Screening for elderly patients admitted to the emergency department requiring specialized geriatric care

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Résumé en anglais	**BACKGROUND**: There is a need for a brief geriatric assessment (BGA) tool to screen elderly patients admitted to the Emergency Department (ED) for their risk of a long hospital stay. OBJECTIVE: To examine whether a BGA administered to elderly patients admitted to the ED may predict the risk of a long hospital stay in the geriatric acute care unit. **METHODS**: This study had a prospective cohort study design, enrolling 424 elderly patients (mean age 84.0 +/- 6.5 years, 31.6% male) who were evaluated in the ED using a BGA composed of the following items: age, gender, number of medications taken daily, history of falls during the past 6 months, Mini-Mental State Examination (MMSE) score, and non-use of home-help services (i.e., living alone without using any formal or informal home services or social help). The length of stay (LOS) was calculated in days. Patients were separated into three groups based on LOS: low (<8 days), intermediate (8-13 days), and high (>13 days). **RESULTS**: The prevalence of male gender was higher among patients with the longest LOS compared to those with intermediate LOS ($p = 0.002$). There were more patients with a history of falls in the high LOS group compared to the intermediate LOS group ($p = 0.001$) and the low LOS group ($p < 0.001$). The classification tree showed that male patients with an MMSE score <20 who fell with age under 85 years formed the end node with the greatest relative risk (RR) of a long hospital stay (RR = 14.3 with $p < 0.001$). **CONCLUSIONS**: The combination of a history of falls, male gender, cognitive impairment, and age under 85 years identified elderly ED patients at high risk of a long hospital stay.
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