Hôpitaux Universitaires Genève

UNIVERSITÉ DE GENÈVE
FACULTÉ DE MÉDECINE

Improving emergency health care in an ageing population

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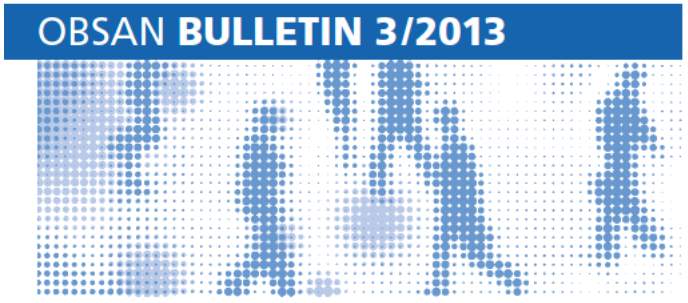
Wennberg International Collaborative Spring Policy Meeting 2018
Zurich, Switzerland
April 12-13, 2018

Data on emergency care in CH

Schweizerisches Gesundheitsobservatorium
Observatoire suisse de la santé
Osservatorio svizzero della salute
Swiss Health Observatory



Consultations dans un service d'urgence en Suisse

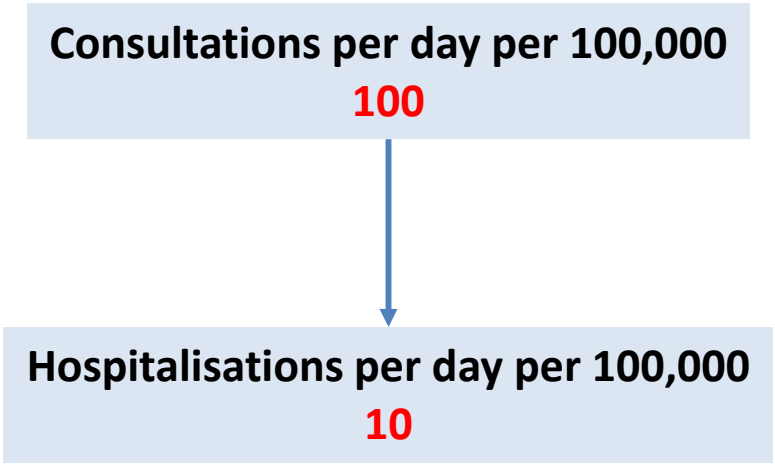
Introduction

www.obsan.admin.ch/sites/default/files/publications/2015/obsan_bulletin_2013-03_f.pdf

Importance of emergency care in Switzerland

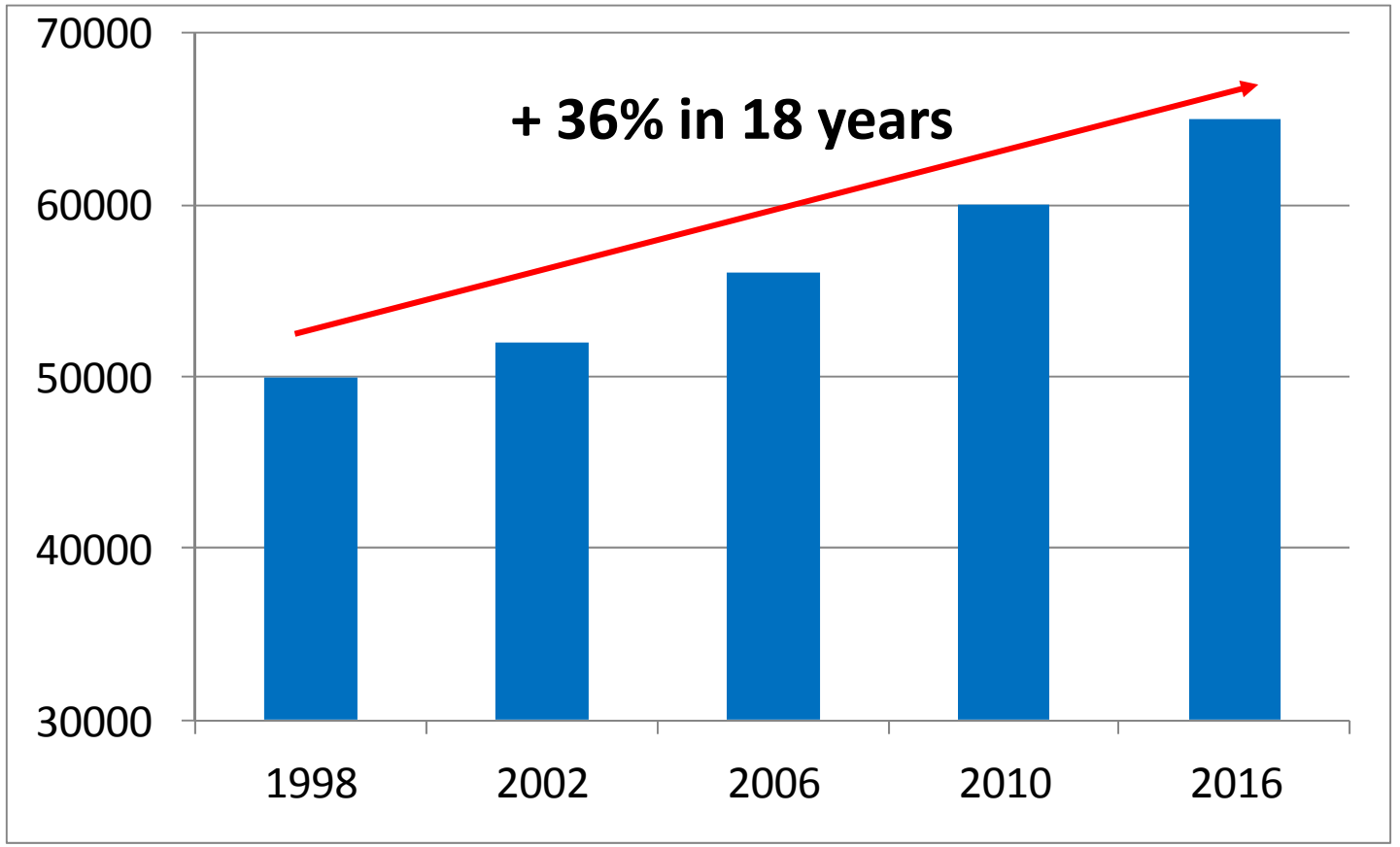
- All emergency patient contacts of GPs in an area of 27 088 inhabitants (Bülach, CH) during 3 months in 2006 assessed by questionnaire
- All patients seen by the emergency ward at the local hospital assessed.
- Contact rates and hospitalisation rates per 100 000 inhabitants determined.

Table 1	
Total consultations	1001
Catchment area	27088
Consultations per day per 100 000 inhabitants	94.8
Total consultations by GP's	683
Total hospital consultations	318
Emergencies seen by GP's per 100 000 inhabitants per day	64.7
Hospital emergencies per 100 000 inhabitants per day	30.1
Total hospitalisations	96
Hospitalisations, requested by GP's	32
Hospitalisations per 100 000 inhabitants per day	9.1



Swiss Med Wkly. 2010;140:w13111

Emergency departement, HUG



68'000 pts

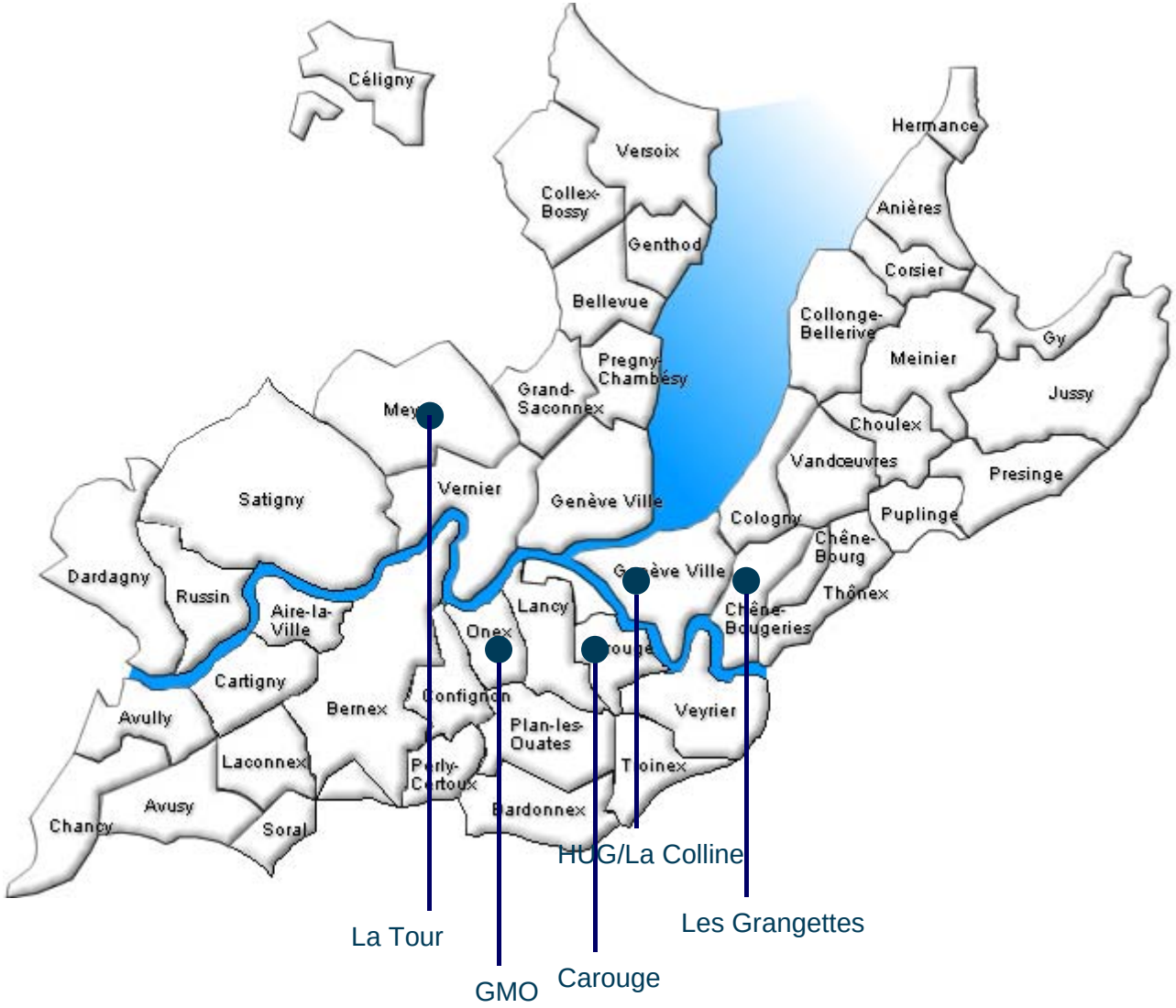
160-220/day
8-12/hour

Challenges in emergency care

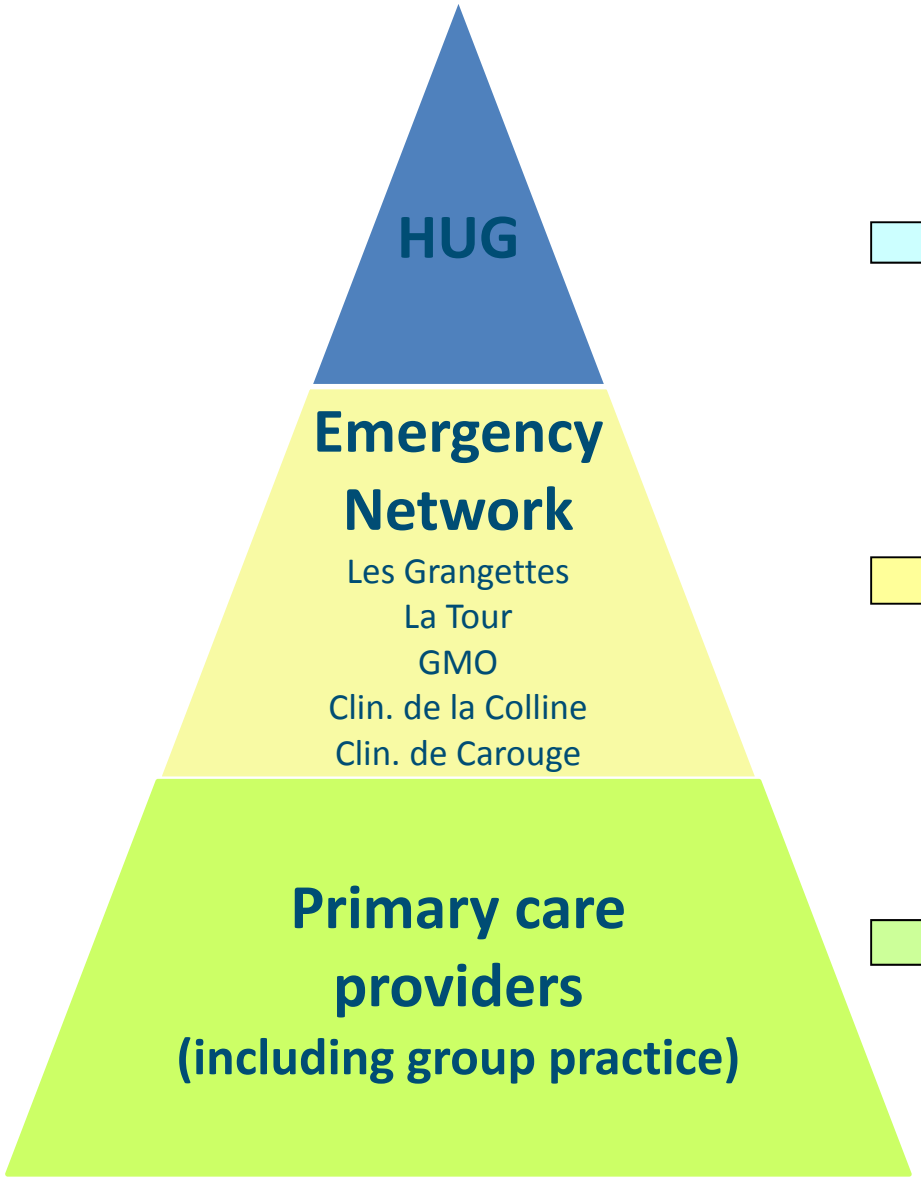
- Garanteeing appropriate care and acceptable waiting times despite increasing numbers
- Coexistence of minority of vital emergencies with non vital including non urgent care → triage
- Increasing age of patients → comorbid conditions, decreased function

Geneva emergency network (RUG)

→ Walk-in emergencies,130,000 patients/year.



Geneva canton organization for emergency care



Reference center, hi-tech technical support and specialized consults 24/7

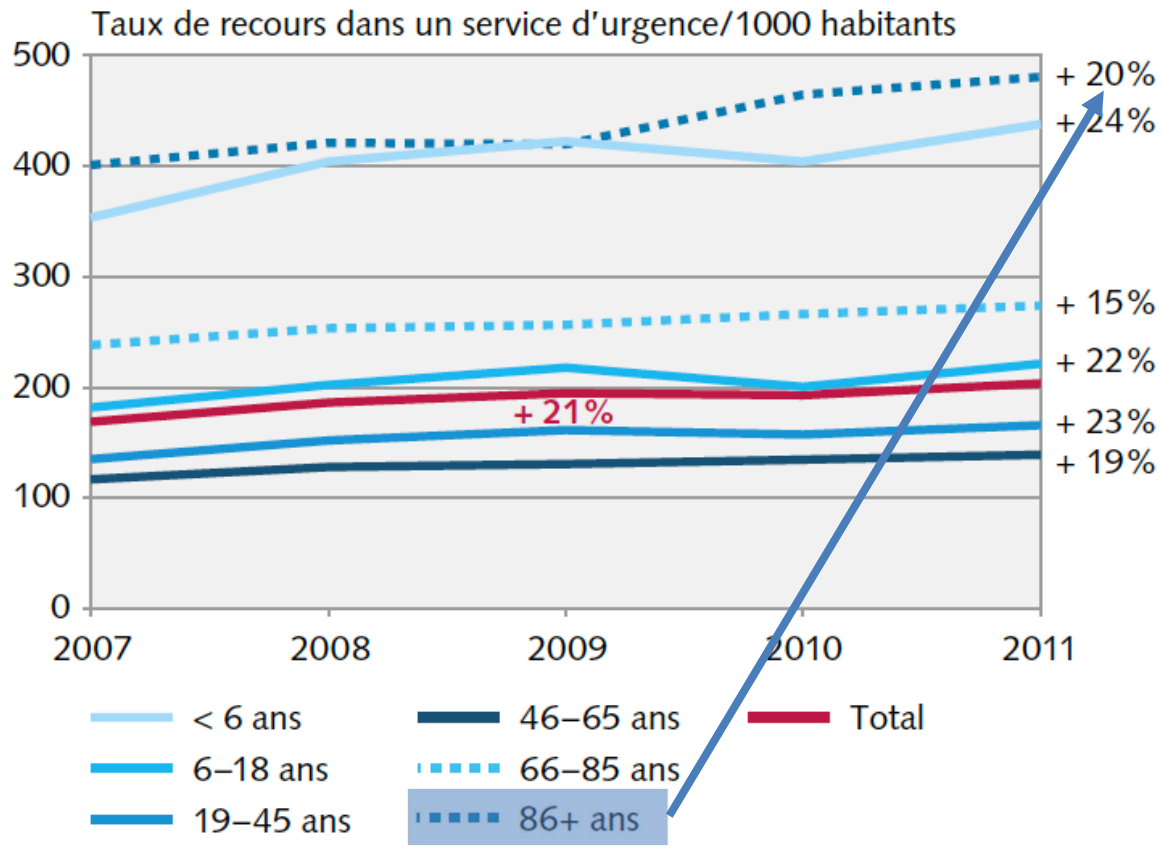
62’500 patients /an

Emergency care with technical support capacities (imaging, lab, specialized consults)

130’000 pts./year

Primary care handling of emergencies

Emergency center consult rate in Switzerland according to patient age: 2007-2011

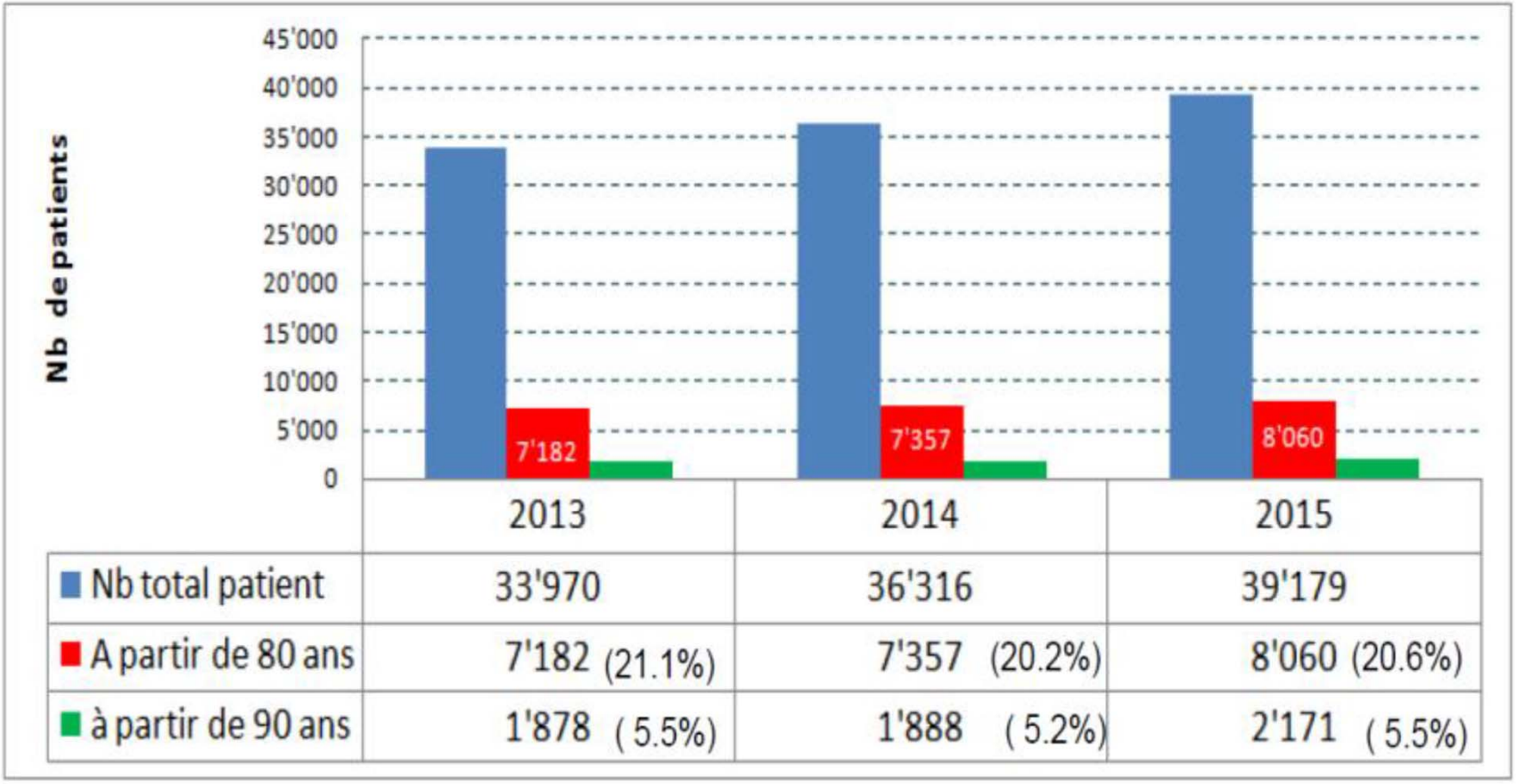


www.obsan.admin.ch/sites/default/files/publications/2015/obsan_bulletin_2013-03_f.pdf

Specificities of the elderly in emergency care

- Emergency service consultation in 2011 = 204/1’000 inhabitants
- 2 x higher in the very elderly (86+ years)
- **Elderly patients:**
  - Higher risk of hospital admittance
  - Longer hospital stay
  - Higher need for rehabilitation
  - Higher risk of transfer to nursing home

HUG emergency center: non walk-in zone activity



	2013	2014	2015
Nb total patient	33'970	36'316	39'179
A partir de 80 ans	7'182 (21.1%)	7'357 (20.2%)	8'060 (20.6%)
à partir de 90 ans	1'878 (5.5%)	1'888 (5.2%)	2'171 (5.5%)

1 of 5 patients is over 80, and 1 of 20 is over 90

Emergency centers: not designed for the elderly?

- Limited space and privacy
- Absence of appropriate equipment (handrails)
- Loss of landmarks (no windows, artificial lighting, no night/day alternance)
- Limited staff availability

- Limited mobility and increased risk of falls
- Increased risk for delirium
- Poor patient experience (helplessness)

Büla, Rev Med Suisse 2012 ; 8 : 1534-8

Emergency centers: not designed for the elderly?

What's a "Geriatric Friendly" Emergency Room?

www.trihealth.com/dailyhealthwire/senior-health/whats-a-geriatric-friendly-emergency-room/

Published online on 26 July 2010 J Health Serv Res Policy, doi: 10.1258/jhsrp.2010.009132

Original research

Senior-friendly Emergency Department care: an environmental assessment

Mary Lou Kelley, Belinda Parke[1], Nancy Jokinen, Michael Stones, Donna Renaud
Centre for Education and Research on Aging and Health, Lakehead University, Ontario, Canada; [1]Faculty of Nursing, University of Alberta, Alberta, Canada

Journal of Health Services Research & Policy 2010: 1–7

HUG senior emergency unit

HUG senior emergency unit

- Admissions 7/7 from 8AM to 7 PM
- CT and MRI on site

- <u>Indications</u>:
  - Patients > 75 years
  - Non vital emergency
  - Not requiring high-level care (surgery, intensive care…)

URGENCES TROIS-CHÊNE

OUVERT 7 JOURS SUR 7 DE 8H À 19H

Information aux médecins

Où diriger mon patient âgé de **75 ans et plus** qui présente ?

Une urgence : ▸ **vitale** ▸ **qui nécessite un spécialiste en urgence** ▸ **qui nécessite une chirurgie**	**HUG Urgences adultes**
Une autre urgence non vitale et non chirurgicale	**HUG Urgences Trois-Chêne**

En cas de transport en ambulance, l'ambulancier applique l'échelle suisse de tri et choisit alors la structure d'urgence la plus appropriée.

Les avantages des urgences Trois-Chêne pour les patients seniors :

- une prise en charge **rapide**
- des aménagements conçus pour assurer le **meilleur confort**
- un **plateau de radiologie** complet : radiographie, scanner, IRM, échographie
- une équipe médicale et soignante **spécialement formée** pour prendre soin des personnes âgées

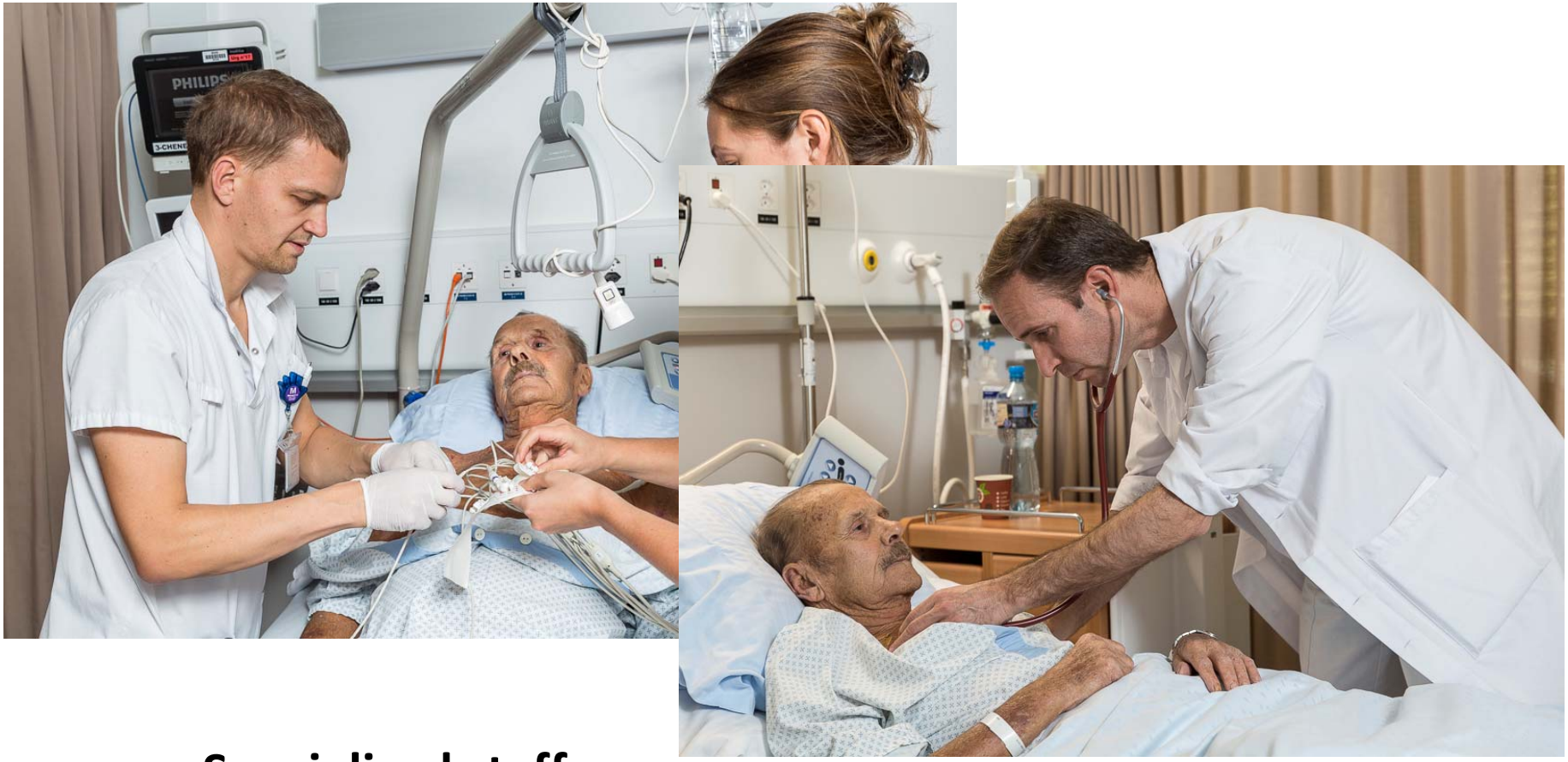
Hôpital Trois-Chêne, Ch. du Pont-Bochet 3 / Rte de Mon-Idée, 1226 Thônex

HUG Hôpitaux Universitaires Genève

Opened in November 2016

HUG senior emergency unit: infrastructure

HUG senior emergency unit: staff



Specialized staff

- nursing staff and internists trained for geriatric care
- geriatricians available

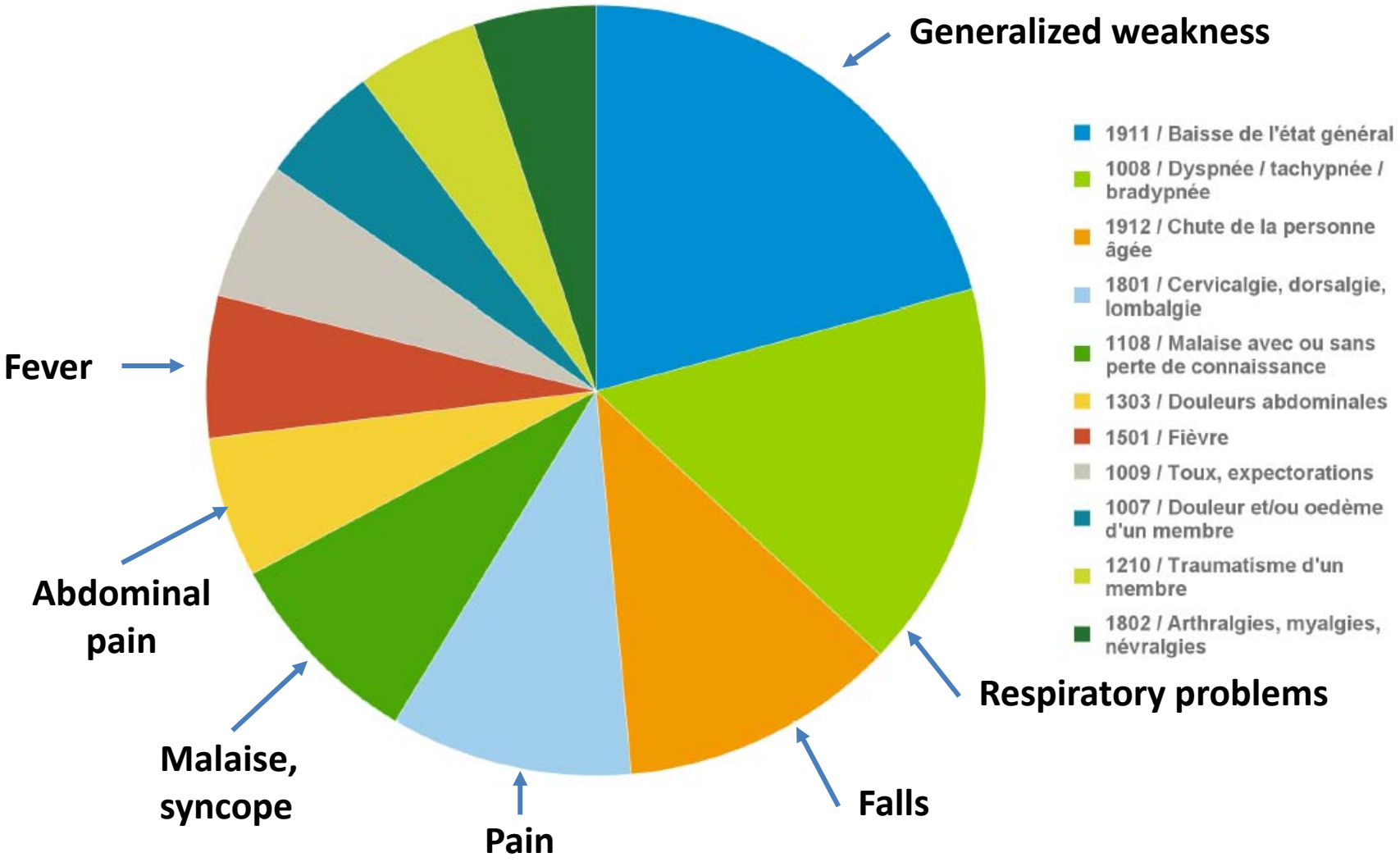
HUG senior emergency unit: first evaluation

- Around 3,000 patients over one year 1 an (65% ♀ , 35% ♂)
- Median age 85 years (91% >75 years)
- 70% patients with emergency levels 3* and 4** (Swiss emergency triage scale)
- No waiting time
- Mean time in assessment zone: 4.7 hours

- 66% of patients admitted on site
- **20% of patients return home without hospital admission**

*Patient should be managed inside 2 hours
**Non emergent care

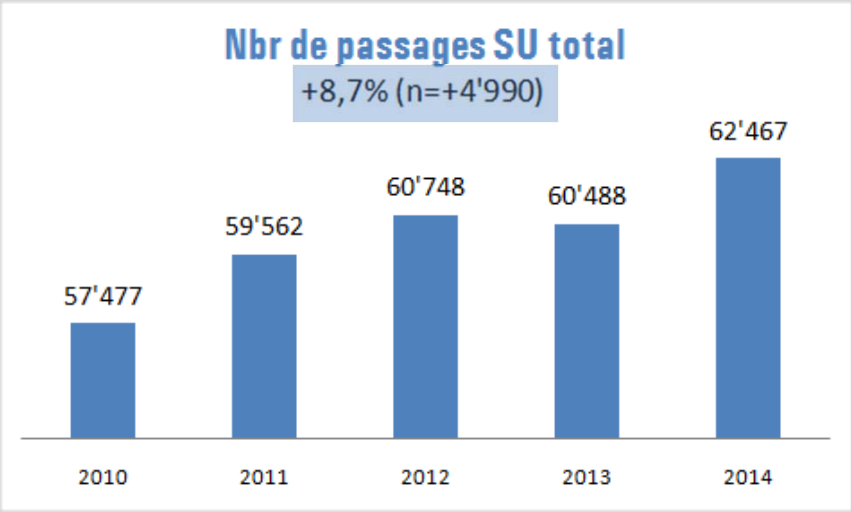
HUG senior emergency unit: 10 most frequent consultation motives



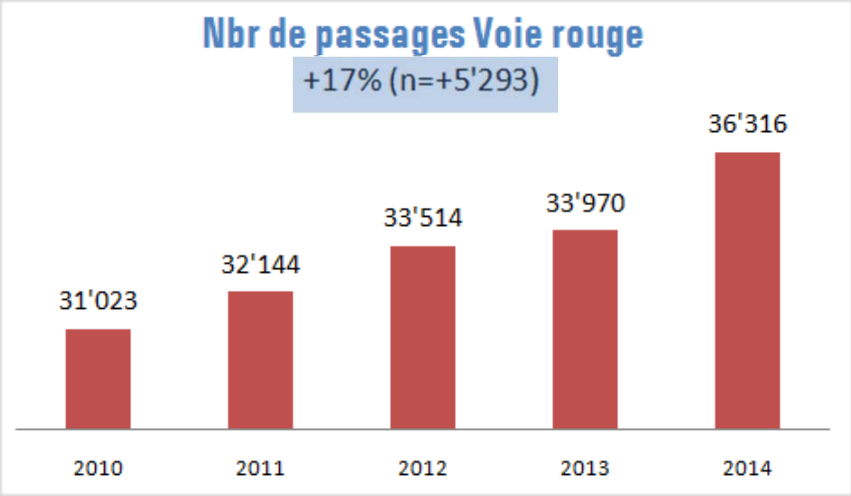
Improving emergency care

- Networking various levels of emergency care (from GPs to medical homes/walk-in clinics to hospital)
- Efficient triage systems
- Change in the organization of care (immediate patient installation and evaluation)
- Specific organization to meet the needs of elderly patients

Portion of walk-in versus non walk-in emergencies



Total number of patients



Non walk-in patients

Data source HUG IT system