Improving ED care of older people - how?

Jay Banerjee FRCEM
Recapitulate....

- CGA takes some time...
- It needs coordination
- It needs communication
- It needs some expertise
- Geriatricians are too few and too expensive

- Need to develop GER MED competencies in ED context…
- Geriatric Emergency Medicine
Achieving our goals

• EDs operate at the edge of chaos
Why do older people attend ED?

Determinants reported from multivariate analyses included

• Measures of need (perceived and evaluated health status, prior utilization)

• Predisposing factors (health beliefs and socio-demographic variables) and

• Enabling factors (physician availability, regular source of care, family resources, geographical access to services)

NHSE A&E 2013-14
Older people A&E LOS 2013-14
A Traditional EM Management Pathway

Prehospital Assessments and Interventions

Initial Evaluation of Injury or Illness Acuity

Stabilization

History, Physical Exam, Differential Diagnosis

Testing

Diagnostic Refinement

Further Management Plan

Settings Where Processes Occur

Yellow = Home, Clinic, Accident-Scene or Nursing Home Environment
Blue = Waiting Room or Triage station
Red = ED patient room or hallway
Purple = Observation Unit, Inpatient or Outpatient Setting

CCarpenter
ED and older people

- Linear processes Vs frailty syndromes
- Multiple challenges Vs multiple morbidities
- Specialties Vs health/social care
- Maintaining flow Vs continuing management
- Balancing individual Vs system
Managing sepsis?

- 85 year old, nursing home, hoisted, advanced dementia, dependant for all care, increasing confusion, bibasal crackles, incontinent

<table>
<thead>
<tr>
<th>Is the patient in the ICU?</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altered Mentation</td>
<td>Yes</td>
</tr>
<tr>
<td>Respiratory rate (breaths per minute)</td>
<td>22</td>
</tr>
<tr>
<td>Systolic blood pressure (mmHg)</td>
<td>143</td>
</tr>
</tbody>
</table>

**Total Score** 2

Your patient with suspected infection not in the intensive care unit has a 6% risk of a bad outcome. This is a prompt to consider that sepsis is likely.

- What is the incremental risk from an abnormal urine dip or a CXR with bibasal collapse? Have we excluded other causes of delirium?
The changing pattern of need requires greater integration – that is, much better alignment – in the commissioning of health and social care services. Yet, in recent years the tendency has been for that to become more fragmented. Some 211 clinical commissioning groups currently commission acute hospital and community health services. Social care on the other hand is the responsibility of 152 completely separate local authorities, while NHS England is responsible for commissioning all primary care and specialist provision.

Source: King’s Fund. “A new settlement for health and social care”, 2014

Perverse incentives in existing payment structures that reward providers for the volume of services delivered, rather than quality of those services, are a primary driver of health care costs. The combination of misaligned incentives and fragmented health care delivery have contributed to the U.S. having higher per capita and total health care spending than any other industrialized country, and also scoring among the lowest on key health indicators, such as infant mortality, obesity, and health system performance. The Affordable Care Act will change these incentives and strengthen Medicare.
Complex Adaptive Systems

Care does not follow linear rules but enacted rules
- Interpersonal relations
- Negotiations between individuals
- Interactivity between individual actions and policy, and
- The continual negotiation of practice

…….occurring within a shifting milieu of changing structural influences, such as
- Professional training and
- Organisational targets (time to ambulance handover, time to admission/discharge, 4 hr-breaches, time to ABx in sepsis)

Abstracted numbers (waiting time, number of breaches…..) cannot describe the dynamicity of care delivered in the ED…..
(Nugus et al.Integrated care in the emergency department: A complex adaptive systems perspective.doi:10.1016/j.socscimed.2010.08.013)
ED – CAS for complex older

- Move away from linear thinking and processes - embrace non-linear, associative thinking (More Type 1; less Type 2)

- Processes that are patient centred - inter organisational and inter professional (MDT, SDM, EBCD to deliver CGA)

- Care coordination across the interface (Digitize and share for iteration)

- ED outcomes part of Older People’s Outcomes (outcome, process and balancing measures)
- Focus on Long Term Conditions (heart failure/frailty/dementia/COPD)
- More effective responses to urgent care needs
- Advance care planning/end of Life care plans
- Targeted input into Care Homes
- Access to integrated services through NHS Pathways (3DN) including health & social care

Clear operational performance framework integrated with GP processes
Ready access to specialist advice when needed

Improved integration with 1st & 2nd responders via NHS Pathways

Front load senior decision process including primary care, ED Consultants & Geriatricians

Objective: A left shift of activity across the system as a function of time; yesterday's urgent cases are today's acute cases and tomorrow's chronic cases.

Optimise emergency care:
- Evidence based management
- Multidisciplinary input from PT/OT & community matrons
- Access to intermediate and social care
- Front line geriatrician input
- Effective information sharing with primary care/secondary care/community
- Develop minimum data set

- Redesign to decrease LOS with social & multidisciplinary input using a “pull” system
- Effective Date of Discharge
- Ambulatory care (macro level) for falls/LTC
Outcomes

Older People

Standard Set

www.ichom.org
Effective geriatric ED

8 Distinct Geriatric ED Case Management Model Components

<table>
<thead>
<tr>
<th></th>
<th>Evidence-based practice model</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Nursing clinical involvement or leadership</td>
</tr>
<tr>
<td>3</td>
<td>High-risk screening processes</td>
</tr>
<tr>
<td>4</td>
<td>Focused geriatric assessments</td>
</tr>
<tr>
<td>5</td>
<td>Initiation of care and disposition planning in the ED</td>
</tr>
<tr>
<td>6</td>
<td>Inter-professional and capacity-building work practices</td>
</tr>
<tr>
<td>7</td>
<td>Post-ED discharge follow-up with patients</td>
</tr>
<tr>
<td>8</td>
<td>Evaluation and monitoring processes</td>
</tr>
</tbody>
</table>

Thank you!

jb234@le.ac.uk