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# Geriatrics Emergency Department Boot Camp Project: Quality Improvement at the Intersection of Geriatric Experts, Guidelines, and National Dissemination

PODIUM PRESENTER:  
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APRIL 21, 2017



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## Objectives:

- 1) Describe how a health system collaborates with national experts to improve emergency department care locally.
- 2) Describe Geriatric ED program development at 5 sites.
- 3) Demonstrate Geriatric ED program dissemination at national level



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**Our Service Areas**

**Aurora Health Care®**

- 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 (ASLMC)
- 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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## Our Challenges:

- Aurora Health Care's 14 emergency departments provided care for 27,700 Medicare patients- with 39,000 visits in 2015.
- The challenges in ED care of vulnerable older adults:
  - Major time pressures- fast paced & no diversion policy.
  - A large workforce to be trained.
  - ED providers recognize that many older patients have returned for care- perhaps that could have been prevented.



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## Community Dwelling Older Adults from the ED are Vulnerable for Poor Outcomes:

- About half to 2/3<sup>rd</sup>s of older adults are discharged after their ED visit.
- About 21% are at risk of an adverse health event in the following month.
  - 10% return to the ED, 11% are hospitalized, 1.4% go to a SNF, and 2% die.
- Risk factors for poor outcomes:
  - age, Medicaid, multiple-comorbidities, recent ED/ hospital use, barriers to obtaining follow up care, ED discharge diagnosis of a chronic condition, and "the Sickest Elderly".

1) Medical Care 46(8): 771-777, 2008.  
2) J Am Geriatr Soc 56: 1651-1657, 2008.  
3) J Am Geriatr Soc 57: 1856-1861, 2009.

4) Academic Em Medicine 17: 1086-1092, 2010.  
5) Academic Em Medicine 12: 978-986, 2005.  
6) J Am Geriatr Soc 62: 711-715, 2014.



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## Background: Guidelines

### 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)
- Funding by the John A. Hartford Foundation (JAHF) and American Geriatrics Society (AGS).



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### Geriatric ED Boot Camp: December 2014

- Three Aurora Health Care Emergency Departments participated in a Geriatrics ED "boot camp"
  - Goal of improving transitions from ED to Home.
  - Implemented ISAR risk screening tool in electronic health record
  - Automated monthly report was programmed to describe those vulnerable for challenges during transitions.



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### Core Elements of the Aurora Health Care Geriatric ED Quality Improvement Project:

- Six point ISAR screening of all patients age  $\geq 65$  years who present to the Emergency Department.
- Case manager or social worker evaluates those at high risk:
  - Helps to coordinate post- ED services.
  - Helps to link patient to primary care.
- Link to community resources
- Project champions attend staff meetings to review outcomes & teach geriatrics principles.
- Automated EHR reports used to define outcomes:
  - Implement processes to document patient's coordination of care beyond the ED visit.
- Review of outcomes to address challenges and work towards improvements.



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### Identification of Seniors at Risk (ISAR):

- Before the illness or injury that brought you to the ED, did you need someone to help you on a regular basis?
- In the last 24 hours, have you needed more help than usual?
- Have you been hospitalized for one or more nights during the past six months?
- In general, do you have serious problems with your vision, that cannot be corrected with glasses?
- In general, do you have serious problems with your memory?
- Do you take six or more different medications every day?

J Am Geriatr Soc 47 (10): 1229-1237, 1999.



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## Identification of Seniors at Risk (ISAR):

ISAR Elder Alert - ISAR Elder Alert

Time taken: 1336 12/20/2014

ISAR Elder Alert

Before the doctor or nurse that brought you to the ED, did you experience any falls or injuries, that caused you to be in a regular bed?

In the last 24 hours, have you needed more help than usual?

Have you been hospitalized for one or more nights during the past 30 months?

In general, do you have trouble with vision, that cannot be corrected with glasses?

In general, do you have serious problems with your memory?

Do you take six or more different medications every day?

ISAR Score 2

Return Close Cancel

NICHE CONFERENCE Aurora Health Care

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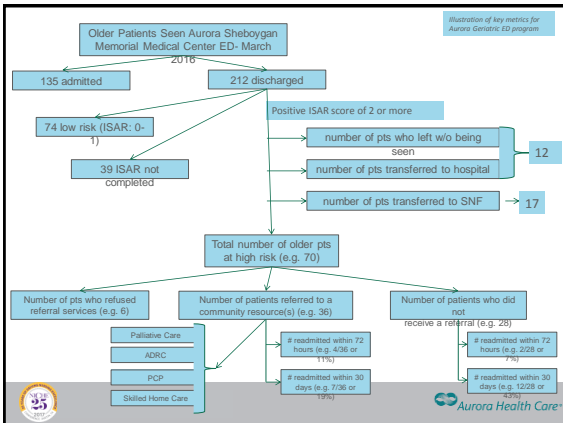
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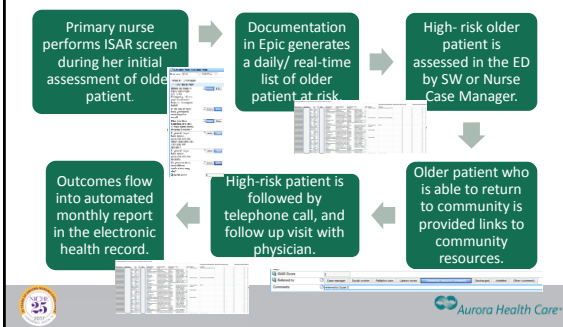
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## Workflow and Electronic Health Record Interface:




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### ISAR Screening Rate for Older Patients at Four Aurora Emergency Departments:

Site	Total patients age >=65 years	Total patients with ISAR screen	Percent of older patients with ISAR screen
Aurora St Luke's SS Medical Center*	2613	1180	45%
Aurora West Allis Medical Center*	4677	3217	69%
Aurora Sheboygan Memorial Medical Center*	2086	1620	78%
Aurora Medical Center-Oshkosh**	320**	208**	65%** Start 9/4/2016



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\* January - June 2016  
\*\* September 4-30, 2016




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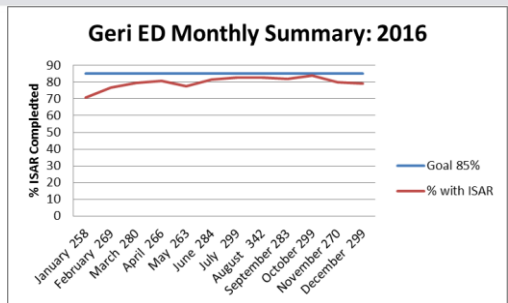
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### ISAR screening rate



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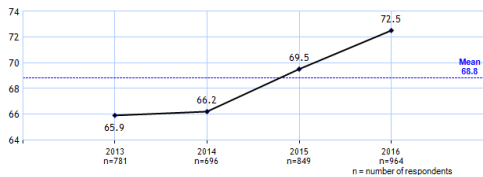
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### Top Box Trends Patient Satisfaction: all pts ≥65 Before & After Geriatric ED



Start of Geri ED January 2015

Displayed by Received Date



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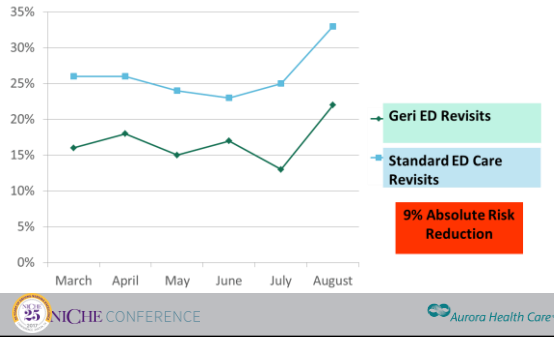
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### 2016 ED revisits of high risk geriatric patients: Geriatric ED vs. Standard Care




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### Why is this Project Innovative?

- The Geriatric ED project has made us better coordinate care within and beyond the Emergency Department:
  - PCP Clinic, Aurora at Home, Hospital, Aurora Family Services, County Aging Resource Centers, Community Groups.
- Cultural Change in approach to care in the ED
- The Geriatric ED project has the potential of Cost Savings & Efficiencies:
  - 9% Absolute Risk Reduction of ED revisit.
  - Number needed to treat to prevent an ED revisit: 11.
  - Improved Patient Satisfaction

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### What can others learn from Improving Transitions from ED to Home?

1. Older adults who receive care in and are discharged from the ED are vulnerable.
2. Screening tools can be implemented in the ED (EHR and workflow) to determine those older patients at high risk for revisits.
3. Automated reports can be programmed into the EHR to assist our workforce in coordinating care and in recording our outcomes.
4. Using the ED visit as an index (trigger) encounter is a unique approach to better coordinate care within and beyond the ED.
5. Preliminary results show that coordination of care within and beyond the ED may improve outcomes.

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### Geriatric Emergency Department Collaborative: (GEDC)

- 2 year foundational grant to improve the quality of care that older adults receive in the emergency department.
  - 9 healthcare systems will engage in quality improvement projects based on Geriatric ED Guidelines developed by the project leaders.
  - Study the impact of guidelines and interventions.
  - Develop infrastructure for ongoing data collection
  - Develop a business plan for the expansion of the collaborative to 50 hospitals in a second grant-funded phase before becoming self-sustaining.
- The West Health Institute is co-funding the research and AGS will serve as the grantee and convener of the collaborating national organizations that will support the GEDC and its long-term spread and sustainability.



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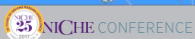
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### GEDC sites:



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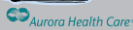
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### Next Steps:

- Improve our tools in the electronic health record
- Scale the project to reach all of our organization's Emergency Departments
- Build our infrastructure of care coordination that prepares for new reimbursement based on episodes of care
- Minimize impact ED length of stay
- Determine best practices in Geriatric care
- Develop more robust interventions.



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## Contact

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## Reference

Carpenter CR, Bromley M, Caterino JM et al. Optimal older adult emergency care: Introducing multidisciplinary geriatric emergency department guidelines from the American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine. *J Am Geriatr Soc* 2014;62:1360–1363.

McCusker, J., Bellavance, F., Cardin, S., Trepanier, S., Verdon, J., & Ardman, O. (1999). Detection of older people at increased risk of adverse health outcomes after an emergency visit: the ISAR screening tool. *Journal of the American Geriatrics Society*, 47(10), 1229-1237.

McCusker, J., Verdon, J., Vadeboncoeur, A., Lévesque, J. F., Sinha, S. K., Kim, K. Y., & Belzile, E. (2012). The Elder-Friendly Emergency Department Assessment Tool: Development of a Quality Assessment Tool for Emergency Department–Based Geriatric Care. *Journal of the American Geriatrics Society*, 60(8), 1534-1539.



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