

Responding to the ageing profile of Emergency Department patients

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Background

- Emergency Departments very busy setting, generally with patients of high acuity
- Older patients constitute a reasonable proportion of caseload
- Question of how well the care needs of older people are met...

Context

- Victorian Government Department of Human Services review and funding for programs to evaluate and improve the care experience of older people in the Emergency Department:
 - Environmental audit of ED's and subsequent funding to address environmental needs
 - Current project
 - Additional resources and future projects to address identified issues

Aim

The aim of this study was to

- Explore emergency care from the perspective of older people (aged ≥ 65 yrs) and their carers

Particular subgroups included

- Patients and carers from culturally and linguistically diverse backgrounds
- Patients with chronic illness
- Frequent users of emergency care

Method

Data collection

- Observation of Emergency Department care
 - Trained project officer (clinical and ED experience)
 - Recruited participant (+/- carer) as close to time of arrival at the ED
 - Aimed for ***unobtrusive*** observation of all aspects of care
 - Up to 6 hours observation, or until ED discharge (whichever was shorter)
 - Written proforma for data collection:
 - Interactions
 - Environmental activity
- Interview (in-person or phone) within one week of ED presentation (taped)

Data analysis

- Descriptive statistics
 - Emergency Department data around episode of care (waiting time, ED Length of Stay, discharge destination)
 - Participant data (age, gender, presenting health problem, triage classification, mode of transport to ED)
- Thematic analysis of observation and interview data
 - All observation records and interviews transcribed
 - Themes developed by 2 investigators independently

Method: Participants and sites

Sites

- Two metropolitan and 1 regional Emergency Department in Victoria, Australia

30 patients and 12 carers

- 7 frequent Emergency Department users
- 27 multiple comorbidities
- 13 people from Culturally and Linguistically Diverse backgrounds

Results: Participant characteristics

- Average age - 77.1 years
- 60% females
- 30% preferred language other than English
 - 23% required an Interpreter
- 50% self referred to Emergency Department
- 30% referred to Emergency Department by General Practitioner
- 40% had a carer directly involved in Emergency Department care

Summary: issues throughout the ED journey

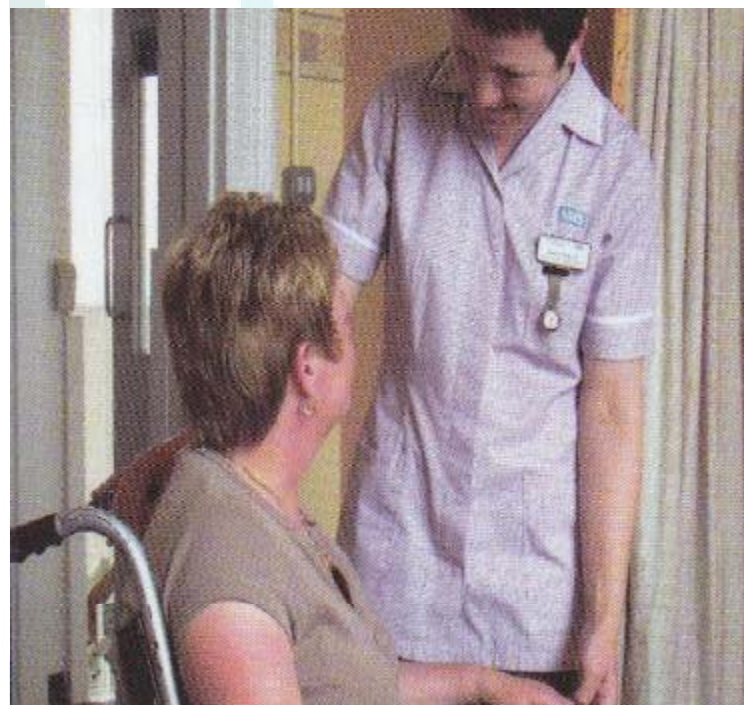
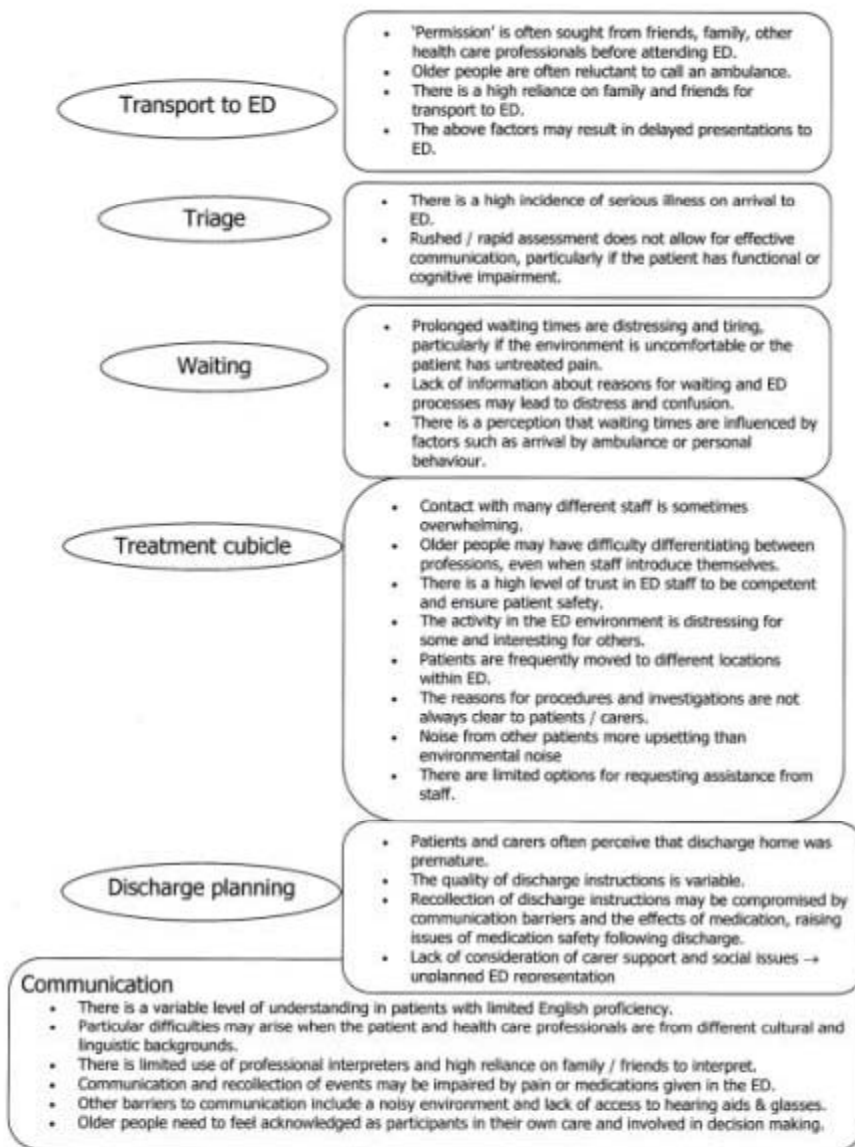


Image from “Enabling Independence: A guide for rehabilitation workers

Results: ED journey

(1) Transport to ED

- **Reluctance to call an ambulance**
- **Delayed ED presentation**

... I didn't call the ambulance straight away, I waited for a while to see ... I don't like to call them ... for nothing so I waited a couple of hours or more ... it [the pain] wasn't bad enough ...if it had been excruciating I would have rung them straight away. ..(Frequent ED user)

... I called the ambulance because I was unable to lift him up, otherwise I really don't want to trouble the hospital or the ambulance service ...if I could lift him up I would have lifted him... (Carer)

Results: ED journey

(1) Transport to ED

- **Permission from family, friends, health professionals**

... Mum was crying in pain ... she said, "I've been up since four o'clock" ... I touched her forehead and she was cold ... I said to her that she had to go in the ambulance ...
(Carer)

...I was short of breath and had chest pains ... the doctor said '... I'll ring an ambulance for you now' ... I said 'no, I'll go home ... find my own way to the hospital'... I didn't need an ambulance ... I just don't like taking up resources when they can be better used... (Frequent ED user)

Results: ED journey (2) Triage

- High levels of clinical urgency on arrival to the Emergency Department
 - ATS 2 & 3 - 73.4%
 - ATS 4 & 5 - 26.6%
 - admission rate - 47%



Image from Northern Health Quality of Care Report 07/08

Results: ED journey

(3) Waiting

- **Lack of information about reasons for waiting led to distress and confusion**

.... I didn't get a lot of information [while I was in the waiting room], I was just told that my turn would be next ... they kept saying 'oh you'll be next, you'll be next', but other people were going in before me, and I couldn't work that one out ... (Patient)

... I filled out some forms and we were told to wait ... we sat down ... somebody else came after us and they were seen before us ... aren't you supposed to get seen in the order that you come? ... they didn't explain it (the triage process) ... they were really busy ... everyone was just there waiting ... (Patient from CALD background)

Results: ED journey

(3) Waiting

- **Perceptions that waiting times are influenced by arrival by ambulance / age / personal behaviour**

... if you don't come with the ambulance ... if somebody brings you ... it's a long wait ... really it's such a long wait... (Carer)

... I'm 80 and young people just go before me ... it's not fair ... I was very sick, they should be calling me in ... I don't know if we have to pay money ... I don't know what went on... (Patient from CALD background)

... I was sitting there a good three hours ... maybe I said something not supposed to be, you know... (Patient from CALD background & frequent ED user)

Results: ED journey (4) Treatment cubicle

- **High level of trust in ED staff to be competent and ensure patient safety**

... when you're sick ... everyone's there trying to get you well and find out what's wrong with you ... you know they can't do any wrong really ... they're all trying to help you ...
(Patient)



Image from Northern Health Quality of Care Report 07/08

... they were very nice to me ... they made me comfortable ... I feel very safe ... I need to be in there ... I'm not really worried ... I've been so many times in the hospital ... I know whatever happens, I leave it in their hands ... (Frequent ED user from CALD background)

Results: ED journey

(4) Treatment cubicle

- **Acknowledgement of efforts of ED staff**

... I always find the staff to be very reasonable ... you know they're always put under a lot of pressure, a lot of strain, there's a lot of people there ... (Carer)

...everyone was very professional ... you know they're under strain because they were full and they were short of beds ... I saw all the cubicles were full ... everyone was not just walking around – they were virtually running around ... (Patient)

... people were extremely busy obviously ...I've never known an emergency department not to be busy ... (Frequent ED user)

Results: ED journey

(4) Treatment cubicle

- **Activity in the ED environment**

- distressing for some
- interesting for others

... it was actually quite interesting because there's something going on all the time ... I suppose it's seeing different people ... it is interesting to see different people... it takes your mind off yourself a bit ... (Patient)

... it was lovely I was able to watch what they were doing .. everybody coming and going ... that was fine ...I'm not a very good sleeper so it didn't worry me ... (Patient)

Results: ED journey

(4) Treatment cubicle

- **Noise from other patients more upsetting than environmental noise**

*... during that time was a lot of noise ...very noisy ... people, alarms
... people screaming, yelling ... (Patient)*

*... I did not sleep one minute...one lady she scream too much I
hear because it's not very far from me ... (Patient from CALD
background)*

Results: ED journey

(4) Treatment cubicle

- **patients are frequently moved around ED**

... she [the triage nurse] put me beside the desk ... she said 'I'm sorry I don't have room' ... after she moved one man I went into the room ... they had to move someone else to put me into that room off the ambulance trolley ... (Patient from CALD background)

... when I went back from the ultrasound and they had someone in my bed – in my cubicle ... so I got the boot from there and I was moved somewhere else ... it looked like a make-shift spot(Patient)

Results: ED journey (4) Treatment cubicle

- **Reasons for procedures and investigations are not always clear to patients / carers**

...there's one [procedure] that I never quite understand ... that is the necessity to put a bung [intravenous drip] in your arm the moment you come in to the place ... it's something that's never explained ... I just regard it as a waste of time and unnecessary infliction of pain ... I said to them 'why do you want to put a bung in' and they say 'we always put a bung in' ... I said 'what are you going to do with it?' ... and it was the same response 'I don't know' ... (Frequent ED user)

Results: ED journey

(5) Discharge planning

- **Perceptions that discharge was premature**

... they ran the blood test and I heard the doctor say 'if the results are negative, we'll send him home' ... their only concern is 'ok this person is ready to be discharged' ... I wanted them to say 'we'll keep you overnight, it's late and we'll see in the morning how you feel'... (Patient from CALD background & frequent ED user)

- **Lack of consideration of carer support and social issues → unplanned ED representation**

Results: ED journey: Communication issues

- **Patients with limited English proficiency**
- **Limited use of professional interpreters**
- **High reliance on family / friends to interpret**

*... they probably tell me and I didn't understand ... I tell him I not understand properly in English ... he told me all right I tell you one time, two times, four times maybe you understand? ...
(Patient from CALD background)*

... she understands quite well ... I'm here as her backup just in case there is something that she hasn't quite understood ... no [she would not benefit from an interpreter] I always have interpreted ... I just automatically do it ... I'm always the carer ... that's my role... (Carer)

Results: ED journey: Communication issues

- **Patient & health care professionals from different cultural and linguistic backgrounds**

... it was a bit hard to understand ... I never had a hearing aid in ... I had trouble (understanding the doctor)... he had an accent and he spoke very quietly ... I didn't (understand the doctor) because without my hearing aid it's a bit hard(Patient)



Image from Northern Health Annual Report 07/08

Results: ED journey: Communication issues

- **Impaired communication & recollection**
- **Effects of pain / medications**

... nobody explained to me what they were going to do I've got hearing aids ... that's maybe why I didn't hear anything... I don't know ... if I got painkillers, they would have made me a bit dizzy and funny ... but I wasn't aware of that ... (Patient)

Results: ED journey: Communication issues

- **Happy for family to be involved in communication**

*... that didn't worry me [having my daughter give the emergency department staff information] ... I might have forgotten something, you know which you can do of course or you can leave out something ... no I was quite happy for her to do that ...
(Patient)*

... the doctor told my daughter more than he told me ... it was a bit hard to understand ... it didn't worry me [the doctor talking to my daughter] ... he probably thought I was too old and wouldn't be able to take it in anyway... but he was very nice...(Patient)

Results: ED journey: Communication issues

- **Barriers to communication**

- noisy environment
- lack of access to hearing aids & glasses

... I told them to speak louder because I didn't have my hearing aids in ... (Patient)

... I did realise that he was confused and he does have hearing problems ... I wonder how well he even heard as well as understood what was happening... (Carer)

... that's maybe why I didn't hear anything ... I can hear people if they talk directly to me and women's voices are hard to understand ... that could be what happened ... I don't know... (Patient)

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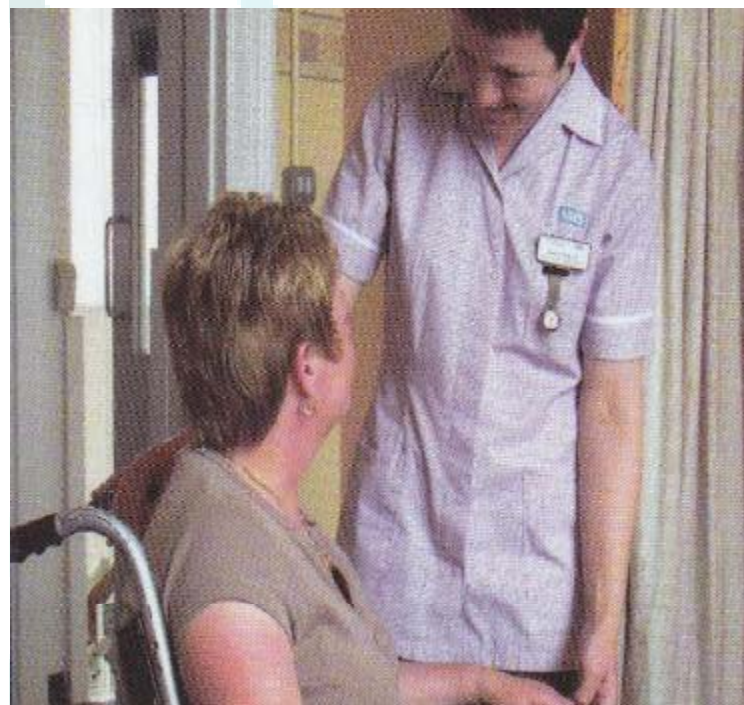
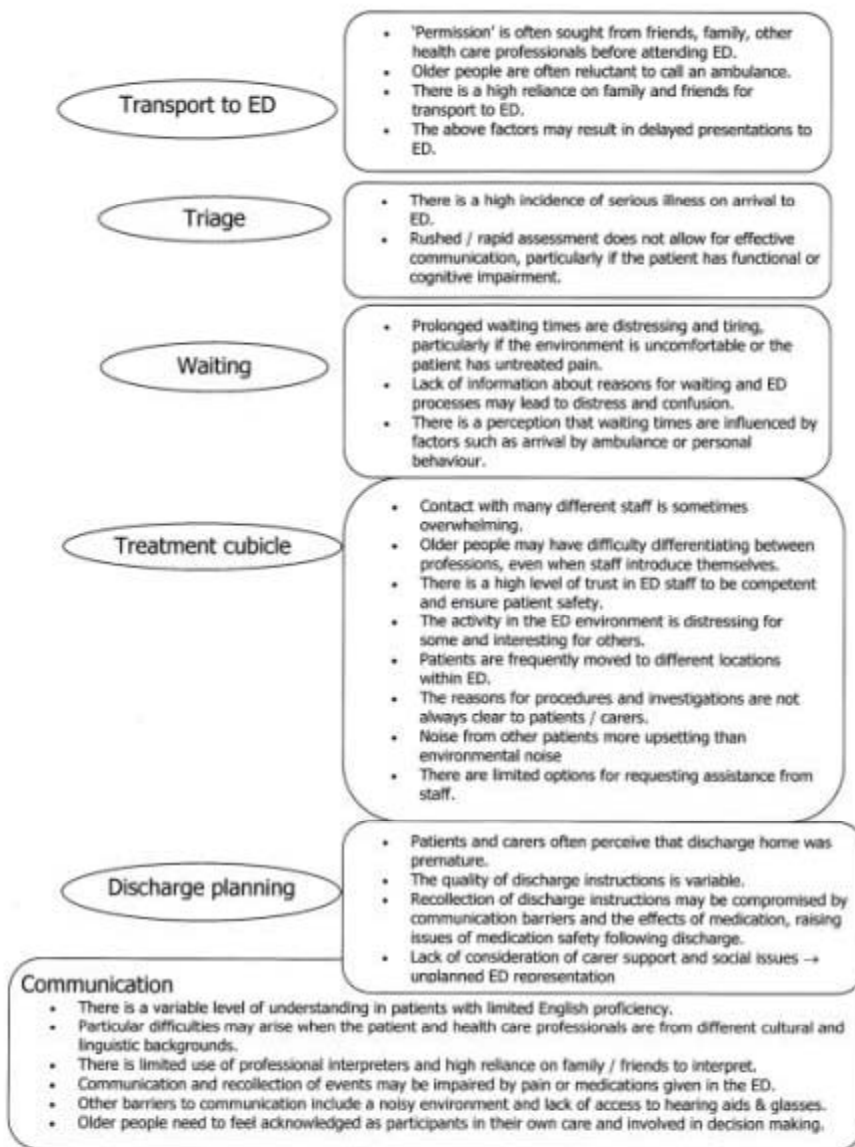


Image from “Enabling Independence: A guide for rehabilitation workers

Conclusion

Key issues

- reluctance to seek emergency care
- high incidence of delayed presentation
- mixed perspectives of waiting
 - factors that influence waiting times
- importance of interpersonal relationships with ED staff
 - absolute trust in skills and knowledge of ED staff
- challenges to effective communication
- limitations to current discharge planning strategies

Conclusions and implications

- Older people and their carers had both positive and negative experiences of ED care
- Case studies being produced
- Study findings will be used to influence reforms to improve emergency care for older people
- While most identified issues require review and modification of ***Emergency Department environment and staff practices***, some require ***information provision to older people likely to access Emergency Departments*** (eg avoiding excessive delays in presentation)