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to the patient which could be conducted virtually if deemed suitable. Thereafter, the cohort was tracked for three more months after the last home visit and the visits to the ED and hospital admissions documented for them. During the home visits, other than following up on the medical issues, we would perform medical reconciliation, conduct Advance Care Planning conversations, and attend to social/financial needs by referring them to social workers or community partners where necessary.

Results: 284 patients had complete data and were included in the analysis. 90% of the patients were above age 60. The median length of enrolment in the program was five months (0-7 months). Compared to the three-month pre-enrolment period, there was a 47.5% reduction in ED re-attendances during the program enrolment period. The after-effect was also observed whereby there was a further 18% reduction in ED re-attendances at three months post-discharge from the program. Compared to the pre-enrolment period, enrolment in H2H studied three months later resulted in the highest number of ED re-attendance reductions among the groups with three ED visits (8 patients down from 46) and four and above ED visits (6 down from 30).

Conclusion: Home visits through a hospital-to-home program can reduce the number of ED re-attendances, and the benefit can still be observed after three months post-discharge from the program.

11 (O-G2) Laboratory Testing Is Indicated for Older but Not Younger Emergency Department Psychiatric Patients

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Oral Presenter: Barnet Eskin, MD, PhD

Objectives: To assess the value of laboratory testing for emergency department (ED) psychiatric patients of different ages by examining the fraction of those patients admitted medically instead of psychiatrically.

Background: Previous studies have shown that routine laboratory testing has low yield for identifying unsuspected medical conditions for most ED patients who present for psychiatric problems. About 20% of ED psychiatric patients are over 65 years old, and these patients are more likely to have chronic medical conditions than younger patients. These conditions may worsen during exacerbations of psychiatric illnesses and, in fact, may contribute to these exacerbations. We hypothesize that a larger proportion of elderly than younger patients presenting for psychiatric problems require medical admission, and that the reasons for such admission are exacerbations of chronic medical conditions.

Methods: Design: Retrospective cohort. Population: Consecutive ED patients presenting with psychiatric conditions in the years 2019-2021. Setting: Suburban ED with

an annual ED volume of 90,000 patients, an ED residency, and a separate area for psychiatric patients. This area has specialized psychiatric personnel, including psychiatric social workers and psychiatrists. ED healthcare providers initially evaluate the patients and then request psychiatric consultation. Protocol: A database of ED psychiatric patients is maintained by the hospital. We tallied the number of psychiatric visits and the number of these patients admitted for medical conditions. We calculated and plotted the percent admitted medically by decade of life. We also tallied admissions for specific conditions, namely drug-related diagnoses (including alcohol abuse) and dementia.

Results: The database contained 8018 patients. The median age was 30 years (interquartile range 19-51); 51% were female. Of these, 175 (2.2%) were admitted for medical conditions. The percent admitted medically varied markedly by decade of life, ranging from an average of <1% in the first four decades of life to 15% in the 10th decade. Drug-related diagnoses were found in patients admitted medically in the 3rd-8th decades of life and accounted for 46% of the medical admissions in the 4th-6th decades of life. Of medical admissions in the 8th-10th decades of life, 30% were for dementia.

Conclusion: We found a higher admission rate for medical conditions in elderly than younger psychiatric ED patients. Dementia was the most frequent chronic medical condition in elderly patients that was identified as the reason for medical admission. Our results confirm that the routine requirement for laboratory testing in younger psychiatric ED patients is unlikely to be useful.

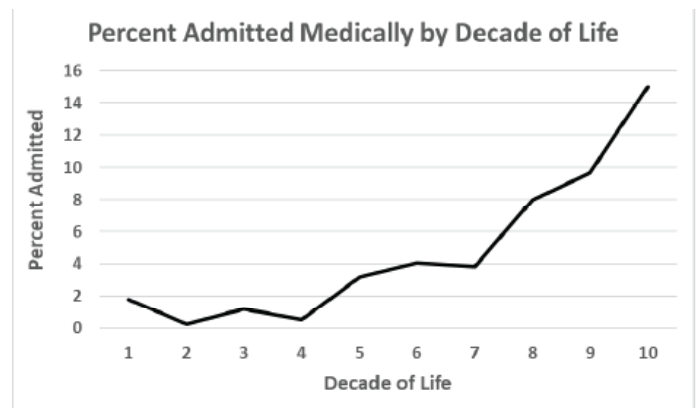


Figure 1. Percent Admitted Medically by Decade of Life

12 (O-D4) Impact of an Electronic Format on the Completion of Evaluations of Medical Students in the Emergency Department

Joshua Easter, MD, MSc

Objectives: To assess the effect of a novel electronic format on the frequency of evaluations completed by faculty and residents for medical students in the emergency