IDENTIFYING GERIATRIC PATIENTS AT RISK FOR RE-VISITATION TO AN
EMERGENCY DEPARTMENT
Jeannette Wade, DNP, ACNP-BC
Concordia University
Mequon, WI
262-424-4383, jeannette.wade@cuw.edu

Background and Significance: Older adults account for an increasing number of visits to the emergency department (ED). Those aged 65 years and older are the fastest growing segment of the US population and as patients in the ED they have the greatest degree of resource utilization, longest length of stay, and highest admission rate of any age group. Rapid triage and diagnosis, hallmarks of emergency care, may not be feasible in the elderly with multiple co morbidities, poly-pharmacy, functional and cognitive impairments and presenting with atypical clinical signs and symptoms. The ED plays an important role in identification of high risk older adults.

Purpose of the Study/Project: The purpose of the project was to identify high risk elderly patients at risk for re-visitation and trigger the need for referrals and community resources and support to prevent ED re-visitation within a 30 day period.

Framework: Neuman’s systems model, Prevention as Intervention guided this project.

Sample/Population: All elderly patients 65 years and older who visit the ED, during a 90 day period.

Setting: The emergency department at Aurora Sinai Medical Center in Milwaukee, Wisconsin.

Method/Design & Procedure: Specific risk factors for readmission include age above 65 years, discharged within the previous 30 days, the presence of three or more co-morbid diagnoses, use of three or more prescription medications, difficulty with a least one activities of daily living, and lack of discharge education. The project focused on the discharge process and included an Identification of Seniors at Risk (ISAR) screening tool to identify elderly patients at risk for re-visitation. A telephone interview three to five days after discharge was also provided to elicit information regarding the patient’s current medical status, compliance with prescribed medications, and to identify any barriers to follow through of discharge instructions.

Results/Outcomes: Of the 108 patients screened, 16 patients returned to the ED within 30 days of discharge from a previous ED visit. Of the 16 patients, 4 (25%) were ISAR negative and 12 (75%) were ISAR positive. A Chi-square test found parameters to be statistically significant.

Conclusions/Implications: The project demonstrated that the evidence based implementation plan, including the ISAR screening tool used to identify elderly patients at risk of re-visitation after an ED visit was of value in this setting. Interventions that increase continuity of care may reduce ED utilization and provide high quality of care to this increasing population. This can lead to early interventions with the potential to reduce occurrence of adverse health outcomes.