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GEDI WISE: Geriatric-Specific Assessment and Intervention in the Emergency Department is Associated with Change in Disposition

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GEDIWISE

Background

- Hospitalization for geriatric patients carries risk of impaired functional status, delirium, and mortality
- To improve care and decrease cost for older adults specially trained nurse liaisons perform Geriatric ED innovation (GEDI) consultation consisting of:
  - Assessment of delirium, dementia, gait stability, functional status, and caregiver strain
  - Care coordination involving ED, social work, pharmacy, physical therapy, geriatrics and PCP
  - Referral for home health and social services

Objectives

- Describe disposition decisions following geriatric nursing assessment and care coordination for geriatric patients in the ED.
  - Admission rate for patients with uncertain disposition prior to GEDI evaluation
  - Changes in disposition after GEDI evaluation

Methods

Study design: Prospective observational cohort study in a primarily adult urban ED with 85k visits/year.

Dates: July 2013 – February 2014, Monday-Friday 9a-8p

Inclusion criteria: ED patients age 65+ who received GEDI consult triggered by Identification of Seniors at Risk (ISAR) score of >2, or ED team request.

Measurements: GEDI nurse-liaison asked ED providers their anticipated disposition for enrolled patients

As part of GEDI consult the following assessments were recorded: Timed up and go, short portable mental status questionnaire, confusion assessment method, Katz activities of daily living, Beers criteria, and modified caregiver strain index

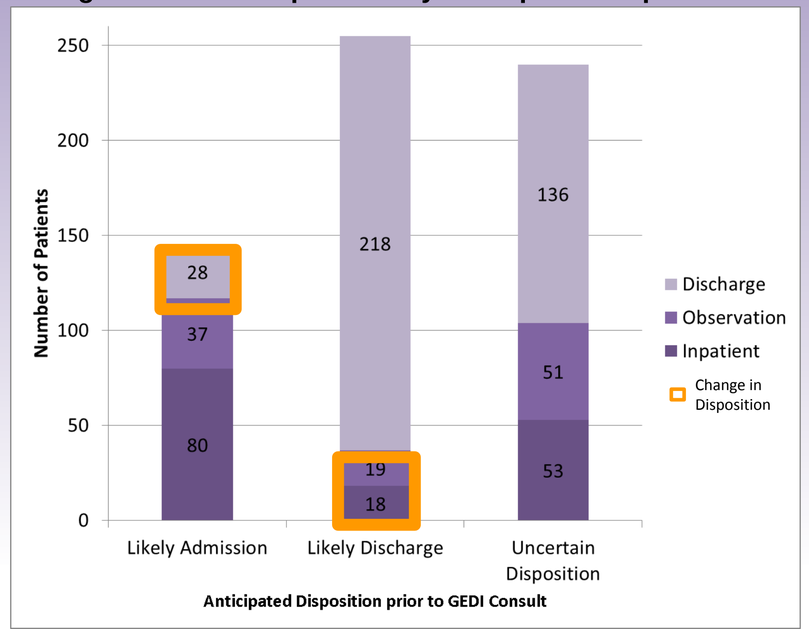
Results

- 766 GEDI patients eligible
- 640 with anticipated dispo data
- Overall admission rate for geriatric patients 60%

Table 1: Patient Characteristics by Anticipated Disposition

Characteristic, n (%)	Likely Admit n=145	Likely Discharge N=255	Uncertain Dispo n=240
Age - Median (IQR)	79 (73-86)	78 (72-85)	80 (73-86)
Female	92 (63)	159 (62)	156 (65)
Race			
White	92 (63)	146 (57)	147 (61)
African American	36 (25)	85 (33)	65 (27)
ESI - Median (IQR)	2 (2-3)	3 (2-3)	2 (2-3)
ISAR - Median (IQR)	4 (3-4)	3 (1-3)	3 (1-3)

Figure 1: Final Disposition by Anticipated Disposition



Results

Table 2: Number and percent of positive GEDI assessments by anticipated and final disposition

+ Assessment, n (%)	Likely Admit			Likely Discharge		
Final Dispo	**Admit n=117**	**DC n=28**	**p**	**Admit n=37**	**DC n=218**	**p**
Delirium	9 (8%)	2 (7%)	0.89	1 (3%)	2 (1%)	0.35
Dementia	35 (31%)	8 (29%)	0.805	6 (18%)	39 (18%)	0.95
Impaired Mobility	**108 (92%)**	**19 (68%)**	**<0.01**	31 (84%)	158 (72%)	0.15
Intermediate-Low Independence	49 (54%)	13 (54%)	0.98	15 (50%)	80 (44%)	0.95
Pharmacy Risk	38 (60%)	7 (58%)	0.90	11 (50%)	67 (49%)	0.57
Caregiver Strain	6 (5%)	0 (0%)	0.22	5 (14%)	12 (6%)	0.07

Limitations

- Comparison of uncertain disposition patients to general Geriatric ED population may be subject to selection bias
- Unable to definitively determine roll of GEDI consult in disposition decision

Conclusions

- Lower admission rate for GEDI patients with initial uncertain disposition compared to all geriatric patients (43% vs. 60%)
- 10% of disposition decisions are changed after GEDI consult
  - Discharge may reflect benefits of care coordination
  - Admission may reflect recognition of unmet needs

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