

Determining best practice for safe discharge of the older emergency patient



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Background

Demand for emergency department (ED) services is increasing world wide. The fastest growth in ED presentations is by patients aged ≥ 70 years, who currently represent 17% of presentations across metropolitan Melbourne.



Older patients present with more complex clinical conditions and have multiple co-morbidities. This means they are likely to spend more time in the ED, are more likely to be admitted to hospital, and are also more likely to re-attend ED.

Aged ≥ 70 years	2000	2009	% change
Melbourne's population	296,123	360,737	22%
Metropolitan ED presentations	82,357	141,775	72%

Population ageing →



Aims

- Determine whether current models ensure safe discharge & facilitate optimal health outcomes for older patients discharged within 48 hours
- Develop a tailored evidence-based care framework for older emergency patients applicable to other settings

Research Plan

Four Phases over 3 years

- I. Review of best practice of evidence of models of emergency care for older people
- II. Evaluation of current methods for the assessment of unsafe discharge
- III. Audit current practice and performance against published best practice
- IV. Development of an Older Patient Care Service framework

Phase I

SYSTEMATIC LITERATURE REVIEW

Key Questions

- What are the current models of care?
- How effective and efficient are they?
- What are the characteristics of successful models?
- What are the barriers and enablers to effective interventions for older people presenting to the ED and/or short stay units?

Phase II & III

- **Identification of barriers and enablers** to best practice, with focus groups to explore staff attitudes and beliefs towards older emergency patients
- **Prospective process mapping** of the care journey for ED patients aged ≥ 65 years including:
 - i. Care provided within ED and post discharge e.g. GP, community health service visits
 - ii. Monitoring of health outcomes for 6 months post-ED presentation
- **Evaluation of the effectiveness of discharge risk screening tools** designed to reduce the risk of unsafe discharge:
 - ISAR
 - InterRAI ED Screener
 - Alfred Health INAT items



Study Population

1000 patients presenting to Alfred ED aged ≥ 65 years, who are discharged within 48 hours

Exclusion criteria:

- Patient transfers to hospitals outside Alfred Health within 48 hrs of ED presentation
- Patients leaving Alfred ED before being seen

Recruitment Process:

- 250 patients per season over a 24/7 period
- Opt-out

Follow-up:

- Telephone follow-up at 7 days, 60 days and 6 months post-discharge



Primary outcome

- Unsafe discharge, defined as unplanned re-presentation / admission within 30 days of initial/index presentation

Secondary outcomes

- Unplanned re-presentation / admission within 6 months
- Patient experience
- Change in functional status in personal, domestic and community activities of daily living
- Functional decline
- Death within 6 months



Phase IV

Synthesis of the 4 sub-studies' findings to develop an evidence-based older patient care framework for implementation in ED

Expected Outcomes

- Development of stream-lined care pathways for older patients
- Validation of an unsafe discharge screening tool in an Australian cohort
- Improved patient experience
- Optimisation of health outcomes
- Reduced unplanned re-presentations
- Reduced need for higher level residential care
- Reduced unplanned deaths

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