to ensure that these patients get appropriate care. Correct triage decreases patients' length of stay, mortality and treatment costs. At present, frail geriatric emergency patients are not always admitted to a geriatric ward. A screening instrument may be helpful to support decisions on triage and referral. The APOP screener is developed to identify older patients in ED who are likely to have adverse outcomes (mortality within 90 days and/or loss of function and/or cognitive impairment) [1,2]. On the basis of this study, it will be examined whether the APOP screener can be used within the referral to specialized geriatric care.

Aim(s)

Identifying if the APOP score and the APOP items are predictive for a referral of only the frail patients aged 75 or more to a geriatric ward.

Methods

A descriptive retrospective study is conducted in a large multi-campus general hospital in Belgium. Following data will be analyzed from patients aged 75 or more who were admitted at the emergency department: APOP screener score and subquestion scores, GRP (Geriatric Risk Profile) score and subquestion scores, clinical assessment of the geriatric consultation team regarding the frailty of the patient and referral after ED.

Results

The first analyses show that the questioning of some APOP items is time-consuming and that some themes from other geriatric or anamnesis tools are missing within the APOP score. Further analyses will identify the extent to which APOP scores are different from the GRP scores and the clinical assessment of the geriatric consultation team. The correlation between the APOP (item)score(s) and dischargement to home from the emergency department, patient's first hospital ward and transfer to a geriatric ward will be determined. The predictors within the APOP (item)score(s) and GRP (item)score(s) for admission to a geriatric ward or transfer from a non-geriatric ward to a geriatric ward will be identified.

Discussion

Based on the results of this study we will not only be able to identify the most predictive tool(s) for outcomes of geriatric patients admitted to ED, we will also be able to identify the most predictive questions or items of the different tools. Combining these questions or items could facilitate a more accurate triage and referral.

Implications and future perspectives

Using a modified or combined assessment to detect frail older patients admitted to ED, can lead to more appropriate care, resulting in better outcomes, shorter hospital stays and less readmittance to the hospital.

References

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