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Dissemination of Geriatrics Guidelines in the Emergency Department: The Intersection of Geriatric Experts, National Guidelines, and Quality Improvement in 3 Midwestern Hospitals

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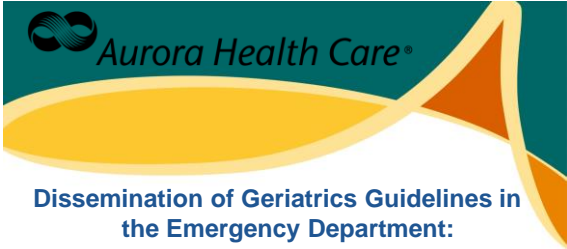
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Dissemination of Geriatrics Guidelines in the Emergency Department:

The Intersection of Geriatric Experts, National Guidelines, and Quality Improvement in 3 Midwestern Hospitals.

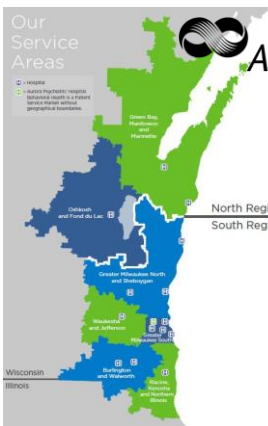
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Objectives:

1. Describe innovative methods of disseminating Guidelines
2. Identify methods of translating Guidelines into clinical practice
3. Demonstrate positive consequences of ED staff leading innovation at an integrated health system

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- Integrated, not-for-profit health care provider serving communities in eastern Wisconsin and northern Illinois.
- 15 hospitals, 159 clinic sites, 69 retail pharmacies
- 7 NICHE sites (6 Exemplar Status)
- 4 time Magnet Designation (ASLSS)
- 7.8 million patient encounters with more than 1.2 million unique patients in 2012
- 30,000 caregivers, including 1,500 employed physicians and 7,000 RNs
 - State's largest employer

Background:



Geriatric Emergency Department Guidelines

- The purpose of the Geriatric Emergency Department Guidelines is to provide a standardized set of guidelines that can effectively improve the care of the geriatric population and which is feasible to implement in the ED.
- Geriatric ED Boot Camp: Dissemination, Adaption, and Incorporation of Geriatric Principles into the ED.
<http://www.acep.org/geriEDguidelines/>

American College of Emergency Physicians (ACEP),
American Geriatrics Society (AGS),
Emergency Nurses Association (ENA),
Society for Academic Emergency Medicine (SAEM)

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Geriatric ED Boot Camp: December 2014



- **Three Aurora Emergency Departments:**
Aurora Sheboygan Memorial Medical Center
Aurora St. Luke's South Shore Medical Center (NICHE Exemplar Status)
Aurora West Allis Medical Center (NICHE Exemplar Status)
- 5 National experts traveled to Milwaukee to provide Geri ED Boot Camp and implement a quality improvement project based on the Geri ED Guidelines; this includes monthly follow up via telephone meetings with each site.
- The teams agreed on one focused aspect of the guidelines:
Improving transitions from ED to the community.

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Geriatric ED Boot Camp: December 2014



- **The Aurora Geri ED Project:**
 - Nurses at each site implemented an ISAR (Identification of Seniors at Risk) assessment of older patients with interventions offered to those who were identified as high risk:
 - **Identify the community dwelling older patients who are transitioning home, but are vulnerable.**
 - **High Risk patient determined with ISAR score of 2 or greater**
 - **ISAR- Implement interventions and processes to support the patient**

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Geriatric ED Boot Camp: December 2014

Interventions:

- 1) Follow up with primary care provider
 - Utilize clinic Transitional Care Management (TCM) processes
- 2) Home care (RN, PT, OT)
 - Partner with Aurora at Home
- 3) Referral to local Aging and Disability Resource Center (County)
- 4) Palliative care consultation,
- 5) Community Resources

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ISAR: Identification of Seniors at Risk

Implementation of ISAR Tool / "Identification of Seniors at Risk"

- Screening Questions for patients 65 or older (score 0 – 6) 2 or more is positive
1. Before the illness or injury that brought you to the Emergency Department, did you need someone to help you on a regular basis?
 2. In the last 24 hours, have you needed more help than usual?
 3. Have you been hospitalized for one or more nights during the past 6 months?
 4. In general, do you have serious problems with your vision, that cannot be corrected with glasses?
 5. In general, do you have serious problems with your memory?
 6. Do you take six or more different medications every day?

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Workflow: ISAR in EHR

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Description of 3 Aurora EDs: September 2015

ISAR Screened patient 65 ≥

	Site A	Site B	Site C
Number of older patients	220	144	145
Discharged to home:	85 (39%)	54 (38%)	79 (54%)
Age >=85 years:	95 (43%)	50 (35%)	37 (26%)
72 hour readmit rate :	12 (5%)	13 (9%)	14 (10%)
Return to ED within 30 days any site:	82 visits (37%)	49 visits (34%)	60 visits (41%)
Patients with multiple return in 30 days:	12	6	9
Falls as chief complaint:	36 (16%)	18 (13%)	19 (13%)

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What is our population?:

- What percent of the older patients seen in the ED are sent home?
- What percent of those who are sent home are at risk?
- What is the ISAR trigger point? ≥ 2 or ≥ 3 or ≥ 4
- What is the best strategy to address the needs of older patients who transfer home from the ED?

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Population Description: Site B

Description of ED Patients at Risk:

2,000 total ED visits

25% ≥ 65 ED visits (400 patients)

65% (positive risk) ISAR > 2 (260 patients)

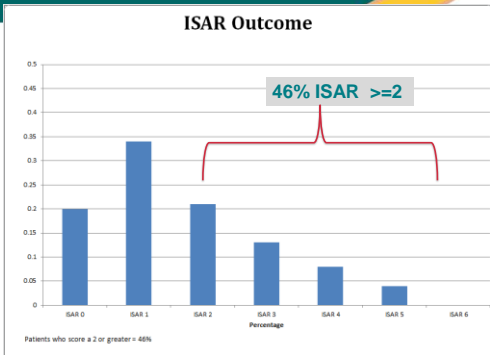
21% (positive high risk) ISAR >4 (55 patients)

69% ISAR >4 admitted (38 patients)

 **31% ISAR >4 d/c to community (17 patients)**

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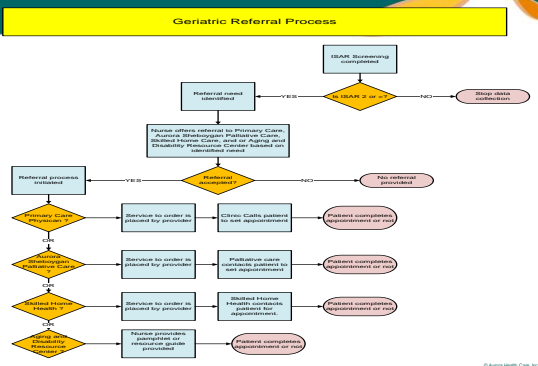
ISAR Distribution: Site A



Workflow: Interventions

- Investment in an Emergency Department Case Manager / Social Worker
- Intersection of Geriatric Experts: Geriatric Boot Camp
- Establish relationships / link to community resources
- Establish a referral process
- Educate Staff on ISAR and Community Resources / Services and referral process (implementing culture change)

Workflow: Processes



Outcomes: ED Utilization Site C

Analysis of Intervention vs Standard Care

176 patients in the study (3 months- 1 site)

- 65 years or older with ISAR of 2 or greater

70 patients Intervention group.

- Appropriate referral identified and patient accepted
- 70 patients received and completed the referral
- 9 patients did not complete the referral

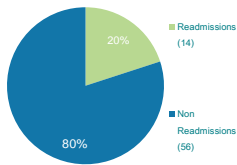
97 patients Standard Care group.

- Patient refusal
- ED RN did not identify a need or an appropriate referral

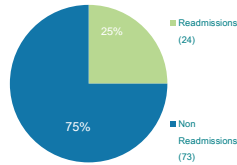
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Outcomes: ED Utilization Site C

Intervention Group
(70 patients)

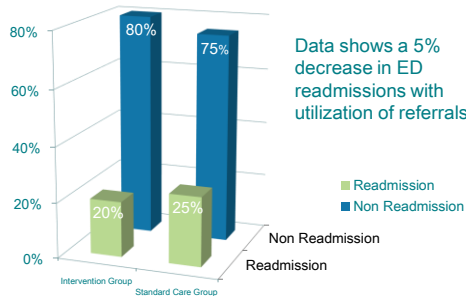


Standard Care Group
(97 patients)



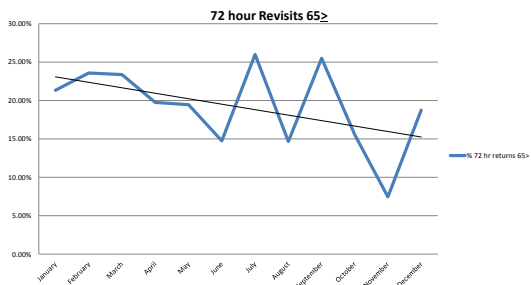
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Outcomes: ED Utilization Site C



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Outcomes: 2015 72 hour Revisits Site C

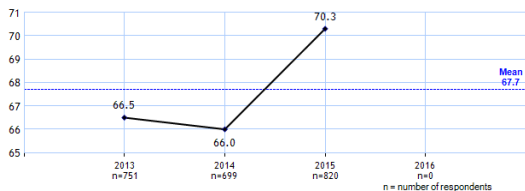


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Outcomes: Site C Patient Satisfaction Pre & Post Geri ED

Top Box Trends

Emergency Department
Overall



Displayed by Visit Date

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Challenges:

- Time
- “Hardwire” Nurse / Physician process
- Establish “ a single practice” culture at multiple sites.
- Case Management and Resource availability
- Patient compliance
- Takes time to change practice / culture
- Diversity among Hospitals – demographics, staff, and resources
- Collaboration with external resources

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Lessons Learned



- Paradigm shift from reactionary to preventative
- ISAR Tool is limited, does not capture all at risk patients
- ISAR has good sensitivity, poor specificity
- Practice change for ED nurses (culture change) takes time
- Collateral benefit, identifies non-geriatric patients that may need similar referrals
- Creating a team approach for Geriatric Care in the Emergency Department

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Next Steps:



- Improve the design and implementation of the intervention.
- Define roles of each discipline at multiple sites for continuity and future dissemination to all 14 sites in Aurora.
- Primary Care Pilot
 - Determine volumes
 - Further develop processes for stratified clinic follow-up
 - PCP vs. RN Care Coordinator
 - Collaborate with PCP leadership
 - Prevent duplication, align resources

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Next Steps:



- Metrics:
 - Daily (real time), weekly, monthly reports
 - Standardization of reporting
 - Cost analysis
 - Analysis of population to focus next interventions
- Prepare for dissemination to our next EDs
 - Develop a communication plan to build consensus
 - Align with Aurora's Medicare strategy & care at all 14 ED sites
 - Define resources
 - Define value proposition of Geri ED project

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Conclusion



Providing expert geriatric care in emergency departments and offering needed referrals is effective at:

- Helping Geriatric patients obtain the resources and care to remain at home
- Enjoy a better quality of life
- Decrease Emergency Departments utilization
- Increased Patient Satisfaction

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Reference



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