

2022. Data was collected from national HSE daily SBAR reports. “Lodged patients” were those present in ED admitted but for whom no ward bed existed at 0745 daily.

Results: Data was collected for 1,369 days, 90 days were excluded due to missing data sets, and data were included for 1,279 days. 290 days were recorded in 2019 with no lodged patients, 126 in 2020, 55 in 2021, and only 11 days in 2022 with no lodged patients. In 2022 the average number of lodged patients was six (Range 0–19). A total of 47 days had a lodged count of ten or greater.

Conclusion: Despite a strong recommendation from HIQA to terminate the practice of ED patient lodging, this has not been implemented. During the COVID-19 pandemic, there had been a reduction in the overall number of patients visiting the ED. This contributed to the reduction in trolley-lodged patients however post-COVID pandemic there has been a surge in attendance with a clear deficit in bed capacity.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s176–s177

doi:10.1017/S1049023X23004570

Retrospective Analysis to Assess the Admission Rate Trends in an Irish Public Hospital between February 2014–September 2022

Rochelle Janse van Rensburg MD, Maria Conradie MD, Phillip Jordaan MD, Marco Smit MD, Andrea Van Der Vegte MD, Syed Taqvi MD, Brendan Orsmond MD, Robin Andrews MD, Ria Abraham MD, Ashleigh Dowle MD, Darshini Vythilingam MD, Keith Kennedy MD, Mubammad Bilal MD, Bryce Wickham MD, Thomas Kelly MD, Michael Molloy MD

Wexford General Hospital HSE, Wexford, Ireland

Introduction: As the population in the Republic of Ireland increases, the number of Emergency Department (ED) attendances and admission rates increase, placing significant pressure on the health care system, the limited staff and hospital resources.

The aim of this study is to assess the admission rates in an Irish Public Hospital Emergency Department between 2014 and 2022.

Method: This retrospective study was done using information provided by the Health Service Executive Integrated Patient Management System. Data for the period between February 2014 to September 2022 were collected. From the data, the admission rate can be calculated and trends observed.

Results: Emergency department attendance rates have increased from 29,236 to 42,637 between 2014 and 2019, with a decline noticed in 2020 to 37,751 and a drastic increase in 2021 at 43,182. Currently up until September 2022 there has been 35,503 attendances and 8,570 admissions, with an admission rate of 24.14%. The number of admissions has ranged from 9,056 in 2014 to the highest being 12,175 in 2019. This means the admission rate is averaging between 24% to 31% per annum, with the highest being 31,04% in 2015, and the lowest in 2017 at 24,99%.

Conclusion: This study showed a steady increase in attendances per annum, which correlates to an increase in the total

admissions from 2014 to 2022, with approximately one third of all ED attendances resulting in admission. The increase in attendances and admission rate could be related to the population growth from 4.6 to 5.1 million from 2014 to 2022. The decrease in attendances during 2020 could be attributed to the Covid-19 pandemic restrictions being implemented, and lifted in 2021 which showed a drastic increase in ED numbers. Ultimately, the increase in admissions will place a burden on the Public Hospitals in Ireland.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s177

doi:10.1017/S1049023X23004582

Retrospective Analysis of Patient Presentations at Belgium's Largest Multi-day Outdoor Hardstyle Dance Event

Kris Spaepen RN, MSc EMDM¹, Kevin Beens EMT-P², Robby Cardinas RN², Ives Hubloue MD, PhD¹

1. Research Group on Emergency and Disaster Medicine, Vrije Universiteit Brussel, Brussels, Belgium
2. The Flemish Cross, Antwerp, Belgium

Introduction: Electronic dance music festivals (EDMF) are a unique subset of music mass gatherings. Besides the already more significant burden on in-event health services (IEHS) that comes with these festivals, EDMF are also known for their illicit drug use, with their attendees at high risk for illegal drug use.

Method: Encounter data from all patients seen and treated by IEHS at an annual outdoor multi-day EDMF (focused on hardstyle dance music) in August 2019 were analyzed. Based on the chief complaint, and medical and nursing notes, a list was consolidated into 31 reasons for the consultation of IEHS. The most common reasons for consulting IEHS were analyzed.

Results: This outdoor hardstyle dance event had 30,000 attendees, of which 580 visited IEHS. This resulted in a patient presentation rate of 19.3/1,000 attendees. Four were transported to the hospital (transport to hospital rate: 0.13/1,000 attendees). The most prevalent reason to consult IEHS were lacerations and abrasions (9.66%), sprains (9.48%), and headaches (7.59%). Only 4.83% of all patients (n = 12) presented with adverse effects of illicit drug use. Of interest is that twelve patients with intoxications (42.86% of all intoxicated patients) were initially triaged as life-threatening, mainly due to obstructed airways. Only one of these twelve needed endotracheal intubation and was transported to the hospital. All other intoxicated patients returned to the event. No direct relationship between gender and the chief complaint was found.

Conclusion: Besides typical patient presentations, illicit drug use with its adverse effects can seriously impact IEHS. These results confirm the need for highly trained (Advanced life support level) IEHS at EDMF. Competent IEHS can mitigate the burden of these events on regular EMS.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s177

doi:10.1017/S1049023X23004594