## Delayed discharge and frailty, delirium and functional decline

We commend Jerath and colleagues on their recent article, particularly for their robust methodology, but were disappointed that they did not address the concepts of frailty, iatrogenic delirium and functional decline.[1]

The lack of adequate data on the concepts of frailty and geriatric syndromes in our acute care national data repositories highlights the existence of major gaps in Canada's health information infrastructure. First, the lack of meaningful data on frailty, delirium and functional decline reduces these key concepts to "nonmedical reasons" for delayed discharge. Clearly, they are not. Frailty, irrespective of how it is operationalized, has repeatedly been shown to be a more robust predictor of major adverse postoperative outcomes than chronological age.[2] Delirium and functional decline among surgical patients are often iatrogenic and thus preventable, and delayed discharge can be avoided.[3,4] Second, the lack of meaningful data on frailty, delirium and functional decline leads to the interpretation that "downstream" interventions and resources are required to improve the "flow of patients," although practices that consider the needs of older adults, to prevent iatrogenic complications in the first place, would be far more efficient. The principles of management rest on systematic screening and assessment of at-risk patients, followed by multidisciplinary nonpharmacological interventions.[3,4]

It is possible to include concepts of frailty, delirium and functional decline in our acute care national data repositories. Standardized information on these syndromes is available in the databases for home care and long-term care, curated by the Canadian Institute for Health Information. These databases have been shown to be highly useful at characterizing hospital patients awaiting institutional placement.[5] It is high time that Canadian acute care hospitals implement standardized information systems compatible with those in home care and long-term care.

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