Innovative Care for Older Adults in the Emergency Department

Workshop on Embedding / Sustaining a Focus On Function in Specialty Research & Care
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The ED and Caring for Our Aging Population

Why is Geriatric EM a Challenge?
Different patient care paradigm

Non-geriatric ED Patient

Geriatric ED Patient

Single complaint

Multiple problems
- Medical
- Functional
- Social

Acute

Acute on chronic

Diagnose and treat

Control symptoms,
Maximize function,
Restore quality of life

Rapid Disposition

Continuity of Care

Rosenberg 2013

Disconnect Between ED Care and Older Adults…

Space designed for ED priorities of rapid patient evaluation and turnover, privacy forsaken for maximal use of space, crowding of narrow beds, shiny linoleum floors for quick cleanup…

MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT, AND PROGRAM DISSEMINATION

The Geriatric Emergency Department

Ula Hwang, MD, MPH,[*†] and R. Sean Morrison, MD[†‡]

With the aging of the population and the demographic shift of older adults in the healthcare system, the emergency department (ED) will be increasingly challenged with complexities of providing care to geriatric patients. The special care needs of older adults unfortunately may not be aligned with the priorities for how ED physical design and care is rendered. Rapid triage and diagnosis may be impossible in the older patient with multiple comorbidities, polypharmacy, and functional and cognitive impairments who often presents with subtle clinical signs and symptoms of acute illness. The use of Geriatric Emergency Department Interventions, structural and process of care modifications ad-

may help to address these challenges and thereby improve the quality of care of elderly people in the ED.

OLDER ADULTS AND THE ED

Although the aging population will affect all areas of health care, the ED is likely to be disproportionately affected. In 2002, approximately 58% of 75-year-olds had at least one visit to an ED, as compared to 39% of those of all ages, and ED use increased with increasing age.[3] Once in the ED, older patients are more likely to have an emergent or urgent condition, be hospitalized, and be admitted to a critical care
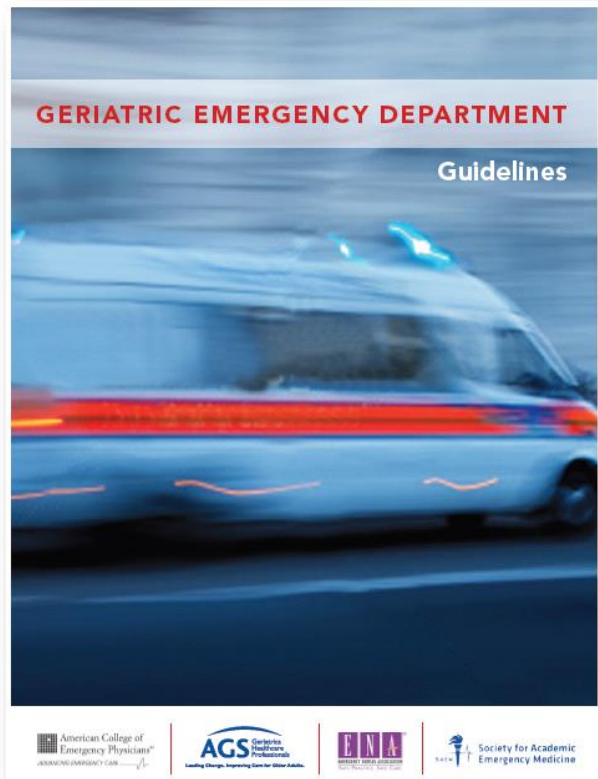
- Paradigm shift of ED physical design and care (Pediatric, Psychiatric EDs)
- Geriatric ED Interventions (**GEDIs**)
  – Structural modifications: lighting, flooring, hearing assist devices, clocks
  – Process of care modifications: screening for cognitive function, delirium, adverse health outcomes (e.g., ISAR, TRST, BRIGHT), discharge coordination
- No "Geriatric EDs" or "Senior ERs" at time of press (2007)

Geriatric Emergency Departments

1. Hadassah-Hebrew University Medical Center, Mount Scopus, Jerusalem (in 2008, wrote they had one "operating for a decade")
2. **Holy Cross Hospital,** Silver Springs, MD (part of Trinity Health) – "Senior ED" 11/2008
3. **Saint Joseph's Regional Medical Center**, Paterson, NJ – 14 bed ED, (Chair – Mark Rosenberg rosenbem@sjhmc.org) 1/2009
4. **Memorial Hermann Southwest Hospital**, Houston, TX
5. **Des Peres Hospital,** St. Louis, MO, Deborah Wilke RN, Raana Postingle MD directors, opened Feb 2010
6. [Cornell-Weil Medical Center, NY, NY] – 15 bed GEM ED in 2005
7. Regional Geriatric Programs of Ontario, 2009 with Geriatric Emergency Management (GEM) model to link an ED visit of a frail senior to supportive health care services
8. Kansas, Witchita – Galichia Heart Hospital "Senior ER" 8/09
9. **Michigan Trinity Hospital** – "marketing the Senior ED" – Ann Arbor and all Trinity ED's in Michigan – separate wings, - Trinity Health Systems plans to open 19 centers by 2013 in 7 states (MD, Mich, Iowa, Tx, Colorado, MD (part of Silver Springs Holy Cross), Louisiana) –
George C. "Senior emergency departments" CMAJ, 2011:183:E613-E614. in Ann Arbor, **Livingston, Livonia (11/10)**, **Oakland, Port Huron**
10. **St. Mary Mercy Hospital**, Saline, MI
11. **Memorial Regional Hospital South**, Hollywood, FL. Geriatric Emergency Room Suites 5/10 http://babyboomers-seniors.com/pdfs/may10/fullpages/may11.pdf
12. **St. Joseph Mercy Health System,** Ann Arbor MI

13. Chelsea Washtenaw/Livingston County
    – *L2011auren Stokes, media relations contact for the hospital, said the Saline Senior ER is part of a larger plan to bring a similar style of care to the region. "By Jan. 1,, emergency departments at Chelsea Community Hospital, St. Joseph Mercy Ann Arbor, St. Joseph Mercy Brighton, St. Joseph Mercy Livingston, St. Joseph Mercy Oakland, St. Joseph Mercy Port Huron and St. Joseph Mercy Saline will each have a Senior Emergency Department staffed by caregivers who are specially skilled in geriatric emergency care," she said. ""St. Mary Mercy Livonia opened the doors to the health system's first Senior Emergency Department on July 14."*
    – Since July 2010, Trinity Health, which operates in seven states, has opened eight ER's in Michigan for patients age 65 and over.
14. **Park Plaza Hospital and Medical Center** in Houston debuted its senior ER department in October, 2010.
15. **MetroHealth Geriatric Emergency Department**, Cleveland, OH http://www.metrohealth.org/body.cfm?id=2367&oTopID=2363
16. Centerpoint Medical Center, KS 4/15/11 http://www.bizjournals.com/kansascity/print-edition/2011/04/15/centerpoint-medical-center-dedicates.html?page=all
17. …..

18. **….170+**

Geriatric Emergency care – 10 years

2012 – 2013:
- ACEP
- AGS
- ENA
- SAEM

2018-2019:
- CAEP
- AAEM

2017-2018:
- ACEP debuted GEDA

TODAY:
- **Level 1: 8**
- **Level 2: 4**
- **Level 3: 26**
- **130+ applications**

Accreditation Levels - Comparison Overview

	Level 3	Level 2	Level 1
Staffing			
1 MD with evidence of focused education for geriatric EM	✓		
1 RN with evidence of focused education for geriatric EM	✓		
Physician champion / Medical director		✓	✓
Nurse case manager/transitional care nurse present > 56 hrs/week		✓	✓
Interdisciplinary geriatric assessment team includes > 2 roles		✓	
Interdisciplinary geriatric assessment team includes > 4 roles			✓
> 1 executive / administrative sponsor supervising GED program		✓	✓
Patient advisor/patient council			✓
Education			
Staff physician education related to 8 domains of GEM (see Table 1 for list of 8 domains)		✓	✓
Nursing education in geriatric emergency care (i.e., GENE, NICHE)		✓	✓
Policies/Protocols Guidelines & Procedures			
Evidence of a geriatric emergency care initiative (e.g. urinary catheter utilization policy)	✓	✓	✓
> 10 items from the ED model of care for 75% of patients over 65 yrs (see Table 2 for ED model of care)		✓	
> 20 items from the ED model of care for 75% of patients over 65 yr (see Table 2 for ED model of care)			✓
Quality Improvement			
75% adherence to 10 components listed above based on random chart audit		✓	
75% adherence to 20 components listed above based on random chart audit			✓

Incorporating Geriatrics into Emergency Care

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Ideal,
Normal
care

Ideal, Normal care
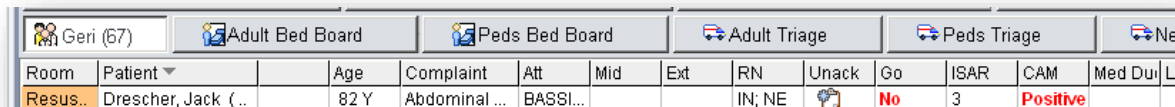
Safety net, Emergency care

Geriatrics by stealth

➤ Incorporating geriatrics into routine workflow…

   – Identification of Seniors at Risk (ISAR)

   – Cognitive function – delirium assessment

   – Mobility function – falls risk assessment

Power of Leverage

Leveraging EHR

➢ Creating templates, track boards, order sets
➢ Check box algorithms to calculate ISAR (Identification of Seniors at Risk), bCAM (component RASS, DTS, CAM)
➢ Put into workflow to implement and monitor clinical care
➢ Get to know your EHR programmer team
➢ What are the processes required to implement changes to EHR?
➢ How to move up requests in priority queue

Geri (67)	Adult Bed Board		Peds Bed Board		Adult Triage	Peds Triage	Ne

Room	Patient ▼		Age	Complaint	Att	Mid	Ext	RN	Unack	Go	ISAR	CAM	Med Du	La
Resus..	Drescher, Jack (..		82 Y	Abdominal ...	BASSI...			IN; NE		No	3	Positive		

Universal Screening: Triage or Primary Nurse and ED Tech

Initial Geriatrics Screening

Date: 8/21/2013 🔲 Time: 1218 🕐 Values By

▽ Geriatric Screening Assessment

"What is your name?" Does the patient know their name? 📄 [Yes] [No]

Prior to this illness, were you able to 📄 [Yes (Alone)] [With assitive devices (i.e. walker, cane)] [No]
walk to the bathroom alone?

▽ ISAR (Identification of Seniors At Risk) Screening

Before the illness or injury that brought you to the ED, did you NEED SOMEONE to help you on a regular basis? 📄 [1=Yes] [0=No]

Since the illness or injury that brought you to the ED, have you NEEDED MORE HELP THAN USUAL to take care of yourself? 📄 [1=Yes] [0=No]

Have you been HOSPITALIZED for one more nights during the PAST 6 MONTHS (excluding a stay in the ED)? 📄 [1=Yes] [0=No]

In general, do you SEE well? 📄 [0=Yes] [1=No]

In general, do you have serious problems with your MEMORY? 📄 [1=Yes] [0=No]

Do you take more than three different MEDICATIONS every day? 📄 [1=Yes] [0=No]

ISAR Score (Scores 2 or higher indicate High Risk) [   ]

[◄◄◄ Restore] [✓ Close F9] [✗ Cancel]   [⬆ Previous F7] [⬇ Next F8]

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Geriatric Track Board

- Visibility to all
- Prioritization of patients
- Facilitates timely interventions

Structural Enhancements

Environmental changes to the Geri-ED space to improve function:

- ➢ *Non-slip, non-glare floors*
- ➢ *Ambulation-assist hand rails*
- ➢ *Diurnal lighting*
- ➢ *Thicker mattress pads*
- ➢ *[Hospital beds in ED]*
- ➢ *Recliners*
- ➢ *Noise reduction rooms*

- ➢ *Enhanced (larger font) signage and instructions*
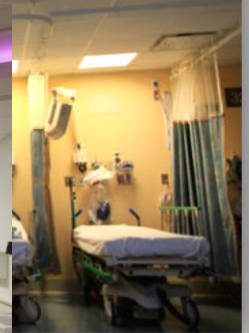
Geriatric ED Equipment and Supplies

Enhancements to the Geriatric Friendly ED space include:

➢ *Non-slip socks*

➢ *Bedside commode*

➢ *Hearing and visual assist devices*

➢ *4 point walkers and canes*

➢ *Easy access to food and drink*

Care And Respect for Elders (CARE) Volunteers

➢ HELP model in the ED

– *Engage with patient (conversation, crosswords, sudoku, drawing)*

– *Provide reading glasses and hearing assist devices*

– *Ambulate older patients boarding / observation unit patients. Extension of inpatient rollout.*
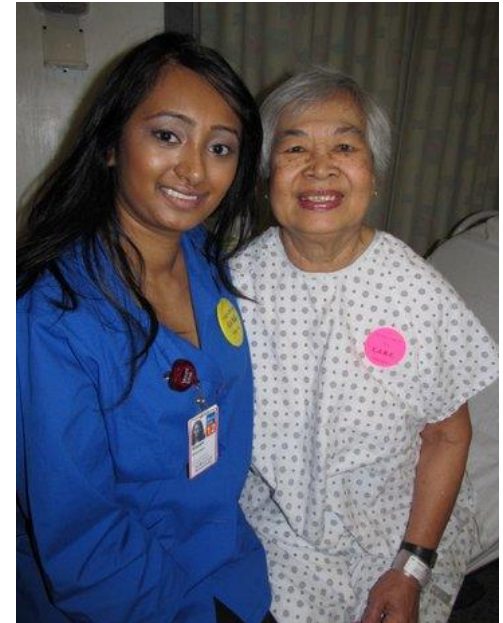
Sanon M, J Am Geriatr Soc 2014

Limited resources…

➢ Reuse/Repurpose existing resources:

- Existing case managers and social workers in the ED

  – *What do they do? Who do they report to? Can they shift activities and focus to assess a targeted group of older ED patients?*

- Techs in the ED to do falls assessment

  – *walk patients to bathroom ➔ Timed Up & Go*

Buy In and Aligning Goals

➢ Engage your partners (colleague staff to C-suite)

– Identify and understand their goals

- *Hospital CEO would like to increase Medicare beneficiary patient population. Patients leaving for other hospitals when they turn 65.*

– Aligning goals and priorities of their clinical routine

- *How can this project make things easier for them? Positive ISAR screens trigger a care transitions nurse to see the patient and provide additional evaluation and assistance in ensuring safe discharge, **disposition.***

– Make them part of the decision making

- *CAM screening 20% to 80% when nurses chose instrument they would use (replaced CAM with DTS/bCAM)*

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Leveraging hospital "ribbons"
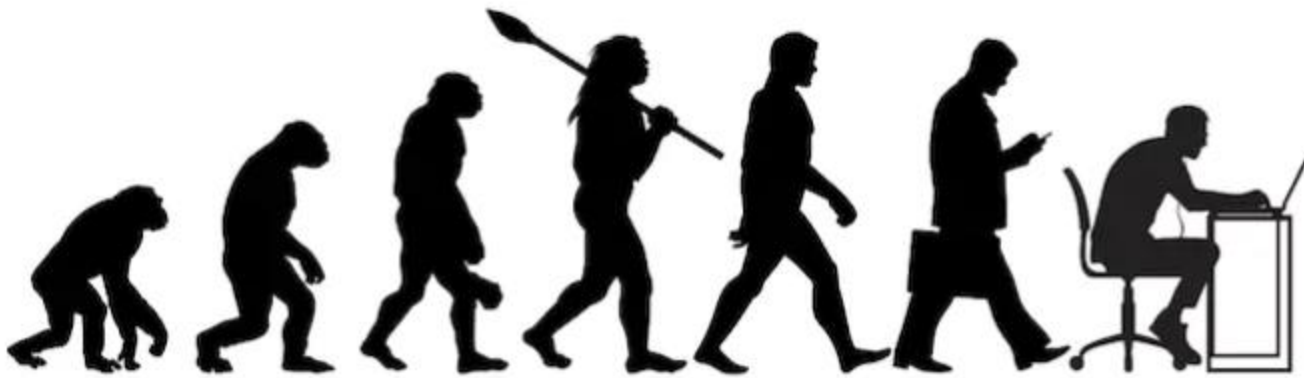

Bronze - Level 3

Silver - Level 2

Gold - Level 1

1 Geriatric focused QI protocol / initiative

10 Geriatric focused QI protocol / initiative

20 Geriatric focused QI protocol / initiative

In Summary

CONNECT
THE DOTS

"You can't stop the waves,
but you can learn to surf."

Jon Kabat-Zinn