



The Impact of a Specialist Older Person's Team within the Emergency Department

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Older Persons



An Bord Altranais
Nursing and Midwifery Board
of Ireland



Role Profiles

- cANP for Older Persons -15 years working in Acute & Ambulatory Older Persons Care
- Clinical Specialist Physiotherapist – 13 years in SJH incorporating Stroke/Rehab/Older Persons Care
- Clinical Specialist Occupational Therapist – 9 years experience & Specialisation in Older Persons Rehabilitation
- Senior Medical Social Worker - 23 years in SJH incorporating all specialities/management

Background

**POPULATION
AGED 65+**



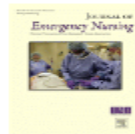
Recommended implementation of admission avoidance services and dedicated tailored care of the oldest old in emergency settings

(Kenny & McGarrigle, 2017)



Journal of Emergency Nursing

Volume 37, Issue 4, July 2011, Pages 321-327



Research

Geriatric Emergency Nurses: Addressing the Needs of an Aging Population

Jennifer Baumbusch PhD, RN  , Maureen Shaw M

Journal of the
American Geriatrics Society



[Explore this journal >](#)

The Geriatric Emergency Department

SAEM

Academic Emergency Medicine

Official Journal of the Society for Academic Emergency Medicine

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A New Model for Emergency Care of Geriatric Patients

James G. Adams MD, Lowell W. Gerson PhD

First published: March 2003 [Full publication history](#)

Emergency Department presentation of frail older people and interventions for management: Geriatric Emergency Department In

Authors [Al](#)

Acute care of older patients in the emergency department: strategies to improve patient outcomes

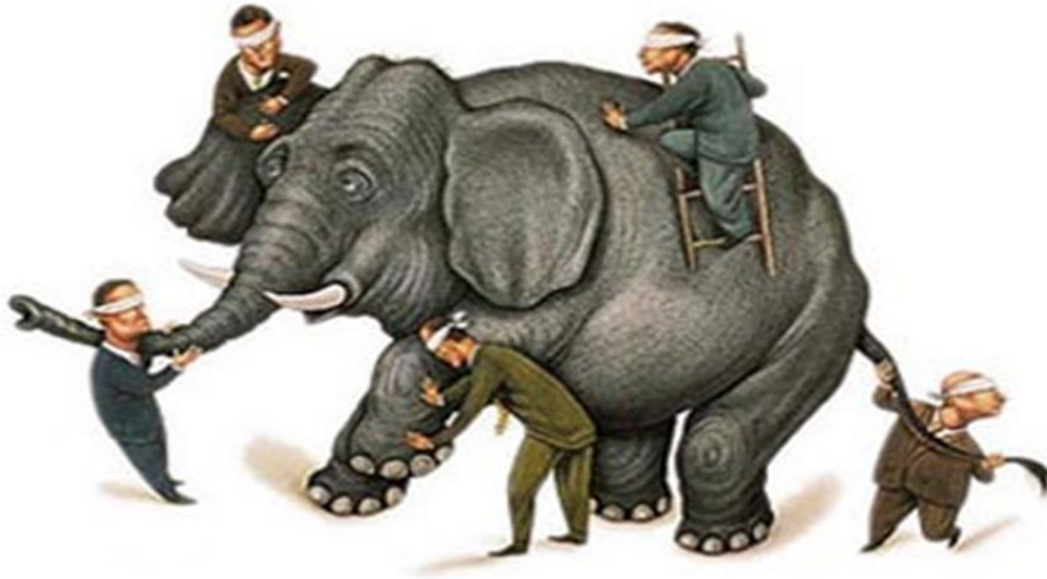
[John J McCabe](#) and [Sean P Kennelly](#)

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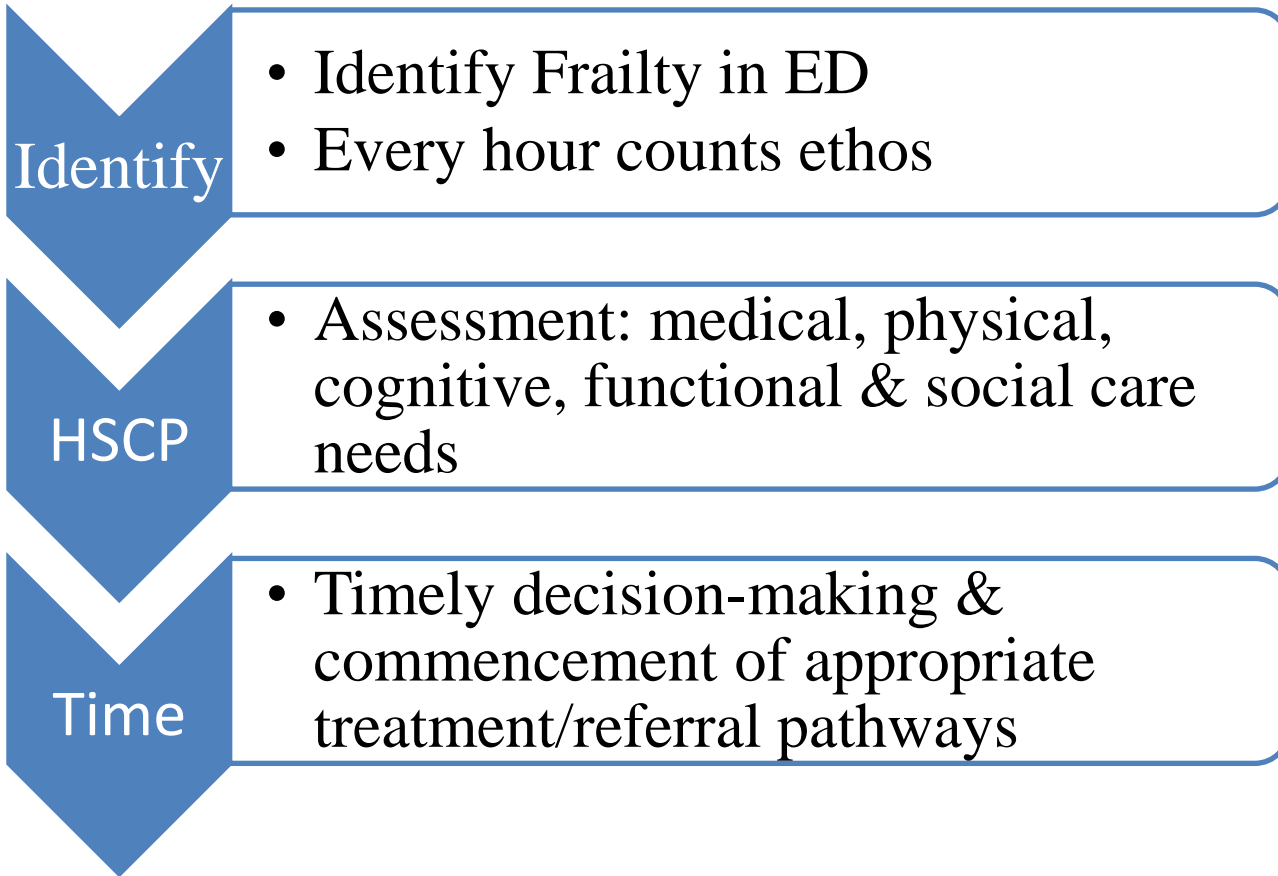
[View issue TOC](#)
Volume 55, Issue 11
November 2007
Pages 1873-1876

Understanding the WHOLE Elephant!

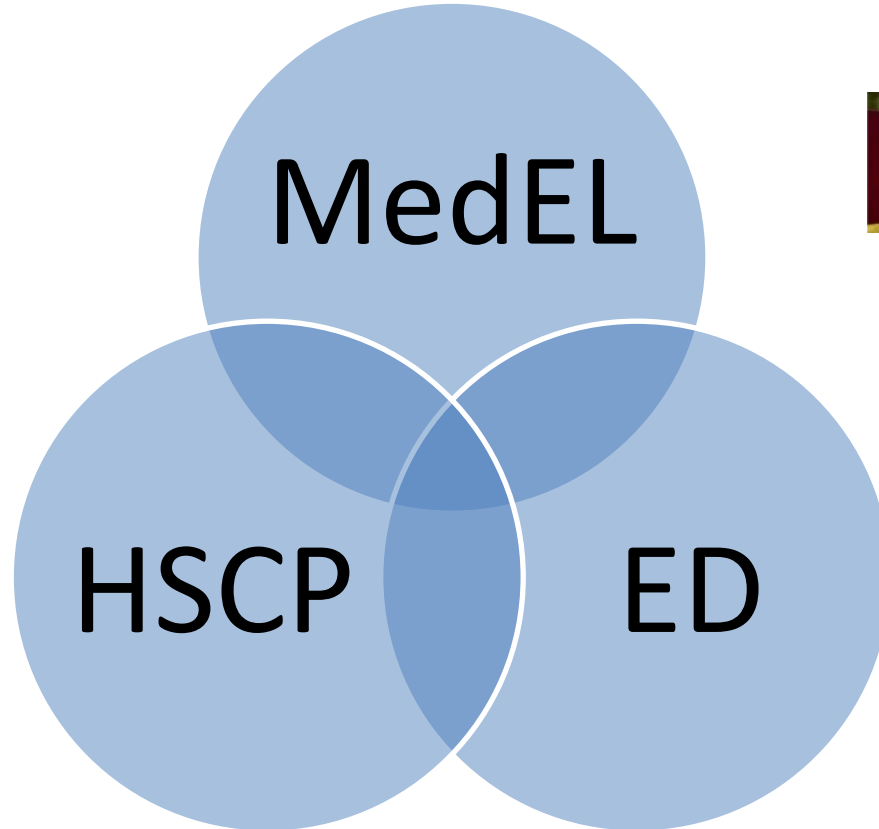


The beginning of a comprehensive geriatric assessment in ED

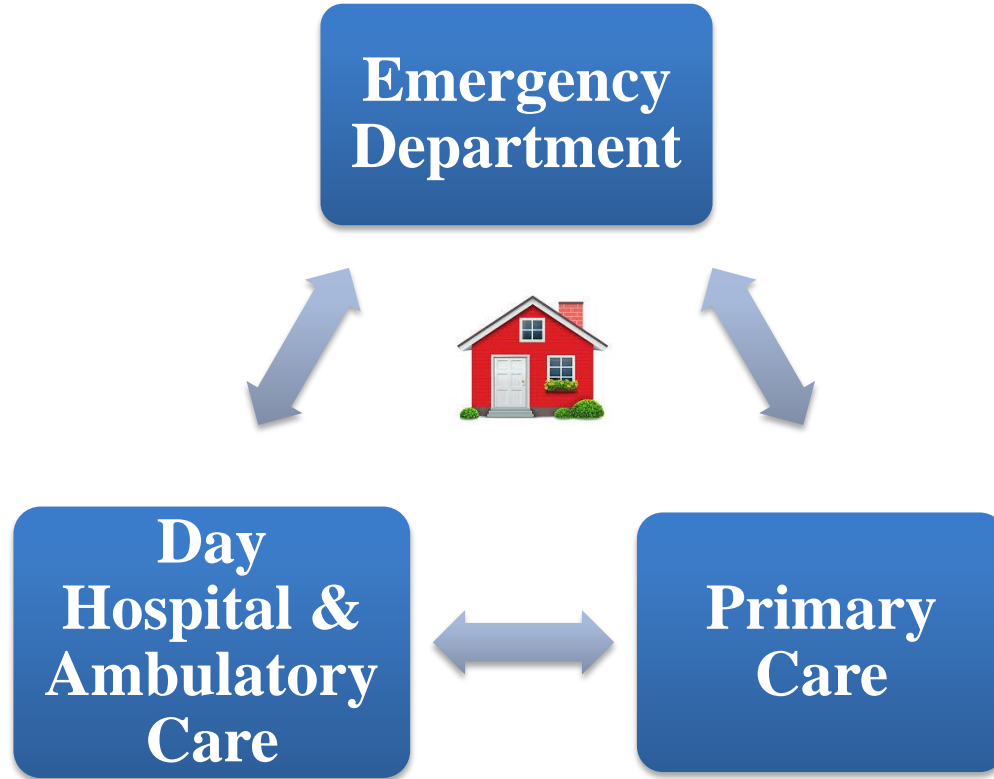
Home FIRsT Aim



Cross-directorate work



Bringing care closer to the patient



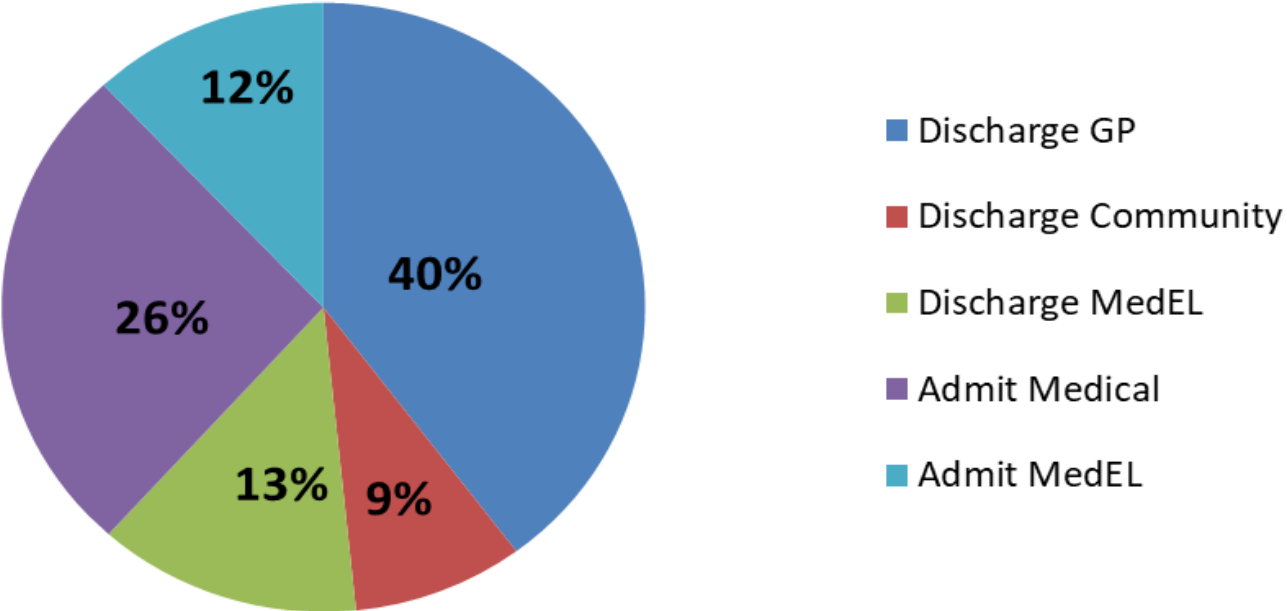
DATA COLLECTION

N = 2,505



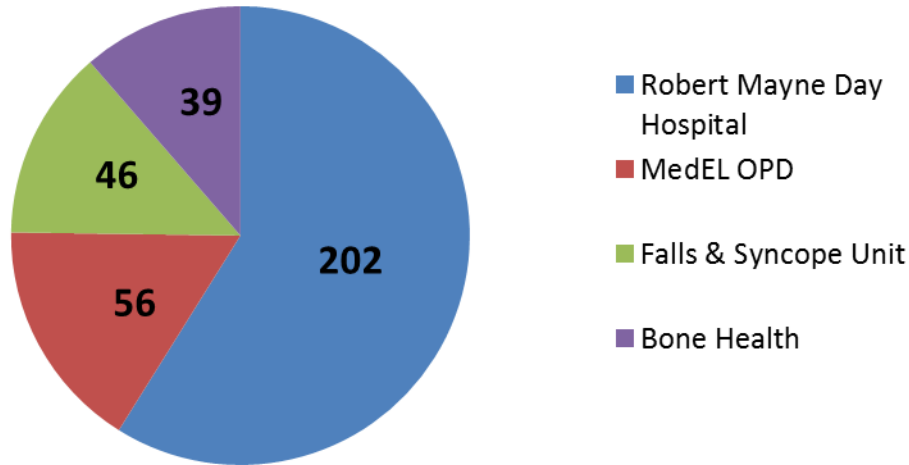
Outcomes

62%, (n=1,544) were discharged home from ED



Medicine for Older Persons Discharges

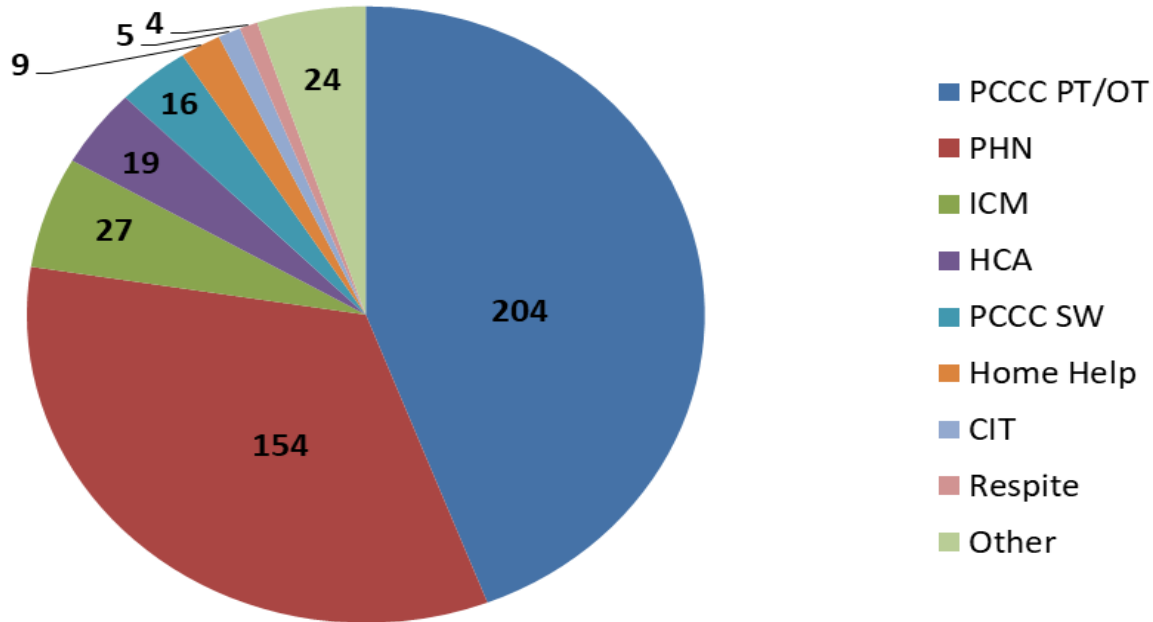
22% (n=343) of those patients discharged home were referred to MedEL Ambulatory Care Services



Increased workload of ambulatory care services *-especially the Day Hospital - without additional services*

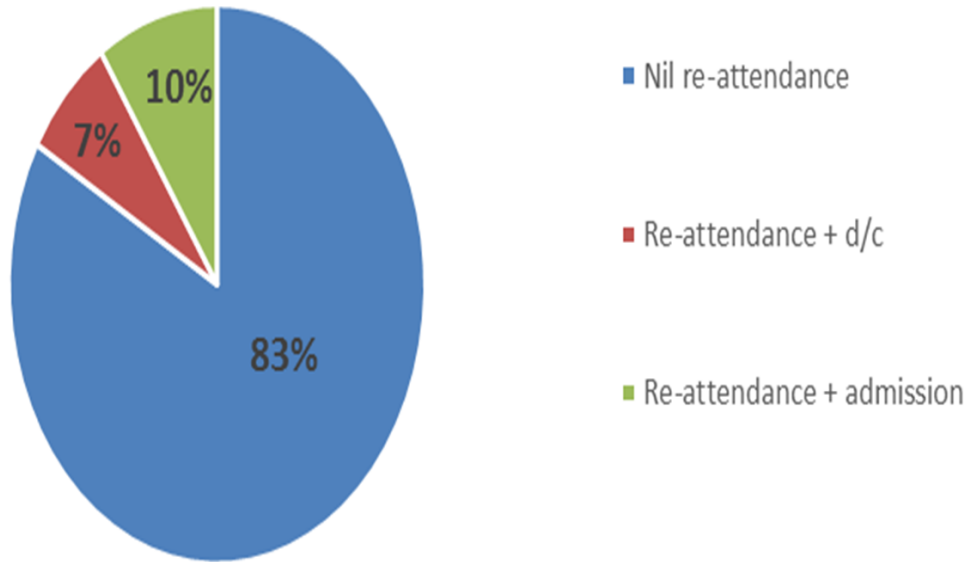
Primary Care Discharges

N=462 referrals were sent by Home FIRsT to primary care agencies



Unscheduled ED returns within 1/12

N = 1,203



The hospital readmission rate of similar patients is 13% over the same time period

Admission Avoidance

>75s	% admitted from ED
Triage category 2-3 (2015-16)	61%
Triage category 2-4 (2015-2016)	47%
Home FIRsT patients	38%

- Between 1-2 admissions a day prevented
- Bed day savings over 1 year-
4,500 - 6,000 days
- Notional financial saving
-approx. €6 million euro

Case Study

- 97 year old lady
- BIBA following injurious, unwitnessed fall (head injury)
- Lives with her daughter who works as a HCA
- Moved from her home in Kerry 5 years ago
- No formal supports, not known to Primary Care
- MDT work up
- Facilitated D/C from ED with OT outreach visit next day & MedEL OPD 6/7 later

Reflections



- Home FIRsT is now embedded in SJH ED
- Interdisciplinary working is *essential* to achieve the best outcome for patients
- When team staffed by senior decision makers daily Geriatrician contact not required
- Competence & experience in Older Persons Care
- Different from other teams – role profiles & support structures

Future Directions

- Continued collaboration between ED, MedEL & SCOPe directorates within the hospital is required to sustain the service
- Integration & interdisciplinary working in the community is imperative for the longer term development of services for older people



