

# Profiles of frequent geriatric users of emergency department with ambulatory care sensitive conditions: A research protocol

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## CONTEXT

A large proportion of older adults (65 years old or older) with **ambulatory care sensitive conditions** (ACSCs) are considered **frequent users** of emergency department<sup>1</sup>.

- **ACSCs:** Chronic conditions; Optimal care provided in primary care<sup>2</sup>.
- **Frequent users:** Small group of individuals; Disproportionate number of ED visits<sup>3</sup>; More than 4 visits/year<sup>4</sup>.

Frequent ED use for ACSCs implies a high risk of adverse effects;
 

- Health and quality of medical follow-up<sup>3</sup>.

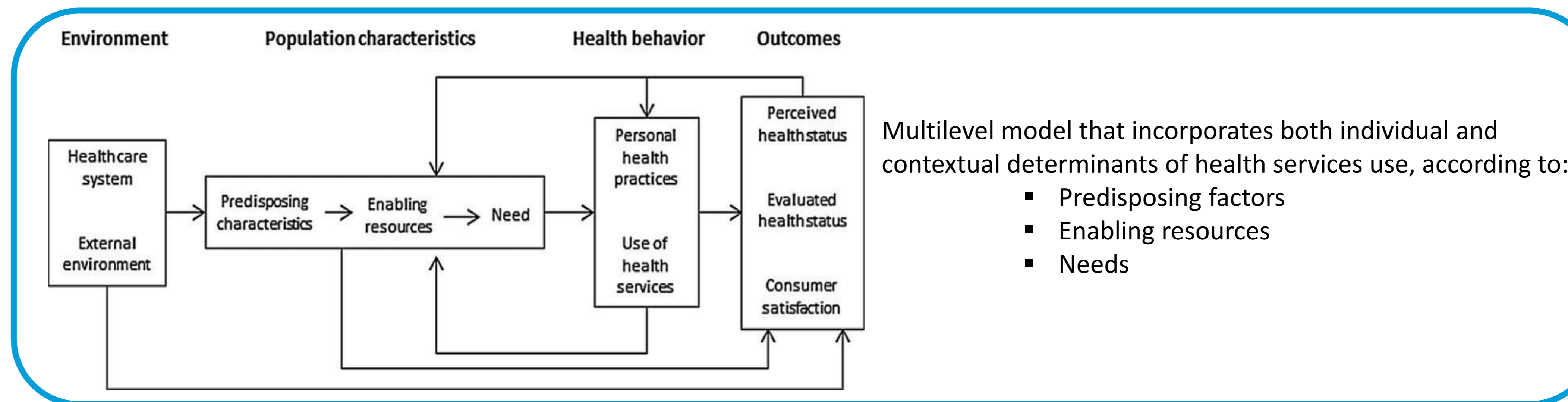
The adequate identification of this population would allow health professionals to refer them more efficiently to services where their needs can be best managed and assisted:

- Primary care and case management.

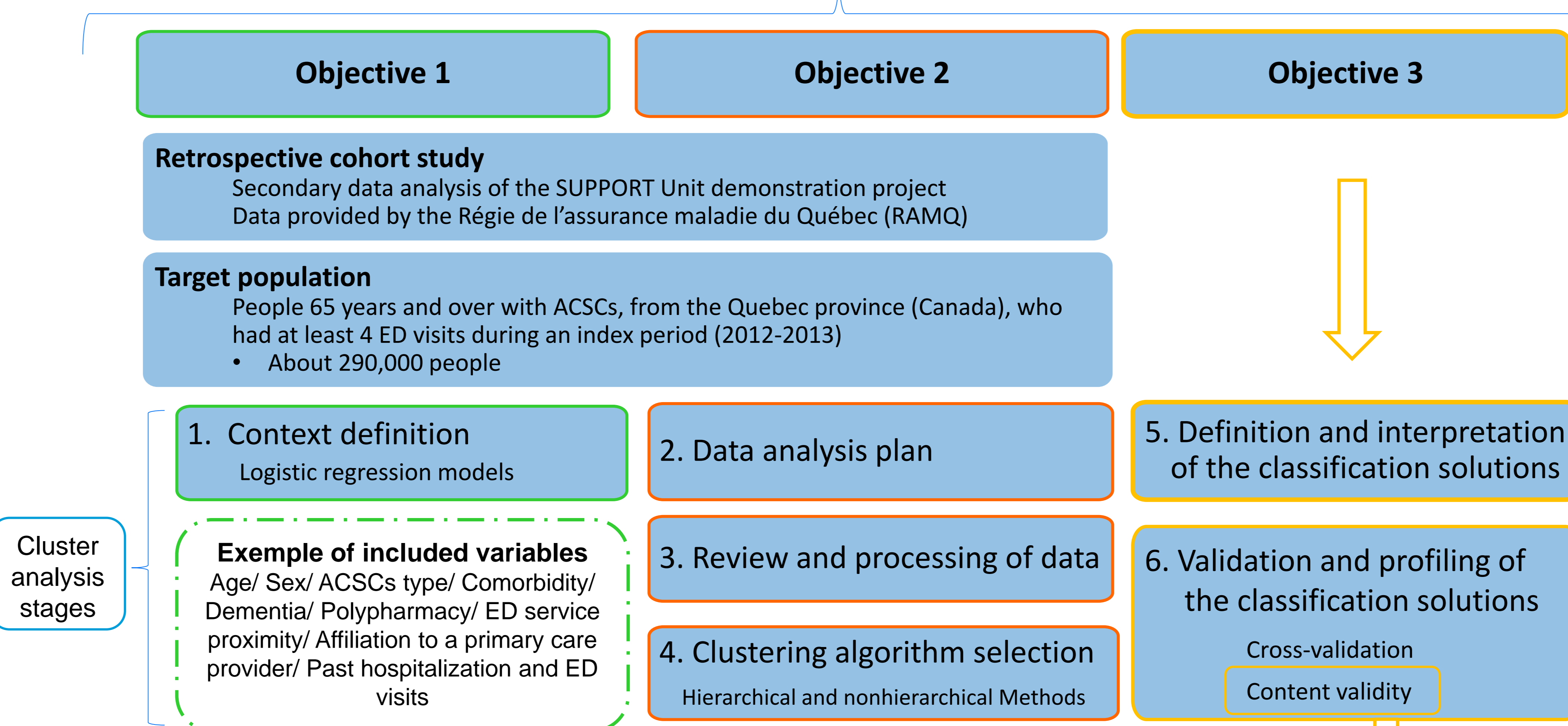
## METHODS

### Conceptual model

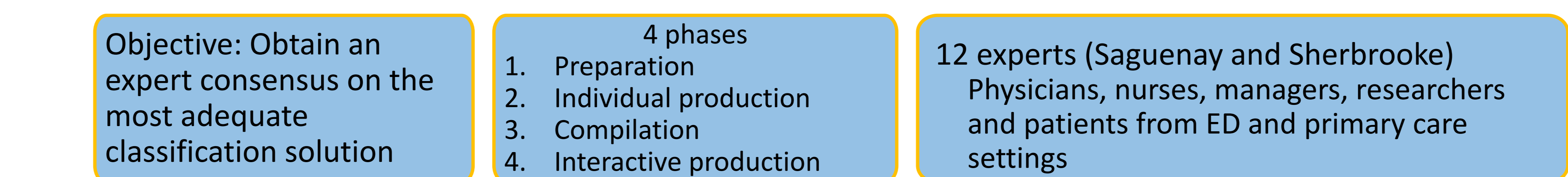
*The Andersen Model of Health Care Utilization (1995)*<sup>6</sup>



### Cluster Analysis Approach (Hair, 2010)<sup>7</sup>



### Technique for Research of Information by Animation of a Group of Experts (TRIAGE)<sup>8</sup>



## STRENGTHS AND LIMITATIONS

- Strengths:
  - First profiles of frequent geriatric users of ED with ACSCs, in Quebec;
  - Rigorous approach;
  - Representative sample;
  - Clinical validation.
- Limitations:
  - Index period (2012-2013);
  - Unavailability of certain variables (e.g. spoken language);
  - Cluster analysis always create clusters, regardless of the structure in the data.

## CONCLUSION

- Relevance of a cluster analysis approach:
  - Heterogenous population;
  - Multiple individuals characteristics;
  - Clarify the patterns underlying ED use.
- Profiles development is prior to:
  - Development of screening methods;
  - Implementation of appropriate interventions (e.g. case management).

## Acknowledgements



## References

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## LITERATURE REVIEW

Factors more often associated with ED frequent use among older adults<sup>5</sup>:

- Past hospitalization and ED visits;
- Location of residence;
- Low income;
- High number of prescribed drugs;
- History of heart disease.

Some variables are only little or not accounted for:

- Comorbidity;
- Dementia;
- Primary care related variables.

Literature shows:

- Heterogeneity of the population;
- No classification of frequent geriatric users of ED with ACSCs.

## OBJECTIVES

**General objective:** Develop a classification of frequent geriatric users of ED with ACSCs.

**Specific objectives:**

1. Identify the personal, organizational and contextual variables that predict frequent ED use among older adults with ACSCs.
2. Develop potential classification solutions of frequent geriatric users of ED with ACSCs.
3. Determine the optimal classification of frequent geriatric users of ED with ACSCs.