Objective of the study was to assess the effects of Geriatric Floating Interdisciplinary Transition Team on patients’ care transition quality and their satisfaction with care.

Methods: The authors have developed a Geriatric Floating Interdisciplinary Transition Team model that combines the strengths of inpatient geriatric evaluation, co-management and transitional care models by creating an inpatient co-management service that also delivers transitional care. A pilot cohort study was conducted to test the effects of this model on quality and satisfaction with care. The sample consisted of hospitalized patients aged 70 and older on four general medicine services (two Geriatric Floating Interdisciplinary Transition Team, two usual-care) from an academic medical center.

Sample size: 717 (Geriatric Floating Interdisciplinary Transition Team = 366 and Control=351)

Outcomes:

1. Patient reported outcomes: Three-item care transitions measure (CTM-3) to measure the quality of care transitions; and satisfaction with care.
2. Other outcome measures that were obtained through hospital administrative records are: length of stay, hospital charges and discharge location.

Assessment: Patients were contact 14 day from the discharge date to obtain patient reported outcomes (administrated by a research assistant via telephone).

Analysis: Study sample size was based on CTM-3 score differences of at least 3 14 points between Geri-FITT and controls. Univariate and multivariate analyses were used to study the effects of Geriatric Floating Interdisciplinary Transition Team intervention on outcomes.

Results:

• Mean age, gender, race or ethnicity, marital status, education level, Medicaid enrollment and primary diagnosis of the Geriatric Floating Interdisciplinary Transition Team group was comparable with the control group.
• Discharge disposition, Length of stay and hospital charges were comparable between groups.
• In a multivariable linear regression model, Geriatric Floating Interdisciplinary Transition Team exposure was not significantly associated with care transition quality.
• Respondents in both groups reported high levels of satisfaction with care.
My comments/discussion:
Though this is an interesting topic in the arena of acute care and transition care for elderly, general lack of clarity, poor understanding of the issues, weak methods section and weak analytical section leads to a weak presentation. There are many drawbacks to this article such as:
1. The authors have not conceptualized their research objective, a fundamental step in any research. Study hypothesis has not been presented. The presentation lacks clarity. The methods and results section are not well written.
2. The introduction section is unable to convince the reader as to how and why this study differs from earlier, similar studies.
3. No information has been provided regarding the ‘coordinated inpatient care’ and transition care intervention. Additionally, authors sate that ‘the team elicited patients’ goal’ across all patients. However, the authors do not provide information about how this was accomplished, especially assessment of preferences, etc.
4. Overall methods and statistical analysis section are weak at best.
   (a) Selection criteria have not been discussed adequately.
   (b) Process of recruitment and survey administration needs more clarity.
   (c) Another important weakness is low rates of recruitment and response (< 40%); and
   (d) Why was sample size based on CTM-3 score of 3 14?
5. Due to weak methods and statistical analysis sections, the results section too is weak at best.
6. Lessons Learned section is not complete. A link must be developed between studies cited in the Introduction (for the purpose of developing the study objective) and the ‘lessons learned’ section (for comparing and contrasting earlier results with the results from current study). Such a link can also provide possible explanations for any similarities or differences between earlier studies and current study.

Take away Message: Over the past several years, acute inpatient care and transition care for elderly has been an important and fascinating area of geriatric health services research. However, this article makes only marginal contribution to this important area.