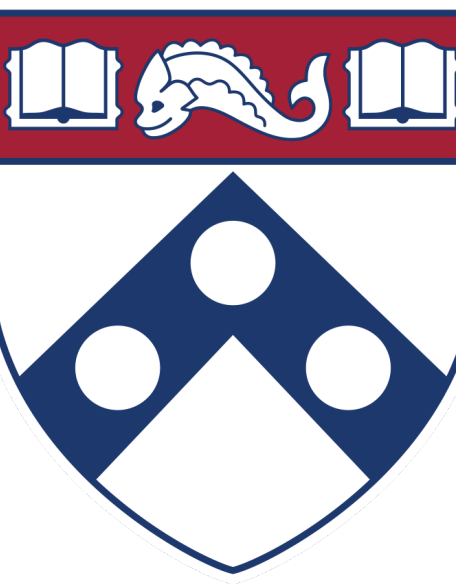


The Golden Years: Effects of a Geriatrics Consult Service on Inpatient Admissions

Helen Zheng¹; Raquel Russek²; Colbey W. Freeman³, MD; Rose Onyeali⁴, MD

¹WH2027 ²COL2027 ³Division of Neuroradiology, Department of Radiology ⁴Division of Geriatrics, Department of Internal Medicine

Funded by the Penn Undergraduate Research Mentoring Program (PURM)



Introduction

- Not all hospitals have dedicated geriatrics units or consult services
- Inpatient geriatrics consult services provide an additional resource for healthcare teams
- Inpatient geriatrics consult services may reduce mortality, improve time to discharge, and improve access to health and social services
- **Research purpose: To evaluate whether an inpatient geriatrics consult service improves time to discharge and readmission rates and affects discharge disposition for older patients**

Methods

- Inpatient geriatrics consult service was started in August 2022 with a physician and nurse practitioner at an academic hospital
- All patients seen by the service between August 2022 and May 2024 (n=407) while on a medicine primary service were included
- Control subjects were age 65+ admitted to the same hospital and medicine service without a consult (n=495)
- Subject age and sex, time to discharge, time to geriatrics consult after admission, discharge disposition, and 0-30-day and 31-60-day readmission counts were collected
- Analyzed using multivariate multiple linear regression

Results

Consults		Controls
Mean 80.3 y/o SD 12.19; SEM 0.60	Age	Mean 75.4 y/o SD 7.64; SEM 0.34
168 M, 239 F	Sex	220 M, 275 F
Mean 11.2 days SD 12.2; SEM 0.60	Time to Discharge	Mean 10.6 days SD 11.2; SEM 0.50
33.3%	0-30-day Readmission	36.0%
22.9%	31-60-day Readmission	20.2%

Table 1. Demographics, time to discharge, and 0-30- and 31-60-day readmission rates for consult and control subjects.

Factor	Time to D/C	0-30-day readmission	31-60-day readmission
Age	0.00689**	0.109	1
Sex	0.174	0.420	1
Consult	0.897	0.781	1
Age:Consult	0.982	0.704	1
Age:Sex	0.150	0.329	1
Consult:Sex	0.747	0.515	1
Age:Consult:Sex	0.737	0.413	1

Table 2. Multivariate multiple linear regression evaluating the effect of subject age, sex, and a consult on time to discharge and readmission rates.

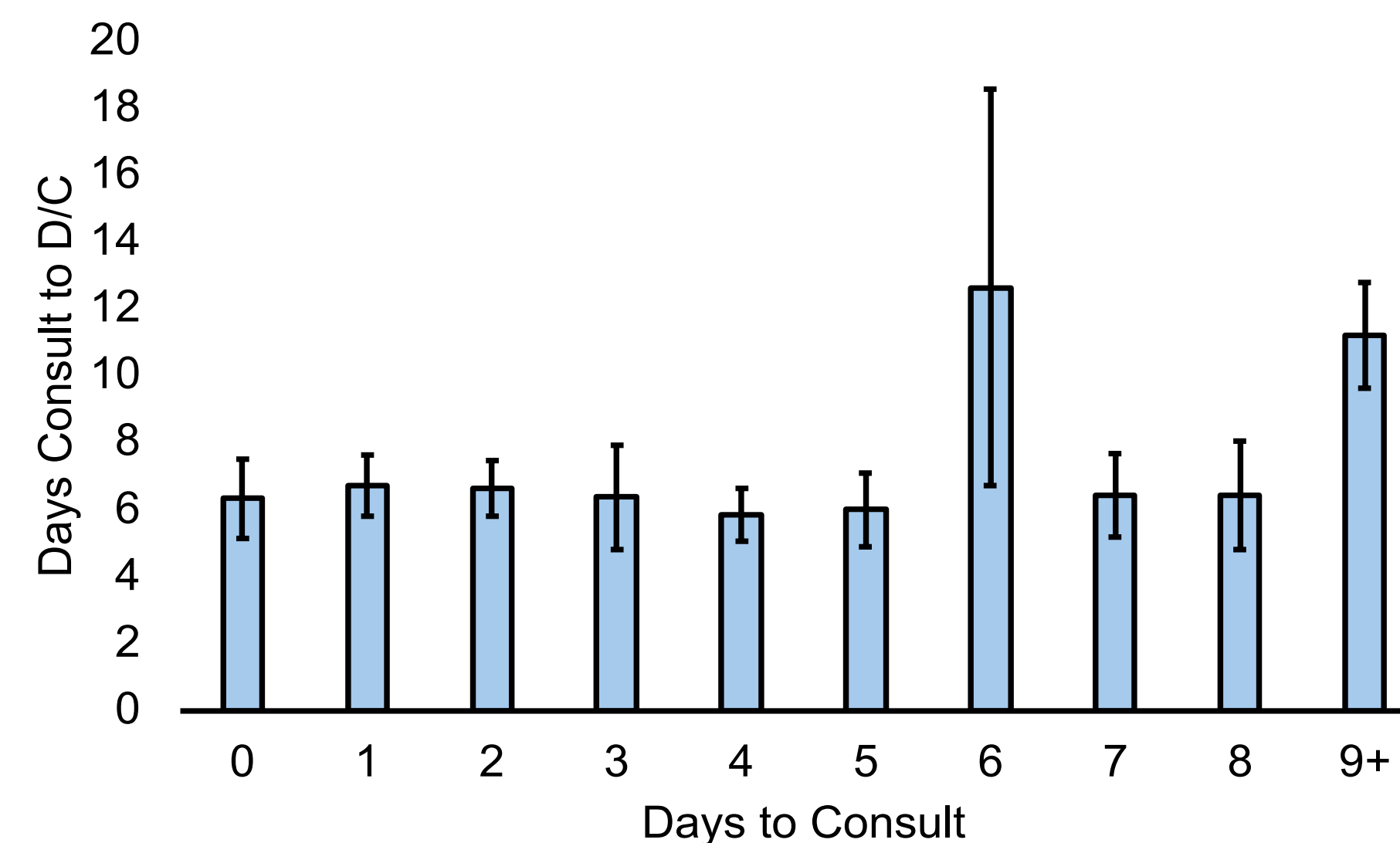


Figure 1. Mean days between a geriatrics consult and discharge (± SEM) grouped by days between admission and consult. There was an outlier in the 6 days to consult group - without that subject, the mean was 7.31 days.

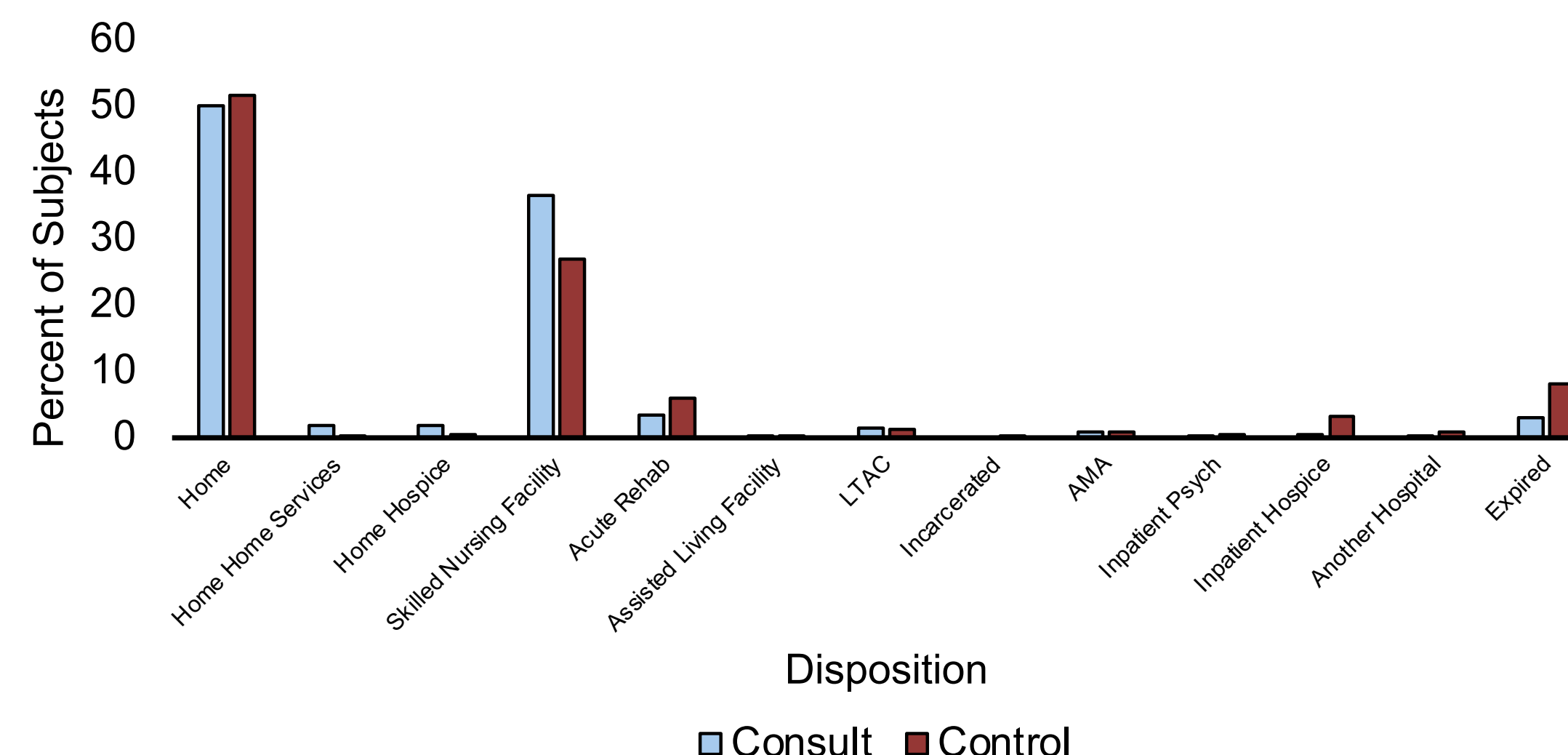


Figure 2. Distribution of discharge dispositions for consult and control subjects. Chi-square test was significant (p<0.001).

Discussion

- Subjects seen by the consult service were older and more likely to be female
 - Possible **bias** and opportunity to improve consult referrals
- Inpatient geriatrics consultation had no significant effect on time to discharge or 30- and 60-day readmission rates...
- **...BUT** mean days between consult and discharge was consistent except for an outlier at 6 days admission to consult and 9+ days admission to consult
 - Lack of effect on time to discharge may be related to **delays in consults**
- Subjects seen by geriatrics were more likely to go to skilled nursing facilities
- **Controls were more likely to die in the hospital (8% vs 3%)**
- Future work
 - Improve consultation rate for male and younger patients
 - Decrease time between admission and consultation

References

Badley BW,Boonen S,Boustani M. Impact of an inpatient geriatric consultative service on outcomes for cognitively impaired patients. J Hosp Med. 2015 May;10(5):275-80.

Deschodt M,Milisen K. Impact of geriatric consultation teams on clinical outcome in acute hospitals: a systematic review and meta-analysis. BMC Med. 2013 Feb 22;11:48

Hogan DB,Maimets I,Mann OE. Effect of a geriatric consultation service on management of patients in an acute care hospital. CMAJ. 1987 Apr 1;136(7):713-7.

Nazir A,Nothelle S,O'Brien K,Pannikottu J,Persaud M,Schraa E. Effectiveness of acute geriatric unit care using acute care for elders components: a systematic review and meta-analysis. J Am Geriatr Soc. 2012 Dec;60(12):2237-45.

Tung M,Brooks D,Counsell S,Flamaing J,Fox MT,Fox RA,Gao S,Haentjens P,Henderson M,Hinson JS,Hu SY,Khan B,Liao WK,Lin PC,Lin SY,Lin TC. Comprehensive Geriatric Assessment and Clinical Outcomes in the Older People at the Emergency Department. Int J Environ Res Public Health. 2021 Jun 7;18(11):6164.