Reviewer’s report

Title: The impact of early emergency department allied health intervention on admission rates in older people: a non-randomized clinical study

Version: 1 Date: 7 September 2011

Reviewer: Fabio Salvi

Reviewer’s report:

Arendts et coll. have described a non-randomized clinical study to verify the impact of an early geriatric intervention on admission rates from the Emergency Department (ED) in older people presenting for selected health problems. They enrolled 3165 intervention patients and 2100 controls and found a modest, although statistically significant, difference between groups especially for musculoskeletal symptoms and angina/TIA. The topic is interesting and the methodology used is correct; however some problems should be addressed.

Major Compulsory Revisions

1) Numbers in the text are unclear (some are reported only in the abstract). Please report (also in Figure 1): how many ED visits in the study period, how many subjects have been excluded in each step etc. Particularly, it would be interesting to know the absolute number (and percentage) of patients older than 65 years in the study period and how many elderly patients have been excluded because of critical care needs. This is because it is unclear what kind of patients required admission in 72% of the cases despite not suffering of critical conditions. Description of triage codes for enrolled (intervention/controls) and excluded patients would be also useful. Clinical and demographics characteristics of both groups should be reported.

2) The Authors talked about a “comprehensive functional assessment” but did not provide any detail about instruments used. This part should be better described.

3) Admission to Observation Units (Obs) is often aimed to avoid prolonged hospital admission, therefore I believe it’s not completely correct to consider Obs admission like hospitalization. I would like to see data re-analyzed after exclusion of patients admitted to Obs. Indeed, I think it was possible that CCT assessment reduced hospital admissions but stimulated clinical observation (i.e. admission to Obs): considering these variables together the Authors could have lost the possibility to describe this effect.

Minor Essential Revisions

The paper by Ballabio et al. was published in Intern Emerg Med (there is an error in the Reference)

Discretionary Revisions
1) Was the physician that could be co-opted in the CCT a geriatrician? What could this medical specialty add in the clinical course of an ED patient?

2) Reference 12 is quite old, some more recent papers have addressed the same topic.

3) Other than the review by Hastings and the paper by Ballabio et al. the Authors could briefly describe, in the Discussion, some different approaches (easily to be found in literature) to the same problem, such as consult team, geriatric emergency department, etc.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests