

4 **ONE YEAR MORTALITY: RECOGNISING THE NEED FOR URGENT OR ADVANCE CARE PLANNING IN ADULTS AGED OVER 70 YEARS OLD FOLLOWING EMERGENCY ADMISSION**

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Introduction Approximately 1 in 3 hospital inpatients may be in their last year of life in Scotland (Clark, 2014); however no data exists for England. This study aimed to review outcomes of admissions for patients aged 70 years old and above admitted to a large London hospital Trust during 2014.

Aim To establish the 1 year mortality of a cohort of admissions in patients aged 70+ years admitted to Imperial College Healthcare NHS Trust.

Methods Admission data were obtained via the electronic patient record (Cerner) from 1st May-31 October 2014, stratified according to emergency overnight admission and age. Follow-up data on mortality, admission patterns and diagnoses were analysed

Results During the study period there were 6,701 admissions for patients aged 70+ years, of whom 49.4% were 70–79 years, 38.3% were 80–89 years and 12.3% were 90+ years. The 1 year mortality for all age groups combined was 22.4%; 12.7% died within 3 months, 4.8% died between 3–6 months, 3% died between 6–9 months and 1.9% died between 9–12 months. One year mortality rose with age, from 20% in 70–79 year olds, to over 25% in 90+ year olds.

Conclusions The data from London and Scotland both indicate that a single admission over the age of 70 years old is a significant predictor of death within 1 year. An emergency admission over the age of 70 years could be used to aid recognition of the last years of life and an indicator to initiate care planning. Care planning has been demonstrated to reduce further unscheduled admissions and improve out-of-hours care (Brinkman-Stoppelenburg, 2014).

REFERENCES

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