Qeios

Peer Review

Review of: "Pathways of Elderly People Aged 75 and Over Hospitalized in the Geriatric Department of the University Hospital of Bordeaux"

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I read with interest the manuscript entitled “Pathways of Elderly People Aged 75 and Over Hospitalized in the Geriatric Department of the University Hospital of Bordeaux,” and the authors should be congratulated for their large and well-conducted analysis.

The major limitations I find and the main questions to the authors are the following:

The conclusion of the manuscript (underlined in the abstract) that the UDA pathway should be the admission pathway of choice is not supported by the presented data, although I agree it is advisable that direct admission should be encouraged. I suggest the alternative hypothesis that patients admitted through UDA are a different population compared with those admitted through EDA. It is possible that these patients have less severe clinical conditions, selecting the ambulatory pathway.

Useful information to have would be the timing (days of the week and hour) of admission: knowing whether there are differences in terms of admission during the night or on the weekend would add a very important note about possible selection biases.

Another useful piece of information to add to the methods section should be the organization of the ambulatory service and the criteria used for establishing the need for admission: what was the message given to patients? Was the ambulatory service available for calls 24/7? Could urgent examinations and consultations be requested in the ambulatory service before admission (for example, could a CT scan be requested by the ambulatory service and obtained within hours)? These variables have a strong impact on the selection of admissions and could explain differences between the two entry pathways. Finally, were the patients admitted through UDA already known by the ambulatory service?

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What was the process in case of a lack of beds? How many patients were admitted outside the geriatric department? This piece of information is useful as it is known that admitting patients outside the appropriate unit worsens admission outcomes. How was the natural competition between UDA and EDA regulated? How were admissions prioritised?

A further lacking piece of information is the boarding time, that is, the time between acceptance and entry into the inpatient ward. A shorter boarding time is expected for patients admitted through UDA. For UDA, the modality of admission should be briefly described.

Declarations

Potential competing interests: No potential competing interests to declare.