

# Level 1or 2: Care Process Executive Summary

## Care Process

Select the care process this corresponds to from this dropdown menu:

F.2 Optimize care during boarding

Your care process name:

Optimization of care for admitted geriatric patients in the ED.

Date care process approved by your EM Department/Division:

11/21/2023

## Description

**Describe the population that the care process will apply to and any exemptions. For example, it may apply to all patients over 65 or a subset based on age, ESI, or another positive screening tool. Patients who are severely ill or intubated may be exempted:**

This will apply to all patients aged 65 and over who are admitted to the hospital but are boarding in the ED.

**Hours of the day when the care process will be implemented or available if applicable:**

Parts of this intervention will be available 24/7, while others (e.g. PT/OT consults and volunteer services) will only be available during specific times as indicated in the details below.

**Describe where in the ED workflow this care process fits in. For example, it may occur in triage, once the patient is roomed, at discharge, after discharge, after admission, during another transition of care, or other time:**

These services will take place after an admission decision is made and an order placed in the EMR, but before the patient has left the ED for their hospital room.

**Brief description of the care process. If you are using a hospital-wide process, please explain how it is applied specifically in the ED:**

The purpose of the care process is to improve the care, function, comfort, and mobility of patients while they are boarding in the ED. This is a multi-pronged, multi-disciplinary, team-based approach to care.

1. Optimizing mobility: Admitted patients will have an armchair placed in their room by the NA, and if the patient wishes to sit in the armchair and has no limiting injuries or other contra-indications to movement, the NA will help move the patient to the armchair.
2. Optimizing mobility: The ED will maintain a supply of walkers, canes, and four-point canes. The bedside RN will discuss the patient's baseline mobility with them or a family member and will offer an appropriate item if the patient is able to ambulate in the ED.
3. Optimizing mobility: Patients who have a fracture or who have been identified as a falls risk will have a PT/OT consult placed by the physician or APP. PT/OT consults are available from 9am to 4pm 7 days a week and will perform the consult in the ED to help encourage mobilization early where appropriate.

4. Optimizing function: Patients who are admitted and who are not NPO will have appropriate meal orders placed by the admitting physician or APP. In addition, the NA will provide a cup and pitcher of water within reach of the bed for all patients who are not NPO or do not have another contra-indication to PO hydration.
5. Optimizing function: Bedside RNs will perform rounds every 2 hours to assess for patient needs for toileting, nutrition, hydration, medications, or other needs. If the patient is sleeping and stable, the nurse will not wake them up.
6. Optimizing function: Once per 12-hour shift, the bedside RN will reassess for delirium using the bCAM, which is built into our EMR as a scoring tool.
7. Optimizing comfort: For patients who have caregivers present, those patients will be prioritized for movement to room with enough space to allow the caregiver and patient to remain more comfortably together.
8. Optimizing comfort: For patients who are boarding for over 4 hours, inpatient beds will be ordered for them to provide greater comfort and reduce the risk of pressure sores.
9. Optimizing comfort: For patients boarding overnight, the NA will provide a 'sleep hygiene' packet if desired, which includes ear plugs to reduce noise, non-slip socks, and a warm blanket. Lights will be dimmed in the patient's room when desired and when possible (ie not a shared space).
10. Optimizing comfort: Volunteers are typically available during weekdays from 1-5pm. During those hours, the volunteers will offer to escort patients who are eligible (not severely ill, intubated, bed bound, or falls risk) to the hospital lobby to allow them to ambulate or be pushed in a wheelchair to see the gardens outside the hospital through the windows (when cold) or in the open air (during appropriate weather).
11. Optimizing all aspects above: During the weekday hours of 9am-5pm, there is a geriatric RN in the ED. This RN will round on all admitted patients and review their needs, ensure they have received the interventions above, and review any missed areas or further opportunities.

**Who will be responsible for performing the actions in the care process:**

This intervention involves a team-based approach. The individuals responsible are listed in the individual interventions above. The daytime geriatric care RN will review a checklist of each of the items during their time rounding on the admitted patients.

**Describe how this care process is geriatric-specific:**

The care is specifically for patients aged 65 and over.

**Describe any further follow-up or interventions involved:**

n/a

## **Education**

**Describe how you will educate the relevant staff, physicians, or other stakeholders about the care process:**

The physicians and APPs will be educated regarding placing appropriate nutrition and PT/OT orders. The bedside RN will be educated on providing mobility devices, rooming patients in spaces allowing for caregivers, rounding on needs, ordering inpatient beds, and performing the bCAM once per shift. NAs will be

educated regarding providing sleep hygiene packets, and moving patients to armchairs when desired. All education will be through existing channels such as in-service training during daily shift huddles, faculty meetings, and emails from physician and nursing leadership.

## Monitoring

**Describe how you will monitor completion of the care process and its impact, where relevant. The list of GEDA care processes provides details about the required reporting or metrics for monitoring implementation. You should include what measures you will monitor or track. Please clearly indicate the numerator and denominator of measures that you are following. Tracking can be done through a live dashboard of screening results, through periodic random chart reviews, or through other tracking methods. You will have a chance to copy your data below.**

The geriatric RN will have a checklist of the interventions above and will round on admitted older patients at 9am at the start of each shift. They will review the completion of each item above as appropriate. The numerator will be the number of older admitted patients who received the intervention, and denominator number of older admitted patients who were eligible to receive it. For example, patients who are NPO, who are in spinal immobilization, who are intubated would be ineligible for many of the interventions. Eligibility and completion will be determined by the geriatric RN.

**Describe how often and by whom the monitoring will be performed.**

The above rounding/monitoring will be performed daily on weekdays by the geriatric RN. Potential misses or deficits can be addressed in real-time by the geriatric RN, and the data can be used to identify opportunities for improvement or current resource gaps. For example, a lack of larger rooms may limit the ability to move patients into larger rooms or rooms with doors. Availability of PT/OT may limit completed consults. In addition, we will perform a pre- and post- intervention survey of patients who are admitted who board in the ED for over 4, 8, or 12 hours, to assess their level of comfort and satisfaction with their care. In addition, we will survey these patients and their caregivers on the aspects of their care or environment that would most significantly positively impact their experience. This survey may yield additional innovations that we will implement in further iterations of this care process.

**Please describe how you will help improve the rates of completion or impact of the process if rates are currently low or become low in the future.**

The geriatric ED team leadership will review the compliance rates gathered by the geriatric RN at their monthly meetings to identify needs that are not being met. The team will identify resource or personnel bottlenecks and create a plan to address the gap through either automation of orders, further education, or other means. For example, if more volunteers are needed, the leadership team will request additional volunteer hours from the central volunteer services office.

## Reporting Data or Process Evidence

**Please review the GEDA Care Process description sheet. This will explain what the required metrics evidence that you should submit in support of your care processes. Some care processes require specific metrics reporting with at least 3 months of tracking data. Other care processes have a range of options you can submit to demonstrate the care process has been implemented. Please copy or screenshot and paste your data or evidence below.**

*Please do not include any patient protected health information.*

*You can insert or paste the data directly, or you can screen capture and paste using the following controls:  
Mac: Command+Control+Shift+4 to select the area to copy, the paste with Command+V  
PC: Win+Shift+S to select the area to copy, then paste with Ctrl+ V*