

## Oral Presentations

## 1 A DESCRIPTIVE CROSS-SECTIONAL STUDY OF 'ALTERNATIVE PRE-HOSPITAL PATHWAY TEAM' ACTIVITY ON PATIENTS AGED 75 AND OVER

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**Introduction** Alternative pre-hospital pathways (APPs) are a relatively new model of healthcare delivery. The Cork APP Team was founded in November 2019 and consists of a Registrar and Emergency Medical Technician. The Team responds to low acuity 999/112 calls or Paramedic referrals, responding to life-threatening calls only when absolutely necessary. There is a lack of research on the service's impact on patients aged over 75 and interventions delivered. This strengthens understanding of service delivery and allows us to identify areas for upskilling of paramedics.

**Methods** A retrospective analysis of 197 charts, consisting of all patients aged 75 and above (n=123) during a 12 week period (4th July 2022 – 28th September 2022) and all patients during the first 5 weeks of this same period. For patient records that matched the inclusion criteria, data was manually added to a spreadsheet and analysed in SPSS 28.0 and Stata 17.0. Statistical analysis included descriptive analysis and evaluation of associations between variables.

**Results** For patients aged 75 and above, 20.4% of callouts were for 'elderly fall', most calls (74.7%) were classified as non-life threatening, most callouts (58%) were requested by Ambulance Control, and nursing homes represented 6.5% of callouts. The only intervention delivered to 50.5% of patients in this cohort was a history and clinical examination by the Doctor, followed by the prescription of analgesia (22.8%). The majority (69.1%) were diverted away from immediate transfer to the emergency department.

**Conclusion** The APP Team provides a valuable service by diverting elderly adults away from busy Emergency Departments. The main skills provided by the service depend on having a Doctor on board, however this study highlights some areas for Paramedic upskilling including providing them with more options for analgesia.

## 84 IMPLEMENTATION OF EMERGENCY DEPARTMENT DISCHARGE DIAGNOSIS CODING – A NATIONAL PILOT

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**Introduction** Most Irish emergency departments (EDs) do not record diagnosis in a standardised way at the conclusion of each patient care episode. This lack of data hampers service planning and the transformation of ED funding from a block grant system to one based on activity.

Accordingly, this pilot study aimed to test whether clinician-assigned ED discharge diagnosis coding could be implemented in an Irish ED, and whether coded data would be of

sufficient quality to support operational needs and the proposed model of activity-based funding (ABF).

**Methods** Following a training programme, discharge diagnosis coding of all ED attendances at the Midland Regional Hospital Tullamore was monitored over thirty-one weeks, using the ICD-10-AM ED short list as a data dictionary and the Integrated Patient Management System (iPMS) ED coding module as the data recording system. The number, spread and accuracy of coded patient care episodes and opinions of clinicians involved regarding system usability were evaluated.

**Results** 12,479 patient care episodes (61% of total ED visits) were assigned a discharge diagnosis. 67% of available codes were used. Use of less specific symptom codes, at 13.3%, was within international norms. An audit of coding accuracy found 97.1% accuracy of clinician-assigned codes.

Clinicians rated the usability of iPMS at 63.9 on the System Usability Scale (low-marginal acceptability). They reported insufficient codes in the data dictionary to fully capture clinical activity, but that the process was not too time consuming for daily use, nor one more appropriately performed by administrative staff.

**Conclusion** Discharge diagnoses can be assigned by emergency medicine clinicians at the point of patient discharge or referral using a standardised list of diagnoses and current information technology infrastructure. The results of the study support the proposed model of ABF for EDs, and will be used to inform further roll-out of discharge diagnosis coding.

## 114 COMPREHENSIVE GERIATRIC ASSESSMENT IN THE EMERGENCY DEPARTMENT: A PROSPECTIVE COHORT STUDY OF PROCESS, CLINICAL AND PATIENT-REPORTED OUTCOMES

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**Background** Comprehensive geriatric assessment (CGA) has been shown to improve outcomes in hospitalised older adults; however, there is currently no compelling evidence to support CGA interventions within the emergency department (ED). This study aimed to explore the process, clinical and patient-reported outcomes of older adults who received an interdisciplinary CGA in the ED over a six-month period after their initial ED attendance.

**Methods** A prospective cohort study recruiting older adults aged  $\geq 65$  years who presented to the ED of a university teaching hospital in the mid-west of Ireland. Baseline assessment data comprising of a battery of demographic variables and validated indices were obtained at the index ED attendance. Telephone interviews were completed with participants at 30- and 180-day follow-up. The primary outcome was incidence of hospital admission following the index ED