

The 'Silver Book' on Elderly Care in Hospitals and Community Settings

SUBJECT

This article summarizes a manuscript produced by the National Health Service of England entitled, *Quality care for older people with urgent and emergency care needs: The "Silver Book."* The manuscript was published in 2012 and is available at no cost from the following website: http://www.bqs.org.uk/campaigns/silverb/silver_book_complete.pdf.

DESCRIPTION OF THE REVIEW ARTICLE

This is a 2 page review article summarizing a 102 page manuscript which defines quality standards for the urgent and emergency care needs of older adults. The 2-page review article introduces the growing importance and challenges of providing quality emergency care for older adults. The article then describes the organization of the manuscript and emphasizes key points as described below.

CONTENTS OF THE SILVER BOOK

1. Standards and recommendations for care in the first 24 hours
2. Service design / systems approach
3. Older people in different clinical settings
4. Assessment and management
5. Safeguarding older people
6. Training and development of staff
7. Major incidents (i.e. disasters) involving older people
8. Information sharing

KEY POINTS FROM THE SILVER BOOK

1. For older patients seeking urgent care, routine assessment of the following issues should be assessed: pain, dementia, delirium, depression, skin integrity, nutrition and hydration, sensory loss, falls and mobility, activities of daily living, continence, vital signs, safeguarding issues, end of life care issues.
2. Older patients seeking urgent care with one or more frailty syndrome (e.g., falls, immobility, delirium, and dementia) should receive a comprehensive geriatric assessment.
3. Mental health services and social services should contribute to the early assessment of older adults seeking urgent care.
4. Older adults with a fall should be assessed for immediate reversible causes and be referred for falls assessment.
5. Treatments for older adults should be provided based on need, without an age defined restriction to services.

ABSTRACTED FROM

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COMMENTARY by Tim Platts-Mills, MD (University of North Carolina at Chapel Hill)

"The Silver Book" is an important resource for emergency providers interested in improving the care of older adults because it provides a comprehensive description of care for this population. The manuscript is easy to read and provides a wealth of recommendations. One important limitation to this work is that most of the content is expert opinion with little supporting evidence. For example, the book states that nutrition and hydration should be assessed in all older patients seeking urgent care. Although malnutrition is more common in older adults, there is insufficient evidence to support assessing nutrition in *all* older patients seeking urgent care. Further, although the book provides suggestions for how to improve nutrition in hospitalized patients, there is no information provided as to what to do for a malnourished patient who is discharged from the ED. The absence of evidence to support most recommendations is not a failure by the authors to examine the appropriate evidence. Rather, the absence of evidence reflects the scarcity of relevant clinical studies.

A second limitation of the book is that it provides recommendations for the care of all older adults seeking urgent care, but emphasizes hospital-based interventions. Since most older adults who present to the emergency department are not hospitalized, the challenge remains as to how to act on problems identified for these non-admitted patients. The outpatient care for these older emergency department patients will depend largely on the availability of local resources. As a result, a substantial, and perhaps the greatest challenge faced by US emergency providers caring for older adults is not a lack of knowledge of what to do for patients but rather by the absence of appropriate resources to provide for the needs of frail older adults who do not require hospitalization. Nonetheless, the book is useful in highlighting the types of problems emergency providers should be looking for in older adults and suggesting the approach that should be taken under optimal conditions.

Readers will note that the authors of the book are not shy about making recommendations. England is a more socialized country than the US and probably its medical providers have a greater appetite and tolerance for guidelines. Despite this difference, standardized assessment and treatment pathways have been adopted successfully for some conditions in the US. Given the highly variable care of older adults in US EDs, the development of clinical pathways for the care of older adults is probably an underutilized mechanism for improving the care of these patients.