



Implementation of a Focused Nursing Assessment for Geriatric Patients in the ED



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Background

- Doubling of ED visits for geriatric visits in last 10y
- Geriatric patients' needs are not prioritized in ED operations or physical environment
- Specialized geriatric EDs (GEDs) use dedicated space, innovative care protocols, and trained personnel to improve care
- Importance of individual aspects of GEDs unknown

Objectives

- Determine the feasibility of implementing a dedicated, focused nursing assessment into standard ED care for geriatric patients
- Evaluate effects of geriatric ED innovations (GEDI) on ED length of stay and admission rate.

Methods

- Feasibility study of GEDI nursing intervention
- **Identification for Seniors at Risk (ISAR)** administered to all patients >64 yrs old by ED nurses
- Established **geriatric nurse liaison (GNL)** position
- GNLs = ED nurses trained to perform battery of screening instruments & care coordination
- GNL consult initiated Mon-Fri 8am-5pm by ISAR score >2, high fall risk, or ED physician referral
- GNL performed battery of assessments (Table 1) and provided care coordination (Table 2)
- Data entered electronically into medical record and extracted through Enterprise Data Warehouse

Methods

Table 1: Battery of Assessments

Assessment	Instrument
Fall risk	Timed up and go
Dementia	Short portable mental status questionnaire
Delirium	Confusion assessment method
Functional Status	Katz ADL
Pharmacy screen	Beers criteria
Care transitions	Care transitions measure – 3
Caregiver strain	Modified caregiver strain index

Table 2: Care coordination

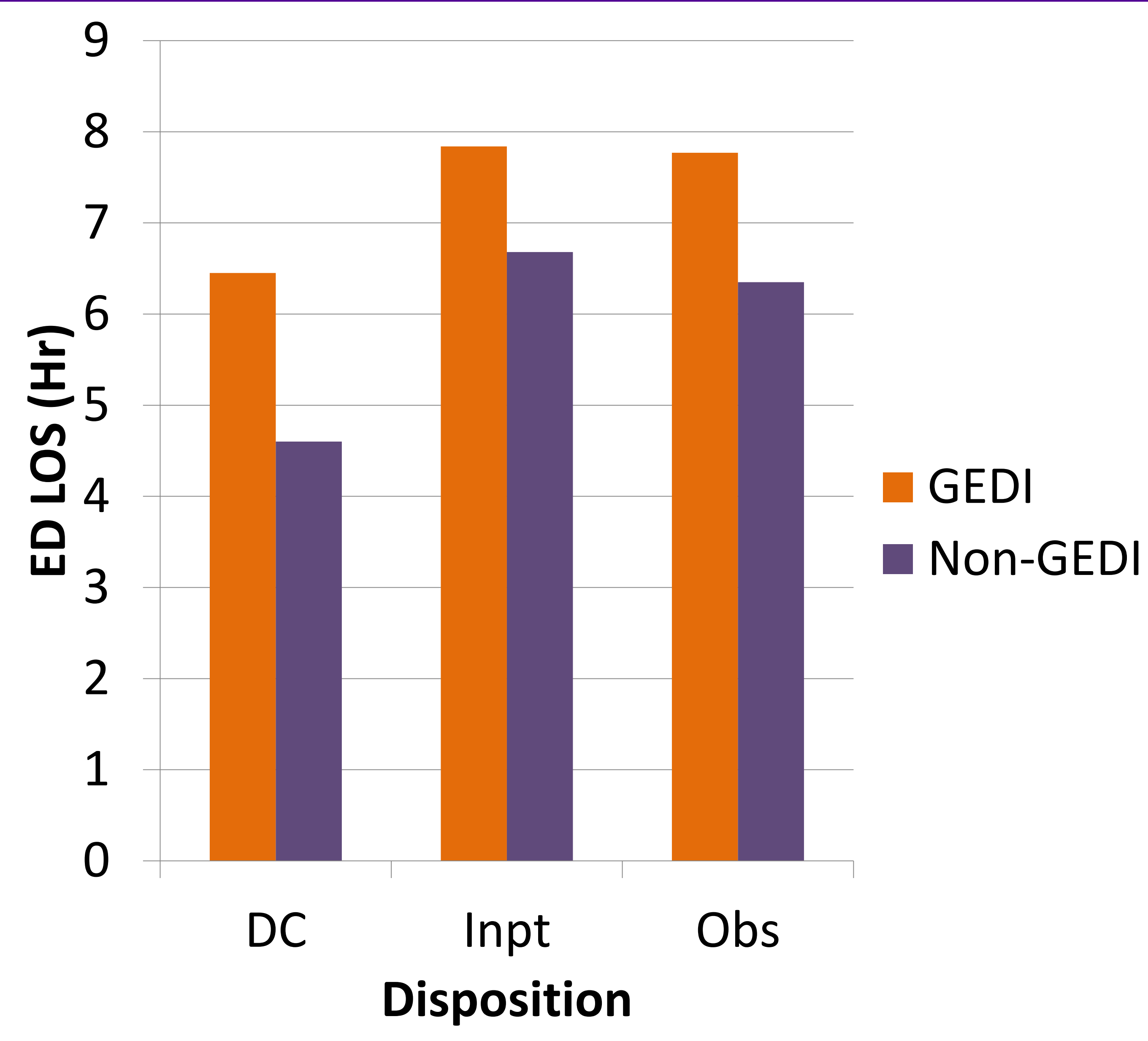
Service	Care provided
Pharmacy	Medication reconciliation & counseling
Physical Therapy	Falls prevention
Social Work	Home health care, SNF placement & social issues
PCP	Communication of plan of care
Geriatrics	Inpatient consult or outpatient follow-up

Results

From Apr thru Aug 2013

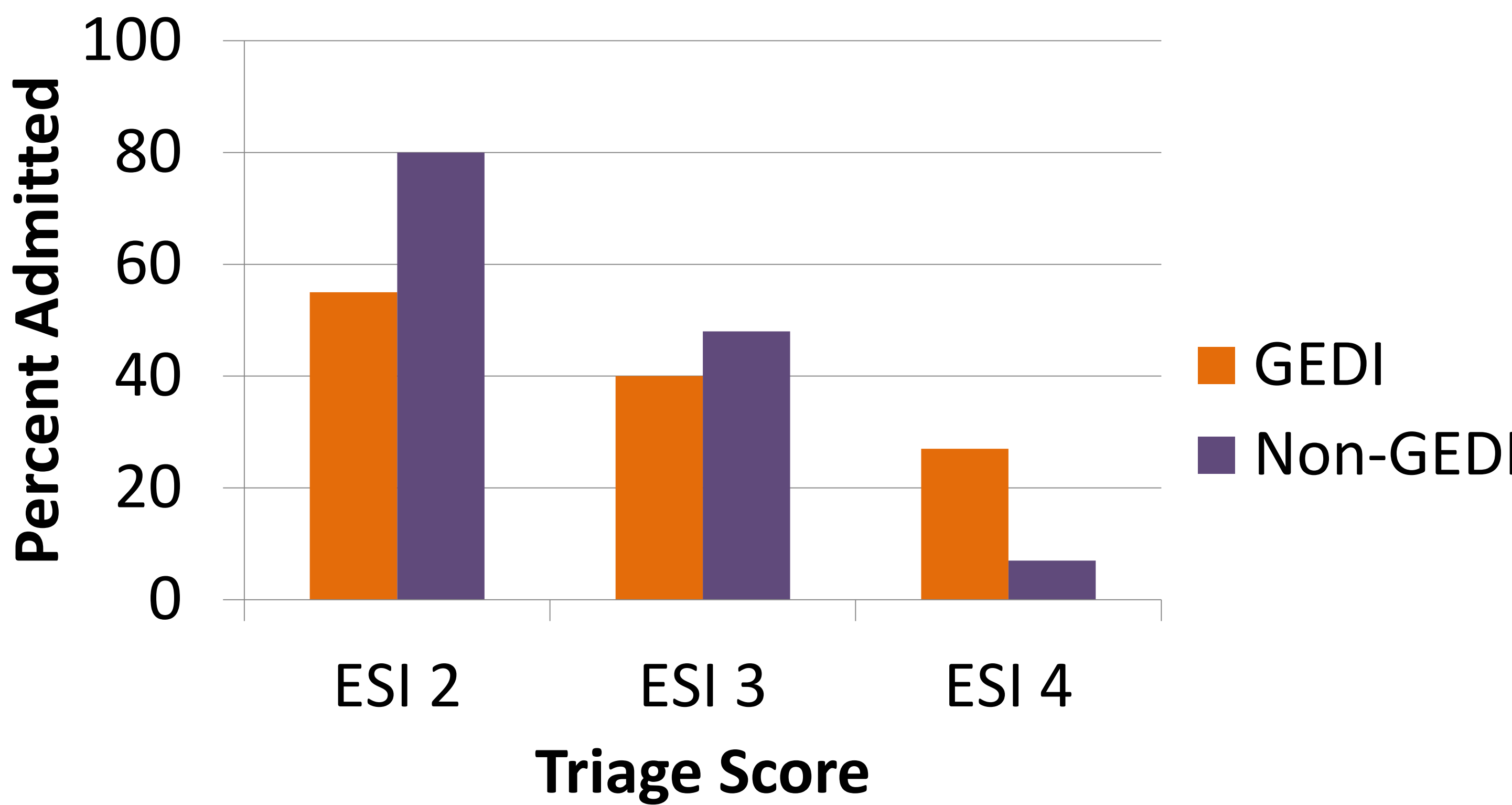
- 7213 total patients >64yo
- 2124 GNL Consult triggers
- 408 Completed Consults
- 141 Social Work Consults
- 179 Pharmacy Consults
- 6 PT Consults
- 371 72-hr follow up calls
- 353 14-day follow up calls

Figure 1: Average ED LOS by Disposition



Results

Figure 2: Patients Admitted by Triage Score



Limitations

- Resource limitations leading to 19% completion of requested consults
- Potential selection bias in comparing GEDI to non-GEDI patients

Conclusions

- Successful implementation of:
 - Specialty training of ED nurses in geriatric care
 - Standard care geriatric assessments into EMR completed by dedicated GNLs
- GNL Consult adds value in disposition
 - Decreased admissions for high acuity patients
 - Increased admissions for low acuity patients
- Modest increase in ED LOS for GEDI pts

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