Invited Response to Letter to the editor

THE SILVER CODE: WHAT COMES NEXT?

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In their comment on our article, Dr. Salvi and colleagues criticize that the “Silver Code” has been validated only as a tool to predict mortality, and they express perplexities because functional and cognitive status was not taken into account. Though we fully agree that functional and cognitive decline represents, besides mortality, very important outcomes in geriatric medicine, our work was aimed at determining the potential usefulness of simple administrative data set in identifying older patients at higher risk. Unfortunately, information on functional and cognitive decline are not usually recorded into administrative databases and, therefore, they could not be used to validate the Silver Code.

The tool we have developed is simple and attractive and proved to be valid, but it is not perfect. Dr. Salvi and colleagues propose some examples of possible misclassification by the Silver Code. As in all studies with a substantial degree of statistical manipulation, this is to be expected. Being aware of this limitation, we are currently working at two further projects after this initial experience. First, we would try to extend the Silver Code validation nationwide using administrative data collected in four different Italian regions. In this evaluation, we will also verify whether DH admission, which Dr. Salvi and colleagues criticized as a contributor to predicting mortality, maintains its prognostic value. Second, we would assemble a prospective cohort of older patients seeking care in Emergency Departments (ED), in whom the concurrent validity of the Silver Code will be tested against a gold standard, provided by direct, comprehensive, multidimensional geriatric assessment tools.

Finally, in our view, the Silver Code might be implemented as an automated tool, virtually available via the Internet in every hospital facility: In fact, it is based upon data already computerized, reflecting patient’s history of health care services use. In Italy, where health care is universally provided under national legislation, this should be relatively easy. Upfront availability of the Silver Code might speed up the initial triage of older patients in the ED, leaving physicians and nurses concentrate on cases requiring extensive in-person evaluation. Furthermore, we would also emphasize the potential usefulness of the Silver Code as an off-line nonclinical tool to improve risk adjustment when the performance of hospitals or health care systems is to be compared.

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Received September 20, 2009
Accepted September 20, 2009
Decision Editor: Luigi Ferrucci, MD, PhD