Le rôle de l'urgence dans un système de santé en changement : mieux répondre aux besoins de la population

Martin Dawes

Who am I?

- General Practitioner for 21 years
- Worked in a town practice 5 partners
- Started research in 1985
- Investigating maternal weight gain then hypertension
- Director Centre Evidence-Based Medicine
- Clinical Assistant in ED
- Chair of the Department of family Medicine @ McGill
- Wife is a physiotherapist 2 children aged 23 & 21

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If there was a simple solution don't you think we would have found it?

- Health care is complex
- People react differently
- New health problems cause anxiety
- The medical process (history, exam, investigate) is reassuring

My Residency Practice

- Rural
- Small Hospital with Emergency
- Where I as the family physician saw emergencies
- Where the patient was not surprised to find me looking after them
- Sometimes I would visit a patient at home and send them to ER where I would then look after them

Urban Emergency Care

- I did shifts in ER
- 80% of the patients were the same as in my residency
- My family medicine patients were astonished to see me
- My FM patients who did not need emergency were very embarrassed

Emergency

- **"Is something dangerous or serious, such as an accident, which happens suddenly or unexpectedly and needs immediate action in order to avoid harmful results "**
- It is not any problem that develops, or gets worse, when the office is closed

Triage

UK national triage scale

1 Immediate resuscitation	Patients in need of immediate treatment for preservation of life
2 Very urgent	Seriously ill or injured patients whose lives are not in immediate danger
3 Urgent	Patients with serious problems, but apparently stable condition
4 Standard	Standard cases without immediate danger or distress
5 Non-urgent	Patients whose conditions are not true accidents or emergencies

But it is urgent to the patient that they are reassured

Is there a problem?

- Inappropriate referrals
- Inappropriate self referrals
- Inappropriate admissions
- Inappropriate discharges
- Poor FP to Emergency communication
- Poor Emergency to FP communication

Why?

- FP's not available
- I came from a system where every patient had a FP
- Payment is largely per patient, not per act
- Where care is provided 24/7
- Where for OOC we use a co-operative approach of 40 FP's, a clinic, and nurses.

Inappropriate Self Referral

- Triage by nurse
- If inappropriate advised to see own FP
- Office Cover System – Go to co-operative clinic (next door)
- Co-operative OCS
  - Decrease isolation
  - Share knowledge
  - Improve care

OCS & Emergency working meetings

- Improving communication between hospital and general practice by using fax for discharge reports
- increases the rate of follow-up by GPs for patients with asthma who have been discharged from A&E.

My Responsibility

- Provide a service to my patients
  - Office hours
  - Out of hours @ an urgent care clinic
  - Emergency room shifts
- Educate on the use of that service
- Provide good information about what to do when that service is not available