

# Audit tool for achieving age equality in health and social care

## B1.3: Emergency and urgent care

### B1.3.1: Emergency admissions and discharge planning

#### RED

There has been no analysis of the age differences in emergency admissions and discharges. Studies have shown that older people experience long waits in A&E and are more likely to be admitted to hospital from A&E than younger patients, and older people attending A&E are less satisfied than younger patients but this needs to be analysed to identify whether these differences can be objectively justified. Discharge planning is ad hoc and readmission rates (ie within 28 days) for older people are higher than for other age groups.

#### AMBER

Qualified staff assess patients of all ages to minimise delays and ensure rapid access to appropriate treatment within A&E, but there is evidence that more older patients are admitted to hospital from A&E than younger patients.

#### GREEN

A range of facilities is available to provide alternative emergency and urgent care for all ages. Specialist treatment and advice is available to A&E departments to avoid hospital admission for all age groups where possible. Multi-disciplinary discharge planning is the norm for all ages and specific interventions (case management and home from hospital schemes) are used to enable timely and well supported discharges and prevent readmission. Analysis of age-based differences has been undertaken and action taken to end unjustifiable differences but retain justifiable age-appropriate practice.

### **B1.3.2: Access to critical care services**

#### **RED**

There has been no analysis of age-based differences in access to critical care or there is evidence of rationing access to critical care beds on the basis of age and higher than expected mortality rates for older patients with the same conditions/ complaints as younger patients (eg blunt trauma victims), but there has been no analysis to establish whether the age-based differences can be 'objectively justified' or are less favourable treatment on the basis of age.

#### **AMBER**

There are clear protocols in place about the use of critical care/ high dependency beds for all age groups which have been reviewed in light of the Equality Act, but practice is variable and there is evidence of older patients being denied access.

#### **GREEN**

Local protocols have been reviewed and access to critical care beds is undertaken on the basis of clinical need, and not according to patients' ages. Current practice has been reviewed and differences between age groups can be 'objectively justified'.