



6th WSES Congress 2019

Title: Emergency Care Monitor: frequent and intensive emergency care pathways of older patients, a retrospective cohort study

Authors: Berben Sivera AA PhD MSc RN^{1,2,3}; Bloemhoff Anneke Ir¹; Habets Karin CF. MSc¹; Liefers Janine MSc^{1,2}; Hensens Chantal JM MSc MD⁴; van Grunsven Pierre M PhD MD⁵; Schoon Yvonne PhD MD^{6,7}; van den Berg Karin AM MSc¹; on behalf of ROAZ Acute Zorgregio Oost.

Affiliations:

1. Eastern Regional Emergency Healthcare Network (Acute Zorgregio Oost), Radboud university medical centre, Nijmegen the Netherlands
2. IQ healthcare, Radboud Institute of Health Sciences, Radboud university medical centre, Nijmegen the Netherlands
3. Department of Emergency and Critical Care, Knowledge Center of Sustainable Healthcare, Institute of Nursing Studies, HAN University of Applied Sciences, Nijmegen, the Netherlands
4. Cooperative Integrative General Practitioner Practices Nijmegen, the Netherlands
5. Ambulance Emergency Medical Service Safety Region GelderlandZuid, Nijmegen, the Netherlands
6. Department of Geriatrics, Radboud university medical center, Nijmegen, the Netherlands
7. Emergency Department, Radboud university medical center, Nijmegen, the Netherlands

Topic: Emergencies in vulnerable patient groups

START COUNT

Background:

The hypothesis of the study was that older patients have more frequent contact with emergency care organizations with more severe diagnosis compared to the reference group, however insight in emergency care pathways for potential vulnerable older patients was lacking.

Aim:

To provide insight in emergency care pathways for older patients (65+ years) and a reference group (patients 20-64 years). The emergency care pathway consists of: out of hours general practitioner cooperatives (GPC), ambulance emergency medical services (EMS), ambulant psychiatric emergency medical services (PEMS), emergency departments (ED) and cardiac care units (CCU).

Methods:

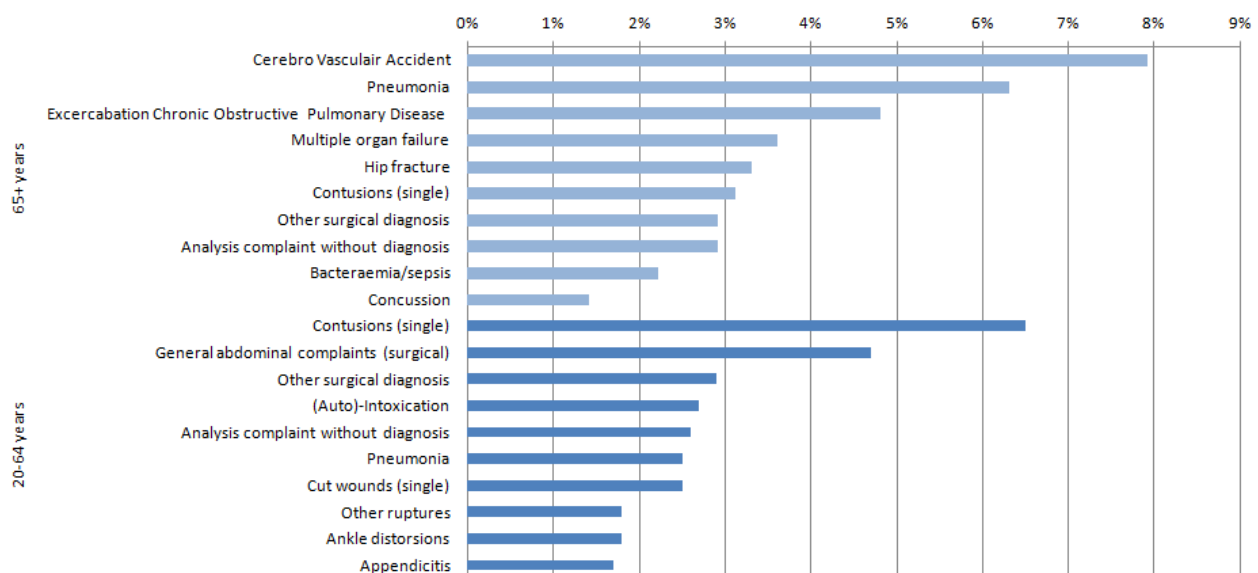
We collected data of emergency care contacts (n = 84.647) from the Emergency Care Monitor, and included 55.061 patients in the Netherlands. We studied differences in emergency care contacts, diagnoses, lead time, admission to the hospital and mortality, using descriptive statistics.



Results:

A fourth of the older patients visited an emergency care pathway. They received more frequently diagnosis of stroke or pneumonia, while the reference group more often had simple contusions or surgical treatment of abdominal complaints $p < 0,001$. The lead time of treatment in the emergency care chain was a median half hour longer for elderly, $p < 0,001$. Older patients were more often admitted to the hospital (71% versus 39%, $p < 0,001$) and their mortality rate was higher ($n=89$; 2% versus $n=29$; 0,5%), $p < 0,001$.

Figure 1. Top 10 of diagnosis of older persons with an Emergency pathway ($n=3.576$) versus reference group ($n=4.004$)



Discussion:

Older patients more often visit the emergency care pathway, have more complex diagnoses, are more frequently admitted to the hospital, and die more often compared to the reference group. In the context of aging, new solutions should be explored in order to keep emergency care pathway accessible and attainable for all patients, including vulnerable older patients.

END COUNT $n=298$ (without Figure 1)

Position presenting author: underlined

Word count of abstract body: maximal 350 words