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Social vulnerability: detection by emergency medical teams (EMT) and intervention by primary health care (PHC) and municipal social services (MSS)

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Background: Emergency Medical Teams (EMT) are good detectors for social vulnerability situations. This information of vulnerability needs to be transferred to Primary Health Care (PHC) and Municipal Social Services (MSS) networks. These two services guarantee a health care continuum. Aims:

- To describe the characteristics of visited patients.
- To evaluate the result of the intervention taking into account detection and response time.

Method: A retrospective, descriptive study of notifications received from the 1st of January to the 30th of October 2015. The system created works as follows: EMT notifies via email the situation of social vulnerability risk to PHC. PHC informs the person in charge of the case and also the MSS so that an immediate response can be prioritised.

Results: 22 cases were detected, 20 in the city of Manresa and 2 in the region of Bages. 64% of the subjects were women. The average age was 70 years old (21-89). 82% were > 65 years old and, in this group, 41% were > 80 years old. 64% of the individuals lived alone, 7 people lived with relatives and 1 in a hostel. All individuals were known by PHC and 7 had no open case in MSS. Situations of social vulnerability risk found were: loneliness, dementia, confusion and alcoholism. One aspect in common was bad living place conditions (lack of equipment and/or dirt). In 94% of the cases the feedback of the information of PHC and MSS was given before 24-48 hours. **Conclusions:** The system created in social vulnerability situations detected by EMT has allowed to share the information in an agile and quick way. It has improved social and health intervention.