An Analysis of Non-Emergent Needs for Older Adults Presenting to the Emergency Department

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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 the current GRN program.

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 (Noiian, 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)

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• ED staff
Pilot Program Development & Implementation

- How does Methodist compare to the literature?
- Interdisciplinary collaboration & endorsement
- Education
  - GRNs
  - ED staff, nurses, and providers
- Mentoring by Gerontological Clinical Nurse Specialists

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

Process

- Patient 65 or >
- ED RN completes ISAR Score 2 or >
- ED RN completes ISAR Score ISAR <2
- Standard ED Care + GRN Consult
- GRN Assessment & Care Coordination
- Standard ED Care

Pilot Study Results

- Mean age 80.1 years with ~60% female
- Top chief admitting complaints: Fall, Pain, and Weakness
- Follow Up call info
  - 24-72 hour call
    - 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
    - 87% had completed their follow up provider appointment

Pilot 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
- Social Work referral
- Physical & Occupational Therapy consultation: PT eval in the ED, Fall & Balance program; Big & Loud program
- Geriatric Medication evaluation through Pharmacist consultation and discussion with ED providers to find safer alternative medications or non-pharmacological treatment for older adult
- Geriatric Evaluation & Management Clinic referrals
- Accessing community resources including HHC
- Dietary consultation for weight issues

Lessons Learned from Pilot Study

- Importance of computerized documentation
- Expanding GRN coverage to 5 days a week
- GRN qualifications
- Importance of interdisciplinary team
- Consistency
GRN Program 2018

- Staffed M-F from 7:00a-7:00p
- Average of 5-6 medically/psychosocially complex patients seen daily
- Average of 8-10 follow up phone calls daily
- Workflow based on discharge or admit

Discerning Impact

- Future studies examining
  - Admission rate
  - Readmission rate
  - Patient satisfaction

Exemplars

Questions?

References