Background
• 21 million older adults visit the emergency department each year1
• Development of patient-centered approaches to care delivery of older adults in this setting are critically important in preventing recidivism2,4
• Embedding evidence-based practice into nursing workflow allows nurses to screen, assess, intervene, and refer patients to social services and physical therapy prior to leaving the emergency department1,5
• Nurse communication provides actionable information to create the plan of care
• At Aurora Medical Center Washington County (AMCWC), older adults comprise 34.9% of emergency department visits.

Purpose
• Utilize the Identification of Seniors at Risk (ISAR) screening tool to identify older adults (65 years or older) at risk for repeat emergency department visits to improve recidivism and reduce costs.

Method
• Nurses used a six-point screening tool (ISAR) to identify older adults at risk for adverse outcomes
• A score ≥ 2 is considered high risk and prompted nurses to document comments in the medical record to enhance clinical and psycho-social understanding of patient
• The information provided by nursing staff was utilized by social services and physical therapy to prioritize interdisciplinary workflows and obtain appropriate referrals
• Proper identification ensures patients receive tailored resources, education, treatment, and referrals that maximized their discharge disposition home.

Results
• Nurse-driven ISAR screenings for older adults were completed for 86.6% of emergency department visits
• Nursing comment completion rate increased from 34.8% to 52.2%
• Increased comment completion rates were directly correlated to a reduction in 30-day return. The 30-day return rate decreased from 25.2% to 17.9%
• 79.2% of older adult fallers were discharged to home from the emergency department versus being admitted to an inpatient care setting.

Implications for Practice
• Nurse-driven utilization of evidence-based practice screening tools for older adults in the emergency department generate interprofessional evaluations that result in reduce return rates
• Specialized nurse training in the care of older adults should be supported to improve age friendly care and patient outcomes
• Small hospitals must seek creative interdisciplinary partnerships to bring the care delivery system directly to patient
• Incorporation of Geri-ED program principles support patients to remain in their communities and to live well.

Cost Savings
• On average, there is a mean 30-day savings of $2700 per beneficiary when there is interdisciplinary team involvement in the care of the older adult in the emergency department.2

- At AMCWC, the 7.3% reduction in 30-day return rates, for older adult fallers with an ISAR score ≥2, equated to $132,300 savings to patients.
- The average cost of a hospital readmission is $15,200 for all payors.4

- At AMCWC, the 7.3% reduction in 30-day return rates, for older adult fallers with an ISAR score ≥2, saved the organization $744,800 in readmission costs.

Conclusions
• Nurse-driven utilization of evidence-based practice screening tools for older adults in the emergency department generate interprofessional evaluations that result in reduce return rates
• Value-informed nursing care and practice focuses not only on care, but costs of care.
• Geri-ED programs equip nurses to deliver age-appropriate and care to improve patient outcomes, but also to eliminate unnecessary financial burdens to the patient and healthcare organization.

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References
8Aurora Medical Center Washington County is proud to be Magnet® recognized by the American Nurses Credentialing Center.
9Aurora Medical Center Washington County is also a Level 3 Geri-ED Accredited facility by the American College of Emergency Physicians.