Disclosures: No Financial Conflicts

Funding:

  John A. Hartford Foundation
  West Health Institute
  Call 9 Telehealth Advisor
JUST THE FACTS

NUMBER OF AMERICANS AGES 65 AND OVER IS EXPECTED TO DOUBLE TO MORE THAN 98 MILLION BY 2060²

BY 2060, NEARLY ONE-QUARTER OF AMERICANS WILL BE AGES 65 AND OLDER³

NUMBER OF PEOPLE AGES 85 AND OLDER IS PROJECTED TO MORE THAN TRIPLE FROM 6 MILLION IN 2015 TO NEARLY 20 MILLION BY 2060⁴

21.3 MILLION PATIENTS OVER THE AGE OF 65 WERE TREATED IN EMERGENCY ROOMS IN 2015, UP FROM ABOUT 16 MILLION IN 2001⁵
• Paradigm shift of ED physical design and care (ex. Pediatric EDs)
• Geriatric ED Interventions (GEDIs)
• No “Geriatric EDs” or “Senior EDs” at time of press (2007)
ED Critical Role in Cost and Care Trajectory

- 60% of older adults admitted to hospital come through the ED
- The ED itself is not the huge cost center of US Health Care, however …
- ED makes decisions with tremendous cost implications (admit vs. discharge)
  - Average admission >$22,000
- ED makes decisions with tremendous care implications
- Can the ED identify and intervene upon underlying social needs and integrate medical care to improve the care and cost trajectory?
Geriatric ED Guidelines: Four Critical Components of a Geriatric-Appropriate ED
Developing Solutions
But how do you scale change (and make it stick)??

- Change-oriented, implementation focused education
- Clear, attainable goal setting
- Recognition of accomplishment
- Measurement towards goals and continual recalibration
- Value to key stakeholders
Geriatric Emergency Department Collaborative

Geriatric Emergency Medicine: The Time to Act is Now
Part Two
by Hartford Geri EM Champions | February 24, 2015

Editor’s Note: In our Feb. 19 Health AGEnda post, the team we’re informally calling the Hartford Geri EM Champions shared information about the first two Geriatric Emergency Medicine Boot Camps and a meeting hosted by the John A. Hartford Foundation in late January to discuss new opportunities to improve acute care of older adults. Today, in the second of two parts, our EM experts discuss why our current system is failing older Americans, and share their vision for better emergency department care that can both serve the needs of older adults and contribute to a more efficient and value-based health care system.

- Share best practices across Geriatric EDs
- Offer QI focused inter-disciplinary ”Boot Camps” and GED courses
- Care evolution through rapid cycle PDSA
Levels 1 and 2 are designed to reflect an increasing commitment to senior-specific care in the Emergency Department.

Level 3 is designed to be within reach of every hospital.

GEDA is created in partnership with John A Hartford and West Health.
Punchbowl Geriatric ED Dashboard
*ED Patients/Age 75+/Acuity 1, 2, 3

<table>
<thead>
<tr>
<th>ED Volumes</th>
<th>Jan 2019</th>
<th>Dec 2018</th>
<th>Nov 2018</th>
<th>Oct 2018</th>
<th>Sep 2018</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total ED Volumes (any age)</td>
<td>5756</td>
<td>5553</td>
<td>5388</td>
<td>5637</td>
<td>5511</td>
<td>27646</td>
</tr>
<tr>
<td>Total ED Volumes (Geriatric)</td>
<td>743</td>
<td>690</td>
<td>706</td>
<td>711</td>
<td>640</td>
<td>3450</td>
</tr>
<tr>
<td>% of Total ED Visits</td>
<td>12.9%</td>
<td>12.4%</td>
<td>13.1%</td>
<td>12.6%</td>
<td>12.1%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Geriatric Admits (% of Geriatric Volume)</td>
<td>336 (45.2%)</td>
<td>316 (45.8%)</td>
<td>331 (45.9%)</td>
<td>344 (45.4%)</td>
<td>294 (45.9%)</td>
<td>1621 (45.4%)</td>
</tr>
<tr>
<td>ED Repeat Visits - 30 day</td>
<td>143</td>
<td>110</td>
<td>107</td>
<td>147</td>
<td>122</td>
<td>629</td>
</tr>
<tr>
<td>Readmissions (ED Admits) - 30 day</td>
<td>72</td>
<td>74</td>
<td>64</td>
<td>82</td>
<td>67</td>
<td>359</td>
</tr>
<tr>
<td>ED Visits &gt; 8 hours</td>
<td>220</td>
<td>152</td>
<td>176</td>
<td>170</td>
<td>164</td>
<td>882</td>
</tr>
<tr>
<td>Deaths</td>
<td>21</td>
<td>16</td>
<td>32</td>
<td>33</td>
<td>22</td>
<td>124</td>
</tr>
<tr>
<td>Geriatric Consults (%)</td>
<td>19 (2.6%)</td>
<td>13 (1.9%)</td>
<td>21 (3.0%)</td>
<td>29 (4.1%)</td>
<td>15 (2.3%)</td>
<td>97 (2.8%)</td>
</tr>
</tbody>
</table>

**Specific Initiatives**

**Dementia**
- Dementia Screening Done (goal: 50%)
  - Jan 2019: 182 (24.5%)
  - Dec 2018: 149 (20.7%)
  - Nov 2018: 155 (21.7%)
  - Oct 2018: 190 (26.7%)
  - Sep 2018: 168 (26.8%)
  - TOTAL: 886 (24.0%)  
- Positive Dementia Screen (% of screens done)
  - Jan 2019: 50 (35.0%)
  - Dec 2018: 77 (50.3%)
  - Nov 2018: 80 (42.1%)
  - Oct 2018: 75 (44.6%)
  - Sep 2018: 141 (16.9%)
- Positive Dementia Screen + SW Consult
- Positive Dementia Screen + Geri Consult
- **Assessment of Function**
  - ISAQ Screening Done (goal: 50%)
    - Jan 2019: 170 (22.9%)
    - Dec 2018: 143 (20.7%)
    - Nov 2018: 154 (21.8%)
    - Oct 2018: 184 (25.9%)
    - Sep 2018: 160 (25.0%)
    - TOTAL: 811 (23.2%)
  - Positive ISAQ Screen (% of screens done)
    - Jan 2019: 118 (89.4%)
    - Dec 2018: 99 (69.3%)
    - Nov 2018: 115 (74.7%)
    - Oct 2018: 116 (63.0%)
    - Sep 2018: 122 (76.3%)
    - TOTAL: 570 (70.9%)
  - Positive ISAQ Screen + SW Consult
- **Falls**
  - Falls Risk Assessment Done (goal: 100%)
    - Jan 2019: 476 (64.1%)
    - Dec 2018: 472 (64.8%)
    - Nov 2018: 452 (64.0%)
    - Oct 2018: 463 (65.1%)
    - Sep 2018: 372 (58.1%)
    - TOTAL: 2295 (64.0%)
  - Positive Falls Risk (% of assessments done)
    - Jan 2019: 271 (56.3%)
    - Dec 2018: 297 (62.9%)
    - Nov 2018: 295 (66.2%)
    - Oct 2018: 295 (63.7%)
    - Sep 2018: 230 (64.0%)
    - TOTAL: 1400 (62.6%)
  - Positive Falls Risk + PT Consult
- **Pain/Palliative Care Consult**
  - Jan 2019: 3 (0.4%)
  - Dec 2018: 2 (0.3%)
  - Nov 2018: 5 (0.7%)
  - Oct 2018: 9 (1.3%)
  - Sep 2018: 8 (1.3%)
  - TOTAL: 27 (0.8%)
- **Physical Restraint**
  - Jan 2019: 6 (0.8%)
  - Dec 2018: 5 (0.7%)
  - Nov 2018: 6 (0.8%)
  - Oct 2018: 6 (0.8%)
  - Sep 2018: 4 (0.6%)
  - TOTAL: 27 (0.8%)
- **Psychiatric Care**
  - Jan 2019: 8 (1.1%)
  - Dec 2018: 8 (1.2%)
  - Nov 2018: 8 (1.1%)
  - Oct 2018: 8 (1.1%)
  - Sep 2018: 8 (1.3%)
  - TOTAL: 40 (1.1%)
Health - Care System GED ROI

Public Image/ Market Share

Census Management

Portal to Value Based Care
Level III

Good geriatric ED care
- At least one MD and one RN with evidence of geriatric-focused (champions)
- Evidence of geriatric focused care initiative
- Mobility Aids
- Food & drink 24/7
Level II

**Center of excellence in geriatric ED care**

- Physician & nurse champions (medical/ nurse director) with focus on geriatric EM
- Geriatric-focused nurse case manager 56 hours / week
- Geriatric assessment team: 2 of PT, OT, SW, or Pharmacy available in ED
- Hospital executive-assigned supervision of and support for geriatric ED resources
- Geriatric EM education for MDs and RNs
- Demonstrable adherence to at least 10 (of 26) policies and protocols
- QI process for selected policies
- Tracking at least 3 of 11 outcome measures
- Physical supplies and food/ drink
Level I

Center of excellence in geriatric ED care

- Physician & nurse champions (medical/nurse director) with focus on geriatric EM + patient advisor
- Geriatric-focused nurse case manager 56 hours/week
- Geriatric assessment team: 4 of PT, OT, SW, or Pharmacy available in ED
- Hospital executive-assigned supervision of and support for geriatric ED resources
- Geriatric EM education for MDs and RNs
- Demonstrable adherence to at least 20 (of 27) policies and protocols
- QI process for selected policies
- Tracking at least 5 of 11 outcome measures
- More physical supplies, space modifications, and food/drink
GEDA Sites

May 2018
First 3 accredited GEDS

April 2019
54 accredited GEDS
Nationwide
(>200 apps pending)