

Why Improve Care to Acutely Ill Older Adults in the Emergency Department?



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Shifting the system focus from a problem to caring for this population

One hospital's experience:
Burnaby Hospital



Burnaby's Demographics

- ✦ The Fraser Health serves a population of 1.47 million people, with total ER visits of 393,070
- ✦ Of the 12 acute care hospitals in the FH, Burnaby ER records the second highest number of visits, totaling around 54,000

Background

- ✦ 7.5% of Burnaby's population is 65 or older – second highest in FH and .3% higher than the provincial average
- ✦ 26.4% live below the poverty line, the highest in FH and almost 10% higher than the provincial average
- ✦ 28.4% do not speak English fluently – the highest in FH and 18% higher than the provincial average

Background

- ◆ In 2005, those 75 and older had an ER admit rate of approximately 37%, while the average admit rate for all ages was closer to 15%
- ◆ The top 5 CMGs in this age group are: hip fracture, stroke, heart failure, COPD and pneumonia

To Summarize:

- ◆ In order to serve the needs of Burnaby community, efforts to improve quality of care and access to timely treatment, the need to focus on the elderly population was a priority.

Learning from Others First

- ✦ American Emergency Nurses Association – Geriatric Emergency Nurse Education (GENE)
- ✦ BC first: Vancouver General Hospital's geriatric triage nurses developed and lead by Maureen Shaw (CNS)
- ✦ Peace Arch Hospital – home care nurse in ER became their geriatric emergency nurse

A Multi-Pronged Approach: Successes At Burnaby

- ✦ 2 interventions were designed to focus on quality and access:
 - 1. Geriatric Emergency Network Initiative (GENI) = education
 - 2. Geriatric Emergency Nurse Clinician (GEN) = front-line ER nurse providing both care and supportive action to colleagues



The Emergency department was chosen as a focus due to its role as the “gateway” to the system

GENI

- ◆ Piloted curriculum 3x's starting in February 2005 and rolled out provincially March 2006 and re-funded 2006- March 2008
- ◆ Evaluation by ER nurses repeatedly stated that "they did not know, what they did not know about caring for older adults".
- ◆ Enthusiasm high to apply this new knowledge and skills

GEN: ER Geriatric Care

- ✦ BH Geriatric Emergency Nurse clinician (GEN) was an ER nurse with additional education in caring for the elderly
- ✦ The GEN was mentored and coached by the geriatric CNS
- ✦ Symbiotic relationship that melded both GEN and CNS knowledge, skills and abilities

Demonstration Pilot: Answering the Questions?

- ✦ Are there admissions of those >75 that could be prevented, if a GEN intervened in ER to set up the appropriate resources at home?
- ✦ Would an in-depth assessment and early discharge planning by the GEN reduce unnecessary days spent determining the treatment plan once admitted? Would this decrease LOS?

Results

- ◆ The GEN saw a total of 592 patients in 4 months (23.5% of all >75 year olds)
- ◆ Of those 592, 50% were admitted to hospital
- ◆ Focus was on those with complex care needs
- ◆ Nurses from the receiving med-surg units found the assessments extremely helpful in focusing their care
- ◆ The average age of patients seen was 83.55 (1/2 year older than total >75 who presented to ER)

Results

- ✦ This equates to over \$1,000,000 in savings if we actually closed the beds, but since access was the goal, that didn't happen
- ✦ What was the impact of the saved bed days?
 - Every admitted pt's LOS decreased by 4 days!!!

The Data Helped the Outcomes

- ✦ Received funding for GEN 1 fte in September, 2005
- ✦ Increasing to another 1 fte to cover 7 days a week and longer hours.
- ✦ GENI received funding from the Provincial Nursing Directorate to spread the program province-wide – SO Welcome!

Lessons to Take Away

- ✦ Recognize and embrace the demographics of your community, and adapt your knowledge and skills to maximize quality of care
- ✦ Take risks – don't wait for permission to try innovative solutions – the outcomes will support your decisions



GENI Jeopardy: People

- ✦ Originator of BC geriatric triage nurse

