Identifying models of care to improve outcomes for older people with urgent care needs: a mixed methods approach to develop a system dynamics model

Simon Conroy,^{1,2*} Sally Brailsford,³ Christopher Burton,⁴ Tracey England,⁵ Jagruti Lalseta,⁶ Graham Martin,⁷ Suzanne Mason,⁸ Laia Maynou-Pujolras,⁹ Kay Phelps,¹⁰ Louise Preston,¹¹ Emma Regen,¹² Peter Riley,¹³ Andrew Street¹⁴ and James van Oppen¹⁵

¹Geriatrician, George Davies Centre, University of Leicester, Leichester, UK ²MRC Unit for Lifelong Health and Ageing, UCL, Leichester, UK ³Southampton Business School, University of Southampton, Southampton, UK ⁴Academic Unit of Medical Education, University of Sheffield, Sheffield, UK ⁵Health Sciences, University of Southampton, Southampton, UK ⁶Leicester Older Peoples' Research Forum, University of Leicester, Leicester, UK ⁷Healthcare Improvement Studies Institute, University of Cambridge, Cambridge, UK ⁸School of Health and Related Research, University of Sheffield, Sheffield, UK ⁹Department of Health Policy, London School of Economics, London, UK ¹⁰Department of Health Sciences, University of Leicester, Leicester, UK ¹¹School of Health and Related Research, University of Sheffield, Sheffield, UK ¹²Department of Health Sciences, University of Leicester, Leicester, UK ¹³Leicester older peoples' research forum, University of Leicester, Leicester, UK ¹⁴Department of Health Policy, London School of Economics, London, UK ¹⁵Department of Health Policy, London School of Economics, London, UK ¹⁵Department of Health Policy, London School of Economics, London, UK ¹⁵Department of Health Sciences, University of Leicester, Leicester, UK

*Corresponding author simon.conroy@ucl.ac.uk

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Plain language summary

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Plain language summary

Many older people attending emergency care have poor outcomes; this project aimed to:

- describe best practice in emergency care
- understand *how* best practice might be delivered
- describe outcomes from emergency care, and
- synthesise this information in a computer simulation tool that can help teams decide which interventions might work best in their setting.

The existing literature showed that holistic interventions (caring for the *whole* person), spanning emergency and community care, designed with the needs of older people in mind, work best. We checked these findings with front line clinicians, who agreed, but identified that implementing best practice in the emergency department was challenging. Limitations included the emergency department environment itself and the lack of staff with the right skillset. We also asked older people and their carers who had recently received emergency care what mattered. They prioritised basic needs such as comfort, communication, and timely care. They also stated that getting better, maintaining their usual level of function, and getting home safely were important outcomes.

We then analysed data that linked together ambulance, emergency department, and hospital care in Yorkshire and Humber from 2011–17 for over 1 million emergency department attendances and hospital admissions. We found a novel and accurate predictor of long emergency department waits and hospital admission: the level of urgency according to the ambulance call handler.

Drawing upon all the above and guided by a wide range of patient and professionals, we developed a computer model which allows emergency care teams to simulate different best practice emergency department interventions and estimate the impact on reducing admissions, readmissions, and hospital mortality.

In summary, we have reaffirmed the poor outcomes experienced by many older people with urgent care needs. We have identified interventions that could improve patient and service outcomes, as well as implementation tools to help including clinicians, hospital managers and funders transform emergency care for older people.

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