



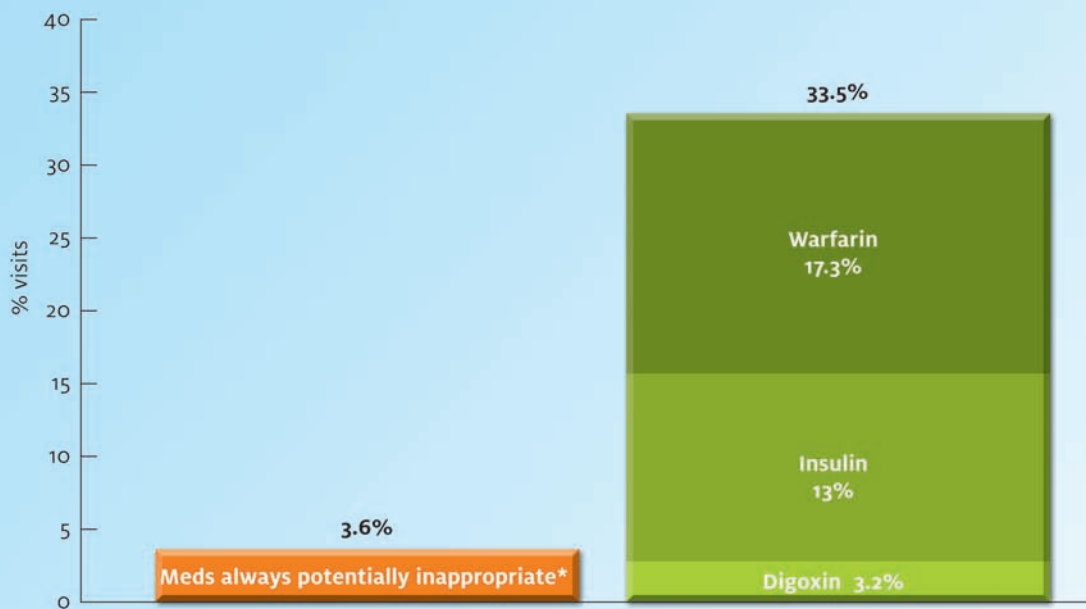
DEVELOPING DATA

As an emerging distinct practice environment, urgent care is in the early stages of building a data set specific to its norms and practices.

In *Developing Data*, *JUCM* will offer results not only from UCAOA's annual benchmarking surveys, but also from research conducted elsewhere to present an expansive view of the healthcare marketplace in which urgent care seeks to strengthen its presence.

In this issue: What three commonly prescribed medications are believed responsible for one third of all emergency department visits related to adverse drug events in patients 65 or older?

DRUGS MOST RESPONSIBLE FOR ADVERSE EVENT ER VISITS AMONG SENIORS



*As defined by the Beers criteria.

Source: Budnitz DS, Shehab N, Kegler SR, et al. Medication use leading to emergency department visits for adverse drug events in older adults. *Ann Intern Med.* 2007;147:755-765.

Overall, risk for adverse events related to the use of warfarin, insulin, and digoxin was 35 times greater than the risk for adverse events related to medications considered to be always potentially inappropriate, as defined by the Beers criteria.

How do these data color your perception of how to initially evaluate older patients who present with symptoms that could be indicative of an adverse drug event?

Future issues of *JUCM* will present new data from the third—and, to date, the most ambitious—UCAOA benchmarking survey.

Are you aware of new data that highlight how urgent care is helping to fill gaps in patient satisfaction, or healthcare in general? Let us know in an e-mail to editor@jucm.com. We'll include them in an upcoming issue and on our website.