Abstract

Improving emergency health care in an ageing population

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Emergency care accounts for an increasing part of the resources spent for health care, both human and financial. Vital emergencies (labeled grade 1 or 2 according to the Swiss Triage Scale, i.e. requiring immediate care or within 20 minutes of arrival) concern only less than 10% of all patients admitted to the emergency department. Therefore, the majority of patients who present to the emergency department do not require immediate attention, among whom many elderly and/or comorbid patients with chronic disease. Finally, at least one third of all patents seeking an emergency consultation are in fact “walk-in” patients who do not require the same infrastructure and level of care.

Among the numerous challenges faced by emergency health care, we will discuss how to ensure access to all patients requesting emergency care, and meet their competing needs, specifically by creating a network between a large teaching hospital and smaller emergency units; how to organize care to correctly triage patents and reduce waiting times; and how to specifically manage elderly patients with non vital emergencies.

Regarding this last point, we will present our experience of a specific emergency unit for the elderly, an innovative initiative that was launched in the Geneva University Hospitals one year ago.