CREATING A GERIATRIC APPROPRIATE ED: MAKING CHANGE STICK

Developing Value – Driven Age Friendly Health Systems
University of Utah
April 5, 2019

Kevin Biese, MD, MAT

Disclosures: No Financial Conflicts

Funding:

John A. Hartford Foundation

West Health Institute

Call 9 Telehealth Advisor

JUST THE FACTS

PATIENTS OVER THE AGE OF 75 YEARS

REPRESENT THE SECOND HIGHEST GROUP OF EMERGENCY DEPARTMENT USERS (FOLLOWING ONLY THOSE 1-4 YEARS OLD)[1]

NUMBER OF AMERICANS **AGES 65** AND OVER IS EXPECTED TO DOUBLE TO MORE THAN

98 MILLION BY 2060[2]

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

65 AND OLDER[3]

NUMBER OF PEOPLE AGES 85 AND OLDER IS PROJECTED TO

MORE THAN TRIPLE

FROM 6 MILLION IN 2015 TO NEARLY

20 MILLION BY 2060[4]

21.3 MILLION

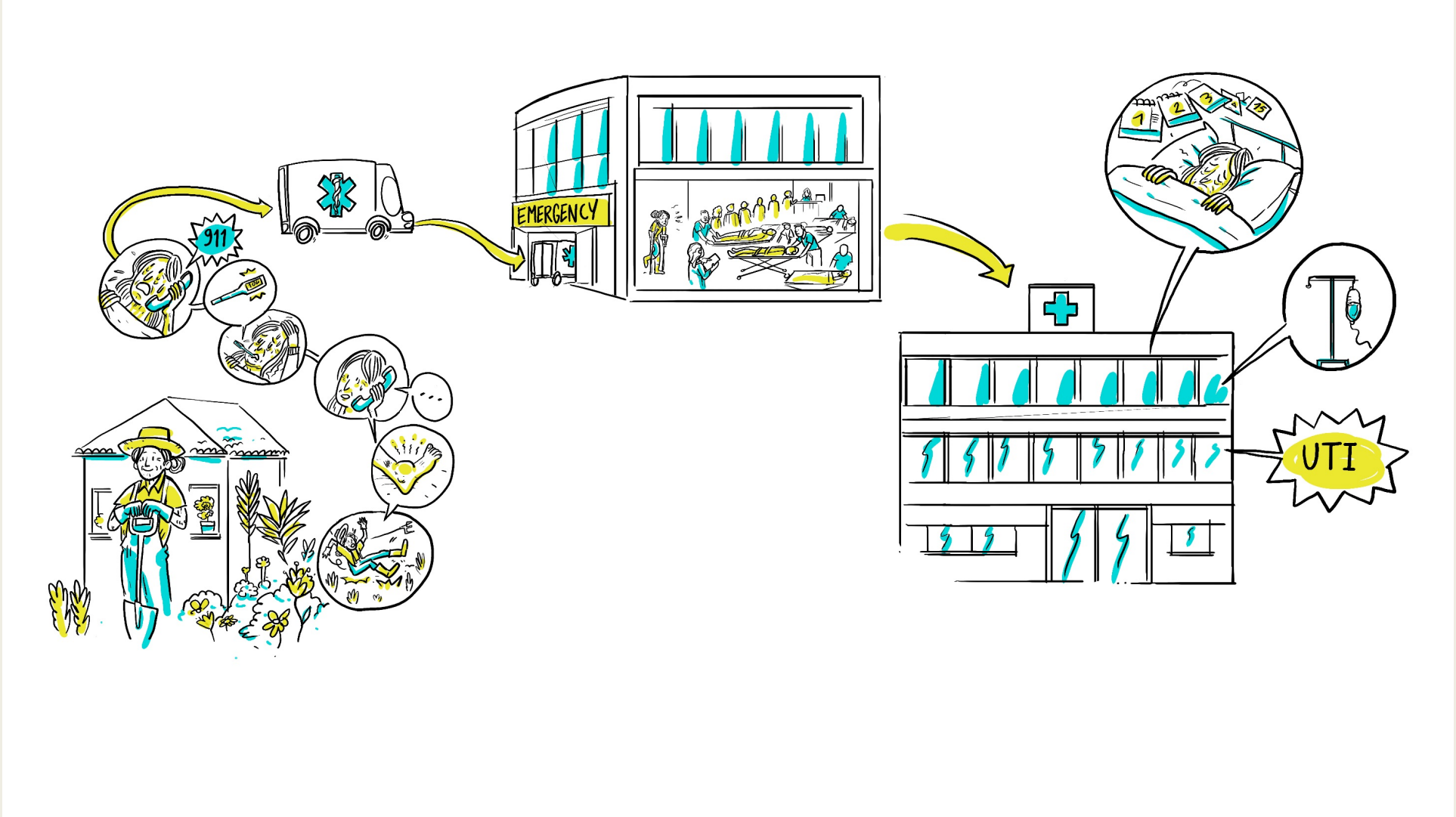
PATIENTS OVER THE AGE OF 65 WERE TREATED IN EMERGENCY ROOMS IN 2015,

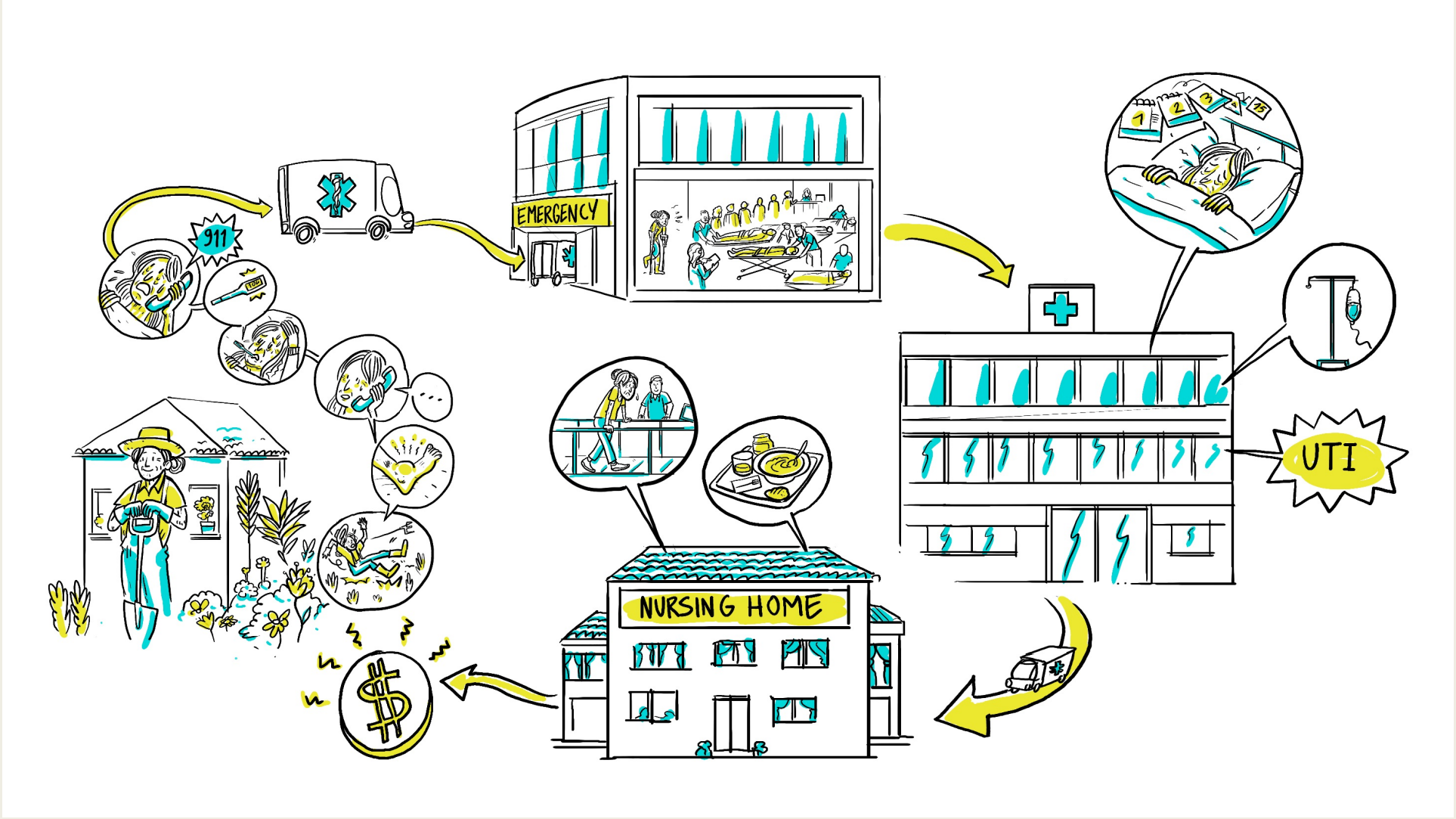
UP

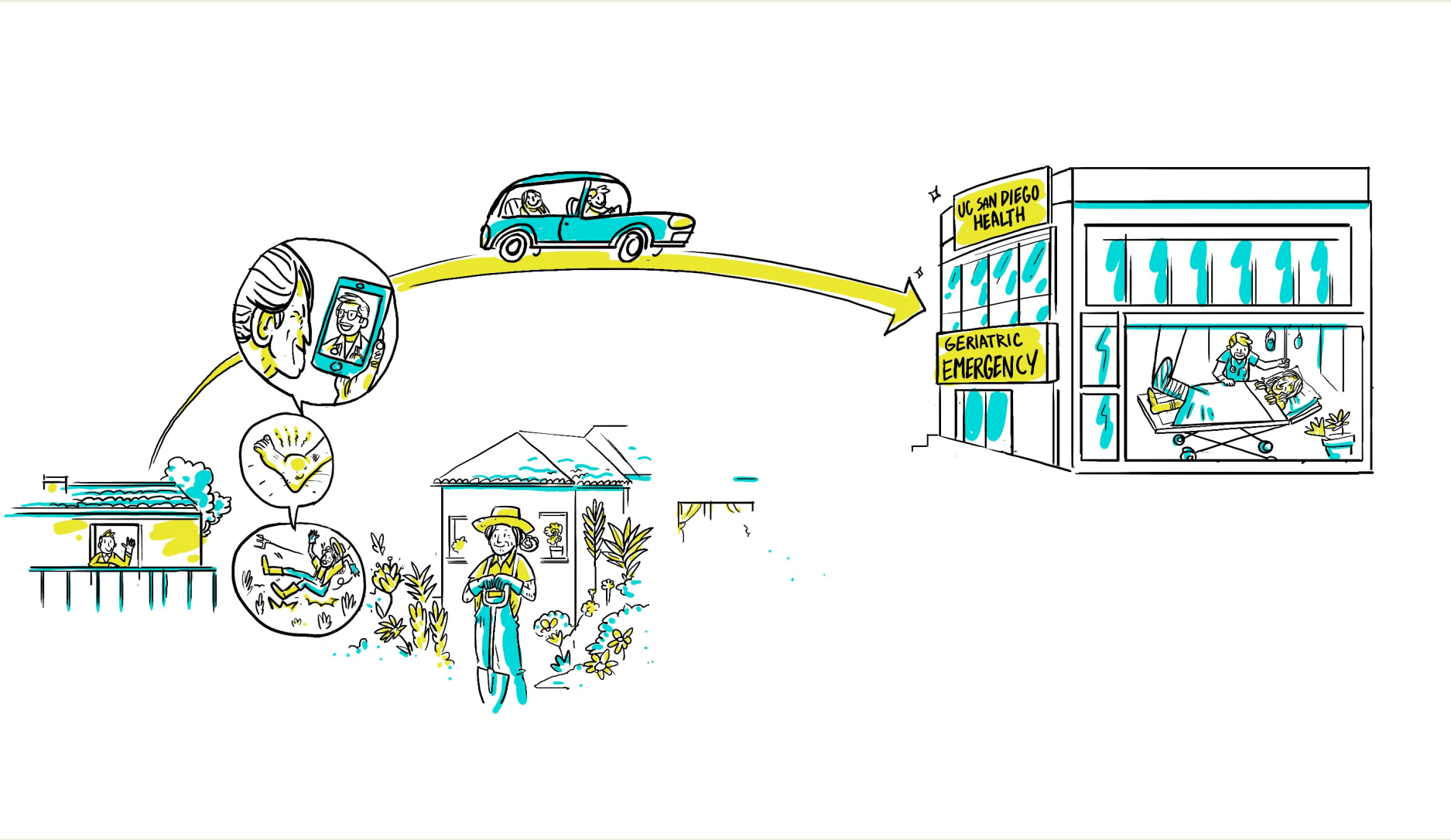
FROM ABOUT 16 MILLION IN 2001[5]


911

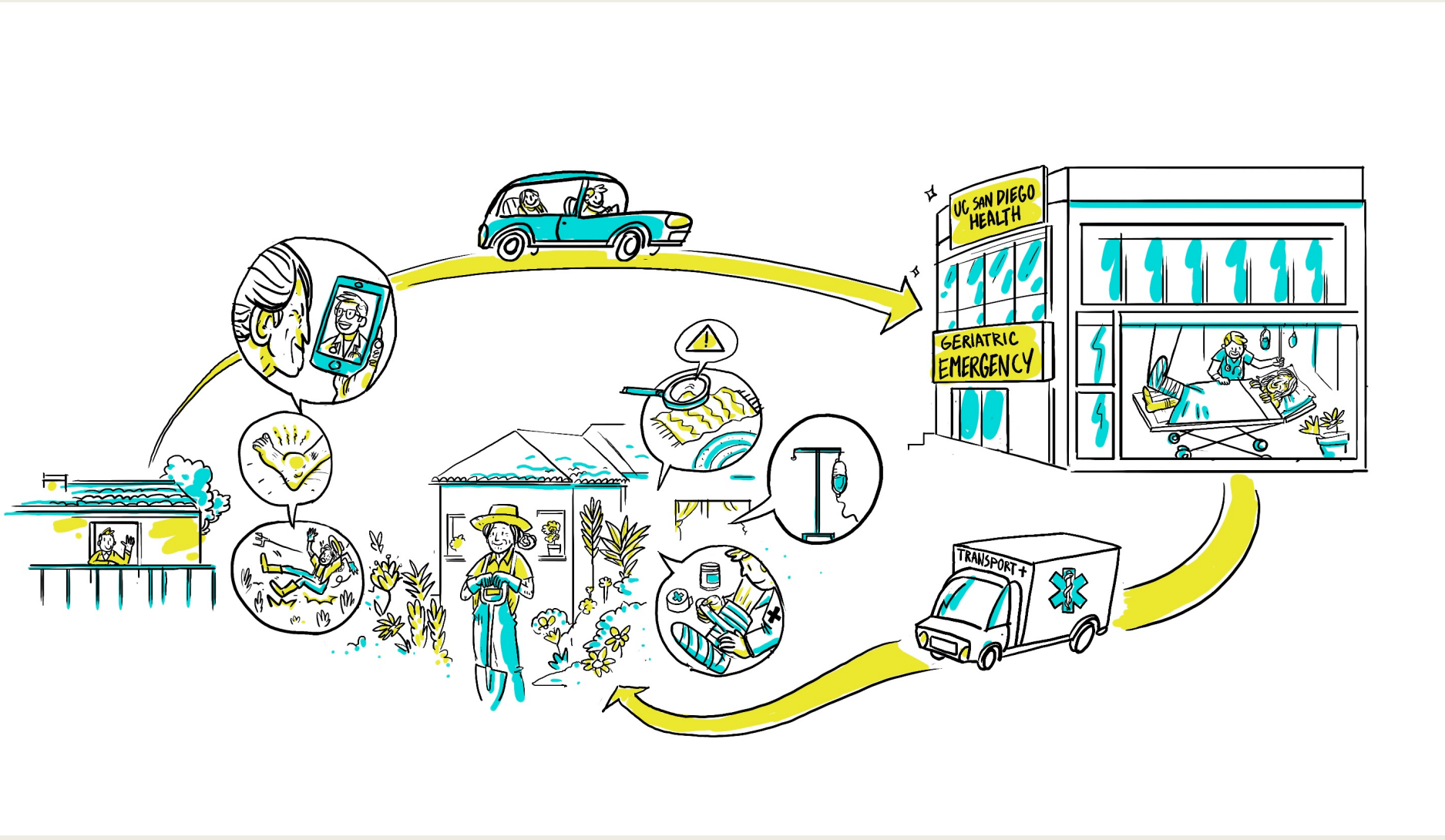

911
EMERGENCY

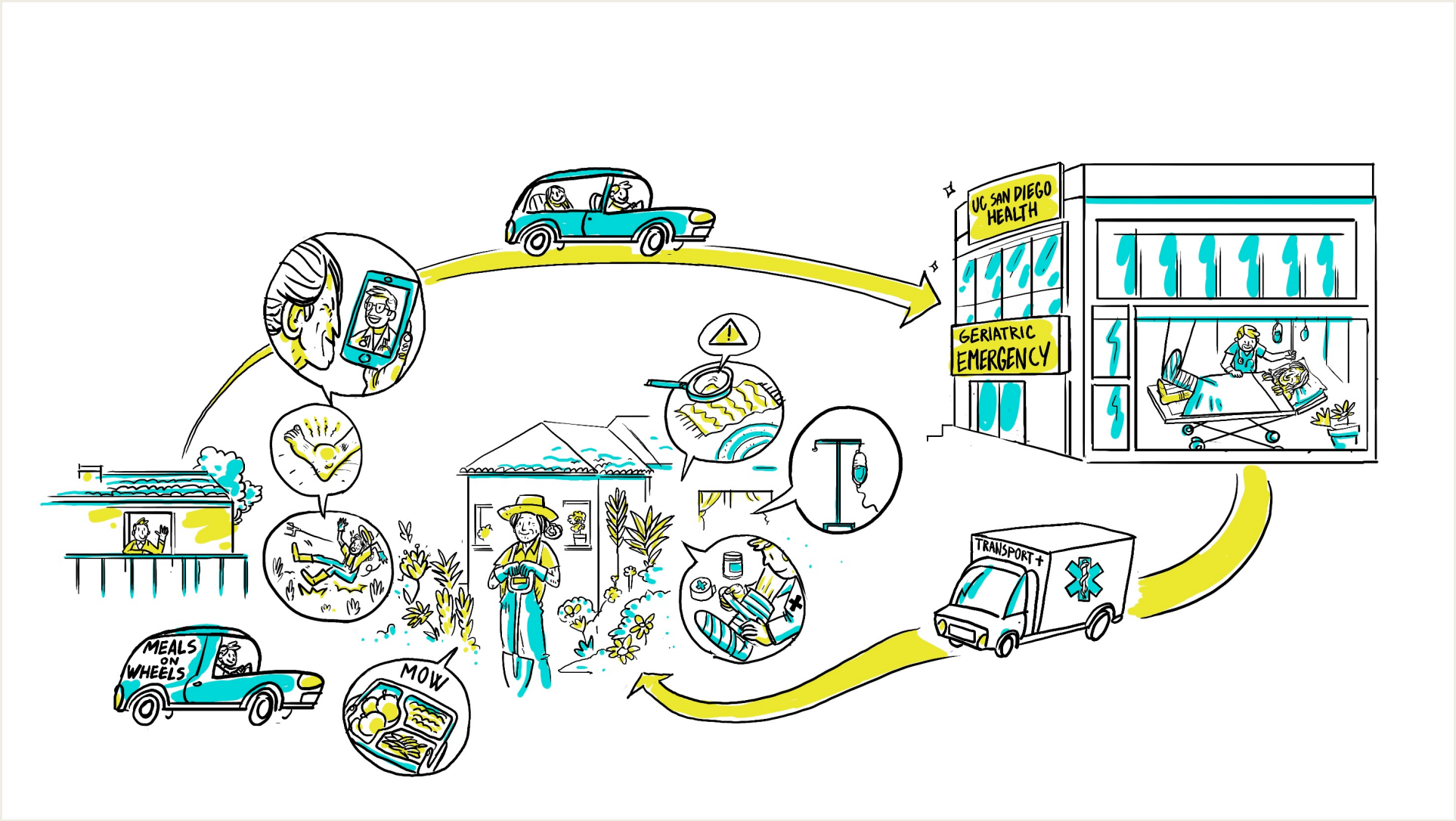

911
EMERGENCY
UTI

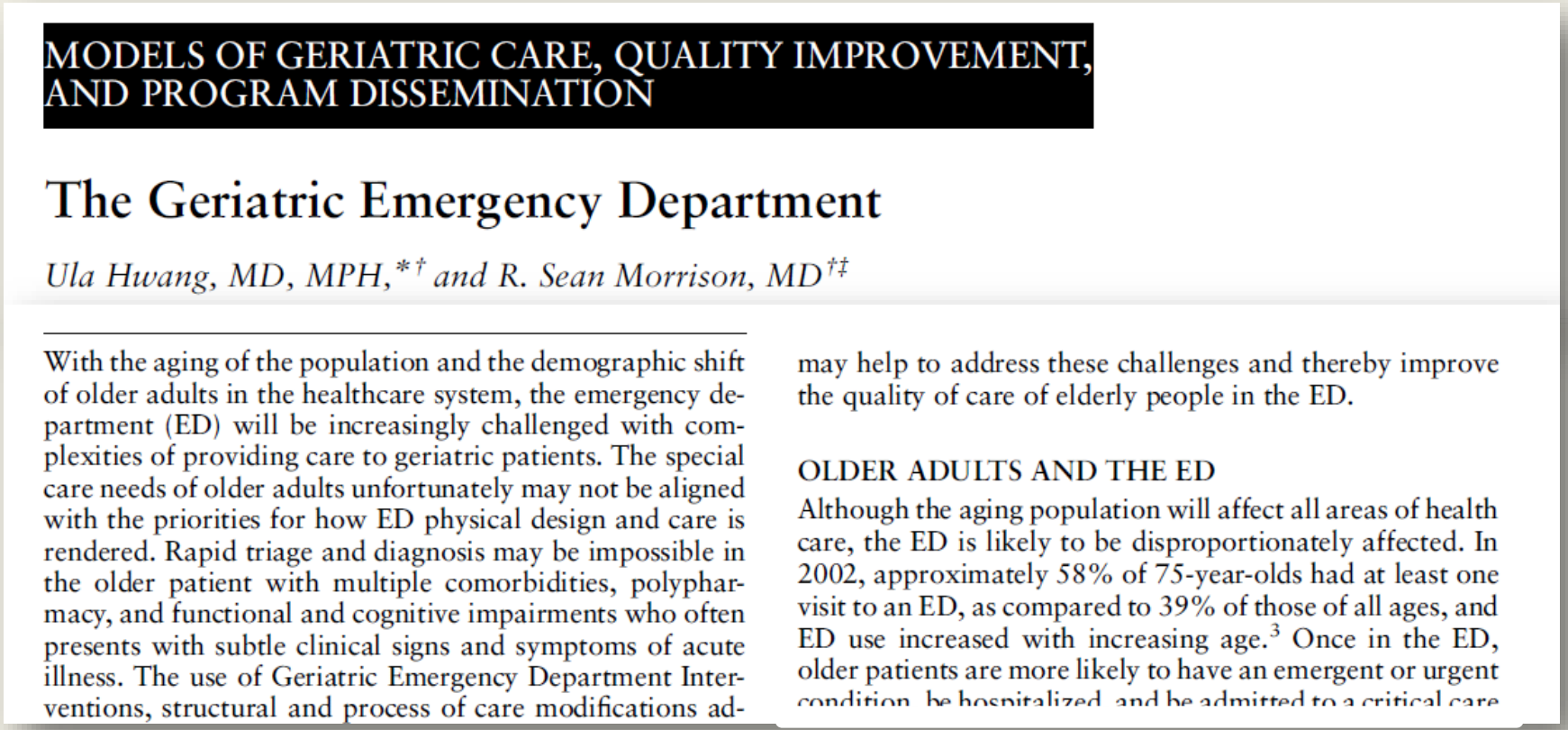

911
EMERGENCY
UTI
NURSING HOME


UC SAN DIEGO HEALTH
GERIATRIC EMERGENCY


UC SAN DIEGO HEALTH
GERIATRIC EMERGENCY
TRANSPORT


UC SAN DIEGO HEALTH
GERIATRIC EMERGENCY
TRANSPORT


UC SAN DIEGO HEALTH
GERIATRIC EMERGENCY
TRANSPORT
MEALS ON WHEELS
MOW



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-

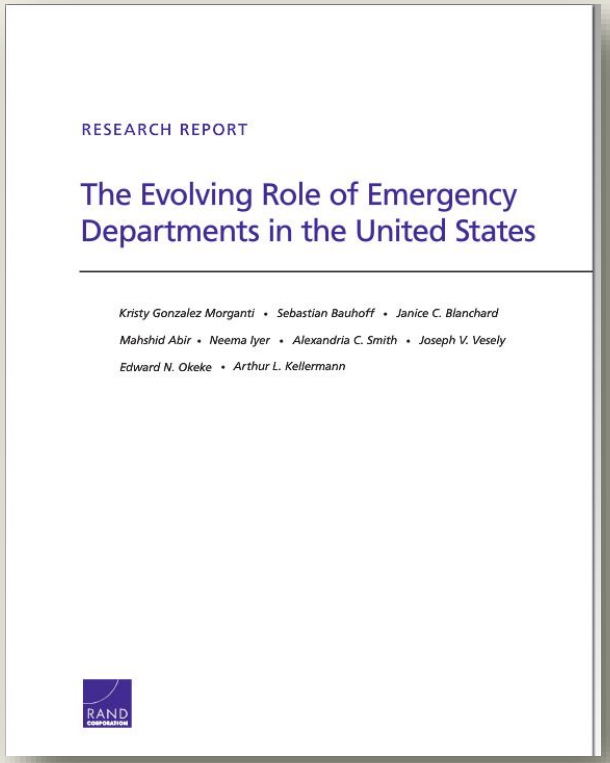
may help to address these challenges and thereby improve the quality of care of elderly people in the ED.

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

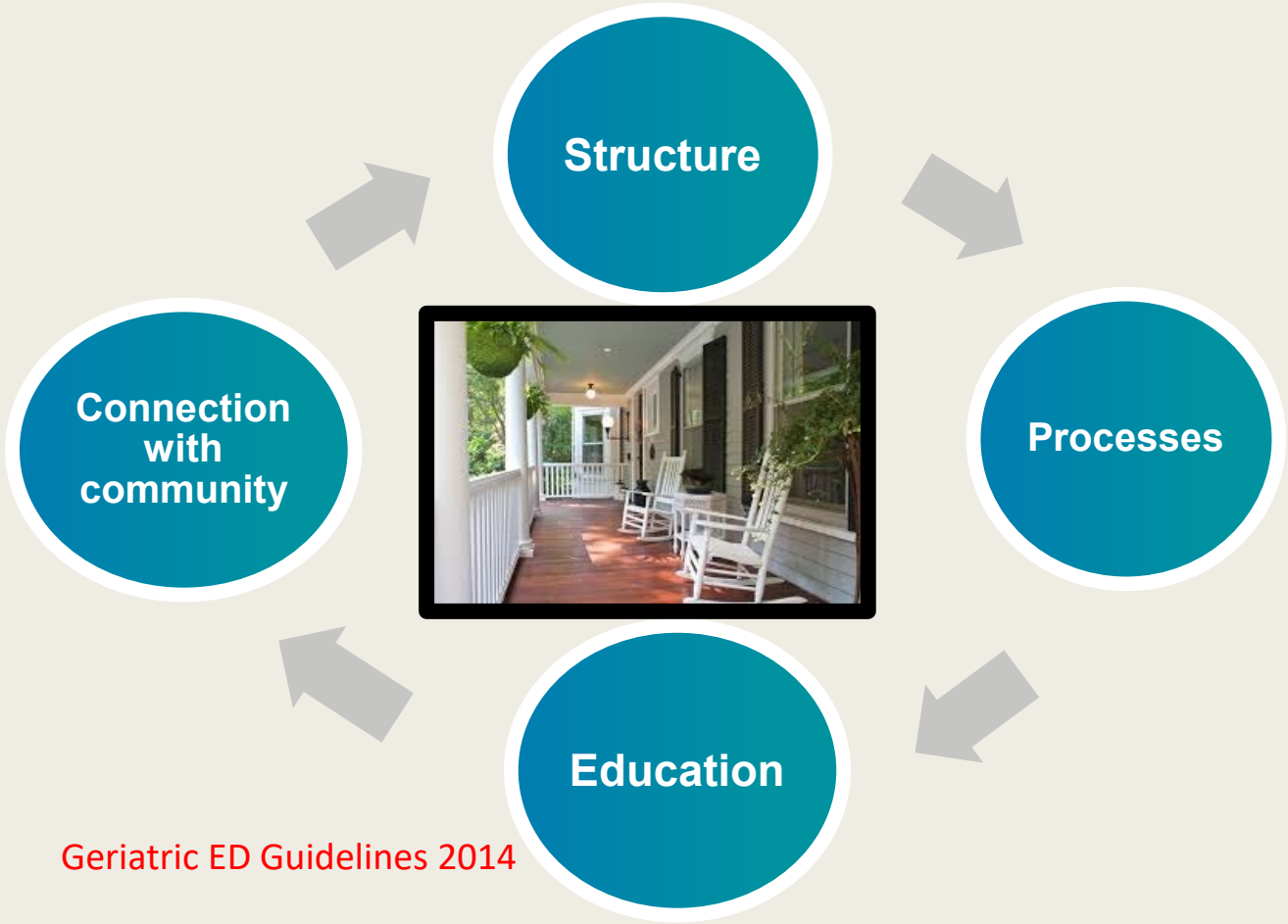
- Paradigm shift of ED physical design and care (ex. Pediatric EDs)
- Geriatric ED Interventions (GEDIs)
- No “Geriatric EDs” or “Senior EDs” at time of press (2007)

ED Critical Role in Cost and Care Trajectory

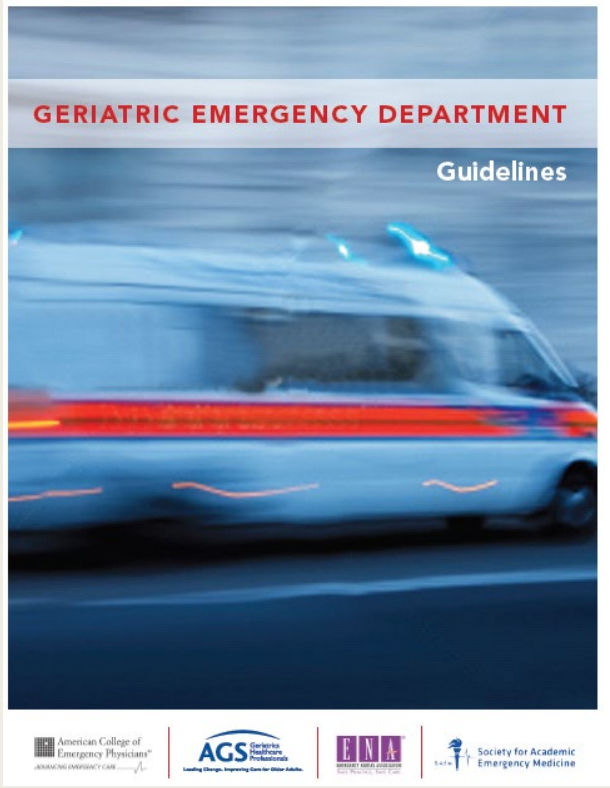


- 60% of older adults admitted to hospital come **through** the ED
- The ED itself is not the huge cost center of US Health Care, however …
- ED makes decisions with tremendous cost implications (admit vs. discharge)
  - *Average admission >$22,000*
- ED makes decisions with tremendous care implications
- Can the ED identify and intervene upon underlying social needs and integrate medical care to improve the care and cost trajectory?

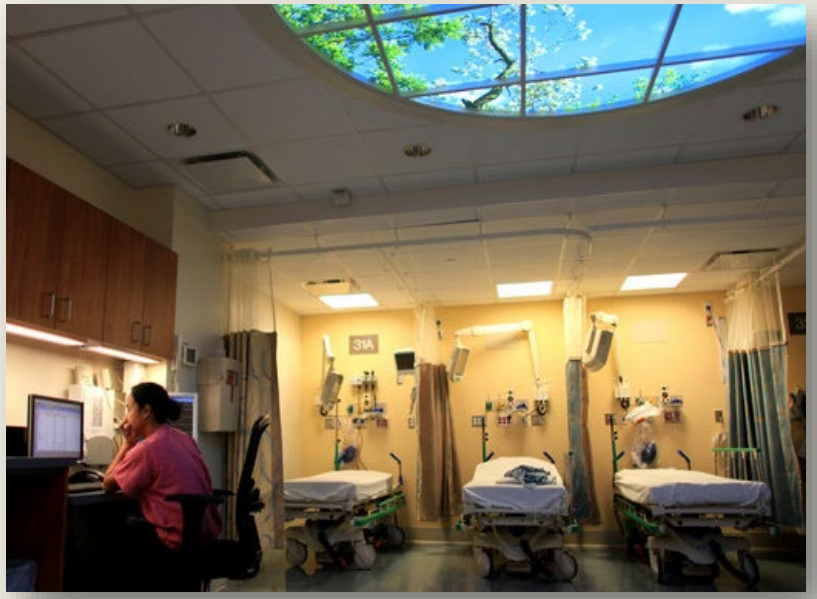
Geriatric ED Guidelines: Four Critical Components of a Geriatric-Appropriate ED



Geriatric ED Guidelines 2014

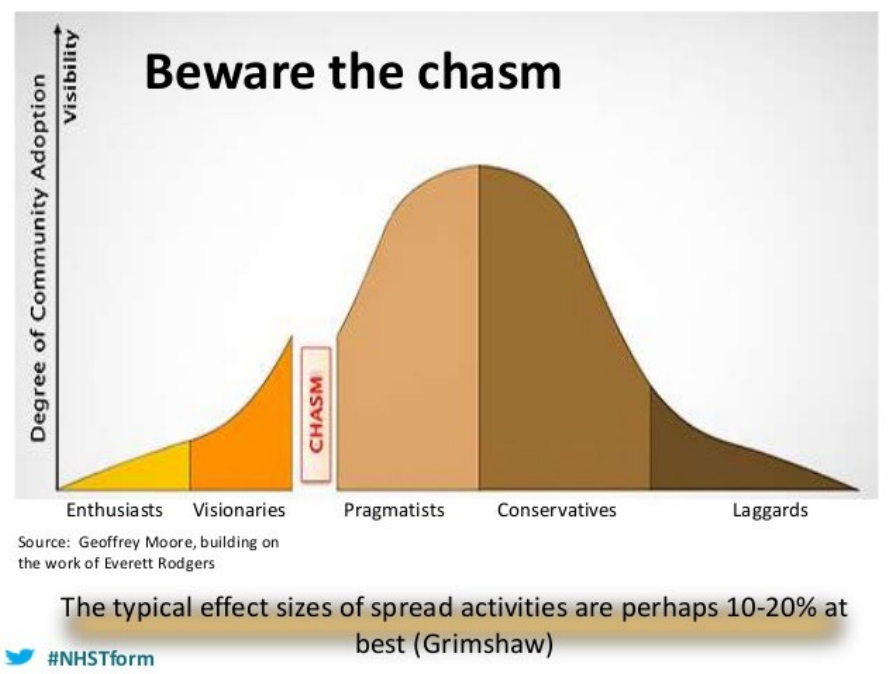


Developing Solutions



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 stake-holders



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.*

— One of this blog post's authors, Teresita Hogan, MD, speaks on care transitions during the Geriatric EM Boot Camp in Milwaukee.

- Share best practices across Geriatric EDs
- Offer QI focused inter-disciplinary "Boot Camps" and GED courses
- Care evolution through rapid cycle PDSA

ACEP Geriatric Emergency Department Accreditation

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

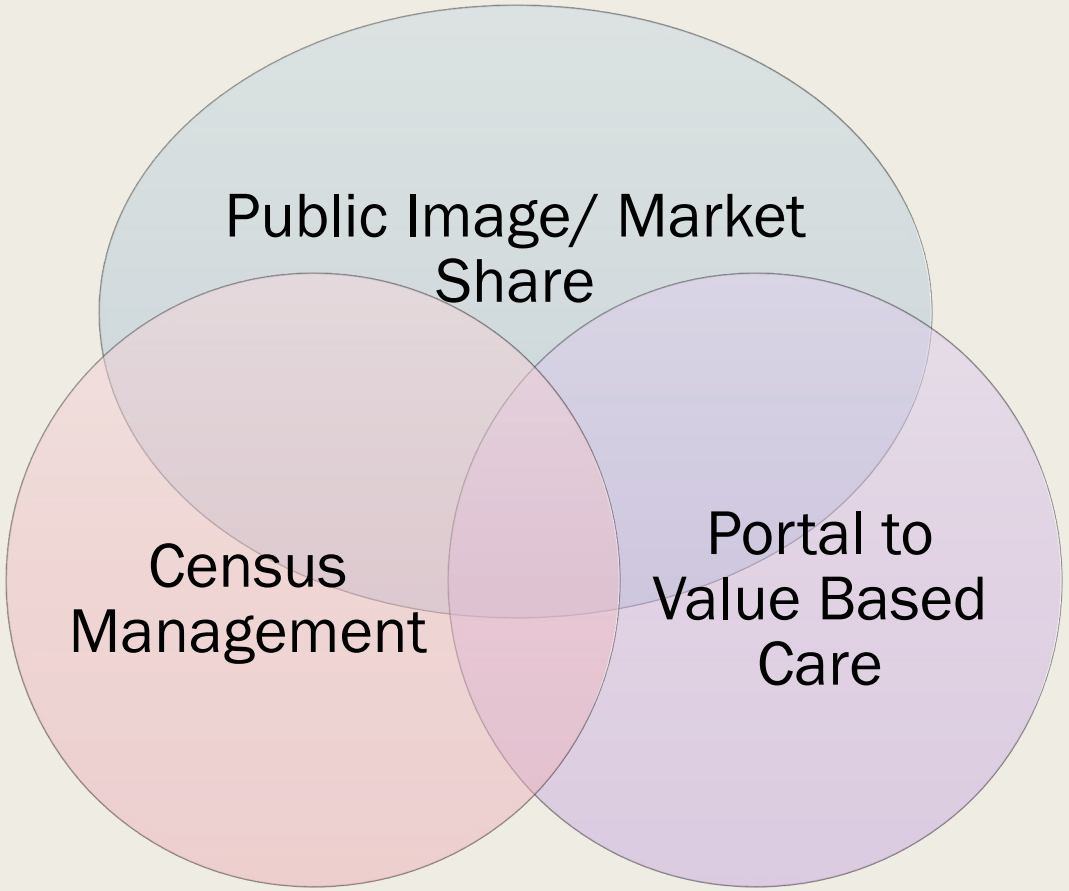
Punchbowl Geriatric ED Dashboard

*ED Patients/Age 75+/Acuity 1, 2, 3

ED Volumes

ED Arrival Month	Jan 2019	Dec 2018	Nov 2018	Oct 2018	Sep 2018	TOTAL
GLOBAL MEASURES						
Total ED Volumes (any age)	5756	5553	5389	5637	5311	**27646**
Total ED Volumes (Geriatric)	743	690	706	711	640	**3490**
% of Total ED Visits	12.9%	12.4%	13.1%	12.6%	12.1%	**12.6%**
Geriatric IPAdmits (% of Geriatric Volume)	336 (45.2%)	316 (45.8%)	331 (46.9%)	344 (48.4%)	294 (45.9%)	**1621 (46.4%)**
ED Repeat Visits - 30 day	143	110	107	147	122	**629**
Readmissions (ED Admits) - 30 day	72	74	64	82	67	**359**
ED Visits > 8 hours	220	152	176	170	164	**882**
Deaths	21	16	32	33	22	**124**
Geriatric Consults (%)	19 (2.6%)	13 (1.9%)	21 (3.0%)	29 (4.1%)	15 (2.3%)	**97 (2.8%)**
SPECIFIC INITIATIVES						
DEMENTIA						
Dementia Screening Done (goal: 50%)	182 (24.5%)	143 (20.7%)	153 (21.7%)	190 (26.7%)	168 (26.3%)	**836 (24.0%)**
Positive Dementia Screen (% of screens done)		50 (35.0%)	77 (50.3%)	80 (42.1%)	75 (44.6%)	**282 (33.7%)**
Positive Dementia Screen + SW Consult		22 (15.4%)	45 (29.4%)	43 (22.6%)	31 (18.5%)	**141 (16.9%)**
Positive Dementia Screen + Geri Consult		1 (0.7%)	4 (2.6%)	6 (3.2%)	5 (3.0%)	**16 (1.9%)**
ASSESSMENT OF FUNCTION						
ISAR Screening Done (goal: 50%)	170 (22.9%)	143 (20.7%)	154 (21.8%)	184 (25.9%)	160 (25.0%)	**811 (23.2%)**
Positive ISAR Screen (% of screens done)	118 (69.4%)	99 (69.2%)	115 (74.7%)	116 (63.0%)	122 (76.3%)	**570 (70.3%)**
Positive ISAR Screen + SW Consult	53 (31.2%)	38 (26.6%)	66 (42.9%)	51 (27.7%)	40 (25.0%)	**248 (30.6%)**
FALLS						
Falls Risk Assessment Done (goal: 100%)	476 (64.1%)	472 (68.4%)	452 (64.0%)	463 (65.1%)	372 (58.1%)	**2235 (64.0%)**
Positive Falls Risk (% of assessments done)	271 (56.9%)	297 (62.9%)	299 (66.2%)	295 (63.7%)	238 (64.0%)	**1400 (62.6%)**
Positive Falls Risk + PT Consult	68 (14.3%)	75 (15.9%)	71 (15.7%)	72 (15.6%)	51 (13.7%)	**337 (15.1%)**
PAINT & PALLIATIVE CARE CONSULT						
Pain/Palliative Care Consult (%)	3 (0.4%)	2 (0.3%)	5 (0.7%)	9 (1.3%)	8 (1.3%)	**27 (0.8%)**
PHYSICAL RESTRAINTS						
Overall Restraint Use (%)	6 (0.8%)	5 (0.7%)	6 (0.8%)	6 (0.8%)	4 (0.6%)	**27 (0.8%)**
PSYCHIATRIC CARE						
Psychiatric Consults (%)	8 (1.1%)	8 (1.2%)	8 (1.1%)	8 (1.1%)	8 (1.3%)	**40 (1.1%)**

Health - Care System GED ROI



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

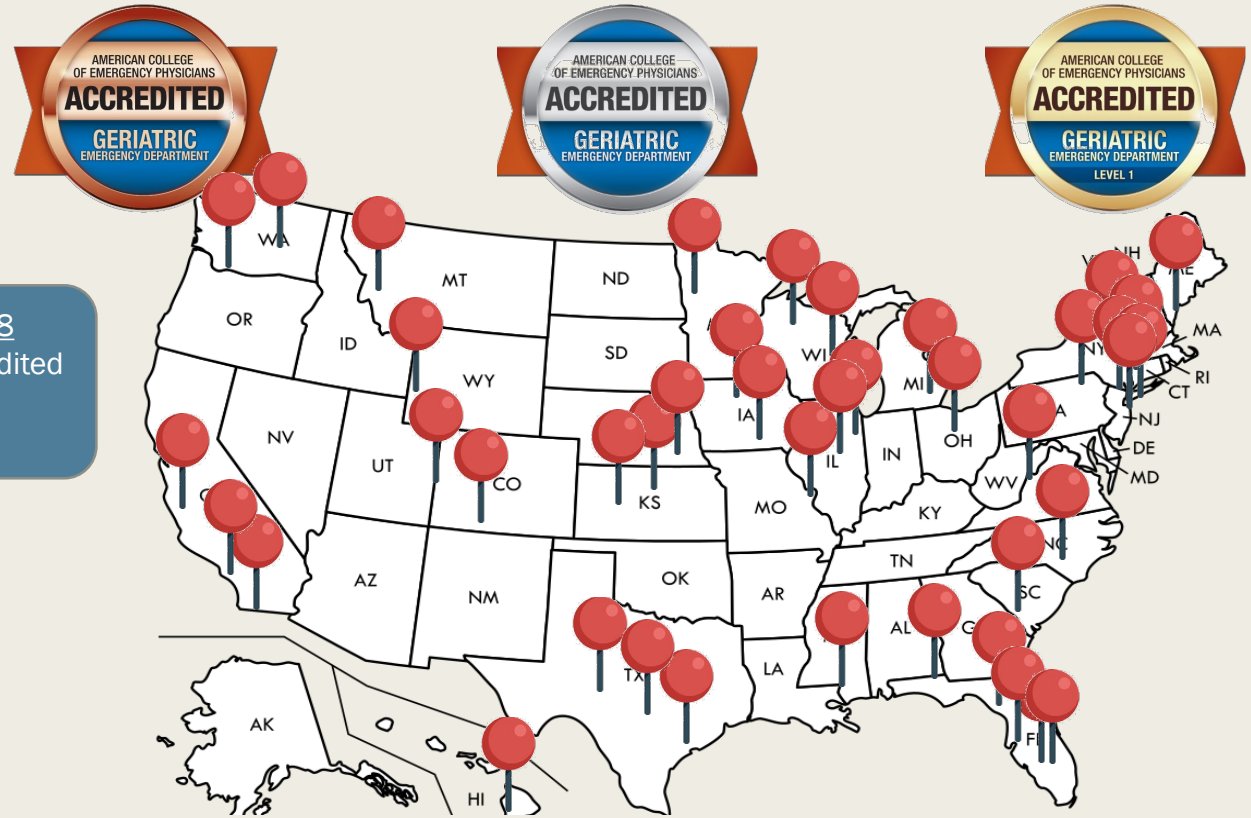
Center of excellence in geriatric ED care

- 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)