1. In this study, it was found that the main reason for older adults’ return to the ED was related to the:
   A. need for a family physician.
   B. lack of a primary caregiver.
   C. severity of symptoms experienced.
   D. development of new symptoms.

2. By 2040, the world’s population of adults age 65 and older is expected to reach:
   A. 13.3%.
   B. 14%.
   C. 14.8%.
   D. 25%.

3. One factor predisposing older adults to unscheduled return visits to the ED includes:
   A. socioeconomic status.
   B. lack of a family physician.
   C. patient gender.
   D. difficult discharge plans.

4. A demographic factor associated with unscheduled return visits to the ED was:
   A. gender.
   B. ethnicity.
   C. all.
   D. none.

5. The role of the geriatric liaison nurse in the ED includes:
   A. educating ED staff about needs and health risks of older adults.
   B. triaging older patients according to their severity of symptoms.
   C. assessing the capacity of the ED to address the problems of older adults.
   D. coordinating services with available local community resources.
6. Most participants in the study indicated that they returned early to the ED for symptoms:
   A. related to their previous visit.
   B. unrelated to their previous visit.
   C. related to depression.
   D. unrelated to depression.

7. Some participants returned to the ED despite an unpleasant experience on their previous visit because they:
   A. thought the ED provided competent care.
   B. believed the ED provided the best care.
   C. viewed the ED as their only resource.
   D. considered the ED as their best resource.

8. One of three themes used by the majority of participants to describe their attempts to regain their previous life and activities at home was:
   A. “not back to normal.”
   B. “not able to participate.”
   C. “no improvement in symptoms.”
   D. “no relief from symptoms.”

9. One intervention that has the potential to improve the care offered to older adults in the ED and therefore prevent some return visits is a/an:
   A. detailed discharge plan.
   B. simplified geriatric assessment.
   C. earlier follow-up appointment.
   D. opportunity to discuss resources.

10. A discharge plan evaluated by Guttman et al. (2004) that focused on education, coordination of resources, and telephone follow up reduced unscheduled ED return visits by:
    A. 16%.
    B. 19%.
    C. 23%.
    D. 25%.

CNE Answers
JULY 2014