Session #C820

The Emergency Track That Led to Geriatric Success

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Advocate Christ Medical Center
Oak Lawn, Illinois

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Session Objectives

1. Identify the unique needs of the geriatric population in the Emergency Department and discuss the strategies implemented to improve care delivery and discharge planning in the patient population.
2. Discuss the impact a geriatric specific emergency track has on organizational and departmental goals.
3. Learn how utilizing geriatric evidenced-based practice can increase revenue, decrease left without being seen, decrease door-to-provider times, and increase patient satisfaction for patients 65 and older.

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Advocate Christ Medical Center Oak Lawn

- **Opened in 1961**
- **694 beds (includes Advocate Children's Hospital-Oak Lawn)**
- **More than 1,200 physicians**
- **Level I Trauma Center**
- **100,000+ Emergency patient visits**
- **One of Illinois' largest and most comprehensive providers of cardiovascular services**
- **Comprehensive Stroke Center**
- **DNV international accreditation**
- **Voted Best Hospitals 2014-2015 by U.S. News and World Report for Cardiology/Heart Surgery, Geriatric Medicine, Gynecology and Neurology/Neurosurgery**
- **Rated third in the state of Illinois U.S. News and World Report**
- **Recognized by Truven Health as a "100 Top Hospital"**

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Nursing at Advocate Christ Medical Center Advocate Children's Hospital

- **Magnet® Recognition - 2005, 2009 & 2014**
  - **ENA Lantern Award Pediatric ED**
  - **Nursing workforce = 1,539 FTE**
  - **79% of nurses are prepared at the Baccalaureate level or higher**
  - **75% of Nurses are Board Certified**
  - **69% of Nurse leaders are Board Certified**
  - **Average length of employment is 11.7 years**
  - **Affiliated with over 20 Schools of Nursing covering Illinois & Indiana training over 800 nursing students and 2,500 EMT's/Paramedics per academic year**

ENA Emergency Nurses Association Safe Practice, Safe Care Lantern Award

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Advocate Christ Emergency Department

- **34 Bed Comprehensive Adult Level I Trauma Center with an expansion of 30 extra hallway spaces**
- **16 Bed Pediatric ED**
- **All nurses are TNCC/TNS/ECRN certified**
- **30% of the nurses are board certified**
- **Collectively treated 100,685 patients in 2014**
- **Outgrown our capacity by 50%**
- **Diversion hours in 2014=1,696**
- **20,235 inpatient boarding hours in 2014**

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Critical Capacity

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The Crossroads

"My mother was brought to ER at 1:45 pm and we were finally brought back at 9:00pm. It was absolutely ridiculous. All the apologies in the world can not make up for that wait. An 86 year old women sitting in the waiting room for that long. The ER was the most disappointing part of our stay. If the ER is your first impression, Christ failed." S.J 9/13

" My father is 92 years old. We waited 5 hours in the waiting room of the ED. He did not eat all day and was growing very tired. We ended up leaving to go to another hospital." A.S. 10/13

" I am 84 years old and I cannot drive at night. I came in at 10am in the hopes I could see a doctor and be home before it got dark. I did not see a doctor until 3:30 pm and had to call someone to pick me up because I did not leave until after 8pm when it was dark. This was a bad experience." G.T. 10/13

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National Geriatric Data

- The current national average for all Emergency Department visits is 13% for patients ages 65 and older. That number is expected to increase yearly (CDC, 2012)
- Only infants have a higher number of Emergency Department visits than those people that are >75 years of age. The growth of the >65 years of age population is the fastest growing age group.
- This accounts for an estimated 20.4 million ED visits in the U.S.
- 40% of all patients over 65 have a chronic health condition and have been identified by World Health Organization (WHO) as a vulnerable population (WHO, 2008)
- By 2030, the geriatric population will account for one third of all ED visits in the U.S.
- The over 65 population is expected to grow from 40.3 million in 2010 to 72.1 million by 2030 (CDC, 2012)

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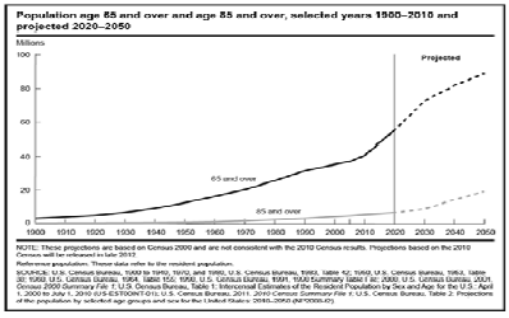
Anticipated Growth

Average age for ACMC population 2013-2015 = 51



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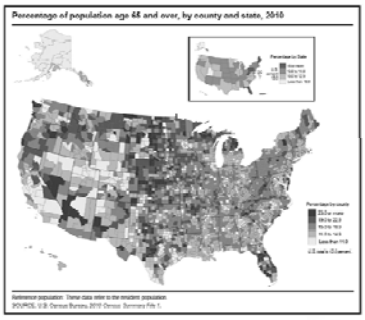
Expected Demographics



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The Silver Tsunami

- Older adults (aged 75 and older) were more likely to have had at least one Emergency Department (ED) visit in a 12-month period than those in any other age, race, income, and insurance groups. (NCHS, 2010).
- According to the CDC, in 2011, there was 136.3 million ED visits.
- Almost 21 million were from those over 65 years old (CDC, 2012)
- 2011 started the "Baby Boomers" reaching the age of 65
- In 2015, some 10,000 persons will reach their 65th Birthday every day.

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Christ Emergency Department Extracted Geriatric Data ≤ 65yrs 2013

- **Door to provider time** = 93 minutes
  - (31st percentile)
- **Overall Patient satisfaction** = 63%
- **Left without being seen** = 4%

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Door to Provider Times

- Door to provider = 93 minutes.
- Evidenced based practice suggests extended door to provider times increase morbidity and mortality and decrease patient satisfaction.
- The number one reason patients leave the Emergency Department is the wait time to be seen (Monzon, 2005).

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Patient Satisfaction

- Overall Patient Satisfaction per Press Ganey for 2013 = 63% for patients 65 and older.
- This group completed 442 of the 1,530 Press Ganey Surveys returned in 2013. That is 29% of all surveys returned.
- Value-based purchasing in the Accountable Care Organization (ACO) takes into account our patient satisfaction for reimbursement.

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Left Without Being Seen

- Patients that leave without a medical evaluation pose a significant liability risk to an organization.
- The U.S. National average for Emergency Department Left Without Being Seen (LWBS) rate is 0.84% to 15% with a median of 2.6% (Clarey&Cooke, 2012).
- From June 2013-June 2014 our LWBS rate was 4% of patients ≥65.
- Centers for Medicare and Medicaid Services (CMS) has added LWBS as a quality care indicator.

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Loss of Revenue

- With our average LWBS rate of 4% for patients >65 and a Patient Satisfaction score of 63% the loss of revenue was impactful.
- The majority of these patients are funded patients (Medicare recipients).
- At a minimum each of these patients would have generated a $1,000.00 emergency department bill.
- The Loss: $1.9 million in an 18 month period

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Proposed Outcomes

Develop a specific Geriatric experience

Goals:

-Decrease door to provider from 93 minutes to 67 minutes (30% reduction).

-Increase Patient Satisfaction from the 63rd percentile to the 80th percentile.

-Decrease LWBS from 4% to 2%.

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Comparison Data

Measures taken from CDC.GOV January 2014	ADVOCATE CHRIST MEDICAL CENTER	Local Hospital Number One	Local Hospital Number Two	Illinois Average	National Average	Data Collected	
						From	To
Door to Admission time	524 Minutes	378 Minutes	343 Minutes	351Minutes	373 Minutes	7/1/2012	6/30/2013
Door to Discharge time	189 Minutes	158 Minutes	165 Minutes	137 Minutes	135 Minutes	7/1/2012	6/30/2013
Door to provider (MD or NP) time	93 Minutes	38 Minutes	53 Minutes	28 Minutes	26 Minutes	7/1/2012	6/30/2013
Long Bone Fractures: Door to Pain Medication	19 Minutes	80 Minutes	74 Minutes	52 Minutes	58 Minutes	7/1/2012	6/30/2013
LWBS	4% of 49116 Patients	6% of 24390 Patients	2% of 23318 Patients	Not Available	Not Available	1/1/2012	6/30/2012

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Planning Phase

- Planning for this project began in December 2013.
- A team was established with nursing and physician representation.
- Nursing support consisted of the department Director, Manager, two Assistant Managers and the department Educator.
- Physician participation included the department Medical Chair, Vice-Chair, one attending physician and three resident physicians.

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Planning Phase

- The team met on a monthly basis, then weekly as the opening date approached.
- Responsibilities were delegated to each team member:
  - -Data collection
  - -Researching best practice and benchmarking with institutions with an established Geriatric ED.
  - -Selecting an appropriate screening tool, determining community resources, and partnering with Care Management.
  - -Determining necessary supplies and equipment.

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Challenges

- Determining an appropriate space for the track in an already overwhelmed department.
- Providing clear criteria for appropriate patients in this area.
- Establishing a nurse to patient ratio.
- Obtaining physician buy-in for prioritizing this patient population over other patients with comparable acuities.

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Designating a Space

- Evidence based practice representing geriatric outcomes proved that a designated space is the best option (Fox, 2012).
- A designated space was carved out of the ED which consisted of five patient care rooms and two hallway spaces with it's own handicapped accessible bathroom.

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Track Design

- Rooms were painted a soft yellow color to assist in providing a calm environment to prevent confusion and sun downing (Takahaski, 2004).
- Hand rails were added in the hallway to assist with ambulation.
- Four geriatric friendly patient carts were purchased through a grant from Advocate's Charitable Philanthropic Foundation for $52,000.
- A supply cart with geriatric friendly supplies was housed in a pre-existing alcove in the hall.

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Geriatric Room

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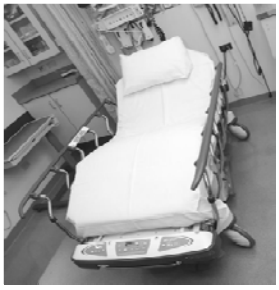
Geriatric Friendly Carts



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Geriatric Track Criteria

- Patients 65 and older with an Emergency Severity Index (ESI) acuity of vertical 3, 4 or 5.
- Common complaints: Abdominal pain, general weakness, fall, musculoskeletal injuries.
- If a geriatric patient presents and there is no available space in the Geriatric Track, they would then be a priority for the next available room.

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Nurse to Patient Ratio

- Determining a safe and manageable patient load also needed to be established.
- After considering several options, it was decided that one nurse and one ER technician would be assigned to the Geriatric Track per shift.
- This equates to five patients for the care team with two hallway spots for overflow, if needed.

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Physician Buy-In

- The physician champion educated the attending and resident physicians and collaborated with other institutions with an existing geriatric program.
- Feedback regarding the track in general was obtained and brought back to the planning team for consideration.
- Partnership was also established with the Chairman of the Department of Medicine to promote education and awareness to the Internal Medicine team.

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Staff Education

- The Geri team's prime opportunity to obtain staff buy-in for the track was through education and presentation of evidence based practice regarding care of the geriatric patient in an emergency department setting.
- A total of four in-services were provided by the Geri team; participation in one of the sessions was mandatory for all nursing and tech staff.
- Information focused on differences in the geriatric population versus other patient populations, with a strong focus on physiologic changes and sensory deficits that occur with aging.
- Data was also presented to outline necessity for the Geri Track and describe the role of the staff in the track's future success.

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Staff Education

Physiologic Changes:

A review of systems was provided to increase awareness of presenting complaints that may be common in the Geri Track:

-Integumentary
-Musculoskeletal
-Respiratory
-Circulatory
-Digestive
-Urinary
-Nervous
-Endocrine

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Staff Education

Sensory Changes:

A description of sensory changes was also provided to highlight possible variances in this age group.

Vision:

- Peripheral vision impairment, difficulty adapting to darkness and possibly cataracts.

Touch:

- Decreased ability to feel pressure, as well as temperature changes and position in space, making these patients high risk for falls.

Auditory:

- Decreased hearing ability, which can ultimately lead to isolation and reduced independence.

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If the Shoe Were on the Other Foot

- Staff participation in interactive demonstrations of sensory deficits assisted in realization of the challenges facing geriatric patients.
- The illustrations created empathy and promoted staff engagement and a willingness to care for this patient population.
- Volunteers were requested to create a core group of nurses and techs interested in becoming superusers in geriatric care.

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Assistive Device Training

Vision:

- Sight Saver Magnifying Page

Touch:

- Foam grippers
- Gait belt

Auditory:

- Pocket Talker Device

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Additional Equipment

- The Geriatric Track is equipped with a supply cart so that all needed items are readily available to the staff working in the area.
- The supply cart houses items such as assistive eating devices, non-skid slippers, fall precaution arm bands, toileting supplies, magnifying pages, pocket talkers and social service resources for the aging.
- Assistive ambulatory devices are also housed next to the cart for convenience for patients requiring assistance with ambulation.

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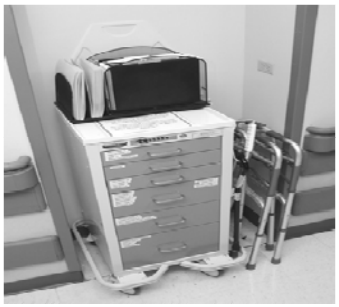
Geriatric Supply Cart



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Geriatric Needs Assessment

- The Geriatric Needs Assessment is a screening tool utilized by nursing staff to determine patient needs upon discharge home.
- Evaluation of patient access to follow up appointments, affordability of medication and ability to perform ADLs independently is assessed.
- Nursing staff contacts the department Care Manager to interview the patient and family and determine appropriate resources if any needs are identified.

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Medication Management

- In an effort to improve medication compliance upon discharge, the Geri Team partnered with the in-house Walgreens to create a bedside medication delivery process for any patient with transportation issues.

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Open House

- The Executive Team and all Medical Center leadership were invited to attend an informational session hosted by the Geriatric Team.
- The presentation consisted of information regarding necessity of the track, challenges, goals and review of resources provided for this patient population.
- Tours were provided for anyone interested in viewing the area.

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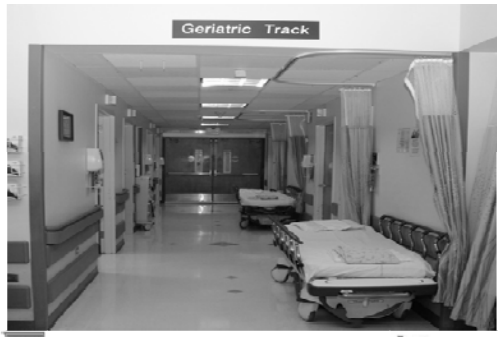
The Geriatric Track



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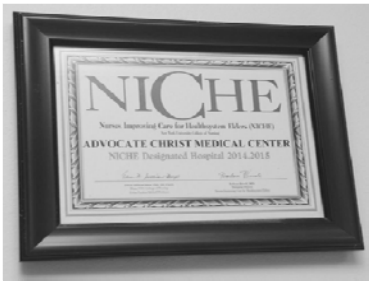
NICHE Certified

(Nursing Improving Care for Health System Elders)



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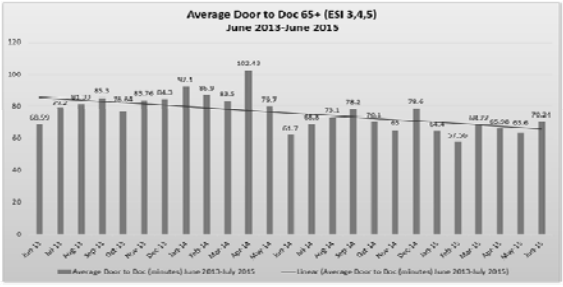
Door to Provider Time Results 6/14-6/15

Decreased from 93 minutes to 71 minutes



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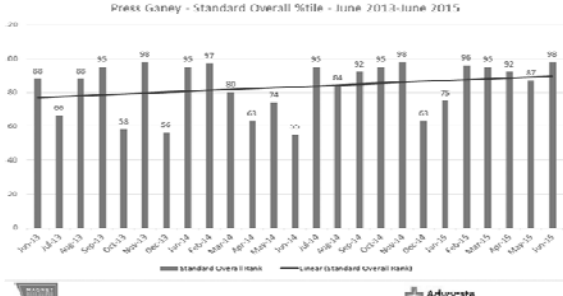
Patient Satisfaction Results 6/14-6/15

Increased from 63% to 87%



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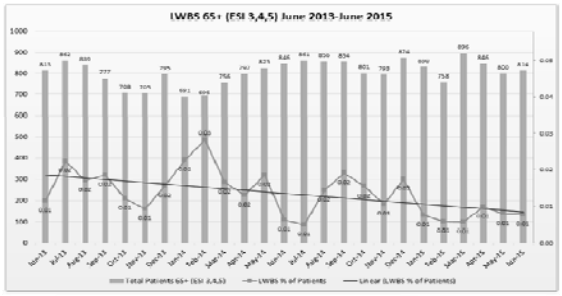
Left Without Being Seen Results 6/14-6/15

Decreased from 4% to 1%



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Revenue Capture 6/14-6/15

- After opening the Geriatric Track, our LWBS rate decreased to 1% which decreased risk to the organization.
- This accounted for 58 patients in a 12 month period. With a 41% admission rate, 24 would have been admitted @ $7,000.00 each and the other 34 would be discharged @ $1,000.00 each.
- That accounts for $202,000.00 in revenue for 12 months.

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Future State

- **Emergency Department Expansion**
  - -Completion date 2019
  - -All rooms will be Geriatric friendly
  - -On-boarding a Geriatric Nurse Practioner & Gerontologist
  - -RN's to have dual certifications in Emergency and Geriatric Nursing.

Closing

- The over 65 population is expected to grow from 40.3 million in 2010 to 72.1 million in 2030.
- It is imperative for organizations to be prepared caring for those 65 and older.
- Designating an Geriatric program or space can help decrease door to provider time, increase patient satisfaction, decrease LWBS, and increase revenue.

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The Wave of Change

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Questions?

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