



Giornate Mediche di Santa Maria Nuova 2014

Il reingresso al DEA

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Le ragioni che portano al reingresso al Pronto Soccorso sono complesse e spesso multifattoriali e possono riguardare la progressione della malattia , motivi psicosociali, motivi clinici o problemi del sistema sanitario....

recidivist

revolving door

Bounce-back

frequent use

reattend

repeater

representation

high use

frequent attendee

returns

hyperuse

misuse

frequent flyer

unscheduled return visit

revisit

Heavy use

Table 2 Common themes related to unscheduled return visits (URV) to the ED

Theme related to	Factors related to URVs
Patient	Increasing age ^{8 21 23} Alcohol dependence ¹⁰ Social status ²⁰ Homelessness ¹⁹ Level of education ^{20 32 33} Compliance with treatment ^{20 31 32} Confidence in primary care ³³
Illness (complaint)	Severity of illness ^{8 20} Pain ²⁷ Abdominal pain ^{9 10 12 13 16 33} Respiratory problems ^{9 10 33} ENT ¹⁰ Mental health illness ²¹ Febrile illness ¹¹ Trauma ¹⁰ Disease progression/non-resolution ^{18 25 29 31 33}
System/organisation	Teaching hospitals ¹⁰ Access to alternative service ^{9 20 29 34} ED crowding ²²
Clinician	Missed/incorrect diagnosis ^{20 27 28} Poor advice ^{26 27} Asked to return in the presence of red flags ²⁹ Junior /inexperienced clinician ^{15 16}

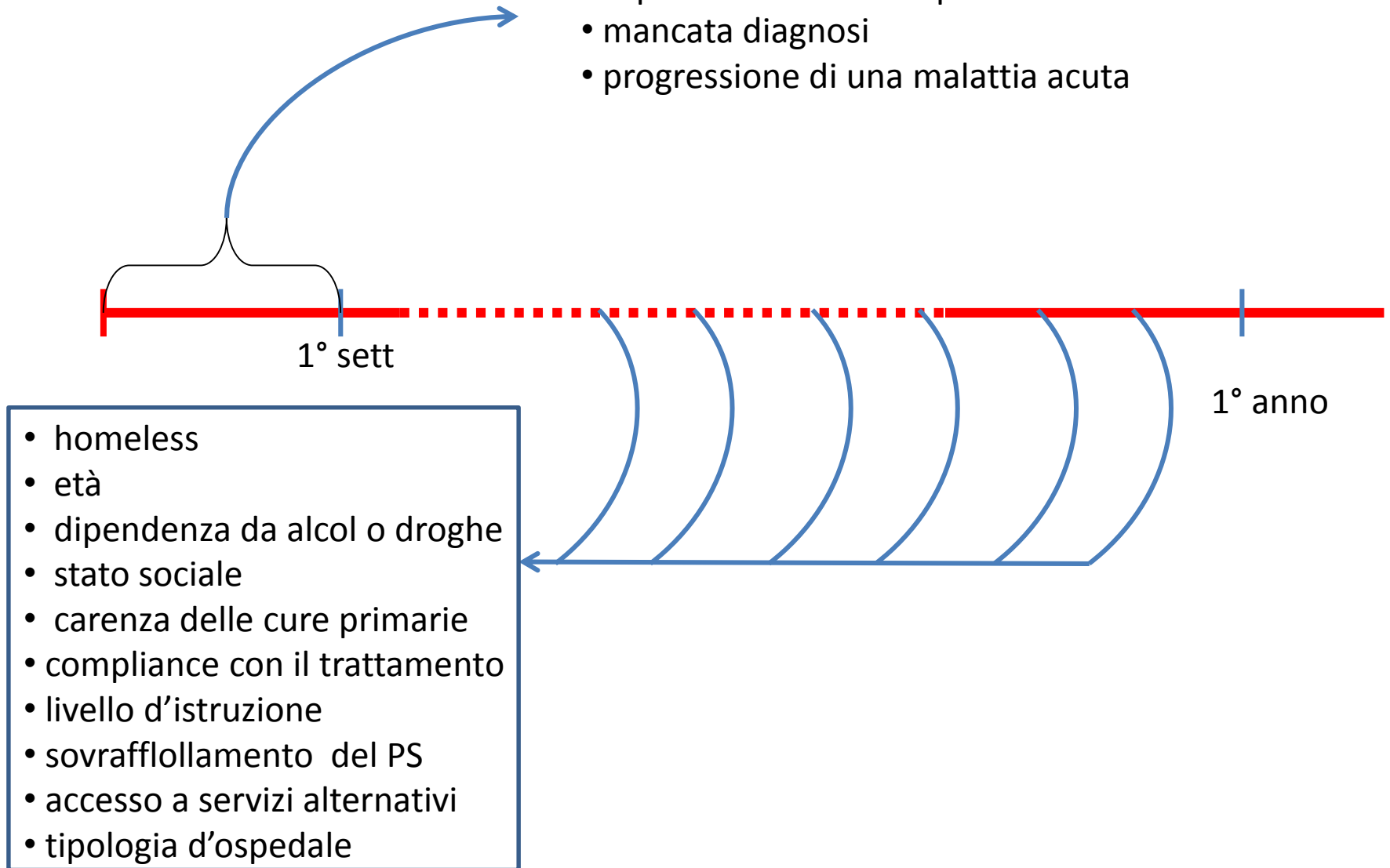
ED, emergency department; ENT, ear nose throat.

Table 3 Benchmarking the thematic components of the unscheduled return visits (URV) as potential quality indicators

Marker of URVs	Potential indicators/targets for intervention	Threshold for URV return time period
System related	% of URVs resulting from lack of access to other services	Weeks—months
	% of URVs related to workforce/ crowding issues	Weeks—months
Patient related	% of frequent attenders	
	% URVs related to defined ED populations (children/elderly/mental health)	
Illness related	% of URVs related to specific conditions (abdominal pain, trauma, respiratory, chest pains)	Days—weeks
Clinician Related	% of URVs related to clinical errors, misdiagnoses which are unrelated to safety netting, as well as % of those triggered by safety netting	Days—weeks
	% URVs related to non-adherence to approved guidelines and care pathways	

ED, emergency department.

- qualità della prestazione del PS
- esperienza clinica del personale
- mancata diagnosi
- progressione di una malattia acuta





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Emergency Department Clinical Quality Indicators: - A CEM guide to implementation

2. Unplanned re-attendance

Description

This indicator describes the unplanned re-attendance rate to the ED within 7 days of the original attendance. The aim is to make sure that the patient gets the best possible care at first attendance and that issues related to their care are clearly communicated to them. It is important to understand that the percentage re-attendance rate should not be zero, but ideally would fall



Provisional Accident & Emergency Quality Indicators for England by provider for May 2014

The Health and Social Care Information Centre, Provisional A&E Hospital Episode Statistics (extracted from the 2014/15 A&E HES Data)
Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector.
SIRep data are published at <http://www.england.nhs.uk/statistics/sir-waiting-times-and-activity/>

Table 1. Provisional Accident & Emergency Quality Indicators for England by provider for May 2014

DATA COVERAGE										Left department before being seen for treatment (Data quality)			Left department before being seen for treatment (Performance)			Re-attendance (Data quality)			Re-attendance (Performance)			Timeliness (Data quality)
Area Team Code	Area Team Name	Organisation Code	Organisation Name	Total number of attendances in A&E HES (excluding planned follow-up attendances where the attendance category was unknown)	Number of attendances from A&E Situation Reports (SiReps) - unscaled	Number of attendances from A&E Situation Reports (SiReps) - scaled (see footnote 1)	A&E HES attendances as % of scaled SiRep attendances (see footnote 2)	Assessment of coverage of A&E HES data, compared to SiRep data	Total number of attendances in A&E HES (excluding planned follow-up attendances where the attendance category was unknown)	Attendances with an unknown attendance disposal category	% of attendances with unknown attendance disposal category	% of attendances with an attendance disposal category of 'Other'	Total number of attendances in A&E HES (excluding planned follow-up attendances where the attendance category was unknown)	Number of attendances with an attendance disposal of 'Left Department before being seen for treatment'	Left department before being seen for treatment	Total number of applicable attendances for this indicator (all A&E attendance, unplanned follow-up attendance and unknown attendance)	Attendances with unknown attendance category	% of attendances with an unknown attendance category	Total number of attendances in A&E HES (excluding planned follow-up attendances where the attendance category was unknown)	Number of re-attendance within 7 days of previous attendance at A&E	Re-attendance rate	% attendance with an arrival (or of exactly midday) (20.0)
		ENG	ENGLAND	1,942,899	1,912,993	1,793,452	92.0%		1,942,899	21,903	1.3%	1.3%	1,921,995	44,015	2.3%	1,999,732	23,694	1.4%	1,942,899	125,259	7.6%	6.4%
044	CHESHIRE, WARRINGTON AND WIRRAL	RTV	S BOROUGH'S PARTNERSHIP NHS FOUNDATION TRUST	4,014	3,120	4,119	97.5%	A&E HES attendances are within 10% of SiReps	4,014	0	0.0%	0.0%	4,014	92	2.3%	4,014	0	0.0%	4,014	169	4.2%	0.0%

7,6%

Codifica ICD-9-CM di diagnosi sintomatologiche nel 2013

cod_diagnosi	desc_diagnosi	accessi
78900	Dolore addominale di sede non specificata	39.748
78650	Dolore toracico non specificato	38.160
7998	Altri stati morbosi mal definiti	24.855
7806	Febbre	22.873
7802	Sincope e collasso	21.911
7880	Colica renale	19.633
7999	Altre cause sconosciute e non specificate di morbosità o mortalità	14.090
7840	Cefalea	13.425
78099	Altri sintomi generali	11.210
7847	Epistassi	7.706
7862	Tosse	6.378
78703	Vomito solo	6.274
78079	Altro malessere ed affaticamento	5.276
78906	Dolore addominale epigastrico	4.908
78907	Dolore addominale generalizzato	4.596
78903	Dolore addominale del quadrante inferiore destro	3.802
78791	Diarrea	3.376
7851	Palpitazioni	3.262

Totale: 232 diagnosi per 289.974 accessi

Table 2. Summary of studies included in literature review.

Study	Definition of Frequent Use (Visits/Year)*	Sample Size	Sample Represents >1 Hospital	Patient Selection
Baillargeon	4	15,672	No	Hospital database, all uninsured ED patients
Belcher	3	4,920	No	Hospital database, all ED patients
Blank	12	66,552	No	Hospital database, all ED patients
Cook	4	771,527	Yes	Statewide database, all nonadmitted patients
Curran	4	6,865	No	Hospital database, all patients with substance abuse diagnosis
Ford	2 Asthma visits/y	375	No	Asthmatic patients presenting to ED, consent required
Freitag	3	785	Yes	Subset of clinical trial patients
Friedman	4 Headache visits/y	13,451	Yes	American Migraine Prevalence and Prevention Survey
Fuda	5	1,684,834	Yes	Statewide database, all non-VA patients
Griswold	6	3,151	Yes	Asthmatic patients presenting to ED, consent required
Hunt	4	59,725	Yes	Community Tracking Study Household Survey
Kne	10	59,051	Yes	Hospital database, all ED patients
LeDuc	Repeated visit within 3 mo	932	No	Hospital database, all ED patients
Lucas	4	134	No	Frequent ED users consenting to survey
Mandelberg	5	348,858	No	Hospital database, all ED patients
Milbrett	6	40,167	No	Hospital database, all ED patients
Pines	3	13,342	Yes	Statewide survey of asthmatic patients
Rask	10 Within 2 y	362	No	All patients presenting to ED and walk-in clinic consenting to survey
Riggs	4	35,440	No	Hospital database, all ED patients
Ruger	3	71,941	No	Hospital database, all ED patients
Sandoval	3	168	No	Frequent and infrequent ED users identified for interview
Sun	4	2,333	Yes	ED patients with selected complaints consenting to survey
Xu	3	300,000 (Approximately)	Yes	Medical Expenditure Panel Survey
Yamamoto	10	79,049	No	Hospital database, all ED patients
Zuckerman	3	89,626	Yes	Urban Institute's National Survey of America's Families

VA, Veterans' Administration.

*Unless otherwise noted.

1. Verifica dati su anno 2013

➤ Selezione Anno 2013

da tabella "Prestazione" a partire dalla variabile "data inizio prestazione" coincidente con la presa in carico da parte del medico di PS



1.453.012

932.094

1

Accessi per anno 2013

(selezione record corretti: variabile ANNULLATA=0)

Dati da B.O. 17/04/2014: **1.452.918 accessi** (94 accessi in meno)

IDARS

persone [sia residenti che extra regione] che effettuano ALMENO un accesso

CODICE IDARS ANONIMO

a cui sono associati **56.128** accessi

3,9% degli accessi totali

Dato 2012:
5,9 % degli accessi totali

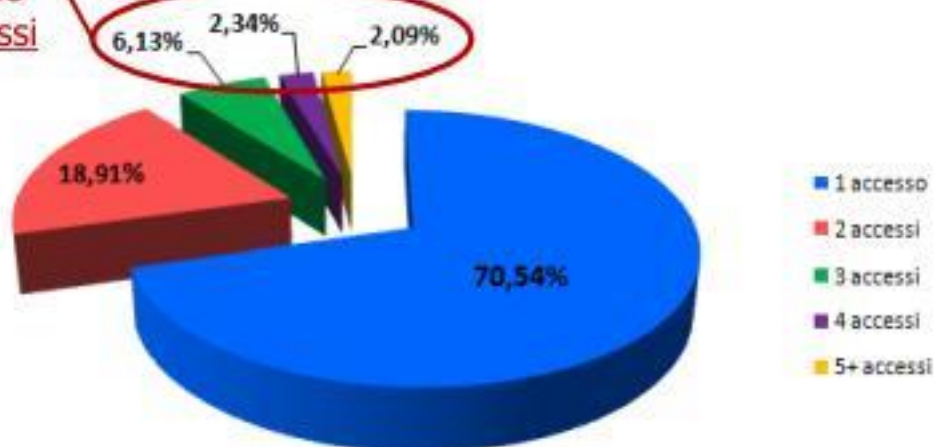
1. Verifica dati su anno indice 2013

Distribuzione **Numero di Accessi**

Anno 2013:

Distribuzione % accessi 2013

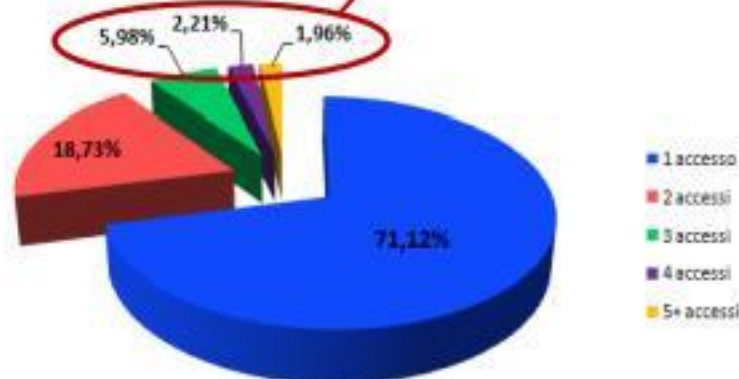
Più del **10%** effettua almeno **3 accessi**



Anno 2012:

Distribuzione % accessi 2012

Il **10%** circa effettua più di **3 accessi**



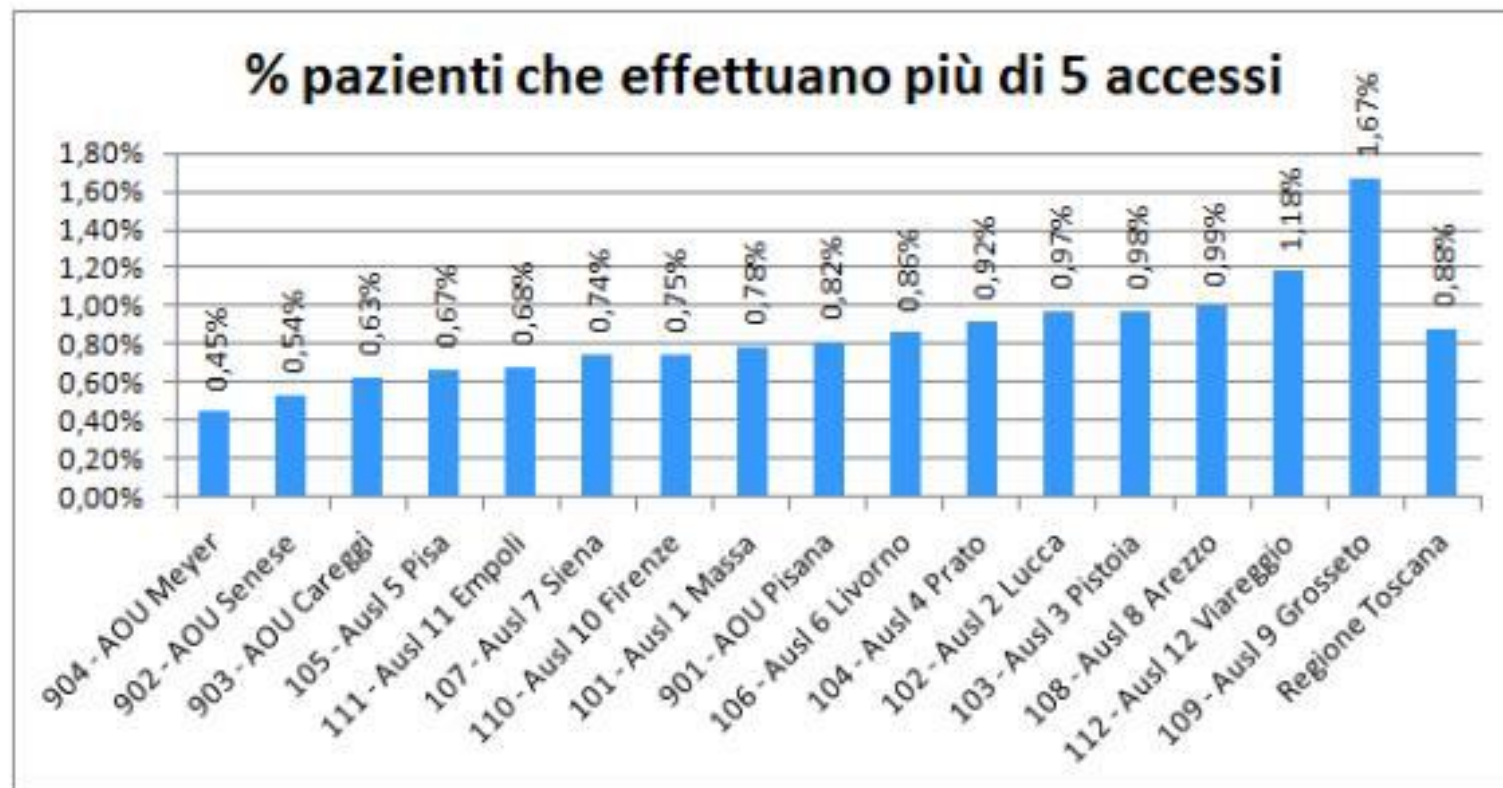
Rispetto al 2012, nel 2013 è diminuita la percentuale di ID che effettua 1 solo accesso.

Su **932.093 ID** (ID anonimo è escluso) che hanno effettuato almeno un accesso nel 2013, il 70,5 % effettua un solo accesso, circa il 19% effettua 2 accessi, l'8% da 3 a 4 accessi e più del 2% effettua più di 5 accessi fino ad un massimo di 115 accessi (valore medio di circa 50 accessi ciascuno contro i 39 accessi del 2012).

1. Verifica dati su anno 2013

Distribuzione **Numero di Accessi** per Azienda

Numero di pazienti che ripetono gli accessi nella stessa Azienda



Intervallo temporale di selezione: 01/01/2013 - 31/12/2013

Condizioni:

Reingressi

N. Accessi	N. paz.	%
1	21387	81,96%
2	3280	12,57%
3	858	3,29%
4	281	1,08%
5	116	0,44%
6	45	0,17%
7	40	0,15%
8	21	0,08%
9	12	0,05%
10	11	0,04%
11	9	0,03%
12	6	0,02%
13	7	0,03%
14	4	0,02%
15	2	0,01%
16	1	0,00%
17	3	0,01%
19	3	0,01%
22	2	0,01%
24	1	0,00%
26	1	0,00%
36	1	0,00%
37	1	0,00%
48	1	0,00%
86	1	0,00%
Totale	26094	100,00%

Su 34.000 accessi, i
pazienti sono stati 26094
(76,7%)

Frequent Users of Emergency Departments: The Myths, the Data, and the Policy Implications

Eduardo LaCalle, MD, MPH, Elaine Rabin, MD

From the Department of Emergency Medicine, Mount Sinai School of Medicine, New York, NY.

- **età:** distribuzione bimodale con due picchi tra 25 e 44 e oltre i 65 aa
- **clinica:** i FU sono più malati ed hanno più alta mortalità
- **cronicità:** sono portatori di malattie croniche
- **assicurazione:** sono più frequentemente assicurati da Medicare e Medicaid
- **medicina primaria:** hanno un'assistenza medica primaria (93%)
- **ricoveri in Ospedale:** i FU con più di 3 visite sono più frequentemente ricoverati mentre coloro che hanno più di 20 visite hanno un basso tasso di ammissione
- **frequenza di più PS:** chi frequenta più PS di solito manifesta un solo problema a fronte di un FU di un solo PS che di solito ha multipli disturbi
- **cronici FU:** solo il 28-38% dei FU lo sono in anni successivi

Intervallo temporale di selezione: **01/01/2013 - 31/12/2013**

Condizioni: **Esito: Ricoverato in u.o aziendale, Ricoverato in u.o del presidio, Trasferito presso u.o aziendale, Trasferito presso u.o. di altra azienda**

Reingressi

N. Accessi	N° ricov	%	
1	2858	65,99%	→ 13,36%
2	853	19,70%	
3	348	8,04%	→ 13,51 %
4	131	3,02%	
5	57	1,32%	→ 9,82%
6	27	0,62%	
7	22	0,51%	→ 7,85%
8	10	0,23%	→ 5,95%
9	3	0,07%	
10	6	0,14%	→ 5,54%
11	6	0,14%	
12	1	0,02%	
13	5	0,12%	
14	1	0,02%	
19	1	0,02%	
22	1	0,02%	
86	1	0,02%	→ 1,16%
Totale	4331	100,00%	

Effectiveness of Interventions Targeting Frequent Users of Emergency Departments: A Systematic Review

Fabrice Althaus, MD, Sophie Paroz, MA, Olivier Hugli, MD, MPH, William A. Ghali, MD, MPH, Jean-Bernard Daeppen, MD, Isabelle Peytremann-Bridevaux, MD, MPH, DSc, Patrick Bodenmann, MD, MSc

From the Vulnerable Population Unit, Department of Ambulatory Care and Community Medicine, University of Lausanne, Lausanne, Switzerland, (Althaus, Bodenmann); the Department of Community Medicine and Health (Paroz), and Emergency Department (Hugli), Lausanne University Hospital, Lausanne, Switzerland (Daeppen); the Institute of Social and Preventive Medicine, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland (Peytremann-Bridevaux); and the Departments of Medicine and Community Health Sciences, University of Calgary, Calgary, Canada (Ghali).

- 11 studi in cui riportano in 7 studi una riduzione delle ripresentazioni in PS
- l'intervento più efficace consisteva in case management
- l'intervento era oltre che efficace anche economicamente compatibile (3 studi)
- 3 studi riportano una riduzione degli homeless e un decremento del consumo di alcol o droghe
- **in questo caso la risoluzione del problema si trova al di fuori dell'ospedale !**

Proposte operative

- a) Valutazione della qualità delle cure erogate dal PS
 - ripresentazioni precoci entro una settimana
 - studio e monitoraggio dei pazienti dimessi con diagnosi sintomatologiche

- b) Collegamento informatizzato tra database del PS e Unità Funzionali Territoriali che permetta la segnalazione di un FU ad un gruppo multidisciplinare