The Pennsylvania Emergency Department Geriatric Readiness Project

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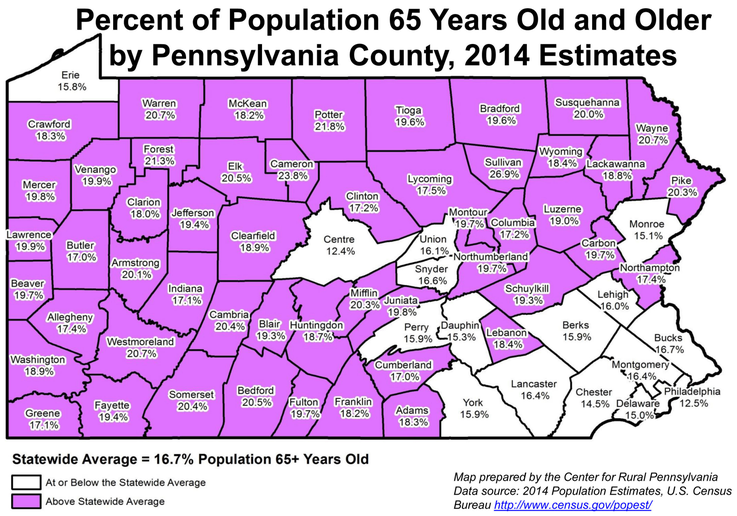
BE THE ED DOC - Illustrating Geriatric Readiness

An independent, right handed 81 year old who lives alone trips and falls while walking with her walker. A thorough evaluation at her local ED reveals only a nonoperative right proximal humeral fracture. Her pain is well controlled with immobilization and oral analgesics.

What is her disposition?

- Discharge home with shoulder immobilizer and instructions to call orthopedics in the morning.
- Admit to Telemetry Bed for "Syncope" with orthopedics and cardiology consultations, with subsequent SubAcute Rehabilitation stay.
- Admit to Observation Status for "Ambulatory Dysfunction".
- Discharge home with her daughter, who lives locally, with home care (aids, nursing, PT/OT) and an appointment to see orthopedics in two days.
- Any of the above, depending on the ED providers and process, and the availability of inpatient and outpatient resources at the time she presents.

Youth Decline and Seniors Left Behind



Map prepared by the Center for Rural Pennsylvania
Data source: 2014 Population Estimates, U.S. Census Bureau http://www.census.gov/popest/

What We Learned

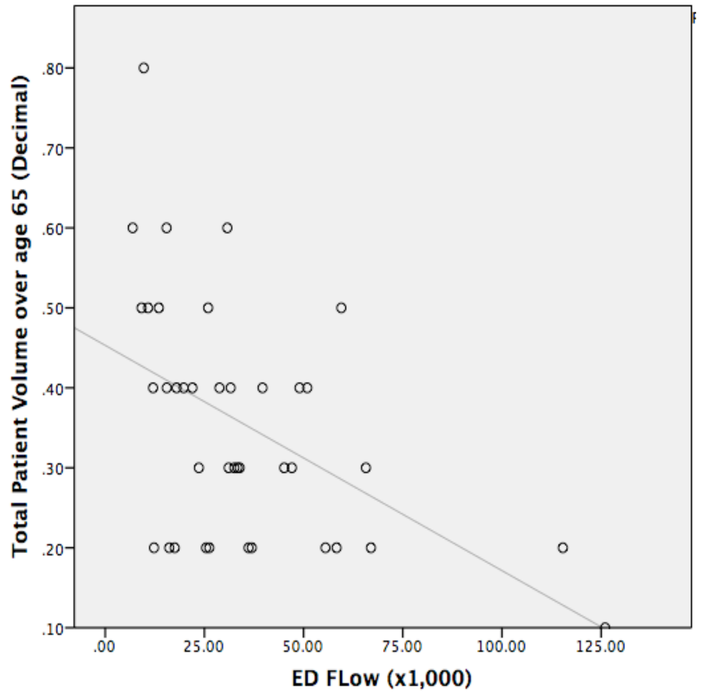
- There is an inverse correlation between ED volume and the proportion of older adults.
- Low volume EDs serve a significantly "older" patient population.
- Low and Moderate Volume EDs place more value on "enhanced coordination with community resources".
- EDs of all sizes report "moderate" or "somewhat" difficulty in arranging for home-based services or nursing facility/rehab placement from the ED.
- ED leaders value communication, collaboration, and coordination.
  - "Nursing homes need better communication with families to discuss quality of life and end of life care."
  - "PCPs seem very uninvolved often"
  - "Complete POLST forms. Discuss goals and Palliative care."
  - "Increase support system across continuum of care from PCP to ED to outpatient/ECF/rehab."
  - "24/7 Case Managers."
  - "The Palliative Care specialist sees patients in the ED. We have seen decreased admits, decreased length of stay, decreased cost, and actually improved mortality."

Philadelphia EDs -% Net Patient Revenue from Medicare

Hospital	Annual Volume	MCNPR (%)
Univ. Pennsylvania (central)	130,000	30
Einstein	117,000	41
Temple (central)	116,000	30
Aria (2 EDs)	116,000	43
Jefferson (central)	115,000	30
Hahnemann (central)	49,000	35
Nazareth	41,000	34
Mercy	41,000	34
Jeanes	36,000	43
Chestnut Hill	35,000	51
Roxborough	19,000	68

Pennsylvania ED Survey- Methods and Results

- Two page survey based on GED guidelines mailed to Directors of all PA EDs
- Four Sections:
  1. Proportion of patients over 65, 85, and presenting from NF.
  2. ED practices and resources – case management/SW support, palliative care, PT/OT, use of geriatric screens and protocols.
  3. Ease of communicating with outpatient resources s/a nursing facility/ rehab, home-based services, PCP, and specialist.
  4. Provider Perspective on how best to improve geriatric care.



GERIATRIC READINESS

- The degree to which an emergency care process incorporates geriatric principles of comprehensive assessment, patient-centered care, and multi-disciplinary care coordination into the evaluation, management, and disposition of older adults.
- Geriatric Readiness may be assessed with reference to the 2014 "Geriatric Emergency Department Guidelines" jointly published by AGS, ENA, SAEM, and ACEP.
- "A goal of the Geriatric ED is to recognize those patients who will benefit from inpatient care, and to effectively implement outpatient care to those who do not require inpatient resources."