Older adults are frequent users of the emergency department (ED) and have worse ED outcomes compared to younger adults. Home care patients are a frail subgroup of community-dwelling older adults and account for 6%, 15%, and 32% of the household population aged 65-74, 75-84, and 85+, respectively. Home care patients are high users of the ED and many of their visits are potentially preventable. A recently developed risk tool – the DIVERT Scale – is starting to be used to target preventative interventions and improved disease management in community care. I will describe the development and validation of the DIVERT Scale as well as its knowledge translation in Ontario and beyond. I will propose a new research agenda that uses observational data and randomized methods to evaluate models of ED avoidance in real-world practice. The methodological challenges of combining ‘big data’, randomized designs, and ‘real-world’ clinical care will be discussed.

Dr. Costa’s program of research focuses on the development and evaluation of models of care concerning the avoidable ED use among seniors and care of the elderly in emergency departments. He is an Assistant Professor of Medicine (part-time) at McMaster University, where he is the Research Lead at the DeGroote School of Medicine, Waterloo Regional Campus. He is an Adjunct Assistant Professor at the School of Public Health and Health Systems, University of Waterloo. He holds a CIHR Fellowship at the Institute for Clinical and Evaluative Sciences, University of Toronto (IHPME), and Mount Sinai Hospital (Toronto). He received his PhD from the School of Public Health and Health Systems, University of Waterloo, and has received CIHR awards for his research in health services and policy research.