

ASSESSMENT PROCESSES FOR OLDER PEOPLE

EMERGENCY DEPARTMENTS

The New Zealand Guidelines Group has developed a best practice, evidence-based guideline providing recommendations for appropriate and effective processes for assessment of personal, social, functional and clinical needs in older people. This summary covers the important issues for emergency departments (EDs).

All people aged 65 years and over, and Māori and Pacific people and people with pre-existing disabilities aged 55 years and over who present at an ED should receive a comprehensive assessment that is initiated prior to discharge.

Why Assess?

Benefits of an assessment for older people presenting at an ED have been shown to include:

- improved diagnosis and more effective care
- improved physical and mental health, functionality, independence and survival
- improved quality of life and client, carer and primary physician satisfaction
- decreased use and cost of hospital and/or residential care.

Who Should Do the Assessment?

A specialist trained assessor must be available in the ED or available to the ED at short notice.

- Assessors should have training in the assessment process, including consent issues.
- Assessors must be part of (or have access to) a wider multidisciplinary team (MDT) to whom they can quickly refer the older person for more in-depth assessment or for help in any particular domain, and with whom they can consult.

For further details of requirements for assessors and MDTs see the full guideline.

All ED staff working with older people should have received appropriate training to enhance their sensitivity, knowledge, and skills in dealing with older people and their issues.

How to Assess

- Assess for risk factors, domains and dimensions of potential impairment, and areas older people consider most important in terms of needs (see over).
- Standard tools for assessment and data collection should be used. The MDS-HC Overview and Overview+, and EASY-Care assessment tools most closely meet guideline specifications for this assessment setting, but require adaptation before use in New Zealand.

The Assessment Processes For Older People Guideline and summaries have been endorsed by:



Complete endorsement list available in full guideline.



DOMAINS OF ASSESSMENT

Areas of need of most importance to older people

- personal care
- social participation
- control over daily life
- food
- safety

Domains and dimensions

These are areas in which impairment can be detected at an early stage.

Physical health and functioning

key dimensions: chronic illness, continence, nutrition, gait, mobility, cardiac conditions, gastrointestinal conditions, pulmonary conditions, cerebrovascular conditions, co-morbidities, ADLs and IADLs (including self-care and domestic abilities), iatrogenic disease (specifically due to polypharmacy), sexual functioning, speech and language impairment, dental/oral health, vision and hearing

Mental health and functioning

key dimensions: anxiety, depression, other mental illness, cognitive functioning, dementia, substance abuse, iatrogenic disease due to polypharmacy, emotional well-being

Social functioning

key dimensions: financial status and management, housing, family/whānau support/contact, social networks, social activities and support

Presence and roles of carers, especially informal carers

Risk factors

- aged 75 years or older
- socially isolated and/or living alone
- divorced/separated, never married, single or widowed
- recently bereaved
- has no children
- has poor or limited economic resources
- recently discharged from hospital
- presenting at an emergency department
- recent change in health status with an impact on capacity for independent living
- has multiple disorders or illness
- cognitively impaired
- depressed
- poor self-perceived health
- high or low body mass index
- at the lower extreme of functional impairment
- low physical activity
- taking 3 or more prescription/non-prescription medications
- impairment in sight or hearing
- carer showing signs of stress/change of carer
- carer requests an assessment for the older person

Also consider:

- alcohol, tobacco and/or substance use
- abuse of the person by another