



Experiences of an emergency department visit among patients aged 75 and over

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Background

- Senior-friendly hospital services respond to needs of aging population
- ER is interface between hospital and community
- This work is part of larger project to develop tools to assess senior-friendly care in the ER
- Perspectives of older adults are important component.

Objectives

To describe experiences of an ER visit among adults aged 75 and over who were discharged home from a metropolitan, university-affiliated hospital serving a multi-ethnic population.

Methods

- Cohort of patients recruited at ER visit.
 - July 7, 2014 – January 26, 2015.
 - ER construction during most of recruitment
- Age 75+, English- or French-speaking, discharged home (retrospective determination)
- Proxy informant if patients cognitively impaired or medically unstable.
- Telephone follow-up mean 5 days after visit

Patient experience measures

- Adapted from literature (Sun et al 2000)
- Pretested
- 27 items on problems related to:
 - Personal quality of care (7 items)
 - Waiting times (3 items)
 - Discharge information (7 items)
 - Stretcher patient issues (10 items)
- Overall quality of care
 - Likert scale, poor to excellent

Analyses

- Problem scales constructed based on multiple correspondence analysis (MCA) and content validity
- Associations of scales/items with patient characteristics
- Associations of scales/items with overall quality of care: partial least squares (PLS) regression.

Items

Personal quality of care (7 items)

- Pain control
- Explanation of problem
- Explanation of tests
- Conflicting information
- Respect
- Privacy
- Family access to doctor

Waiting times (3 items)

- Information on expected wait times
- Waiting time to see doctor
- Overall waiting times

Items (cont)

Discharge information (7 items)

- Information for recovery
- Signs to watch for
- Daily activities
- Information on return to ER
- Explanation of new medication(s)
- Written information
- Information for family doctor

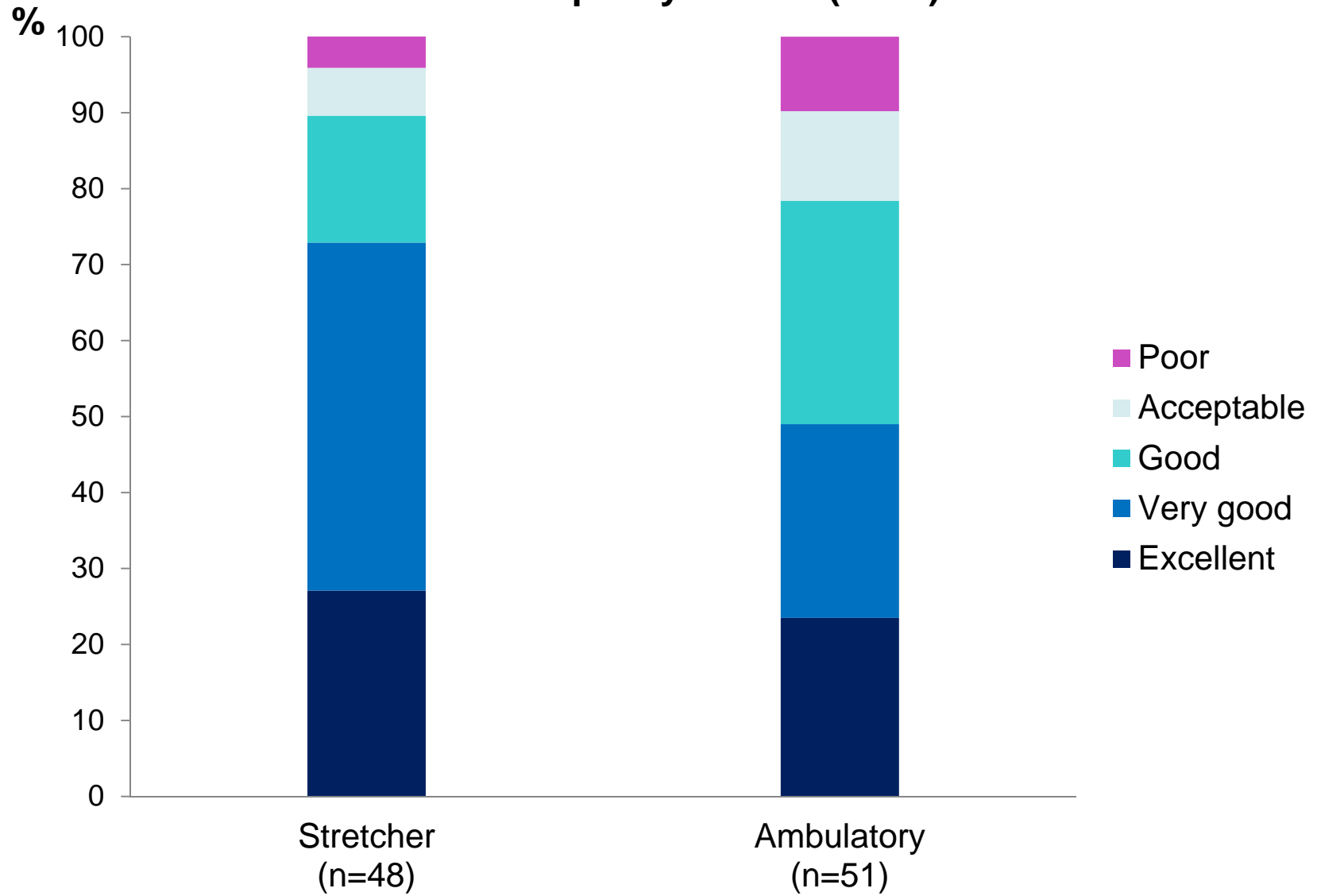
Stretcher patients only (10 items)

- Something to drink
- Help for washroom
- Orientation
- Trouble sleeping
- Call button
- Access to chair (2 items)
- Ambulation (2 items)
- Space for family

Study sample (n=101)

- Consent rate among eligible = 117/164 (71%)
- Follow-up rate = 101/117 = 86%
- 57% ambulatory
- 74% female
- Mean age 83
- Proxy informant 23%
- Born in Canada 50%
- Home care services 23%

Perceived quality of care (n=99)



Most frequent problems

General quality of care

Explanation of tests



Waiting times

Information on expected wait times



Waiting time to see doctor



Overall waiting times



Discharge information

Daily activities



Signs to watch for



Information on return to ER



Written information



Information for family doctor



Stretcher patient

Access to chair



Orientation



Ambulation



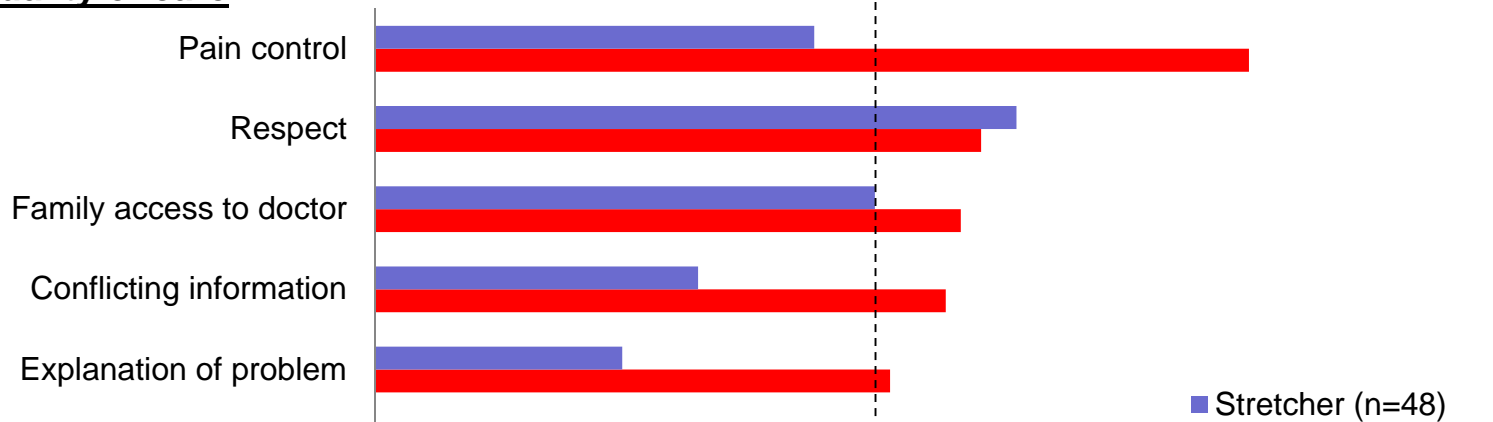
Call button



0 20 40 60 80 100 %

Most important problems associated with quality of care

General quality of care



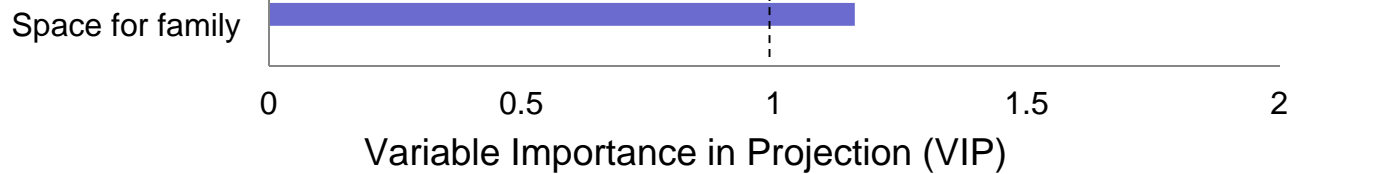
Waiting times



Discharge information



Stretcher patient



Limitations

- Single ER
- Limited sample size

Conclusions

- Ambulatory vs stretcher patients:
 - lower perceived quality of care
 - more problems related to waiting times
- In both groups:
 - Most frequent problems reflect several domains
 - Some of these problems are targets for quality improvement (e.g., information on waiting times, discharge information)