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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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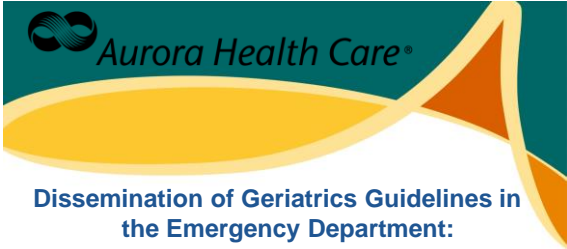
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## Dissemination of Geriatrics Guidelines in the Emergency Department:

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

Aaron Malsch MS, RN, GCNS-BC  
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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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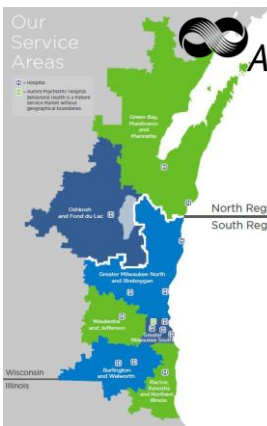
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- Integrated, not-for-profit health care provider serving communities in eastern Wisconsin and northern Illinois.
- 15 hospitals, 159 clinic sites, 69 retail pharmacies
- 7 NICHE sites (6 Exemplar Status)
- 4 time Magnet Designation (ASLSS)
- 7.8 million 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

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## 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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## 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?  $\geq 2$  or  $\geq 3$  or  $\geq 4$
- 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%  $\geq 65$  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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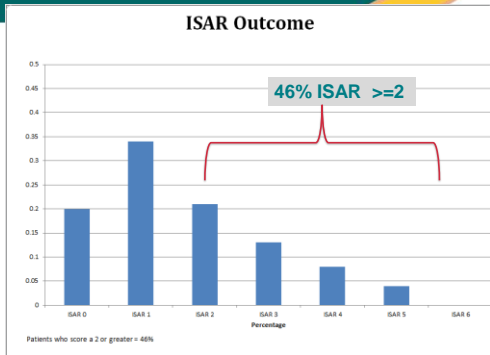
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## ISAR Distribution: Site A




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## 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)

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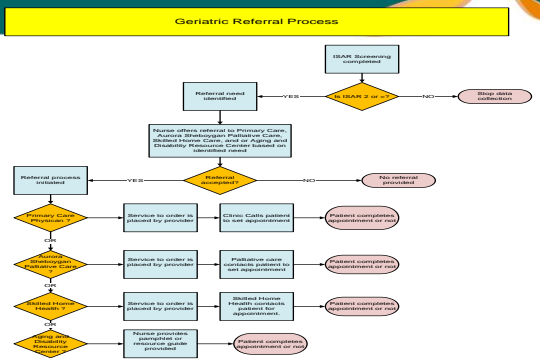
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## Workflow: Processes




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## 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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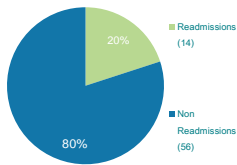
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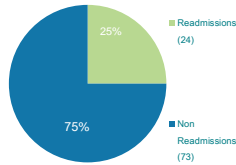
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## Outcomes: ED Utilization Site C

Intervention Group  
(70 patients)



Standard Care Group  
(97 patients)



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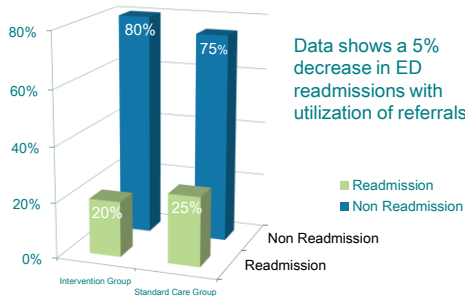
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## Outcomes: ED Utilization Site C



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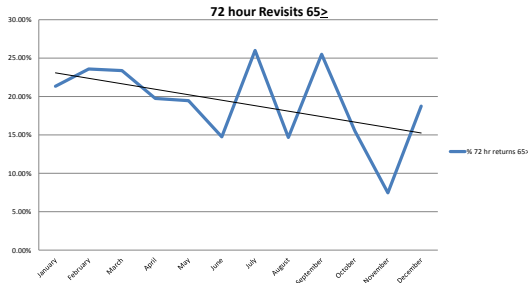
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## Outcomes: 2015 72 hour Revisits Site C



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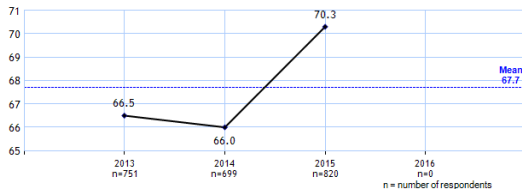
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## Outcomes: Site C Patient Satisfaction Pre & Post Geri ED

### 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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## Contact



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