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The utilisation of urgent emergency care services by older care home residents in the UK and the subsequent impact on emergency departments

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Aims/Objectives/Background

Urgent and Emergency Care Services (UECS) in the UK are under increasing pressure. Although accounting for a small proportion of Emergency Department (ED) attendances, there is a continually rising demand for the care of older people. Currently, there is limited data surrounding older care home (CH) residents and their use of UECS, thus this study aims to investigate the characteristics of older CH resident UECS utilisation and factors that influence ED transfer.

Methods/Design

Interviews were undertaken with healthcare and CH staff to elicit views around: the characteristics of ED attendances; demand placed upon UECS; alternative services; and interventions to reduce demand. Routine administrative data was collected for 21583 patients aged ≥ 75 from one large, urban type 1 ED in Yorkshire and Humber (Y&H) between April 2016 and March 2017. CH residents were identified to characterise attendances.

Results/Conclusions

CH residents were more likely to arrive by ambulance, OR of 3.810 (95% CI: 3.316-4.378, $p < 0.001$); breach the four-hour target, OR of 1.321 (95% CI: 1.223-1.427, $p < 0.001$); have an investigation, OR of 1.196 (95% CI: 1.035-1.381, $p = 0.015$); receive resuscitation treatment, OR of 1.559 (95% CI: 1.409-1.725, $p < 0.001$); and have a long inpatient admission (> 2 days), OR of 2.083 (95% CI: 1.933-2.245, $p < 0.001$) compared with non-care home residents (NCH) reflecting greater demand upon UECS. Interviews revealed ED transfer decisions were complex and reliant upon communication with the wider healthcare system and the risk averse attitudes of CH staff. Increased training of CH staff, advanced care planning and integrating healthcare services into the CH were suggestions to reduce the demands CH residents place upon UECS.

This study reflects the demand CH residents place on UECS compared with NCH residents and highlights the importance of investigating factors influencing ED transfer. This will help to create targeted interventions to improve resident care and reduce UECS demand.