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### A THEMATIC ANALYSIS OF 'WHAT MATTERS MOST' TO PATIENTS ASSESSED BY A FRAILTY INTERVENTION TEAM IN AN URBAN EMERGENCY DEPARTMENT

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**Introduction** Directing care goals according to the individual values of our patients is a key element of Institute for Health Improvement Age-Friendly hospital systems. The intention is to shift our focus to addressing issues that matter most to each individual. Patients assessed by an Emergency Department (ED) based Frailty Intervention Team (FIT) are routinely asked 'What Matters To You' (WMTY).

**Methods** A thematic analysis of WMTY over a 12 month period from 1st January to 31st December 2022 was performed.

Data was routinely collected from Comprehensive Geriatric Assessments, and entered prospectively onto Excel by a trained administrator. Age, Gender, Clinical Frailty Score (CFS) and documentation of 'WMTY' was analysed. Patient responses for WMTY was separated into themes by a Clinical Nurse Manager for the Older Person, and validated by a Consultant Geriatrician.

**Results** 592 patient responses were analysed. Mean (SD) age was 83 (6.9) years. Female:male ratio was 1.5:1. Mean (SD) CFS was 5 (1.2).

468 (79%) patients had documentation of WMTY. Ninety patients expressed 2 different WMTY. Five themes emerged – 1. Home (n=191; 41%), 2. Health and independence (n=173; 37%), 3. Family and pets (n=133; 28%), 4. Personal concerns i.e. religion, company, personal safety, career, death, finances (n=28; 6%), and 5. Hobbies (n=21; 4.5%).

**Conclusion** Recorded WMTY in this frail older population centred around home, family, health and independence. The question was either not asked or answered in a significant minority. Personal concerns revealed important individual concerns that occasionally merited specific attention.

As familiarity grows with WMTY within patient populations, and within teams who ask that question, more meaningful answers should emerge. This should help direct compassionate care for this group of patients. Next steps are

to support the team in further teasing out WMTY, and incorporating into patient care in the wider ED.

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### CAN THE QSOFA SCORE PREDICT MORTALITY IN MAJOR TRAUMA?

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**Background** Major Trauma is the leading cause of death in patients aged between 1 and 39 years and accounts for 8% of deaths worldwide. Several prognostic tools have been developed to predict the outcome of Major Trauma patients that present acutely to hospital.

**Aims** The aim is to assess the prognostic accuracy of the qSOFA score in both the Pre-Hospital and Emergency Department (ED) setting in predicting mortality in Major Trauma patients.

**Methods** This is a retrospective single-centre study of consecutive Major Trauma patients presenting to a tertiary university hospital. Patients were identified using the Trauma Audit and Research Network (TARN) database. TARN collects data on Major Trauma patients that are admitted to hospital. Patients that were discharged between September 1st 2013 and December 31st 2021 were eligible for inclusion. The database was interrogated for relevant data points including Prehospital and ED qSOFA, Injury Severity Score (ISS), Probability of Survival (PS) and outcome (eg death or discharge location).

**Results** 3069 patients were included in the study. There was a higher mortality rate for patients with a qSOFA of  $\geq 2$  (13.8% for Pre-Hospital, 15.7% for ED qSOFAs) compared to those with a qSOFA score of  $< 2$  (3.7% for Pre-Hospital, 3.6% for ED qSOFAs) [ $p < 0.001$ ]. The sensitivity for the ED qSOFA score (AUC of 0.70) was higher than the Pre-Hospital qSOFA score, ISS and PS. There was a lower PS in those with a qSOFA  $\geq 2$ . This also correlates with a higher median ISS of 10 in those with ED qSOFA  $\geq 2$  compared to the other qSOFA scores. There was a higher rate of ICU admissions in those with ED qSOFA score  $\geq 2$  (12.4%) compared to those with ED qSOFA score  $< 2$  (8.0%).

**Conclusion** The qSOFA is potentially useful in predicting mortality of Major Trauma patients.