

Older age is associated with higher percentage of breaches for 4 hour Emergency Department waiting time: Scottish Experience

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Background

Prolonged waits in the emergency department (ED) may represent delays to assessment or delays to finding a bed. From a patient perspective prolonged delays represent increased risk of an adverse outcome and a poorer experience.

In the UK the four-hour standard in the ED is accepted as the acute standard of hospital care and breaches of the four-hour targets are associated with poorer clinical outcomes and higher mortality. We aimed to compare the most recent data on breaches for this standard for older people attending to EDs across Scotland compared to their younger counterparts.

Methods

In Scotland, data on all ED attendances and admissions are collected centrally through the Information and Statistics Division and accessible for benchmarking through the Discovery data visualisation platform. We accessed this data to look at ED attendance for Scotland by age bracket and four, eight and twelve-hour targets from 1st January 2017 to 31st January 2017.

Results

1,500,800 people attended an ED in Scotland between 1/1/17 and 31/12/17. Only 22% of these attenders were over the age of 65. Despite representing only a minority of attendances, the same group accounted for 30.5% of breaches.

Analysis by five-year age bracket showed that the lowest breaches were in the 5-9-year age group at (1.4%) and the highest were in the over 85 age group (16.5%).

Data for 8 hour breaches show a similar pattern, with the lowest being the 5-9 year age group with just 0.03% breaching the 8 hour waiting period. By contrast 2.2% of the over 85 years olds waited 8 hours or more in the emergency department.

Looking at the 12-hour target, 0.001% of 5-9-year olds breached compared to 0.1% of 20-24-year olds and 0.5% of over 85s.

This means that 1/6 over 85-year olds in Scotland waited more than 4 hours in the ED in 2017 compared to just 1/60 5-9 year olds. These differences become more extreme at longer lengths of stay. For instance 1/45 adults waits over 8 hours in the ED compared to 1/3,125 5-9 year olds. Most striking however is the longest of delays where patients may wait more than 12 hours. In this situation, 1/200 adults 85 or older waited more than 12 hours in the ED, compared to 1/1000 20-24-year olds and 1/100,000 5-9-year olds.

Discussion

It is widely known that older adults and especially those with frailty are at the highest risk of adverse health outcomes, including those caused by healthcare. The outcomes of these patient's experience is therefore of highest importance.

Emergency Department statistics on breach are intended to be a barometer for the system and a proxy measure of care.

Exploring these outcomes for different age brackets is a way to explore how well our acute services are configured for different patient groups.

Older people whilst representing a minority of A&E attenders are said to account for nearly two thirds of acute hospital beds. They, therefore, are arguably the most significant stakeholder population for acute care. For this reason delays to treatment and delays to transfer to an acute bed as suggested by the ED targets suggest that our systems are not well configured for one of our core service users.

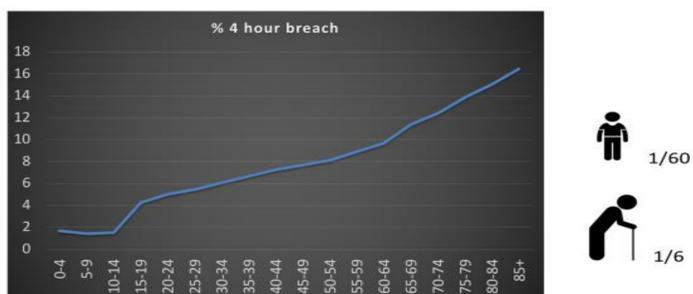
Conclusion

While multiple factors may explain reasons for a delay in the over 85s group, disproportionate waits for vulnerable older adults raise difficult questions about the configuration of acute services.

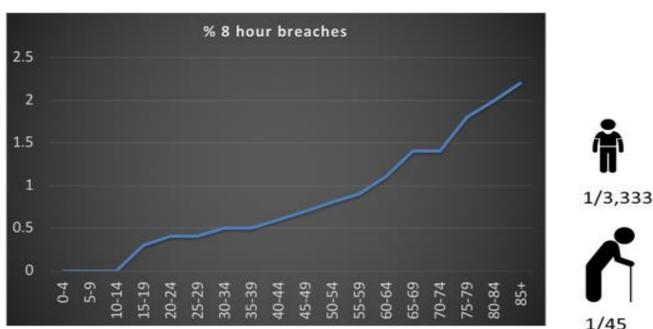
Scotland is launching the Scottish Care of Older People (SCoOP) benchmarking network to identify national variations in acute care for older people.

<https://www.abdn.ac.uk/iahs/research/acer/scoop.php>
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Odds of 4 hour breach



Odds of 8 hour breach



Odds of 12 hour breach



Scottish Care of Older People National Audit Project

SCoOP