AdvocateAuroraHealth™

GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

AAH GEDC Boot Camp

Participant Course Pack

The implementation of the Geri ED Program throughout Advocate Aurora Health is

Generously Supported by

Judith Gardetto

Thank you to the Advocate Aurora Foundation for their partnership and support

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AAH GEDC Boot Camp
Agenda

June 15, 2020 1:00–3:00 CST

1:00-1:05: Welcome by MaryBeth Kingston, Chief Nursing Officer

1:05-1:15: Introductions & Agenda

1:15-1:35: Site Introductions

1:35-1:50: Rationale for Geri ED

1:50-2:30: Case Studies & Small Group Discussion

2:30-2:50: Falls & Mobility in the ED

2:50-3:00: Wrap up and next steps

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GEDC Boot Camp
CASE STUDY: Mrs. Cado

GOALS

1. To increase familiarity with the GED Guidelines;
2. To elicit different perspectives on the same clinical problem;
3. To identify some opportunities for Quality Improvement.

WORKSHEET

1. How would this patient be managed in your ED?
2. What specific problems would you identify with managing her in your ED?
3. What components of the GED Guidelines (Staffing, Education, Transitions of Care, Policies and Procedures, Physical Environment, Quality Improvement) might make his care better?

YOUR ASSIGNMENT

Your group's spokesperson will describe:

One barrier to quality care for such a patient *and*
One opportunity for improvement that you could implement

CASE:

Mrs. Cado is a 78-year-old woman who lives independently in a two-storey house. Her daughter and son drop in to see her most weekends. She normally uses a cane because of knee and hip arthritis.

Past Medical History: Coronary artery disease with a CABG in 1999; she says she only gets chest pain sometimes now; followed by a cardiologist at the other hospital in town; Osteoarthritis; Hypertension; Increased lipids; Type 2 Diabetes

Medications: in her bag she has: Metoprolol 25 mg bd; Nitro spray; Ramipril 5 mg od; Candesartan 32 mg. od; acetaminophen 1000 mg tid; Atorvastatin 10 mg od; Aspirin 150mg od.; Gliclazide, 160 mg daily; Metformin 500mg bd. (If you call the pharmacy, you learn that the candesartan has not been prescribed for the past two months and that she filled a prescription for donepezil 10 mg last month by a doctor who is neither her family doctor nor her cardiologist.)

History of Present Illness: She arrives by ambulance on Thursday at 2 pm because she had a fall (off a step ladder while replacing a light bulb). She managed to get up and call EMS herself though it's not clear how much time elapsed before the call.

Examination: She is in a lot of pain, mostly from her right wrist. Her BP is 122/78; HR 84; Sat 100%
She is triaged to the ambulatory area because she is complaining only of wrist pain.
The Emerg doc sees her: bloodwork (basic FBC and chemistry are "normal"); a CT of her head shows no bleed; an ECG shows nil acute; Right wrist X-ray shows a minimally displaced distal radius fracture which requires no reduction, only a volar splint.
Follow up appointment is booked for the Orthopedic Clinic. She seems ready for discharge at this point.

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GEDC Boot Camp
CASE STUDY: Mrs. Ivanhoe

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YOUR ASSIGNMENT

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One barrier to quality care for such a patient *and*
One opportunity for improvement that you could implement

CASE:

Mr. Ivanhoe is an 87-year-old man who has arrived in your ED by ambulance with fatigue and a frequent non-productive cough. On arrival to the ED the triage nurse notes his RR to be 32/min, HR 105/min and SaO2 87% on nasal O2 and he is triaged to the acute resuscitation area of your ED. Prior to seeing him you review his electronic medical record

This reveals that he lives with his wife in the community and is on continuous home oxygen 2L/min for COPD. This will be his seventh admission to your hospital in the last six months, which have all been for exacerbations of his COPD including episodes of respiratory failure. His last discharge summary records his weight at 47kg. You can find no documentation where his prognosis and goals of care have been raised with him and his wife. His wife says, "someone sometimes comes into the house to do some things."

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GEDC Boot Camp
CASE STUDY: Mrs. Piedra

GOALS

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WORKSHEET

1. How would this patient be managed in your ED?
2. What specific problems would you identify with managing her in your ED?

YOUR ASSIGNMENT

Your group's spokesperson will describe:

One barrier to quality care for such a patient and
One opportunity for improvement that you could implement

CASE:

Mrs. Piedra is a 74-year-old woman who is in your department for her third visit in three days.

On Day One, she was complaining of flank pain and a CT showed a 3 mm (small) stone in her distal ureter. She was started on tamsulosin, acetaminophen, low-dose hydromorphone, dimenhydrinate (Gravol).

On Day Two, she was back because of "pain" although the plain X-ray suggested the stone had passed and sent home with reassurance.
On Day Three, a neighbor has called the ambulance because Mrs. Piedra knocked on her door, crying and distressed.

The emergency physician finds no acute findings on physical exam or lab/imaging and makes a referral to Internal Medicine for "failure to cope".

The third-year medical student on the Medicine services conducts a thorough med student exam and notices an MMSE of 18 consistent with moderate dementia. When the student calls the pharmacy, she learns the prescription was filled and she discovers all the empty bottles in the bottom of Mrs. Piedra's purse.

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GEDC Boot Camp
CASE STUDY: Mr. Kostamihk Kikway

GOALS

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WORKSHEET

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3. What components of the GED Guidelines (Staffing, Education, Transitions of Care, Policies and Procedures, Physical Environment, Quality Improvement) might make his care better?

YOUR ASSIGNMENT

Your group's spokesperson will describe:

One barrier to quality care for such a patient and
One opportunity for improvement that you could implement

CASE:

It's Tuesday evening in a community hospital ED. Mr. Kostamihk Kikway is an 82-year-old man who lives with his extended family. He comes to the ED because of increased cough and fever.

He needs assistance most days with dressing and bathing (because of his arthritis); but in the past few days he has become somewhat weaker and needs assistance to get to the toilet. He uses glasses and his family says he needs cueing to do most activities ("but he doesn't have Alzheimer's). He was in your hospital three months ago for an episode of angina (no NSTEMI) and had three new medications added at that time.
(Hint: check ISAR score).

PMH: Coronary artery disease; Hypertension; Prostate hypertrophy; high cholesterol; and appropriate medications for those conditions

On exam he is alert and attentive and oriented to day, place. No fever. O2 sat 94%. He is able to walk with assistance ("about the way he usually does.")

His Chest xray shows a small area of infiltrate in the RML. His bloodwork is unchanged from his previous admission.

There are medical beds available but only on a floor with an enteric and flu outbreak.

What do you do?

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GEDC Boot Camp
CASE STUDY: Mrs. Schwach

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WORKSHEET

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3. What components of the GED Guidelines (Staffing, Education, Transitions of Care, Policies and Procedures, Physical Environment, Quality Improvement) might make her care better?

YOUR ASSIGNMENT

Your group's spokesperson will describe:

One barrier to quality care for such a patient and
One opportunity for improvement that you could implement

CASE:

Mrs. Schwach is an 80-year-old retiree who calls the ambulance on Tuesday morning because she's "not feeling right" on waking at 0800. She looks well and is in no distress so is triaged ESI 4 and placed in a bed.

She can't remember what medications she takes, did not bring her list, and EMS did not bring the bottles. She has had no previous visits at your hospital.

She thinks she may have had some chest pain and so is placed on a monitor. She can't void on the bed pan and so she has a catheter inserted. Her daughter from Ontario reaches her on her cell and subsequently calls the nurse to say that "Mom seems a little off." This information is not recorded or passed on.

It's a busy day in the department so she waits 3 hours before being seen by the doctor. She mentions that she may have had some abdominal pain yesterday, so an ultrasound is ordered for 1500 and she is kept NPO for that test. It is reported at 1700 as "unremarkable with no acute findings." Her bloodwork, including two Troponins, is all back and is normal.

She is prepared for discharge at 1800 with diagnosis and plan of "No Acute Medical Problem; Follow up with family doctor." She is very weak and light-headed on standing and can't find her house keys or any money for a taxi home.

The physician is ready to go home, and it's change of shift for the nurses.