An Analysis of Non-Emergent Needs for Older Adults Presenting to the Emergency Department: A Feasibility Pilot

Nicole Hansen, BSN, RN-BC
Jessica Lock, BSN, RN-BC
Nebraska Methodist Hospital
Omaha, NE
Acknowledgments

- Teri Tipton, MSN, RN-BC, CNE, VP of Patient Care Services & Chief Nursing Officer
- Sue Rohlf, MSN, MA, RN, Service Executive
- Joe McCaslin MD, ED Medical Director
- Chelsea Craig, BSN, RN, ED Nurse Manager
- Interdisciplinary partners
- ED staff
Presentation Objectives

1. Examine the literature to support the Geriatric Resource Nurse (GRN) program
2. Discuss pilot program development, implementation, and data analysis.
3. Outline next steps for the GRN program at Methodist Hospital
Pilot Study Questions

• What non-emergent needs of older adults may be met through geriatric-specific assessments and multidisciplinary coordination by geriatric trained ED nurses?

• Is the GRN model feasible in Methodist Hospital’s ED?
Impetus for GRN Program: Literature Review

• Older adults:
  – Account for 15% of all patients seen in ED
  – Represent 48% of those admitted to ICU
  – Use 50% more diagnostic resources (Cutugno, 2011)
  – Multiple morbidities results in increased
    • Community resources
    • Costs associated with diagnosis (Pines, et al., 2013)
Literature Review

• Geriatric specific triage
  – Critical for the proper evaluation of the older adult to prevent inefficient care (Nolan, 2009)
  – Transition patients away from costly admissions (Hwang et al., 2013)

• Geriatric Resource Model (GRN) addresses geriatric-specific, non-acute care needs in the ED without altering physical space or disrupting established operations (Aldeen, et al., 2014)
Pilot Program Development & Implementation

- Interdisciplinary collaboration & endorsement
- Education
  - GRNs
  - ED staff, nurses, and providers
- Mentoring by Gerontological Clinical Nurse Specialists
Process

Patient 65 or >

ED RN completes ISAR
Score 2 or >

Standard ED Care + GRN Consult

GRN Assessment & Care Coordination

ED RN completes ISAR
Score ISAR <2

Standard ED Care
Geriatric Assessment

- Identification of Seniors at Risk (ISAR)
- General Geriatric Screening
- PH Q2
- Mini-Cog
- Katz Index of Daily Living
- Pharmacy Risk Screen
- Get Up and Go Test
- Confusion Assessment Method (CAM)
- Palliative Care Screen
- Modified Caregiver Strain Index
- Primary Care Physician contacts
- 24-72 Hour follow-up & 10-14 Days follow-up phone call
Feasibility Study Results: ISAR

- Mean age 80.1 years
- ~60% female
- 66% screened positive
  - Mean positive score: 3 out of 6 points
- Top chief admitting complaints
  - Fall
  - Pain
  - Weakness
Feasibility Study Results: GRN Patients

- N= 157 patients
- Mean age 80.1 years
- 70% female
- 40-50% admitted to hospital
Feasibility Study Results: Interventions

• Coordination of care
  – Health Coach call/consultation & affirmation of scheduling f/u appointment(s)
  – Call to HHC provider or assistive living environment
• Physical & Occupational Therapy consultation: Fall & Balance program; Big & Loud program for Parkinson’s
• Geriatric Medication evaluation through Pharmacist consultation and discussion with ED providers
• Geriatric Evaluation & Management Clinic referrals
• Accessing community resources including HHC
• Dietary consultation for weight issues
• Social Work referral
Positive Geriatric Screens

- PHQ2
- Mini Cog
- Katz Index
- Pharmacy Screen
- Get Up & Go
- CAM
- Caregiver Strain

Percentage distribution:
- PHQ2: 10.0%
- Mini Cog: 15.0%
- Katz Index: 20.0%
- Pharmacy Screen: 45.0%
- Get Up & Go: 10.0%
- CAM: 5.0%
- Caregiver Strain: 5.0%
Study Results: F/U Call Data

- 24-72 hour call (n=59)
  - 86% of those with a new prescription had filled the script and were taking medication
  - 90% indicated they had no unanswered questions

- 10-14 day call (n=62)
  - 87% had completed their follow up provider appointment

- F/U calls with patient and/or family members
Exemplars
Lessons Learned

• Importance of computerized documentation
• Expanding GRN role
• GRN qualifications
• Additional programming
  – > 40% experienced cognitive impairment – need for further testing & safety concerns
Questions?
References


