GEDC | THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

Models of Nurse-Led Geriatric ED Case Management

A GEDC Expert Panel Webinar

Monday, October 19, 2020

3:00-4:00 EST

Moderated by:

Don Melady, MD
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty

GEDC EXPERT PANEL

David Patrick Ryan,
PhD, C. Psych
Former Director, Education and Knowledge Processes, Regional Geriatric Program of Toronto, Ontario

Colleen McQuown,
MD, FACEP
Director Geriatric EM Program,
Louis Stokes Cleveland VA Medical Center, Ohio

Lisa Entringer,
RN,
Geriatric ED Nurse Advocate Aurora Sheboygan Hospital, Wisconsin

Pamela Martin,
FNP-BC
Program Director, Geriatric ED,
Bon Secours-St. Mary's Hospital, Virginia

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gedcollaborative.com

@theGEDC

Our Vision

A world where all emergency departments provide the highest quality of care for older patients

Our Mission

We bring best practice into action.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

Generously supported by

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Webinar Pointers

1. All microphones have been muted.

2. Hover your mouse over the Zoom window to bring up icons in the bottom center

3. Click on **Chat** function, the icon on lower right. Select "All panelists and attendees"

Webinar RECORDING & SLIDES will be available at gedcollaborative.com

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Technical difficulties

Please text:

- Laura Stabler: 919-937-0411
- Conor Sullivan: 910-200-1312

Models of Nurse-Led Geriatric ED Case Management

Expert Panel Webinar

Geriatric Emergency Department Collaborative
October 19, 2020

@theGEDC

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David Patrick Ryan PhD, C. Psych
Former Director,
Education and Knowledge Processes,
Regional Geriatric Program of Toronto, Ontario

Nurse-led case management in a large health care system

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Pamela Martin FNP-BC, APRN GS-C, CDP
Program Director, Geriatric ED
Bon Secours-St. Mary's Hospital, Virginia
GEDC Faculty

Evolution of Geri Case Manager Role

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Lisa Entringer, RN

Aurora Sheboygan Memorial Medical Center

AdvocateAurora Health

RN Case Management in the Geri ED

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Dr. Colleen McQuown, MD, FACEP

Director LSCVAMC Geriatric EM Program

Humanizing the care of older Veterans in the ED

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Geriatric Emergency Management (GEM) Nursing Network in Ontario:

Nurse-led case management in a large health care system: The shortest distance is not always a straight line

David Patrick Ryan, Ph.D.
Founding Director, GEM Nursing Network in Ontario
Former Director, Knowledge to Practice Processes
Regional Geriatric Program of Toronto
Assistant Professor, Faculty of Medicine,
University of Toronto,

and an older person.

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Geriatric Emergency Management Nursing Services

Meeting the needs of frail seniors in emergency departments

Building Senior Friendly Skills of all staff

2007 Regional Networks support GEM provincially

2012 Emergency Mobile Nursing Services to long-term care

1995 - A geriatric resident reveals myths about older people in the ED

2009 National attendance at GEM conference

1999 RGP/ Sunnybrook Hospital pilot GEM Role that spreads locally

2011 90 GEM nurses and first International visitors (Singapore) Don Melady joins network

2002 Jacques Lee first senior friendly ER MD/Research

2003 Ministry asks RGP to recruit and evaluate 8 GEM positions with 7-day training program

2005 first two-day GEM conference

2020 - 130 GEM nurses in 60 ED's (Plus 30 Emergency Mobile Nurses)

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Complex systems survive by reducing redundancy while preserving requisite diversity

Reducing Redundancy

- Recruit senior friendly staff and link them together
- Develop frailty-friendly skill sets
- Shared role profile (clinical service and capacity building)
- Provide a balanced service evaluation framework
- Avoid placing additional demands on other clinicians
- Anticipate emerging system and ED priorities

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Enabling Diversity

- Staff recruitment from diverse backgrounds
- Adapt to local context
- Work within existing structures
- Drive local Quality Improvement
- Support skill development

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Service for older adults at Geriatric Emergency Management (GEM) locations

In the hospital	Linked to a Regional Geriatric Program	**73%**
	Geriatrician on-staff	**56%**
	At least one Specialized Geriatric Service	**56%**
	Geriatric Outreach Teams	**47%**
	Specialized Psychogeriatric Services	**46%**
	Geriatric Psychiatrist on-staff	**42%**
	Geriatric Day Hospital	**22%**
	Acute Care of the Elderly Unit	**20%**
	Geriatric Assessment Unit	**9%**
In the emergency department	Community care coordination	**96%**
	Physical Therapy ED consultation	**82%**
	Clinical Pharmacy ED consultation	**69%**
	Occupational Therapy ED consultation	**47%**
	Geriatric Medicine ED consultation	**19%**
	An Emergency Physician Champion	**18%**
	Geriatric Psychiatry ED consultation	**13%**
	ED discharge planners	**9%**

What background do GEM nurses have?	
Previously an ED nurse	49%
Previously a Geriatrics Nurse	36%
No experience in Geriatrics or ED	16%
What training do GEM nurses have?	
Registered Nurse	64%
Clinical Nurse Specialist	38%
Nurse Practitioner	6%

Estimated number of patients per GEM nurse per week for five activity types	
Screen and refer	13
Comprehensive Assessment	11
Targeted Assessment	11
Consultation to other ED staff	7
Follow-up of patients discharged before being seen	5
Estimated annual number of patients per FTE for all activity types	2,444

Presenting Problems of GEM Patients

1. Falls and Mobility
2. Delirium / Confusion
3. Pain
4. Dizziness
5. Respiratory Problems
6. “Social Admissions”
7. Bowel Problems
8. Responsive Behaviors
9. Skin and Wounds

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A Typical Workflow

Steps in ED patient flow and sources of GEM referrals

ED Arrival	Triage Nurse	Registration	ED Nurse/Med Assessment	Discharge Planning
Older Adult arrives in the ED	Triage Nurse assigns acuity score	Wait time is dependent on Triage Score	Nursing and Medical assessment	Patient discharge planning
	10% of GEM Referrals		**50% of GEM Referrals**	**20% of GEM Referrals**

20% of GEM Referrals arise from Case Finding. Case Finding can occur throughout the patient flow.

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Barriers to Building GEM Programs

- Time and Resources
- Access to Home and Community-based services
- Hospital and Human ED Resources
- ED Environment

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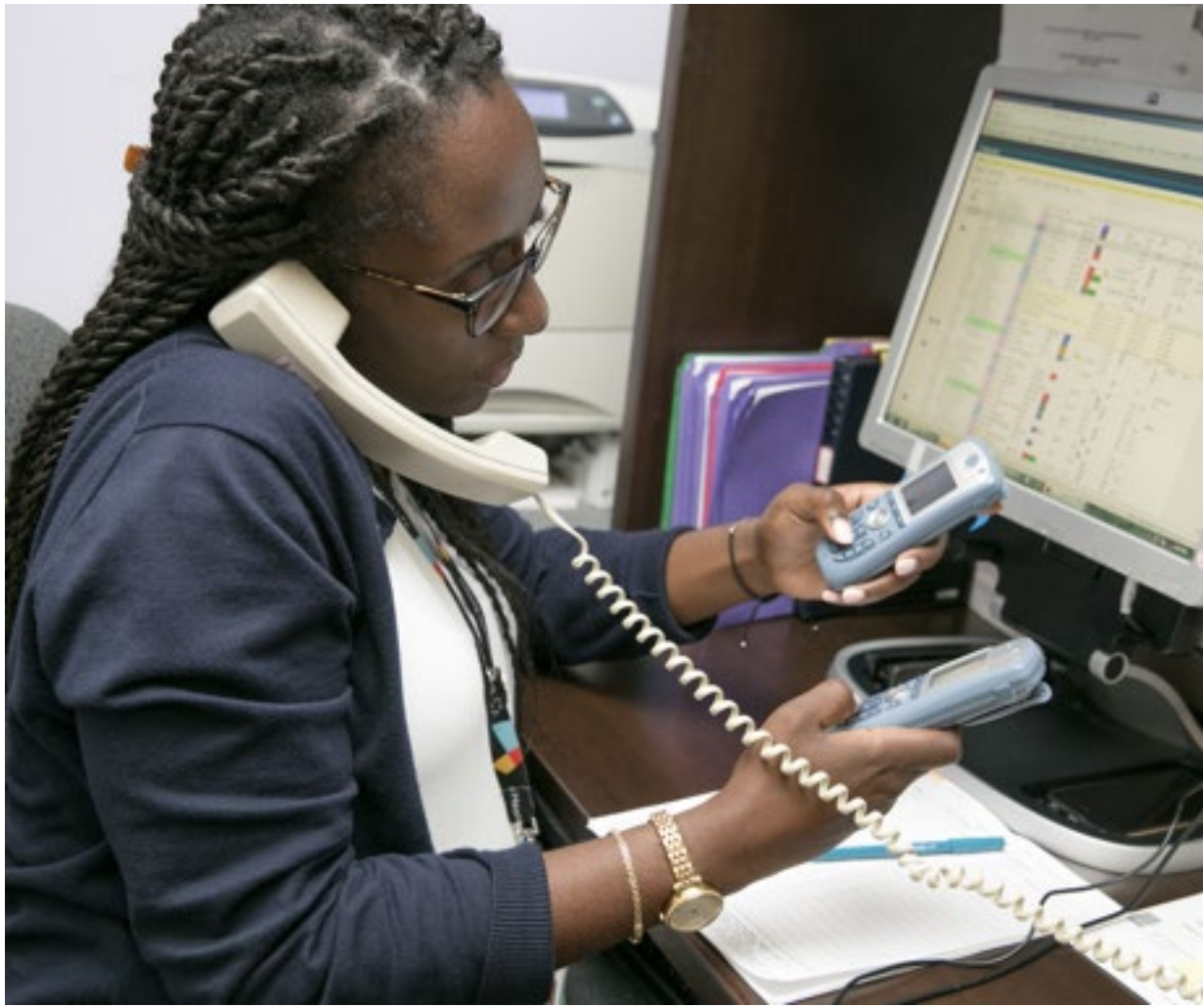
Moving the GEM network ahead

- Optimize interprofessional frailty focused service development
- Adapt network ‘meetings’ to meet emerging conditions
- Enhance network communications
- Support the development of regional networks
- Standardize mentoring of new GEM nurses.
- Build GEM business case



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Evolution of Geri Case Manager Role

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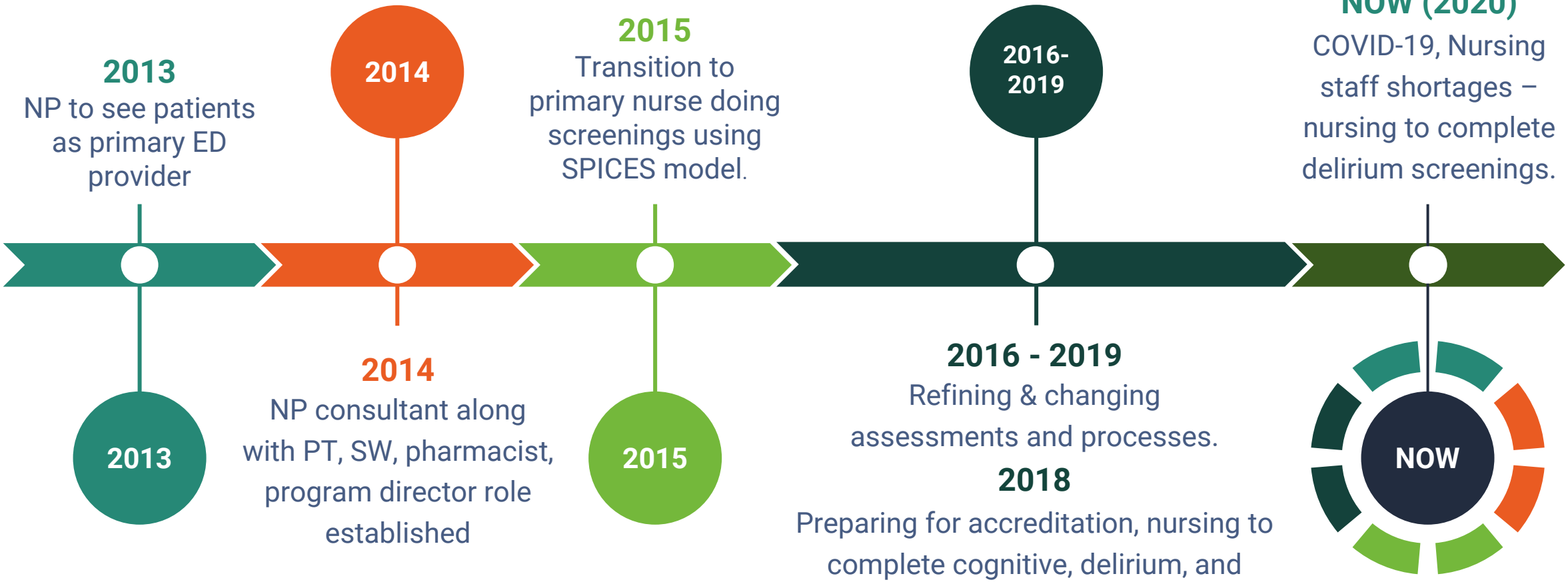
Evolution of Geri Case Manager Role



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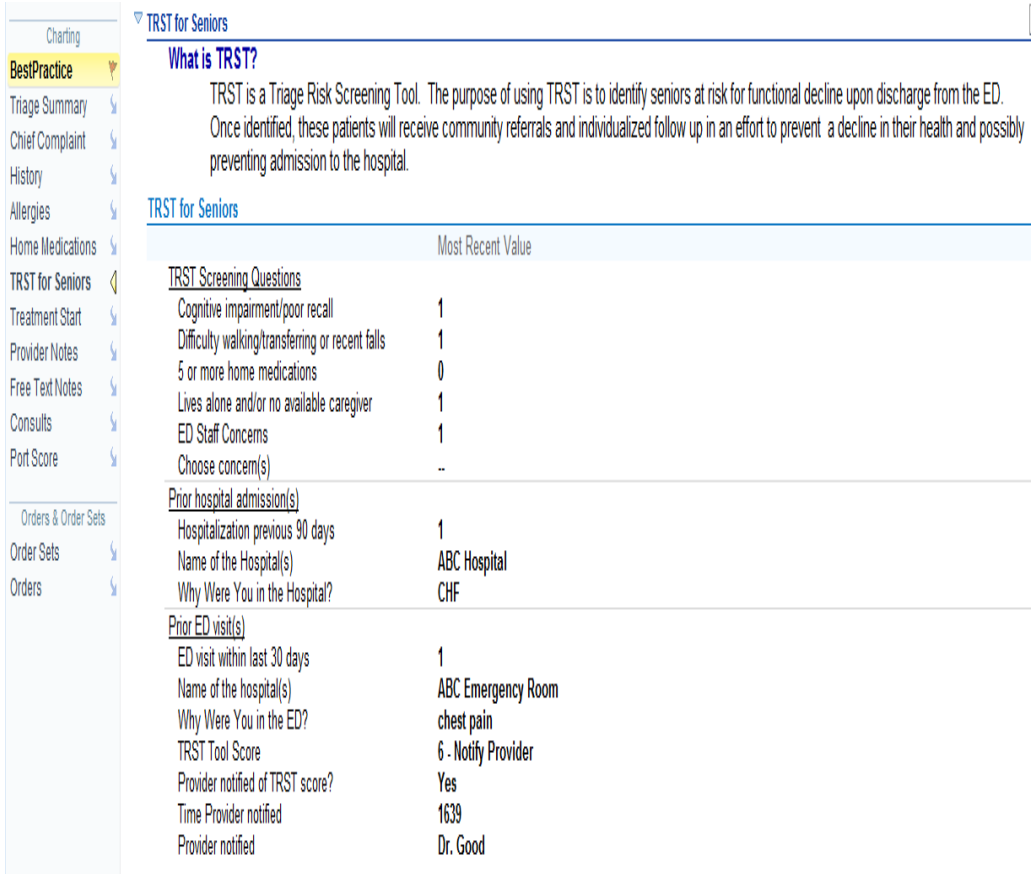
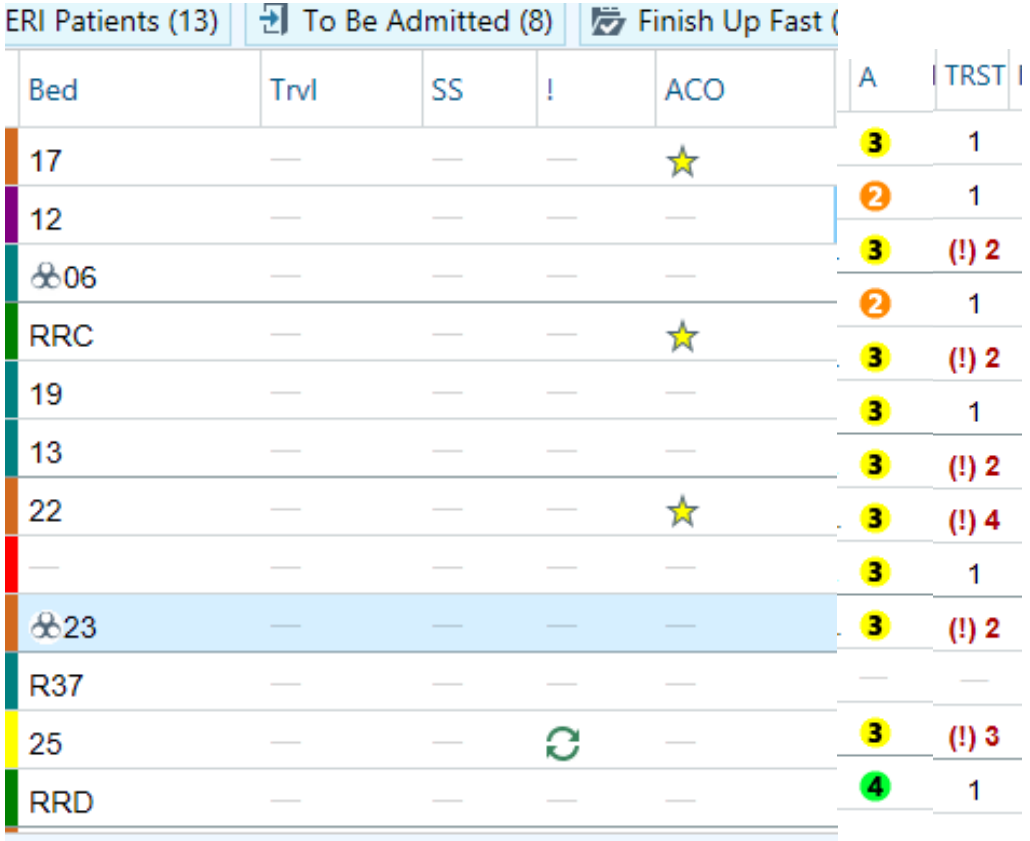
Patient Identification

Triage Risk Screening Tool (TRST)



Potential 30 day re-admit/ACO/ ESI + TRST icon



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Case Examples

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Lisa Entringer, RN

Aurora Sheboygan Memorial Medical Center

AdvocateAurora Health

RN Case Management in the Geri ED

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RN Case Management in the Geri ED

Aurora Sheboygan Memorial Medical Center

AdvocateAurora Health

October 19th, 2020

AdvocateAuroraHealth®

Aurora Sheboygan Memorial Medical Center

- 185 licensed beds
- Level 4 Trauma Center
- Dec 2014: GEDC Bootcamp
- May 2018: GEDA Level 3
- 2019:
  - 23,327 ED visits
  - 5,772 ≥65 visits (25%)
  - 3,494 ≥65 Discharge from ED (61%)
  - 4,678 ISAR screenings (81%)

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RN Case Manager

- Dedicated to the ED
- Geriatric program development and implementation
  - Development of 10 procedures
- Process improvement and data collection
- Leads the interdisciplinary team
  - ED Manager, CM Manager, Pharmacy, Physical Therapy, Home Health, Palliative Care
- Provides staff education
- Builds community partnerships
  - Home care, Skilled Nursing Facilities, Assisted Living Facilities, Aging and Disability Resource Center, Adult Protective Services, Dementia Care Network, Dementia Crisis Care Task Force, etc.

Geriatric ED Key Components

- RN ISAR screening of all patients age > 65
- Referral Process for home health, ADRC, palliative, and primary care
- Fall Protocol for all patients > 65 that arrive in ED as a result of a fall
- RN Case Manager and/or RN coordinates with MD
  - MD assessment with interdisciplinary team
    - Referrals, service-to orders, PT eval, Pharmacy, palliative care
- RN Case Manager reviews outcomes
- Automated EHR report development

Improving Care

By improving care processes in the ED and offering needed referrals on a more consistent basis, the Geri ED RN is effective at:

1) Helping older patients obtain the resources and care to remain at home enjoying better quality of life

2) Decreasing ED & hospital utilization and re-visit rates

3) Increasing patient and family satisfaction.

Dr. Colleen McQuown, MD, FACEP

Director LSCVAMC Geriatric EM Program

Humanizing the care of older Veterans in the ED

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Geriatric Emergency Room Innovations for Veterans

Humanizing the care of older Veterans in the ED

Dr. Colleen McQuown, MD
Director LSCVAMC Geriatric EM Program
Dr. Jill Huded, MD
LSCVAMC GRECC Faculty, Founder of GERI-VET

VA Innovators Network

GRECC

VA | U.S. Department of Veterans Affairs

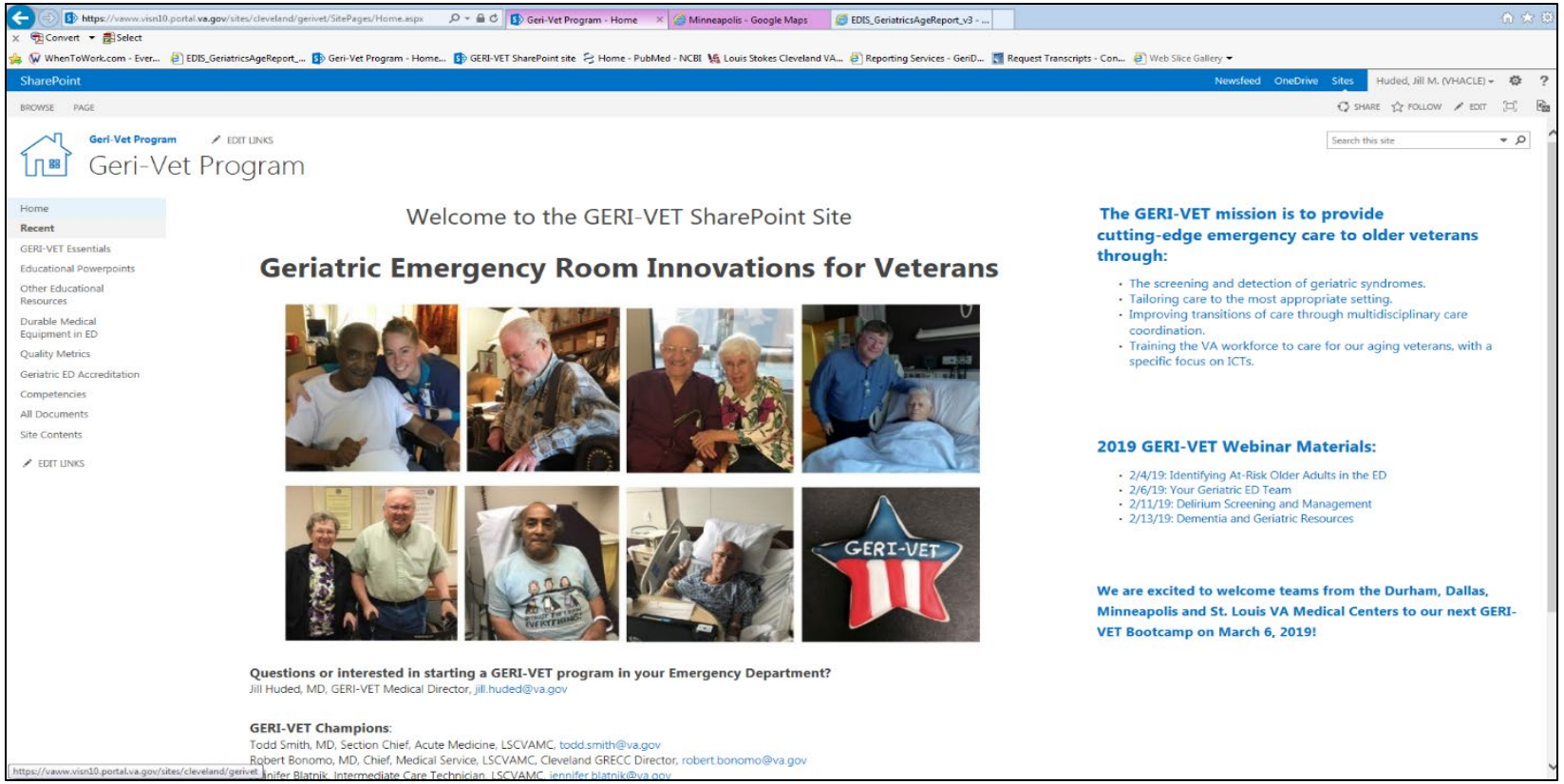
GERI-VET Multidisciplinary Team

Intermediate Care Technicians

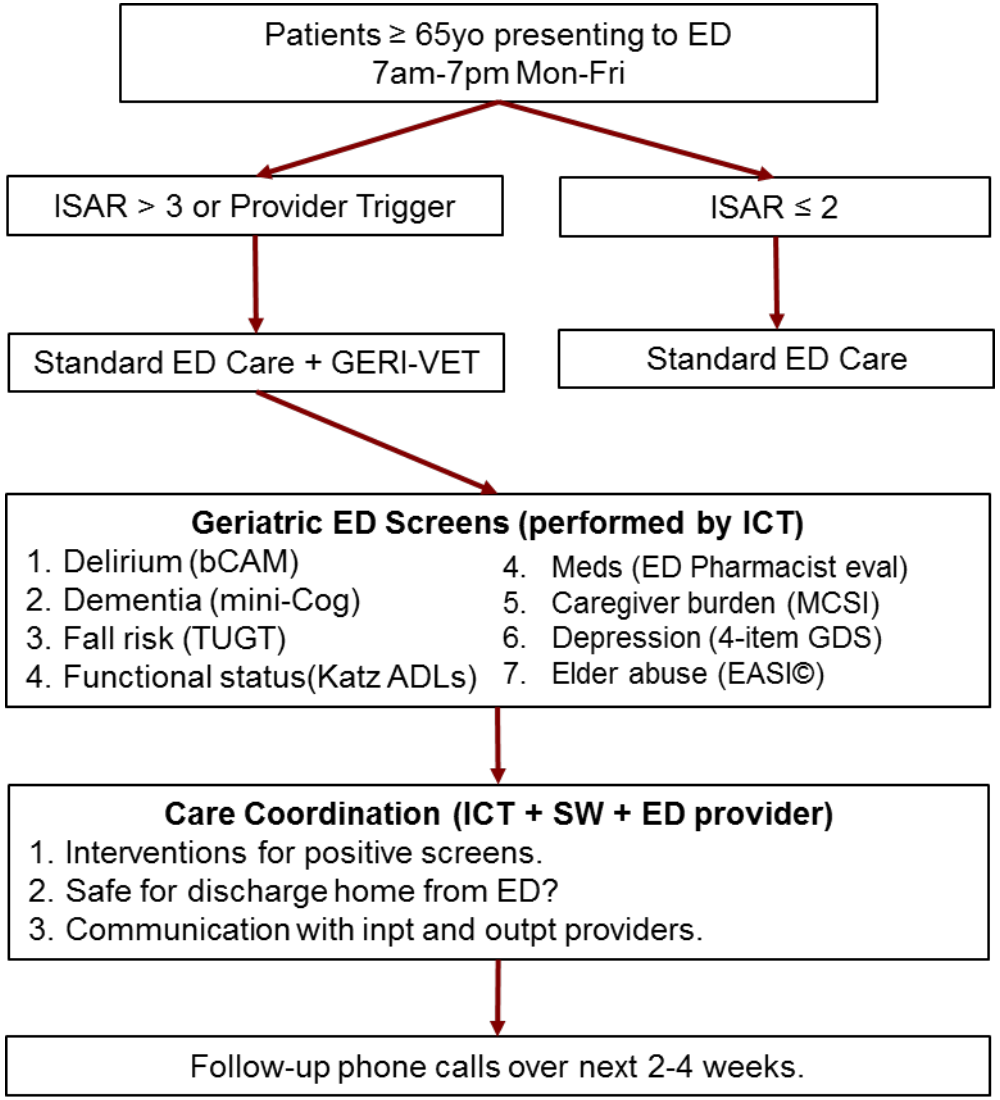
- Former military medics and corpsmen
- U.S. Air Force, Army, Navy and Coast Guard
- Incorporated into VHA through a 2012 pilot program
- “Force Multipliers”

GERI-VET SharePoint

GERI-VET SharePoint Education Resources



Workflow


Patients ≥ 65yo presenting to ED
7am-7pm Mon-Fri
ISAR > 3 or Provider Trigger
ISAR ≤ 2
Standard ED Care + GERI-VET
Standard ED Care
Geriatric ED Screens (performed by ICT)
1. Delirium (bCAM)
2. Dementia (mini-Cog)
3. Fall risk (TUGT)
4. Functional status(Katz ADLs)
4. Meds (ED Pharmacist eval)
5. Caregiver burden (MCSI)
6. Depression (4-item GDS)
7. Elder abuse (EASI©)
Care Coordination (ICT + SW + ED provider)
1. Interventions for positive screens.
2. Safe for discharge home from ED?
3. Communication with inpt and outpt providers.
Follow-up phone calls over next 2-4 weeks.

GERI-VET Screening Form

Delirium Screen (Brief CAM)

1. Acute change or fluctuation in mental status.
2. Inattention. *"Can you name the months of the year backwards from Dec to July?"*
3. Altered consciousness
4. Disorganized thinking.

Will a stone float on water?
Does 1lb weigh more than 2lbs?
Can you use a hammer to lb a nail?
Hold up this many fingers.
"Hold up 2 fingers".
"Now do the same thing with you other hand."

Delirium = features 1 & 2 PLUS either 3 or 4.

Functional Assessment (Katz ADLs)

Check if independent in the following.

____ Bathing
____ Dressing
____ Toileting
____ Transferring
____ Continence
____ Feeding

Total points: ___ / 6

Caregiver Burden (Zarit)

Scoring: ___ / 16 points
Concern for caregiver burden: Y / N
Caregiver name:
Permission to call caregiver? Y / N
Caregiver phone #

Dementia Screen (Mini-Cog)

3 item recall: PENNY / APPLE / TABLE
Clock draw: 0 or 2 points
Total points: ___ / 5

Falls Screen (TUGT)

Time: ____ seconds
Walking device at baseline: Y / N
Prior fall in 6 months: Y / N

Elder Abuse Screen

☐ Has anyone failed or been unable to give you the care you need?
☐ Has anyone close to you threatened you or made you feel bad?
☐ Has anyone tried to force you to sign papers or use your money against your will?
☐ Has anyone tried to hurt you or harm you?
☐ Do you feel safe at home?
☐ Are there any red flags for elder abuse on exam or during your interview with the patient?

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
1. Do you feel that because of the time you spend with (your (relative) that you don't have enough time for yourself?	0	1	2	3	4
2. Do you feel stressed between caring for (your relative) and trying to meet other responsibilities?	0	1	2	3	4
3. Do you feel strained when you are around (your relative)?	0	1	2	3	4
4. Do you feel uncertain about what to do about (your relative)?	0	1	2	3	4

D/w ED clinician: Y / N
D/w ED SW: Y / N
D/w ED pharmacist: Y / N
Give them food/drink: Y / N
Amplifier: Y / N
Residence: _____
Time to screen: _____
Time for care coord.: _____
Best number for patient:

Polypharmacy

10+ meds Y / N
Non-VA Meds other than OTC Y / N
High risk meds (benzo, opioid, anticoag) Y / N
Med non-compliance Y / N
Recent Fall Y / N

Empowering our ICTs

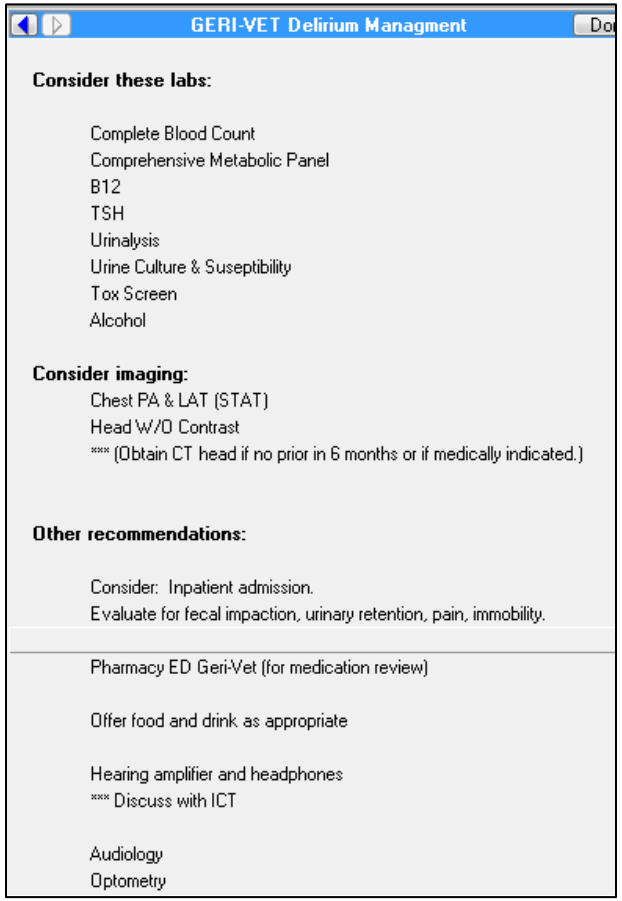
The GERI-VET "Playbook"

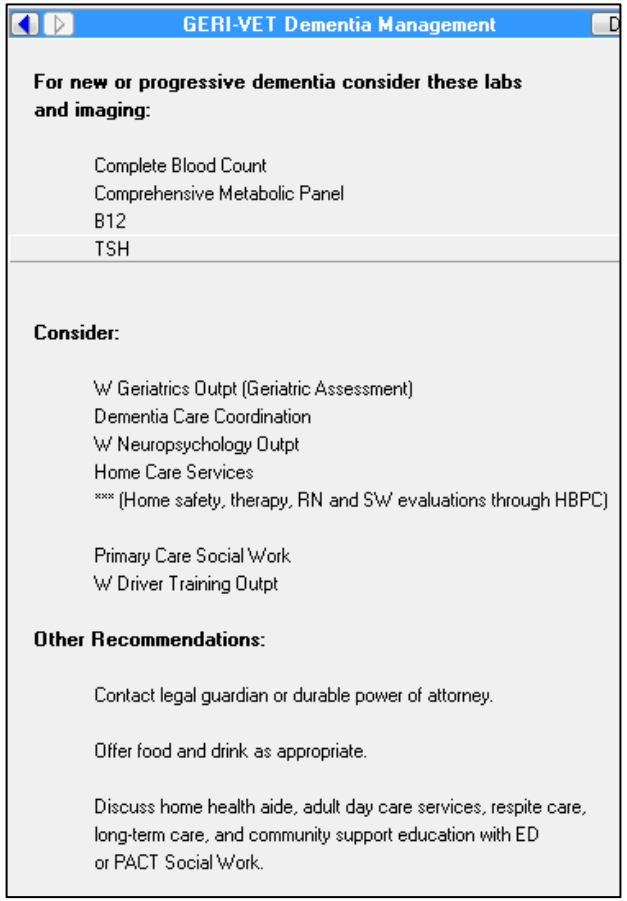
GERI-VET Falls Algorithm

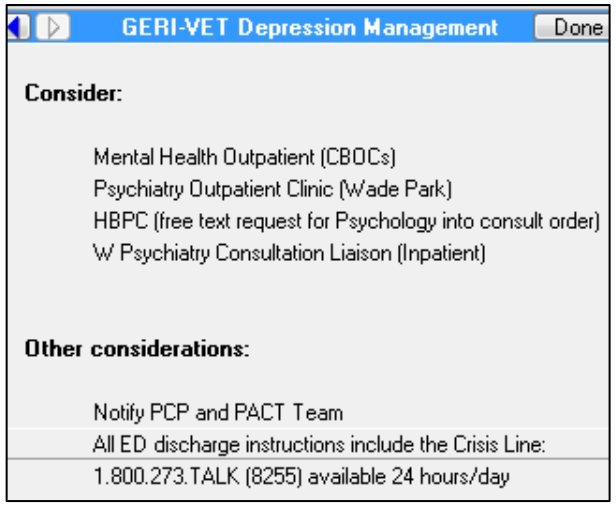
Patient is safe to walk (imaging has been read, labs and vitals are stable, you feel confident in assisting the patient)

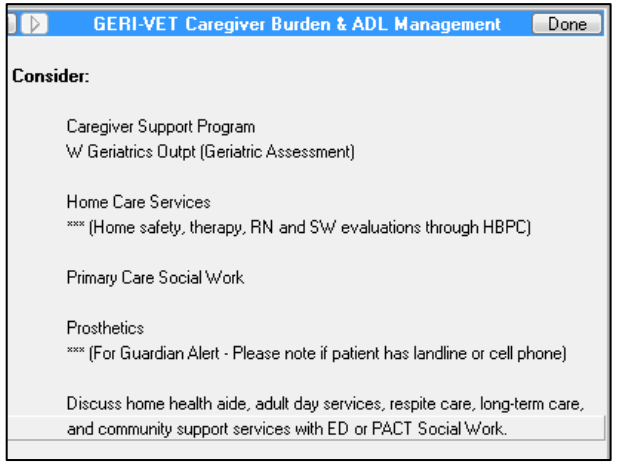
- Yes → Perform TUGT
  - 1. If TUGT > 14 seconds or
    2. 1+ falls in prior 6 months or
    3. Not at mobility baseline
    - Consider these interventions in ED:
      1. PT consult in ED.
      2. Orthostatics.
      3. Med review by pharmacy.
      4. Assess hearing, vision and feet.
      5. Give hearing amplifier.
      6. Assess alcohol use.
      7. Assess for adequate hydration.
    - Consider these home-going interventions:
      1. Outpatient PT via clinic, HBPC or CHC.
      2. HBPC for home safety eval.
      3. Get walker or cane from ED pyxis or Prosthetics
      4. Guardian life alert.
      5. HISA grant.
      6. Audiology, optometry or podiatry.
- No or unsure → Do not perform TUGT. Consider PT consult for mobility evaluation if patient would otherwise be discharged home.

Easy Access to Geriatric Consults









GERI-VET Interventions in the ED

- **Equipment**
  amplifiers, mobility devices, talking pill boxes, ADL kits
- **Physical therapy**
- **Capacity evaluation**
- Expedited **respite care**
- Expedited **long-term care**
- **Cognitive evaluation**
- **Referrals** to Geriatrics Clinic, HBPC, adult day care, home health aides, caregiver support, drivers safety, home modifications.

VA | U.S. Department of Veterans Affairs

VA | U.S. Department of Veterans Affairs

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Patient Lookup | Tasks | Reports | Admin | Feedback | Help | Preference | Profile

Request New Role
Change Site

Service: ED – Geriatrics

Role: 6 selected

PACT Team: Select options

Date Due: ... ~ ...

☑ **All Dates** ☐ **By me** ☑ **Completed** ☐ **Cancelled**

Date: 06/01/2019 ... ~ 06/09/2020 ...

GO | Total 655 | Overdue 0 | Completed before due 655

Role: Admin, ICT, Physician, Provider, RN Care Manager, Social Worker
Completed: Yes **Completed** between 06/01/2019 and 06/09/2020

Task	Date Due	Task Type/ Reason	Patient Name	SSN4	Created By	By Role	To Do Notes	Completion Note	Completed By	Completed Date
1	06/08/20	Telephone/Follow-Up/ Continuity of Care	[redacted]		Blatnik, Jennifer	Admin	geri vet follow up #2; no needs at time of geri vet	HBPC initiation and involvement	Blatnik, Jennifer	06/08/20
2	06/08/20	Telephone/Follow-Up/ Continuity of Care	[redacted]		Blatnik, Jennifer	Admin	geri vet follow up #2; no needs HOWEVER...lives by self and having low bp	following with telehealth HT	Blatnik, Jennifer	06/08/20
3	06/08/20	Telephone/Follow-Up/ Continuity of Care	[redacted]		Blatnik, Jennifer	Admin	geri vet follow up #2; snf recommended last admission however liz	chart review indicates veteran admitted and when discharged went home with	Blatnik, Jennifer	06/08/20
4	06/08/20	Telephone/Follow-Up/ Continuity of Care	[redacted]		Blatnik, Jennifer	Admin	GERI VET ICT met with veteran's granddaughter Katie in main ED waiting	veteran dc'd home 6/5/2020 with rec's	Blatnik, Jennifer	06/08/20
5	06/08/20	Telephone/Follow-Up/ Continuity of Care	[redacted]		Blatnik, Jennifer	Admin	delirium or baseline?	delirium and weakness resolved; veteran discharged home	Blatnik, Jennifer	06/08/20
6	06/08/20	Telephone/Follow-Up/ Continuity of Care	[redacted]		Blatnik, Jennifer	Admin	geri vet follow up #1; admitted? cg support? hbpc?	admitted, palliative consult placed	Blatnik, Jennifer	06/08/20
7	06/08/20	Telephone/Follow-Up/ Continuity of Care	[redacted]		Blatnik, Jennifer	Admin	being admitted for uti/delirium.....caregiver support for his daughter?	still admitted; PT recommending 24/7 supervision from daughter	Blatnik, Jennifer	06/08/20
8	06/08/20	Other/ Continuity of Care	[redacted]		Blatnik, Jennifer	Admin	left voicemail for veteran's daughter to contact ccf for neurology appt skyped with	continue to follow...sending Diamond consults for outside care	Blatnik, Jennifer	06/08/20
9	06/08/20	Telephone/Follow-Up/	[redacted]		Blatnik,	Admin	veteran presented to ED after one week prior of	veteran good to go	Blatnik,	06/08/20

100 ORGANIC
-PRESSED

Transforming the systems in which we care for older veterans.

Q & A

Ask your questions

in the CHAT

We will try to get to everyone

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We bring best practice into action.

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NOV 6
2020

Acute Care for Elders (ACE) 2020 National Conference

Registration is Open!
See below for registration instructions.

Microsoft Teams Broadcast
9:00 AM - 11:45 AM CST

Share on

gedcollaborative.com/events/

How to Register

1. Visit the ACE 2020 Registration Page
   (Note: if you are having trouble opening the above link, make sure you are opening in anything BUT Internet Explorer.)
2. Click the last blue tab **"Register/Take Course."**
3. Login to your CME account

   ***Advocate Aurora Health Login**: Follow the instructions to login as a WI Team Member or an IL Team Member.
   Note: because of a glitch in the system, **please use aurora.org or advocate.org** in your email address rather than aah.org when signing in.

   * **Visitor Login:** Follow the instructions to login as a returning visitor or, if you're new, create a new visitor account.

Once registered on the CME website, you will **automatically receive an email** with further instructions on how to access the conference via Microsoft Teams Broadcast.

Register

DOWNLOAD THE BROCHURE ↓

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