

# The ED2GP for women study

Understanding lower follow-up rates among older women

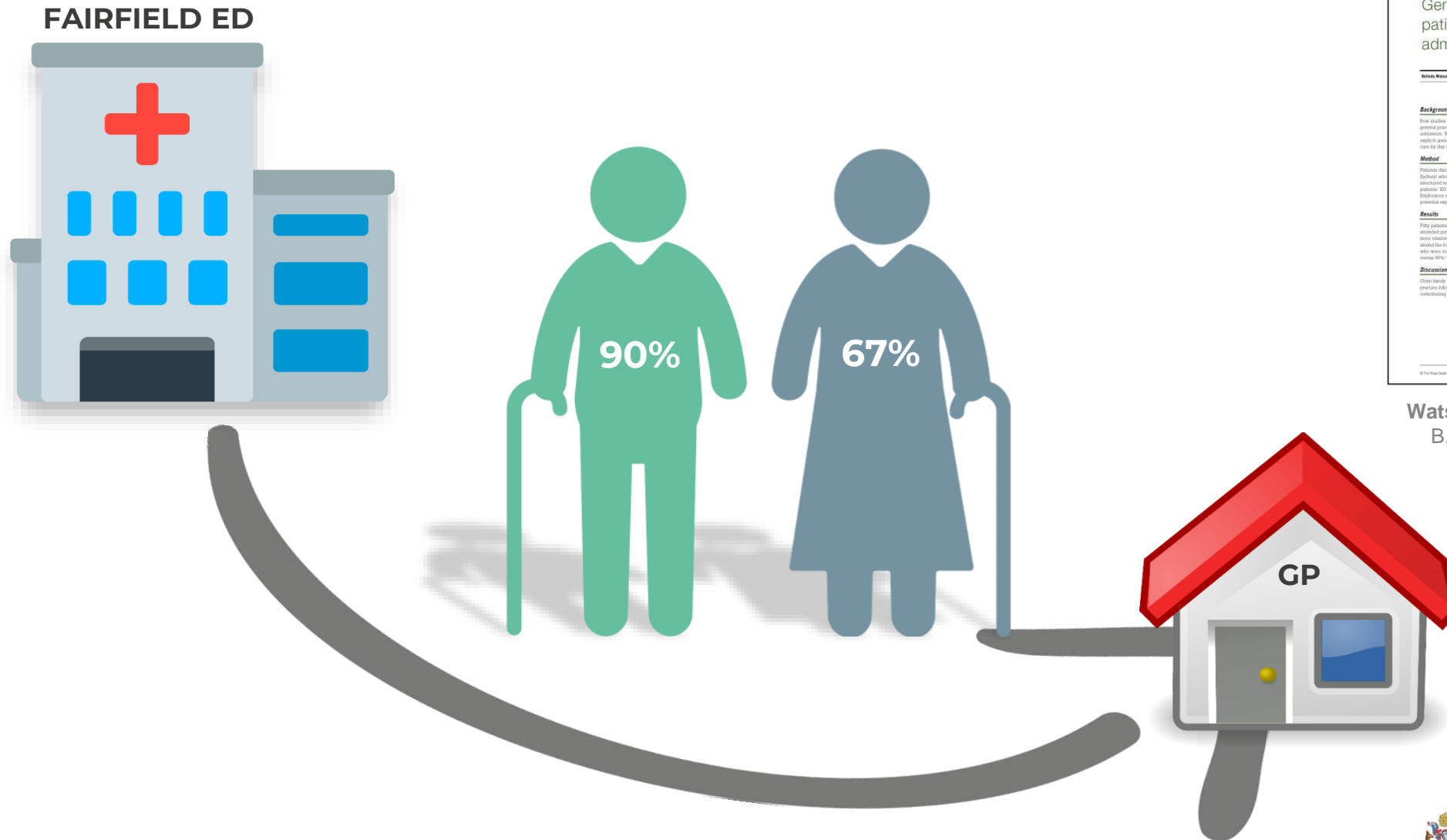
Hanna S, Tam CWM, Knight AK, Zhao L, Ban L, Pellizzon B, Parks J

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Adelaide Convention Centre 24–26 October 2019







**RESEARCH**

### General practitioner follow-up in older patients after an emergency department admission

**Isabeli Wason, Chen Wan, Michael Sym, Bernice Pellizzon, Lucille Bos, Harry Doan**

**Background and objective**  
 Few studies have investigated older patients with regards to general practitioner follow-up after an emergency department (ED) admission. We measured the proportion of older patients (over 65 years) who received general practitioner follow-up within 14 days of ED admission.

**Method**  
 Patients discharged from Fairfield Hospital ED (south-western Sydney) who were 65 years and older were approached for a structured telephone interview. Data from the interview and patient ED discharge information were analysed descriptively. Exploratory statistical analyses were conducted to identify potential explanatory factors.

**Results**  
 Fifty patients participated in the study. Most participants (76%) attended general practitioner follow-up by day seven. Those with more relatives who could be called on to help were more likely to attend the follow-up appointment (P = 0.02). Participants with who were not married (54% versus 84%) and non-smokers (50% versus 56%) were less likely to attend the follow-up.

**Discussion**  
 Older families reported and the transport might influence general practitioner follow-up in older people. Further exploration of contributing factors may be warranted.

**Conclusion**  
 It is well known that Australia has an ageing population. Morbidity and mortality rates increase with ageing and increase the burden on the healthcare system. In recent years, emergency department (ED) presentations have increased from 2.7 million in 2008-09 to 3.7 million in 2012-13, with older person presentations rising at a rate of 6% annually. Those aged 65 years or older are the fastest growing demographic, and those aged older than 80 years represent a disproportionately high presentation rate. After an ED presentation, many older people will be discharged home for follow-up care with their family doctor or general practice. Effective transition between the different modes of care is imperative, as problems with clinical handover can have a negative impact on patient safety and quality of care. This includes increased health risks and re-admission in an already at-risk group for ED presentation. Various factors promote the effective discharge planning of older people as they move from acute to community care, involvement and education of family members and carers, as well as effective inter-disciplinary communication between healthcare professionals, including those in general practice. Have been found to improve care? Discharge communication between ED and general practice has long been identified as problematic. Absent, delayed or inaccurate communication can affect continuity of care and contribute to adverse effects. In one survey, almost one-third of general practitioners (GPs) reported that discharge letters were not received, or that deficiencies in the discharge information was such that the transition process was hindered. There is scant literature available on the general practice follow-up behaviour of older people after an ED admission. We sought to investigate this phenomenon in a suburban hospital in south-western Sydney in New South Wales, Australia.

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Watson B, Tam CWM, Pellizzon B, Ban L, Doan H (AFP, 2017)

# WHY?

## PRIMARY AIM

**Describe** how older women sought GP follow-up after discharge from the ED

## SECONDARY AIMS

**Confirm** the low follow-up rates from previous study

**Compare** GP follow-up intentions in the ED, the discharge summary, and subsequent behaviour

## METHODS

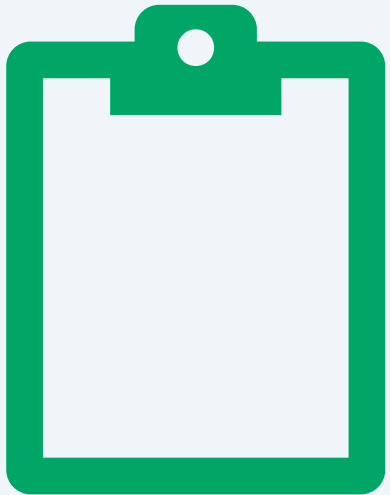
### Recruitment



- ✓ **Female aged 65 years or older**
- ✓ **Australian Triage Score (ATS) Score of 3, 4 or 5**
- ✓ **Discharged directly back into community**
- ✓ **Given an explicit GP follow-up instruction.**

## METHODS

### Data collection



**Day 0**

Questionnaire



**Day 0**

Electronic Medical Record



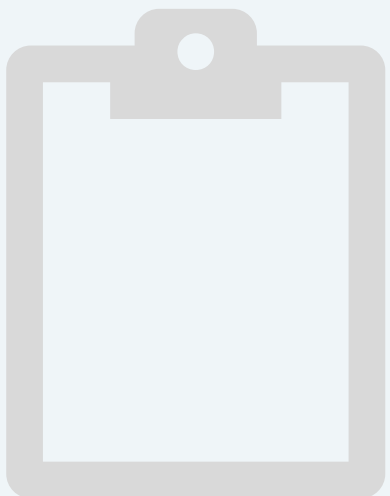
**Day 8-14**

Telephone interview



## METHODS

### Data collection



**Day 0**  
Questionnaire



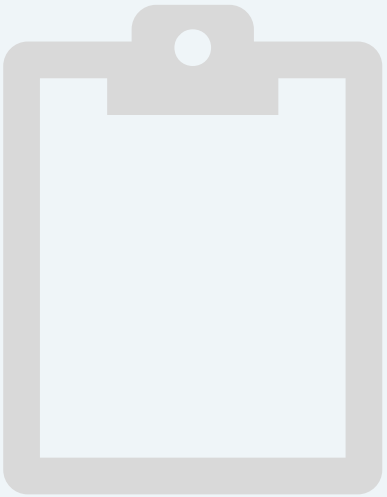
**Day 0**  
Electronic Medical Record



**Day 8-14**  
Telephone interview

## METHODS

### Data collection



**Day 0**  
Questionnaire



**Day 0**  
Electronic Medical Record



**Day 8-14**  
Telephone interview

# METHODS

## Data analysis





## METHODS

Context

**Fairfield** is  
an interesting  
part of Sydney!





## METHODS

### Context

#### District hospital

- **220** beds
- **35,000** patients present to ED every year



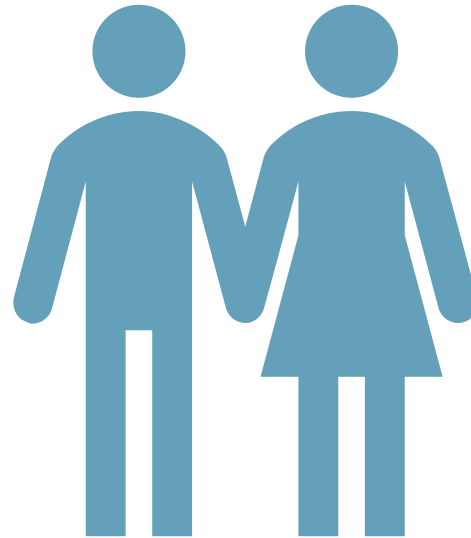
## RESULTS



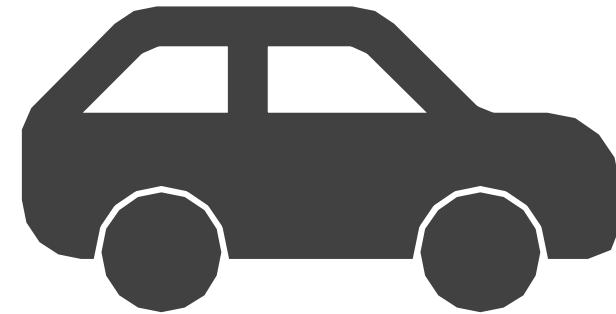
# RESULTS



**67% spoke** a language other than English at home



**Most women (53%)** were unmarried

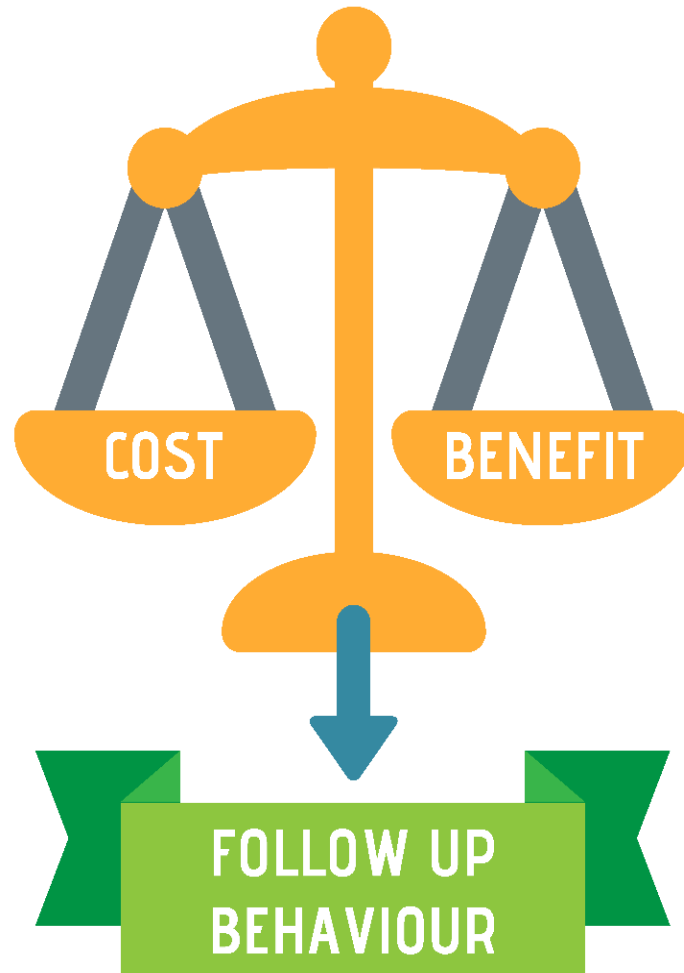


**More likely** to be driven by someone else

## RESULTS

### PERCEIVED **COSTS** OF FOLLOW-UP

Inconvenience to self  
Access to transport options  
Inconvenience to others  
Availability of GP



### PERCEIVED **BENEFITS** OF FOLLOW-UP

Previous experiences with  
healthcare system  
Health-seeking behaviours  
ED messaging

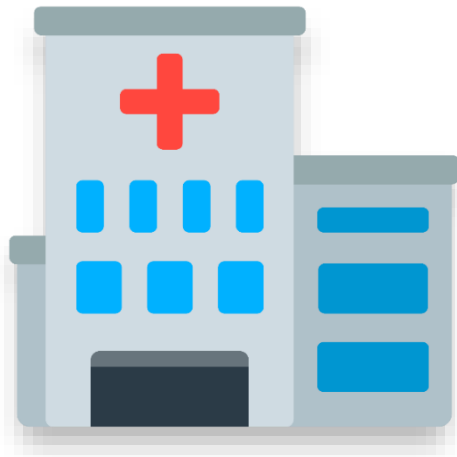


64%

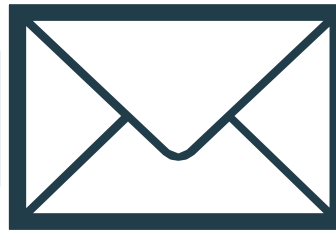
*followed up with a GP by day seven after discharge*

# RESULTS

FAIRFIELD ED



93% of participants reported receiving a discharge summary



97% of participants reported giving their GP the summary

## RESULTS

Who was the discharge summary addressed to?



80%

**Same GP or clinic**

as intended from pre-discharge questionnaire

5%

**Different GP**

15%

**GP not listed**

## RESULTS

Who do you intend on visiting for GP follow-up?



92%

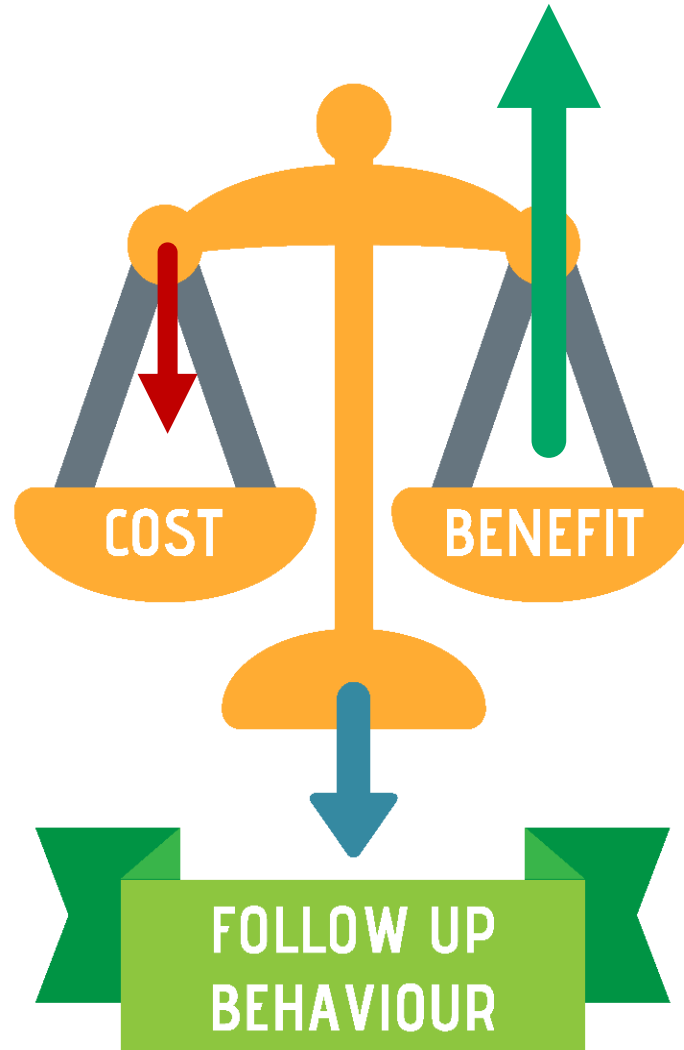
**Same GP or clinic**

as intended from pre-discharge questionnaire

8%

**Different GP**

# IMPLICATIONS



## IMPLICATIONS

Discharge instructions from the ED should be **meaningful**



## IMPLICATIONS

Follow up depends on  
**family and friends**



## IMPLICATIONS

Discharge communication  
depends on accurate  
**data entry**





Thank  
you!