GEDC | THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

Observation Units in the Geriatric ED

Expert Panel Webinar

Monday, December 7, 2020

3:00-4:00 EST

Moderated by:

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

EXPERT PANEL

Simon Conroy, MD
Professor of Geriatric Medicine
University of Leicester, United Kingdom
Clinical lead, Acute & Specialized Clinical Frailty Networks, NHS

Stephen Meldon, MD, FACEP
Co-Director GCU, Senior Vice Chair
Emergency Services Institute, Cleveland Clinic

Jay Banerjee, MD
Consultant in Geriatric Emergency Medicine,
University Hospitals of Leicester
Professor in Emergency Care,
University of Leicester, United Kingdom

Lauren Southerland, MD
Emergency Medicine Physician
The Ohio State University Wexner Medical Center

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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.

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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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Please text:

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Geriatric Emergency Department Collaborative
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Director of Clinical Research
The Ohio State University
Wexner Medical Center

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Geriatric Care Unit (GCU)

Stephen Meldon, MD, FACEP

Co-Director GCU;
Senior Vice Chair Emergency Services Institute
Cleveland Clinic

Monday, December 7th, 2020

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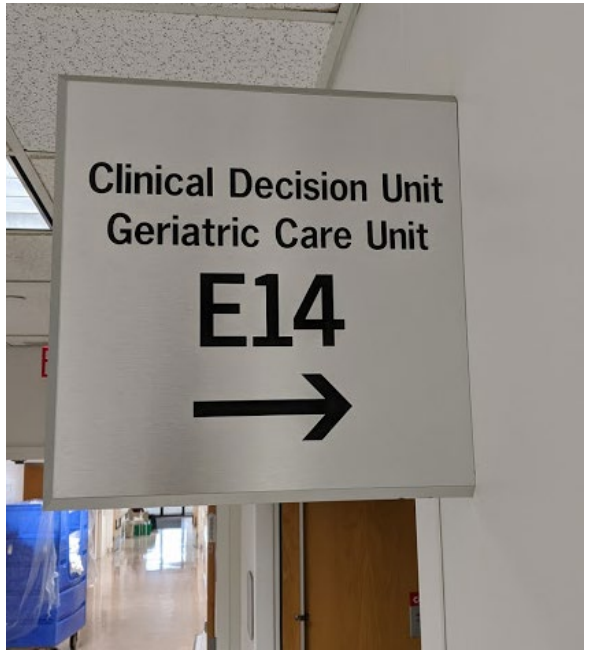
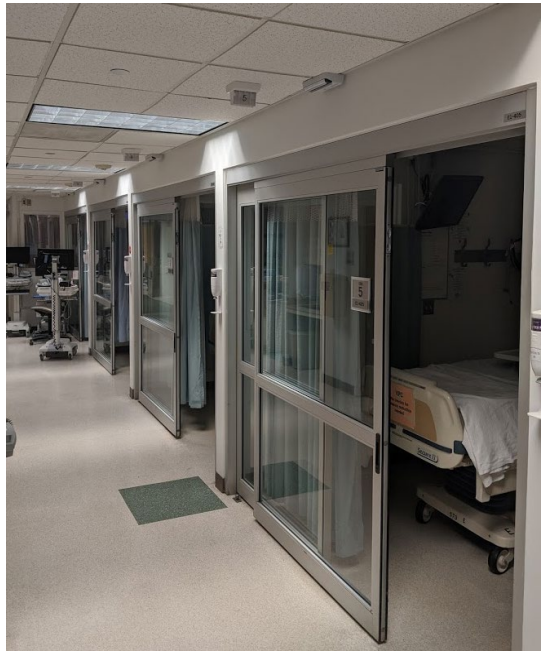
Cleveland Clinic Main Campus ED

- 67,000 visits in 2019; 24% age ≥ 65y
- 64 ED beds in three pods
- 14 ED-based observation beds
  - Four beds dedicated to GCU, but ability to flex up
- Dedicated RN staffing
- The GCU is staffed by and Advanced Practice Nurse with assigned EM physician back-up

Cleveland Clinic Main Campus ED

- GCU admit orders and geriatric order sets and a Geriatrics consult order
- Generally a 23-hour Observation Unit
- Care Model also includes
  - Case Management/Social Worker for transitions of care
  - ED Pharmacist for medication reconciliation and appropriateness
  - Physical and Occupational Therapist for mobility and function
- Geriatrician or Geriatric Advanced Practice Nurses (8a-5p, Monday-Friday) who can also **provide ED consults** based on GCU census, workload





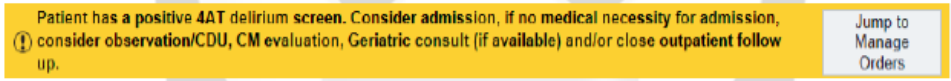
Patient Selection

Geriatric ED CARES

Collaborative, Accessible, & Reliable Elder Services

Who is high risk?

65+ years old with positive 4AT result (score 4+)



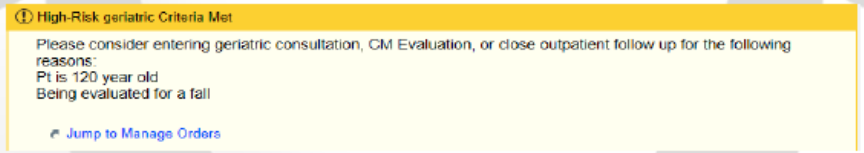
OR

80+ years old meeting at least 1 criteria

65-79 years old meeting at least 2 criteria

Criteria:

- Polypharmacy (>10 meds)
- Frequent falls or history of falls
- Multiple ED visits
- History of Dementia



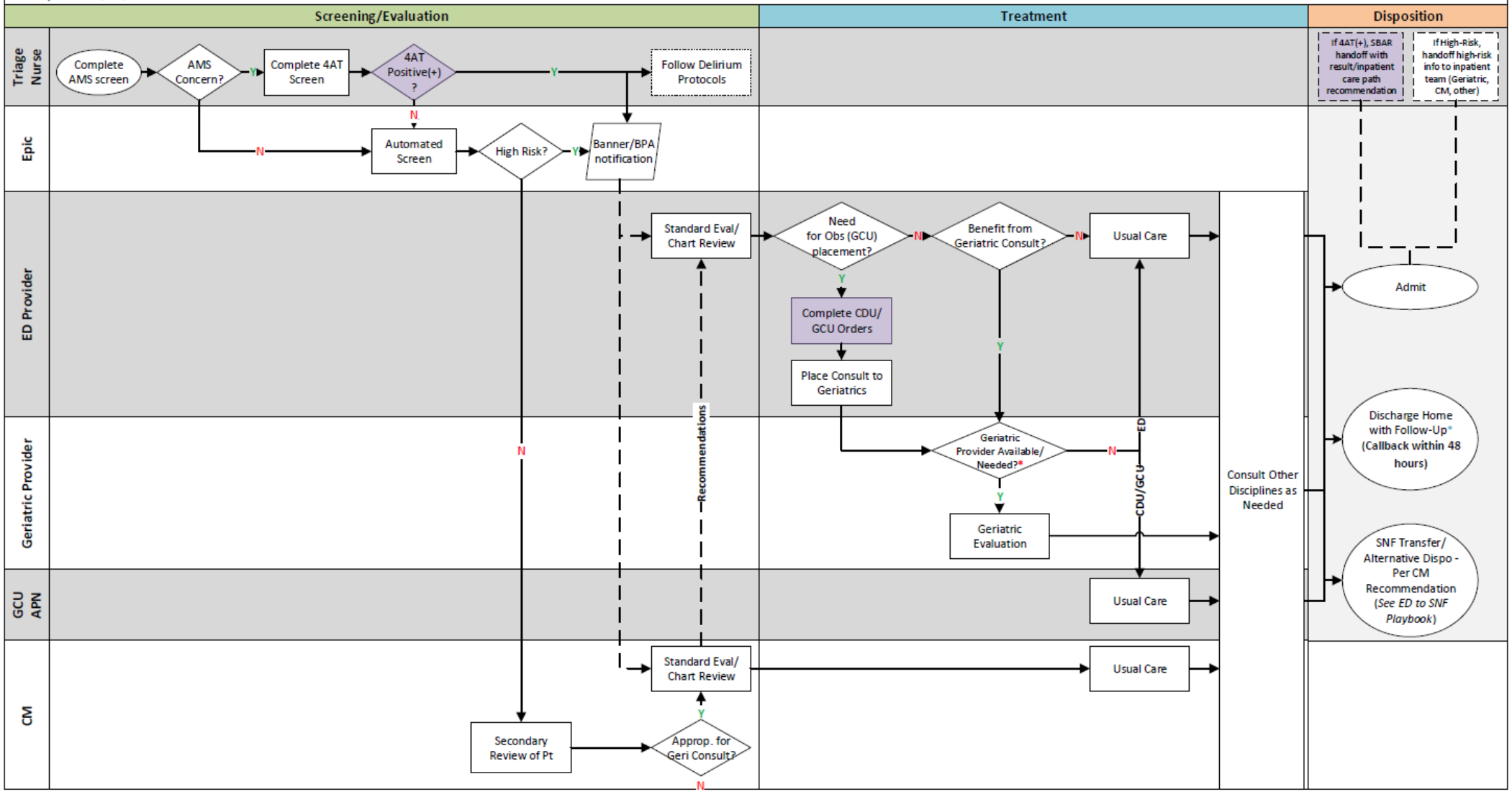
Also consider:

Concern for disposition (e.g. "Safe to go home?") and ED to SNF patients

To **notify Geriatrics of GCU placement or need for a Geriatric consult**, type "*geriatrics*" or "*GCU*" as an **order**. This acts as a consult order and will populate a list and trackboard penguin icon that is reviewed by Geriatrics/Case Management.

Main Campus Geriatric ED Workflow

Last Updated 9/15/2020



*Geriatric Availability:

- Same/Next Day Evaluation (M-F)
- Telehealth (GCU - Weekends) [Piloting]
- On-Call Geriatrician (Off-Hours/Weekends)

*Follow-up includes, but is not limited to: Geriatric Clinic, PCP, and Home Health Services

Patient Impact

87 y M

- **Comorbidities** – Metastatic Ca Prostate, Pleural effusion, Pressure ulcers
- **ED Presentation** – altered mental status , Long hospital stay in VA- was discharged with hospice and revoked
- **Geriatric assessment** – Metastatic Ca. Prostate with poor functional status, poor prognosis, family wanted to go home
- **Dispo** – Home with home care, multiple arrangements were made for home care

98 y M

- **Comorbidities** – Hypertension
- **ED Presentation** – Fall, Generalized weakness
- **Geriatric assessment** – Frail elderly , unable to live alone at home , Care need
- **Dispo** – Home, connected with outside agencies so patient can successfully move to assisted living

Patient Impact

69 y M

- **Comorbidities** – Hypertension, diabetes, Hyperlipidemia, Back pain
- **ED Presentation** – Syncope
- **Geriatric assessment** – Polypharmacy, Adverse Drug Reaction
- **Dispo** – Home with medication adjustment

85 y F

- **Comorbidities** – Dementia, A fib, hypertension, known to Geriatrics
- **ED Presentation** – Failure to Thrive, Electrolyte abnormality, UTI
- **Geriatric assessment** – Advanced Dementia, Goals of care
- **Dispo** – Home with Hospice

Geriatric Care Unit Outcomes

- 9,663 geriatric ED encounters: 4,042 pre-program and 5,621 post-program
- Overall admission rates significantly lower with Geriatric involvement
  - 44.0% pre-program and 23.4% post-program, p<0.001
  - CDU v GCU admit rate: 23.5 v 9.4%, p<0.001
- Regression model confirmed higher likelihood of admission if there was no Geriatric intervention
  - OR 1.73 (95% CI 1.21, 2.47)
  - Controlling for ED obs status: OR 3.76 (95% CI 1.99, 7.06) Ann Emerg Med 2020; 76:S140
- Electronic Medical Record-automated Best Practice Alerts to identify high-risk elders
  - Geriatric consults increased 21% after implementation (4.3% to 5.2%, p=0.09)
  - Averaged 48/month, despite 30% drop in volume (COVID-19 impact) Ann Emerg Med 2020; 76:S96

GCU Keys to Success

Patient selection
- EMR-generated best practice alerts using high-risk criteria

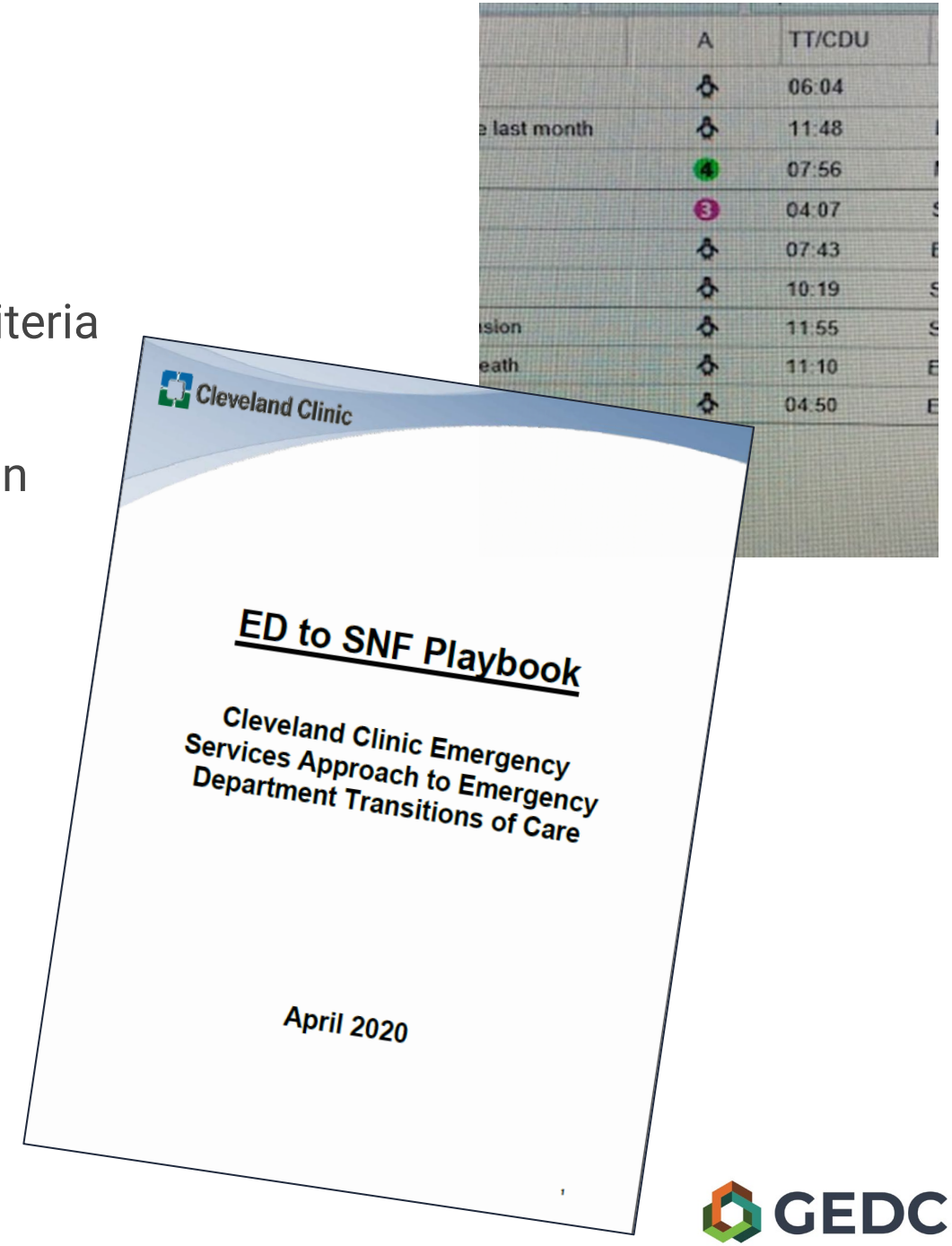
Provider communication
- Best practice alert; icon in chart, Patient list population

Comprehensive Geriatric Assessment
- Piloting telehealth program for weekend consults

Team approach
- Case Management is a key component

Transitions of Care are critical
- Discharge, admit, transfer

Start up costs need to be covered
- Philanthropy, grants, hospital



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EMERGENCY FRAILTY UNIT

Simon Conroy & Jay Banerjee
Professors of (Geriatric) (Emergency) Medicine

GEDC Webinar, December 2020

UNIVERSITY OF LEICESTER

In the beginning…

Parallel attempts 2007 (5 floors apart)

Acute Frailty Unit

- Engage with “normal” care model
- Minimal end of life discussions
- Poor medication review
- Lack of holistic assessment

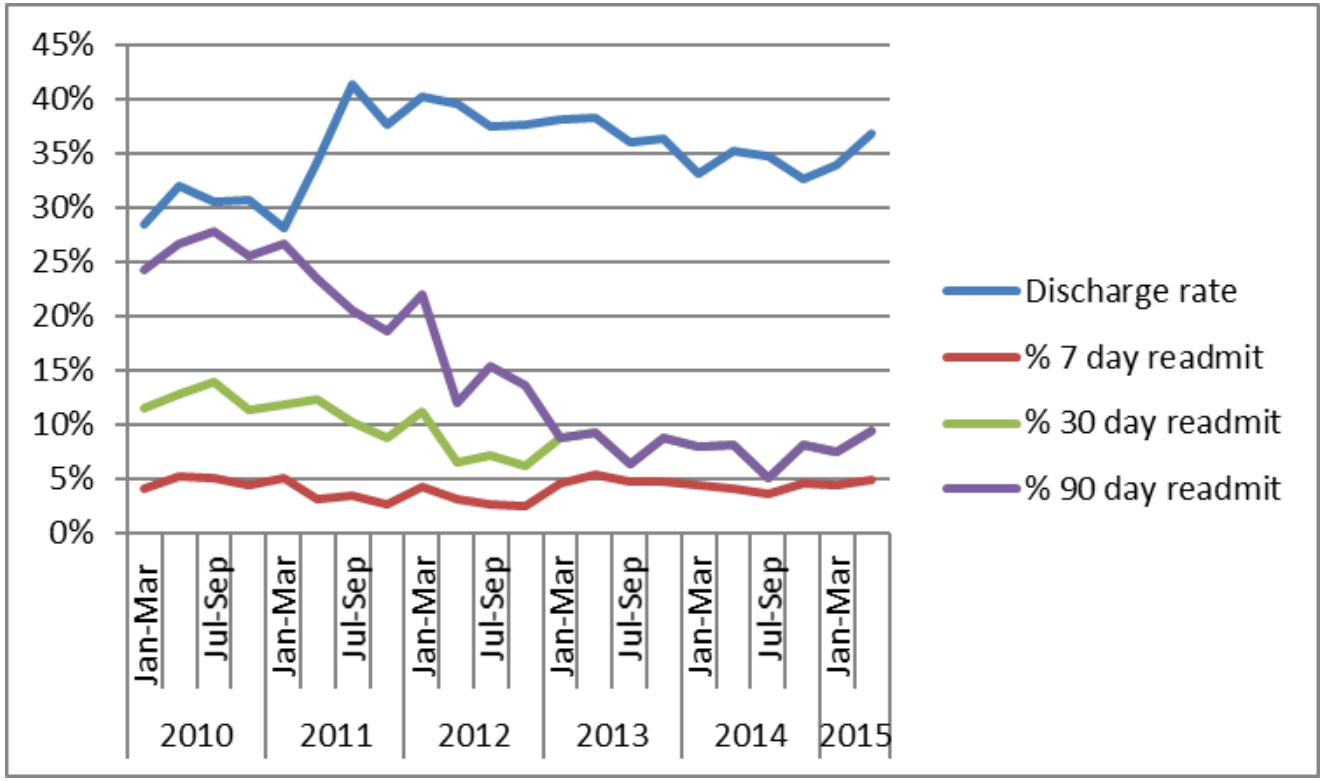
Emergency Decisions Unit (16 beds)

- Around 50% of admissions were older people
- 75% converted to admissions into medicine
- Largely older fallers

Combine ideas, efforts and resources

THE EMERGENCY FRAILTY UNIT

- Situated in the Emergency Dept. clinical decision unit
- Geriatricians started joint rounds for the older fallers – ED docs sorted injuries, Geriatricians the illness – organic
- 50% became reserved for Geriatrician input
- Nurses, Physio/Occupational therapists, pharmacist
- 16 hr average length of stay; frailty syndromes
- Model continued until new ED build (2017): 16 bedded Emergency Frailty Unit



Age and Ageing Advance Access published July 23, 2013

Age and Ageing 2013; **0:** 1–6
doi: 10.1093/ageing/aft087

A controlled evaluation of comprehensive geriatric assessment in the emergency department: the 'Emergency Frailty Unit'

Simon Paul Conroy[1], Kharwar Ansari[2], Mark Williams[2], Emily Laithwaite[3], Ben Teasdale[2], Jeremey Dawson[4], Suzanne Mason[4], Jay Banerjee[2]

Activity – 2019…2020….2021

- 230,000 attendees including 48,000 older people
- Frailty Nurse Practitioners/ Physiotherapist/ Occupational therapists/ Pharmacists/ Geriatricians/ Geriatric EM Consultant/ GEM Fellows: mostly 0900-1800
- Emergency Frailty Unit and in-reach into the ED
- EFU increasingly taken up by unwell older people (mostly!) with 7-10 length of stay!
- Increasing discharges from ED with lower admission rate
- Prehospital care home conveyancing support service through COVID

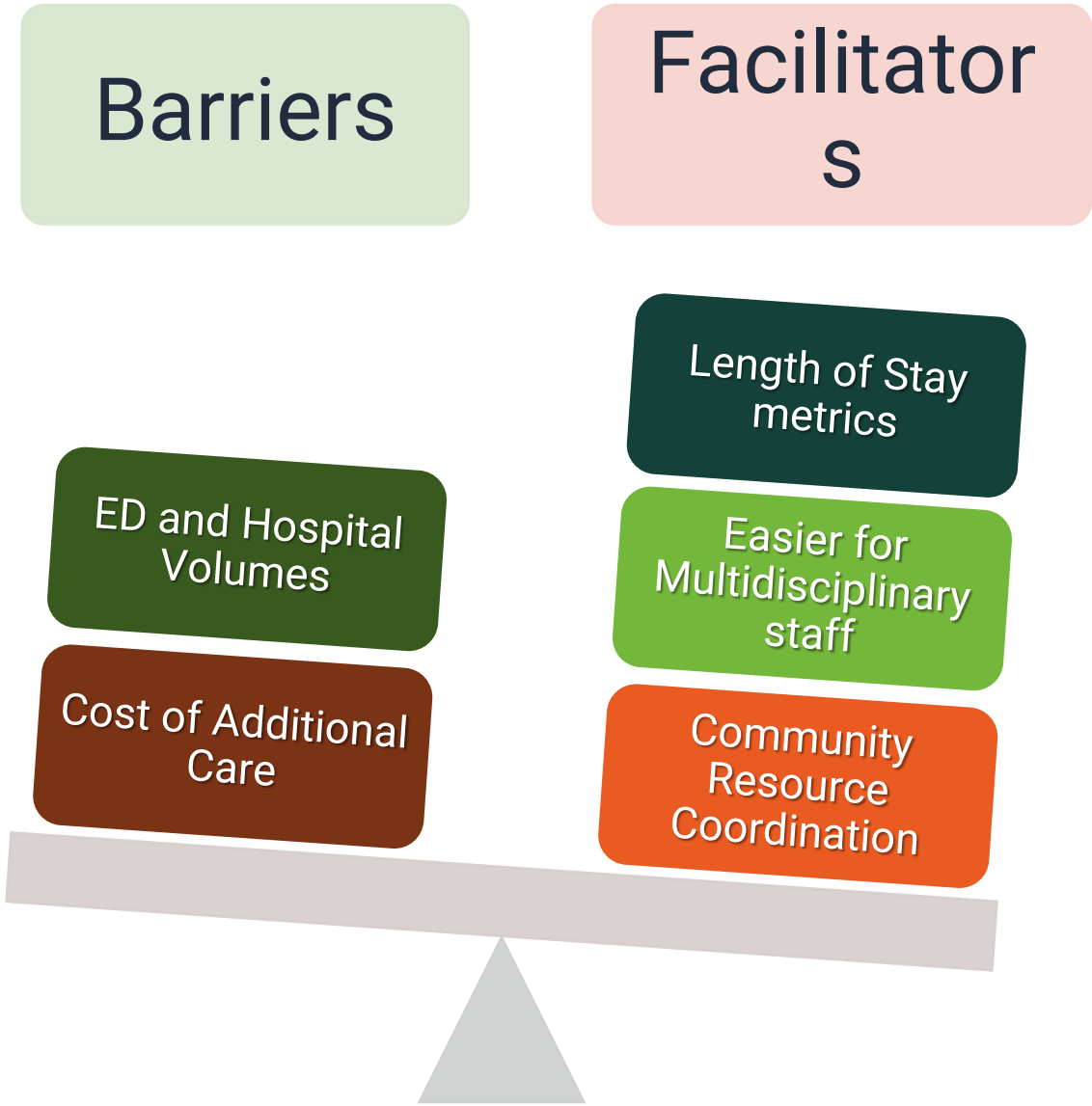
Current model of care

- Increasing provision of ”Same Day Emergency Care” for frail older people with supported discharge for: falls, delirium, end of life care, injuries
- In-reach into ED/EFU: palliative care specialist nurses; older people’s liaison psychiatry nurses; domestic violence advocate; alcohol support worker
- Community support services: health & social care

Silver Book (2012)
Acute Frailty Network (2013)
Specialised Clinical Frailty Network (2018)
Same Day Emergency Care Network (2019)
Silver Book International (2021)

Financing a Geriatric ED Observation Unit

Lauren T. Southerland, MD
The Ohio State University Wexner Medical Center



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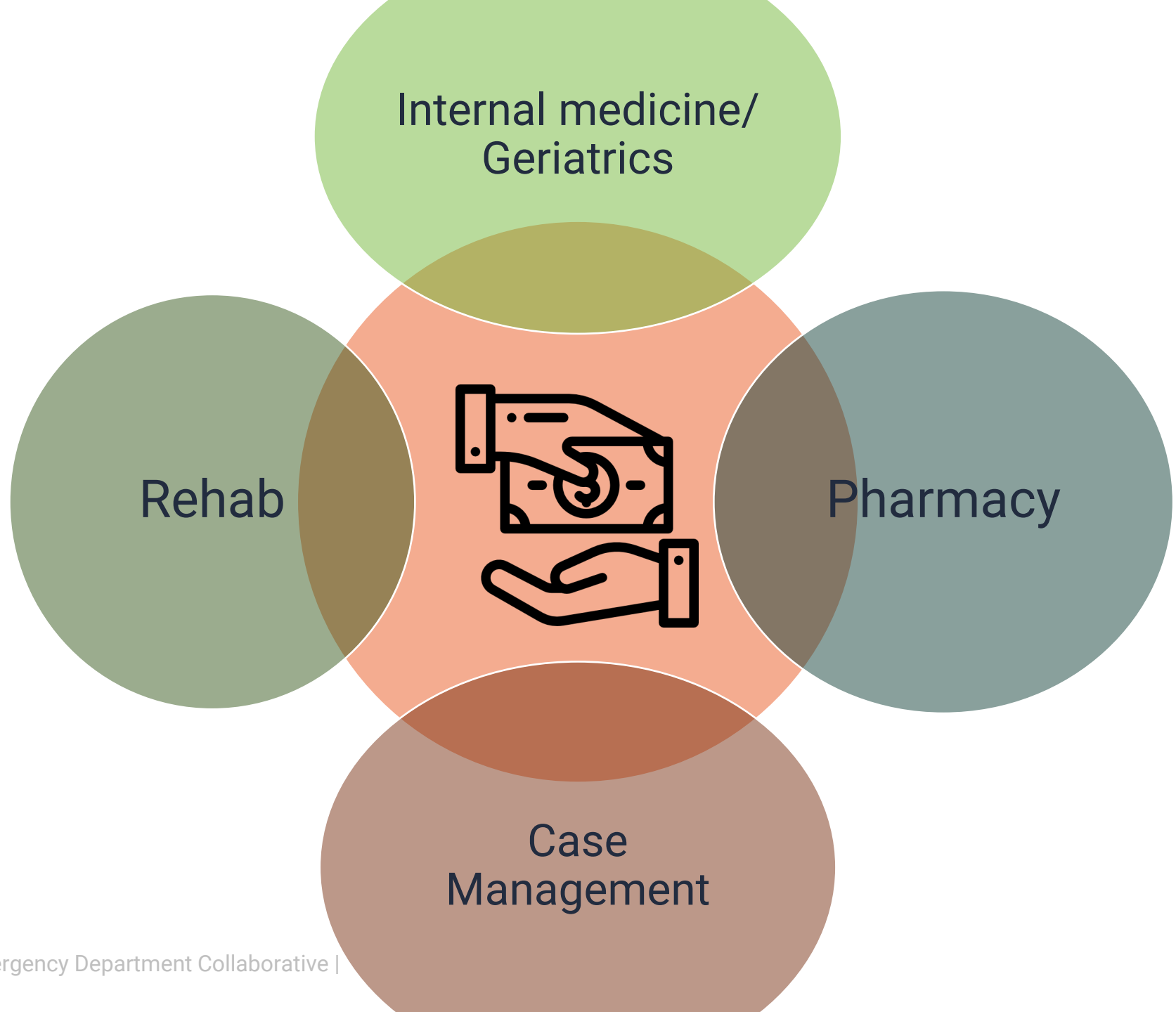
SAEM Academic Emergency Medicine
Official Journal of the Society for Academic Emergency Medicine

Original Contribution | Free Access

Financial Viability of Emergency Department Observation Unit Billing Models

Christopher W. Baugh MD, MBA, Pawan Suri MD, Christopher G. Caspers MD, Michael A. Granovsky MD, CPC, CEDC, Keith Neal MBA, MHL, CHFP, Michael A. Ross MD



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Hospital "Observation" Stays Can Hit You With a Huge Medicare Bill

Some patients are as
they get big hospital

Hospital admission or observation? New law requires disclosure so you know the difference

by Connie Thompson | Thursday, February 2nd 2017

SeniorLaw.com
Goldfarb Abrandt & Salzman LLP

Home About Us Information For Pr

Know Your Rights: Observation Status

by David Goldfarb

Medicare has limited coverage for nursing home care.

ELSEVIER

The American Journal of Emergency Medicine

Volume 36, Issue 9, September 2018, Pages 1591-1596

Original Contribution

The cost of observation care for commercially insured patients visiting the emergency department ☆

Amber K. Sabbatini M.D., M.P.H. [a], Brad Wright PhD. [b], M. Kennedy Hall M.D., M.H.S. [a], Anirban Basu Ph.D., M.S. [c, d]

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I don't want to stay in the hospital!

But doc, why can't we go home and do this later?

1. Do not expect to make significant money with a Geriatric ED Observation Unit.

2. Make sure billing systems are in place for ED and consultants.

3. Most patients will have a shorter length of stay and pay less out of pocket for observation than admission.

4. Geri Obs Units prevent hospital admissions.

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Q & A

Ask your questions

in the CHAT

We will try to get to everyone

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Upcoming | Past

DEC 7
2020

Webinar – Implementing an Observation Unit Model in the Geriatric ED

An Expert Panel Webinar exploring strategies to extend the assessment of complex older patients, funding models for observation units, workflows and assessment tools, and real-world experiences from international contributors.

JAN 11
2021

Webinar – Best Practices in COVID Care in the Geriatric ED

An Expert Panel Webinar discussing what we've learned with respect to best practices in COVID for older adults in the ED.

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