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## REACT COOPERATIVE PROJECT (ELECTRONIC ACCESS REGISTER IN OOH)

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**T**he out-of-hours (OOH) setting provides primary care to a large part of the population in a certain area, often with poor resources, and without communication between OOH care and in-hours care of General Practitioners (GP). The primary aim of this registry is to analyze how different patients are managed by the service, and to evaluate what kind of symptoms/reason for encounter (RFE) represent first contact with the service. Data were obtained with an online multicentric survey involving 3 trusts. The items investigated were, municipality, day and time of access, age/gender/schooling, chronic diseases: ( $\geq 2$  suggest multimorbidity), home therapy: 0 to  $\geq 5$  (where  $\geq 5$  identifies polypharmacy), symptoms at presentation/reason for encounter divided in: new/acute illness vs. chronic symptoms, clinical outcome: treated/hospitalized, pharmacological therapy/prescription, ilis (influenza like illnesses)/flu vaccine status. REACT is an ongoing project, with 6 months registration and over 5000 access. Over two thirds

of contacts approach the service for acute symptoms. Top three RFEs for acute disease (reason for encounter) are: fever, cough and sore throat. Referral rate to Emergency Department (ED) is under 7% of total access and only 3% of chronic illnesses flare up. Half of the population declares no chronic illness. OOH service performs a significant work, avoiding inappropriate access to the EDs, the uprising request for acute care places many questions about the effective organization of in-hour Primary Care towards acute illnesses.

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