HSE Patient Flow Academy Webinar

Optimal Management of Care of the Older Adult in Urgent & Emergency Care Services

Dr Emer Ahern

29/8/2024
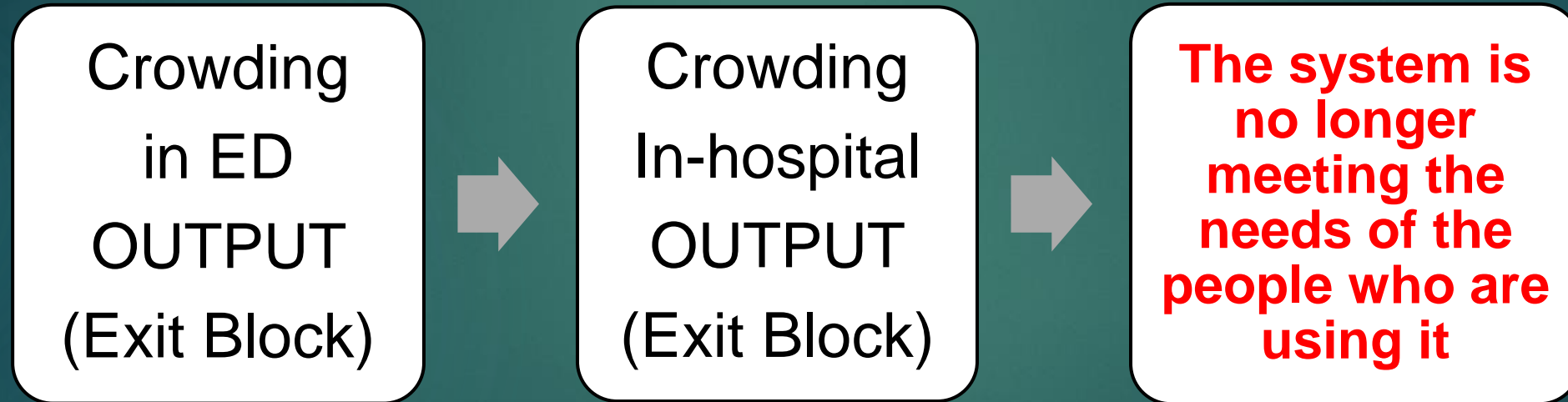
Older Adults 'Time' & Hospital 'Flow'

- Crowding in ED

- Urgent & Emergency Care (UEC) Older Adults
  - ➢ Data & Evidence
  - ➢ The right thing to do

- Age-Friendly Health System

Crowding in ED

▶ **Chronic** & major patient **safety** & public healthcare **system** problem

▶ Emergency Department crowding occurs when the demands on an ED exceed the capacity of the department, and hospital or health system, to meet them.

The real cause of the problem

Crowding in ED OUTPUT (Exit Block) → Crowding In-hospital OUTPUT (Exit Block) → **The system is no longer meeting the needs of the people who are using it**

If we design services for people with only one thing wrong at once but people with many things wrong turn up, the fault is not with the users but with the service, yet all too often these patients are labelled as inappropriate and presented as a problem…

Prof Ken Rockwood

UEC Summary YTD vs Same Period Last Year – to week ending 18th August

Attendances (All) Vs Same Period last year

986,983	+79,897	+8.8%
Total YTD	Figures Change	% Change

Admissions (All) Vs Same Period last year

256,110	+19,034	+8.0%
Total YTD	Figures Change	% Change

24hr Breaches (All) Vs Same Period last year

37,597	-2,501	-6.2%
Total YTD	Figure Changes	% Change

Attendances (0-15) Vs Same Period last year

209,562	+13,693	+7.0%
Total YTD	Figures Change	% Change

Admissions (0-15) Vs Same Period last year

30,901	+889	+3.0%
Total YTD	Figures Change	% Change

24hr Breaches (75+) Vs Same Period last year

11,046	-1,583	-12.5%
Total YTD	Figure Changes	% Change

8am Trolley Total Vs Same Period last year

69,984	-7,829	-10.1%
Total YTD	Figures Change	% Change

Attendances (16-74) Vs Same Period last year

634,966	+50,360	+8.6%
Total YTD	Figures Change	% Change

Admissions (16-74) Vs Same Period last year

151,868	+10,413	+7.4%
Total YTD	Figures Change	% Change

8am Trolley Average Vs Same Period last year

303.0	-35.4	-10.5%
Average YTD	Figures Change	% Change

Attendances (75+) Vs Same Period last year

142,455	+15,844	+12.5%
Total YTD	Figures Change	% Change

Admissions (75+) Vs Same Period last year

73,341	+7,732	+11.8%
Total YTD	Figures Change	% Change

YTD Surge Vs Same Period last year

82,071	+19,658	+31.5%
Total YTD	Figures Change	% Change

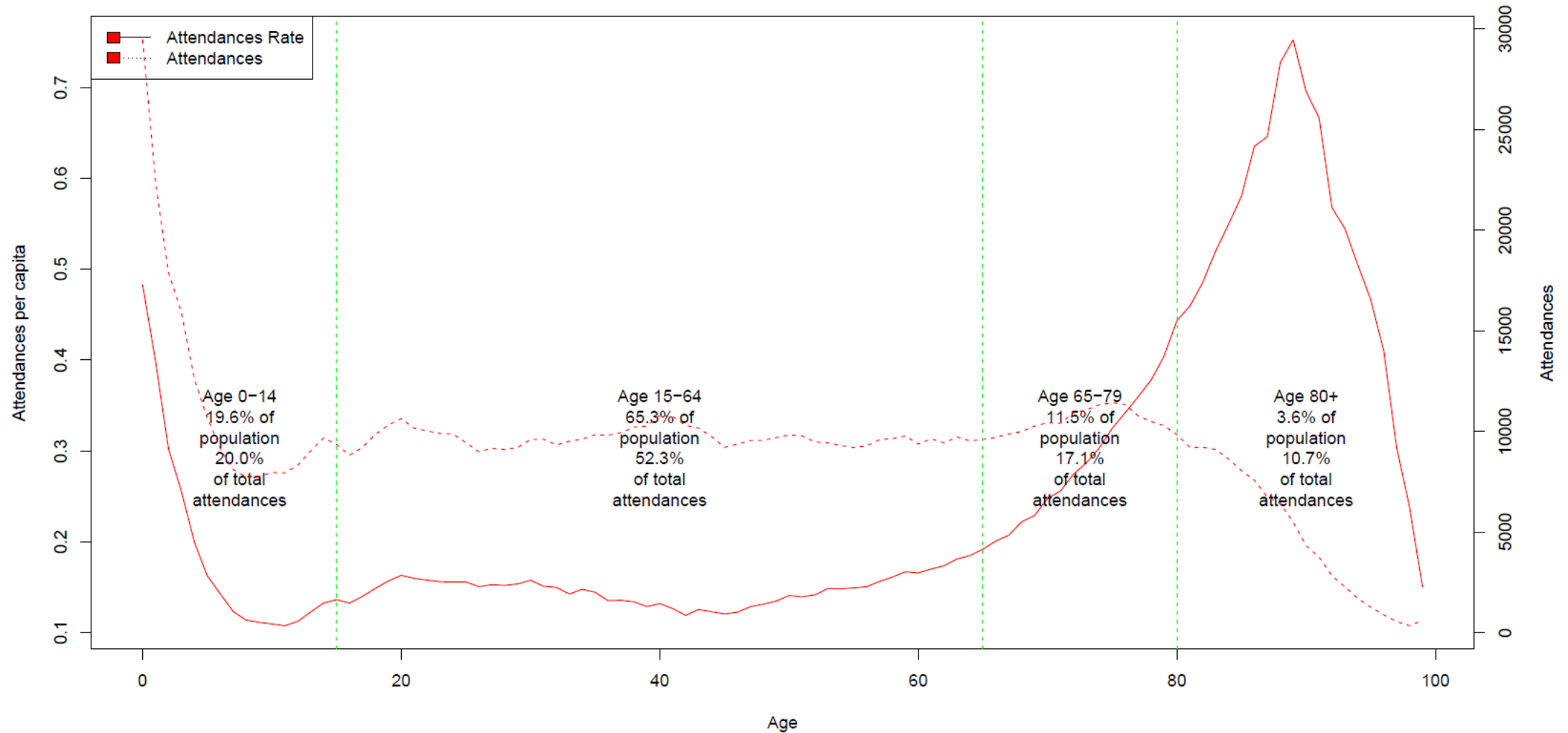# Why focus on older adults?

Cumulative Percentage Increase in Population, All Ages and 65+ for Ireland and EU-27, 2012 to 2021
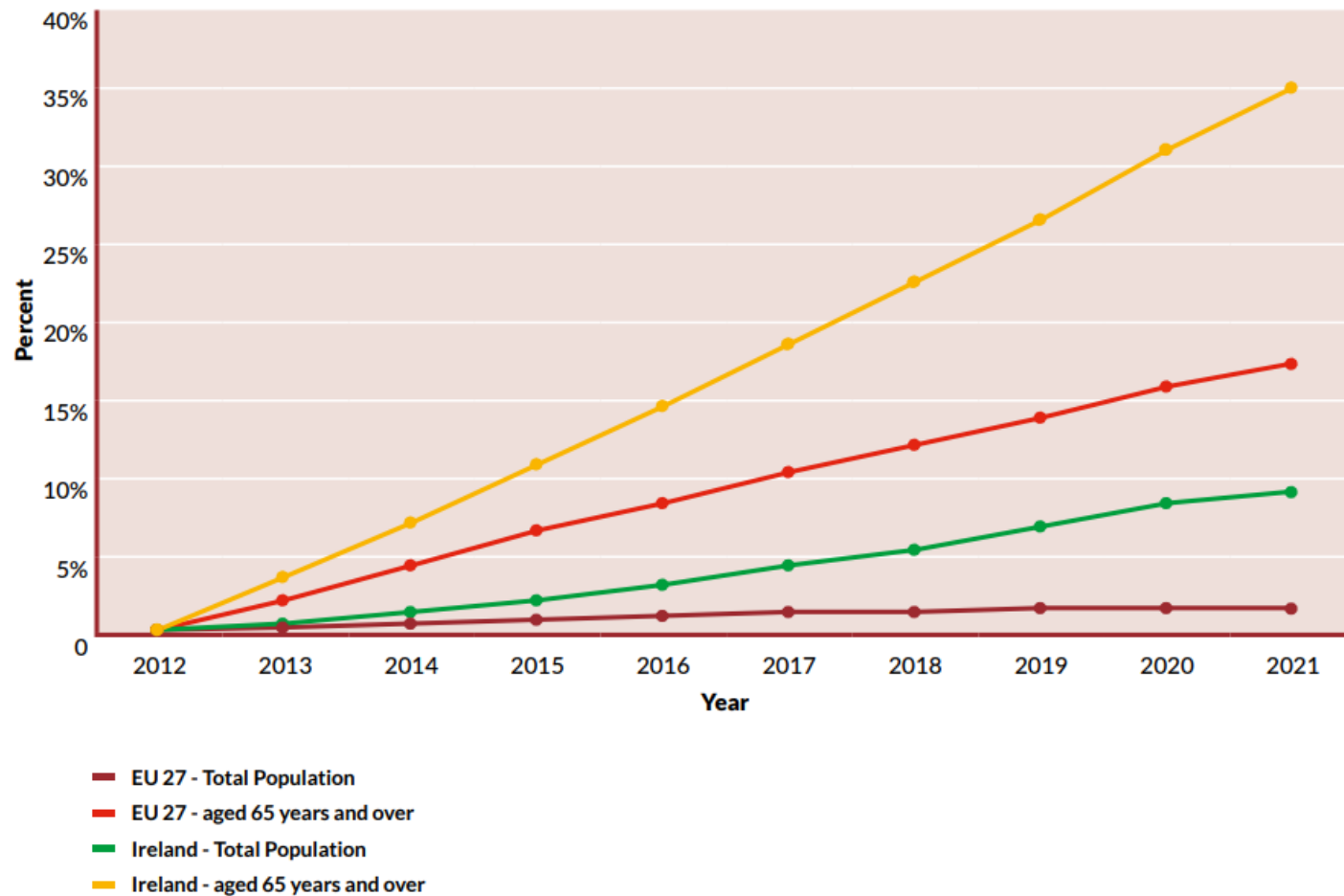
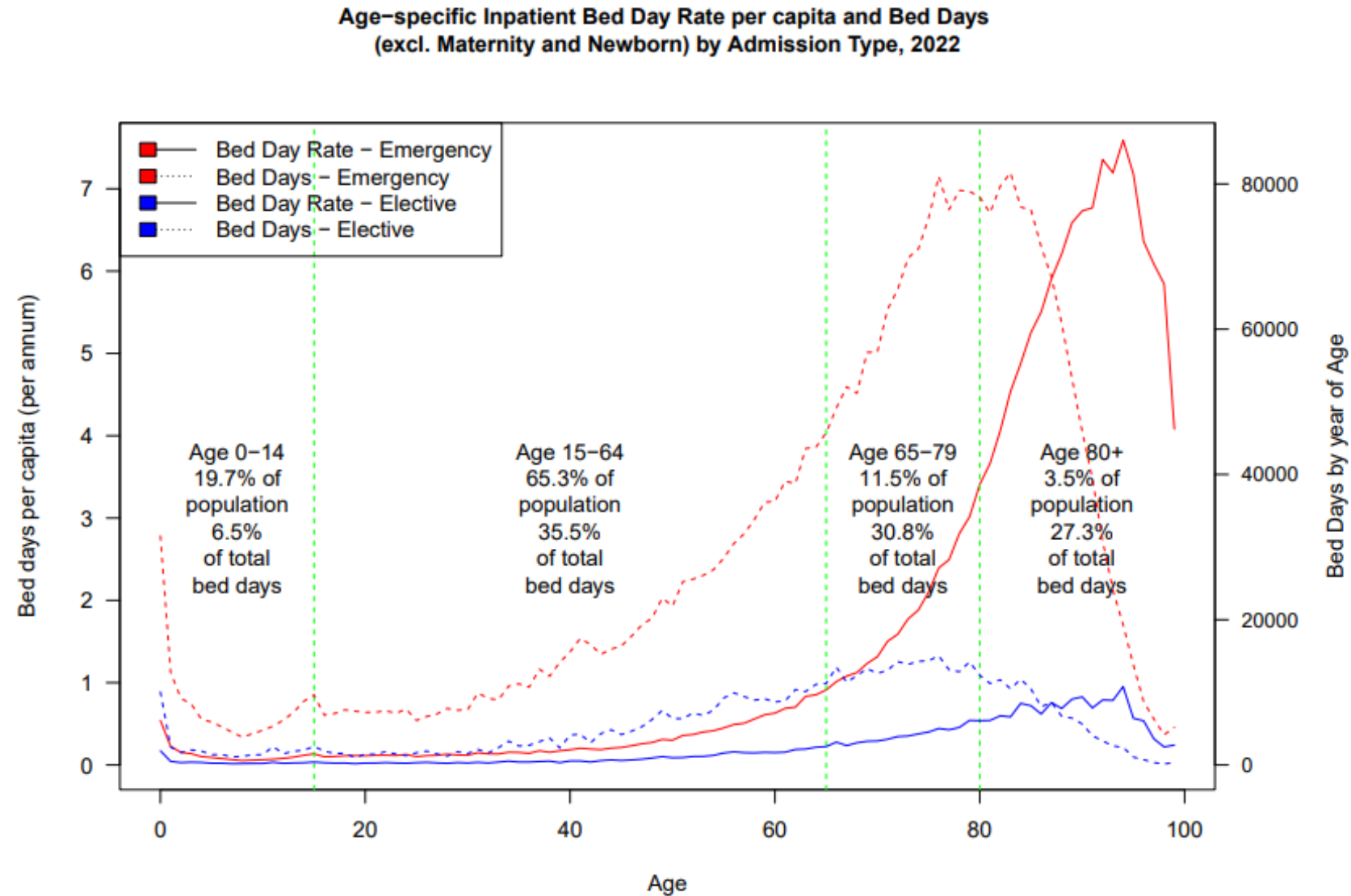# Age as driver of demand for healthcare: ED

Age-specific ED Attendances and Rate per capita, 2022

Age as driver of demand for healthcare: Inpatient

Age-specific Inpatient Bed Day Rate per capita and Bed Days (excl. Maternity and Newborn) by Admission Type, 2022

Legend:
- Bed Day Rate – Emergency
- Bed Days – Emergency
- Bed Day Rate – Elective
- Bed Days – Elective

Age 0–14
19.7% of population
6.5% of total bed days

Age 15–64
65.3% of population
35.5% of total bed days

Age 65–79
11.5% of population
30.8% of total bed days

Age 80+
3.5% of population
27.3% of total bed days

Source: HIPE (2022 discharge

Older adults & Health Care Utilisation
Why is there an increase over & above what is projected by demographics?

Hypotheses

1. Fasting growing pop in EU is translating to faster growing demand.

2. Increased incidence and prevalence of frailty post COVID.

3. People living with frailty are accessing health services above expected rates during and following periods of national lockdown. These remained persistently elevated.

Percentage of Presentations by Triage Score 2018-2023, 75+
(denominator includes unspecified)
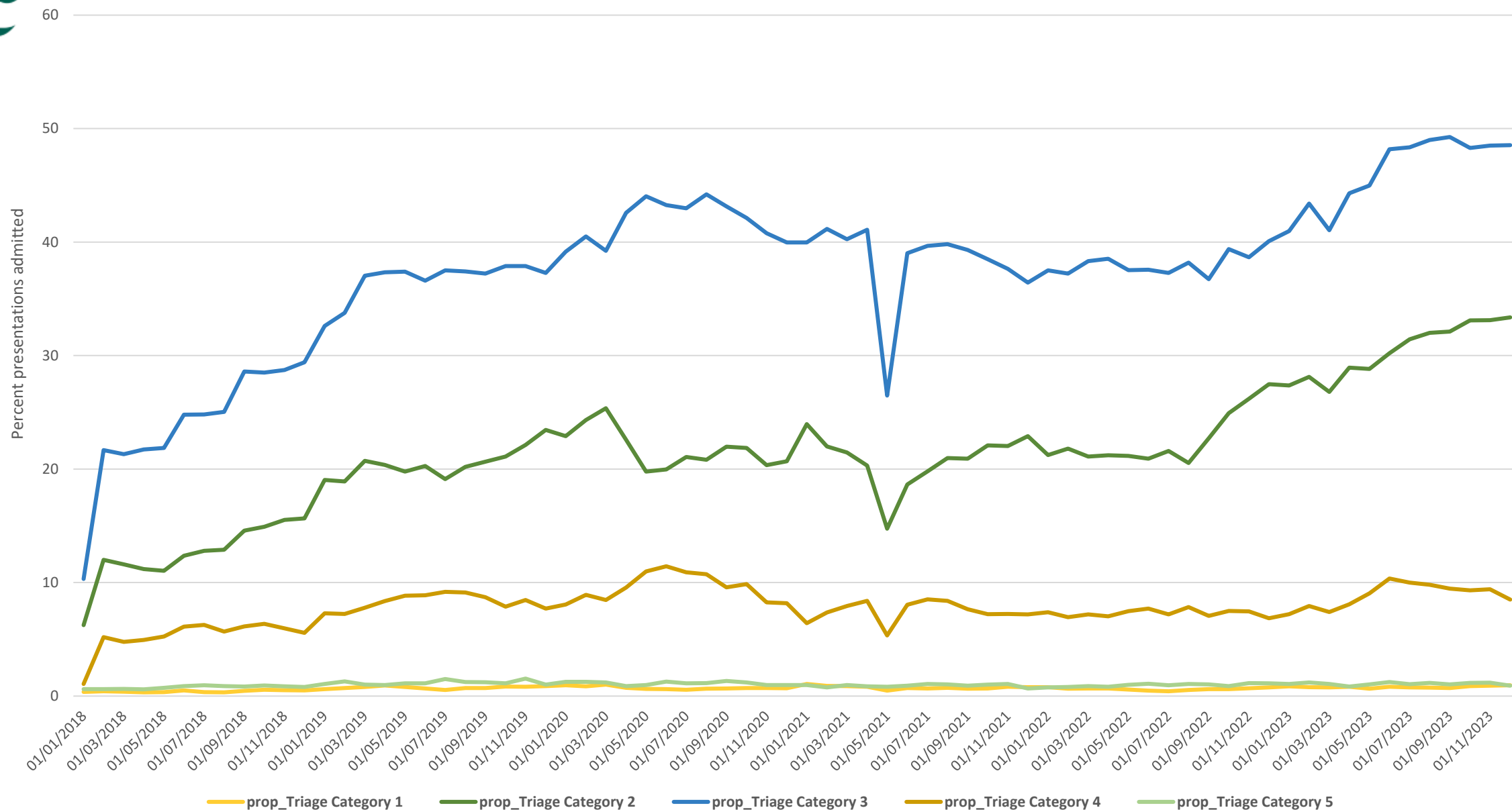
Older adults benefit the most from the right care

Modern healthcare is about the care of older adults

- GP 5/ yr. (TILDA)

- Over half of NAS emergency conveyances

- 1:5 attend ED

- 1:5 overnight hospital admission

- 58% of AH bed days

- Most of 22 million Home Support hours

- Most of 32,000 nursing home beds

The average age for the following diagnoses are:

➢ STEMI (63)

➢ Stroke (72)

➢ Cancer (68)

➢ Hip Fracture (81)

➢ Major Trauma (61 – 55% are aged over 65)

➢ 55.5% of patients having emergency abdominal surgery were over the age of 65, 17.7% were over the age of 80 (NELA)

Older adults are also harmed the most...
from accessing the wrong care, waiting for the right care & ageism

- Longest LoS in ED

- Longest LoS in hospital 13 days

- 30% get sicker in hospital

- Delayed Transfers of Care

- Higher institutionalisation rate

- Higher mortality rate

- Higher re-admission rate

- Less likely to be involved and supported in decisions about their health & like choices

- Less likely to be prioritised for health promotion & disease prevention

- More likely to be mis-, under and over treated.

- Less likely to be included in research and education curricula

Our health system is not designed for older adults

Because older adults are not simply people who are just older: they are a cohort with different & age-specific needs:

- ➢ They present differently when sick

- ➢ Their bodies, minds and personalities react differently when sick

- ➢ They need bespoke assessments & treatments to get better

- ➢ Thy can be harmed by medications & treatments given to make them better

- ➢ They needs staff who are skilled to recognise these differences

- ➢ They need age-friendly environments to ensure dignity & reduce harm

- ➢ They need their families

- ➢ **They need time & access to rehabilitation to recover**

How?

➢Using IHI Age-Friendly Health Systems 4ms Framework

➢Re-design urgent & emergency care delivery

Age-friendly: Evidence Based-Practices Changes

Methods: Reviewed 17 care models with level 1 or 2a evidence of impact

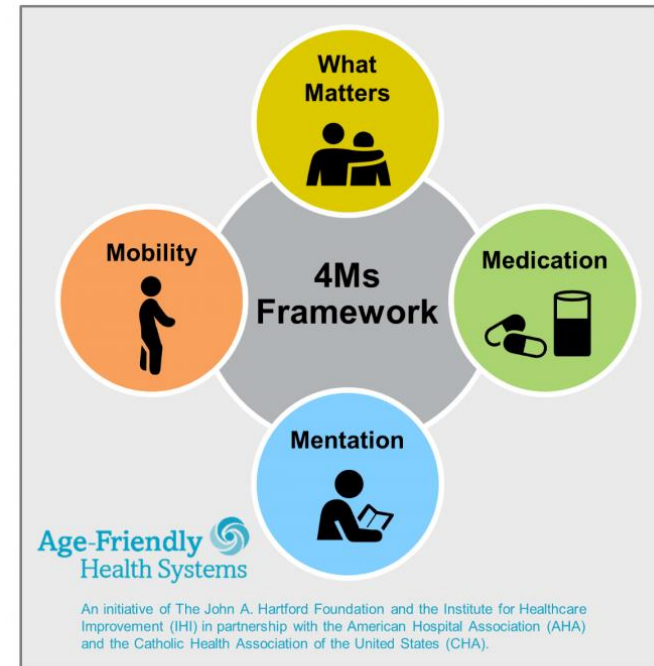**90 care features** identified in pre-work

Redundant concepts removed and **13 discrete features** found by IHI team

Expert Meeting led to the selection of the "vital few": **the 4Ms**

What is an Age-Friendly Health System?

- Age-Friendly Health Systems use the 4Ms evidence-based framework to organise the efficient delivery of effective care

- The 4Ms framework ensures that every older adult *reliably* gets the best care possible, is not harmed by our health system and values the care they receive.

What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication
If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.

What is an Age-friendly Health System?

- The 4Ms can be used regardless of illness or injury.

- The 4Ms framework is simple and robust enough to maintain a common identity across all care settings, and agile and elegant enough to adapt to local needs.

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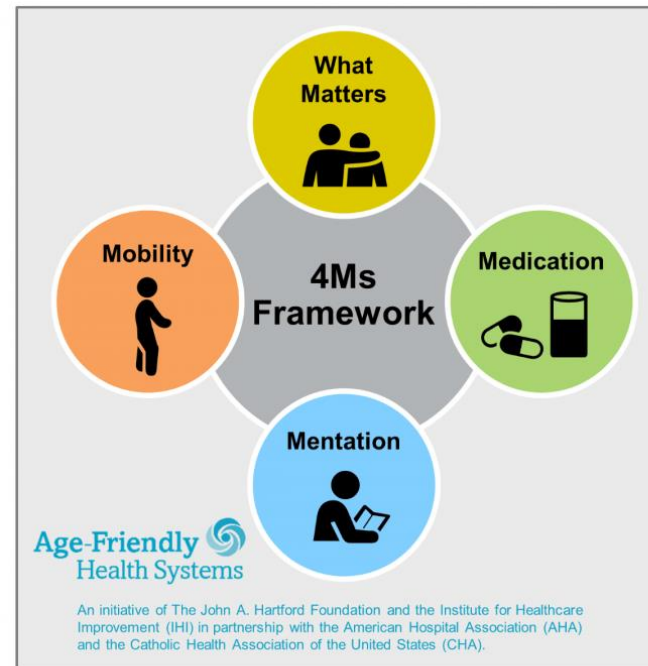
Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.

Impact of Implementing an AFHS

Impact for Older Adults

Improved clinical outcomes
Improved healthcare experience
Decreased harm
Decrease in unnecessary medications
Improved carer experience

Impact for Staff

Improved culture
Improved staff satisfaction
Enhanced staff competence
Simplified, improved care planning processes
Decrease in staff perception of moral injury
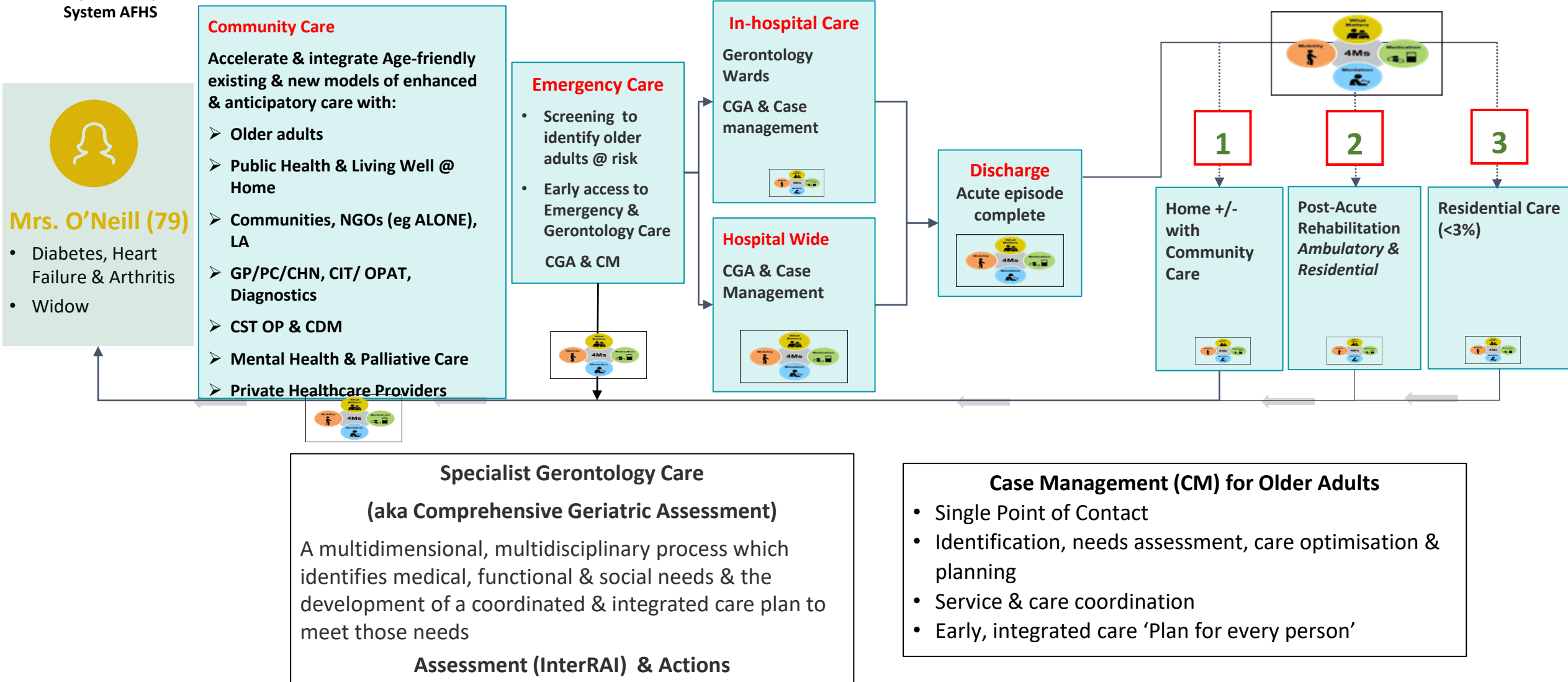
Impact for System

- Reduced ED attendance
- Reduced LoS
- Reduced re-admissions
- Reduced institutionalization
- More cost-effective

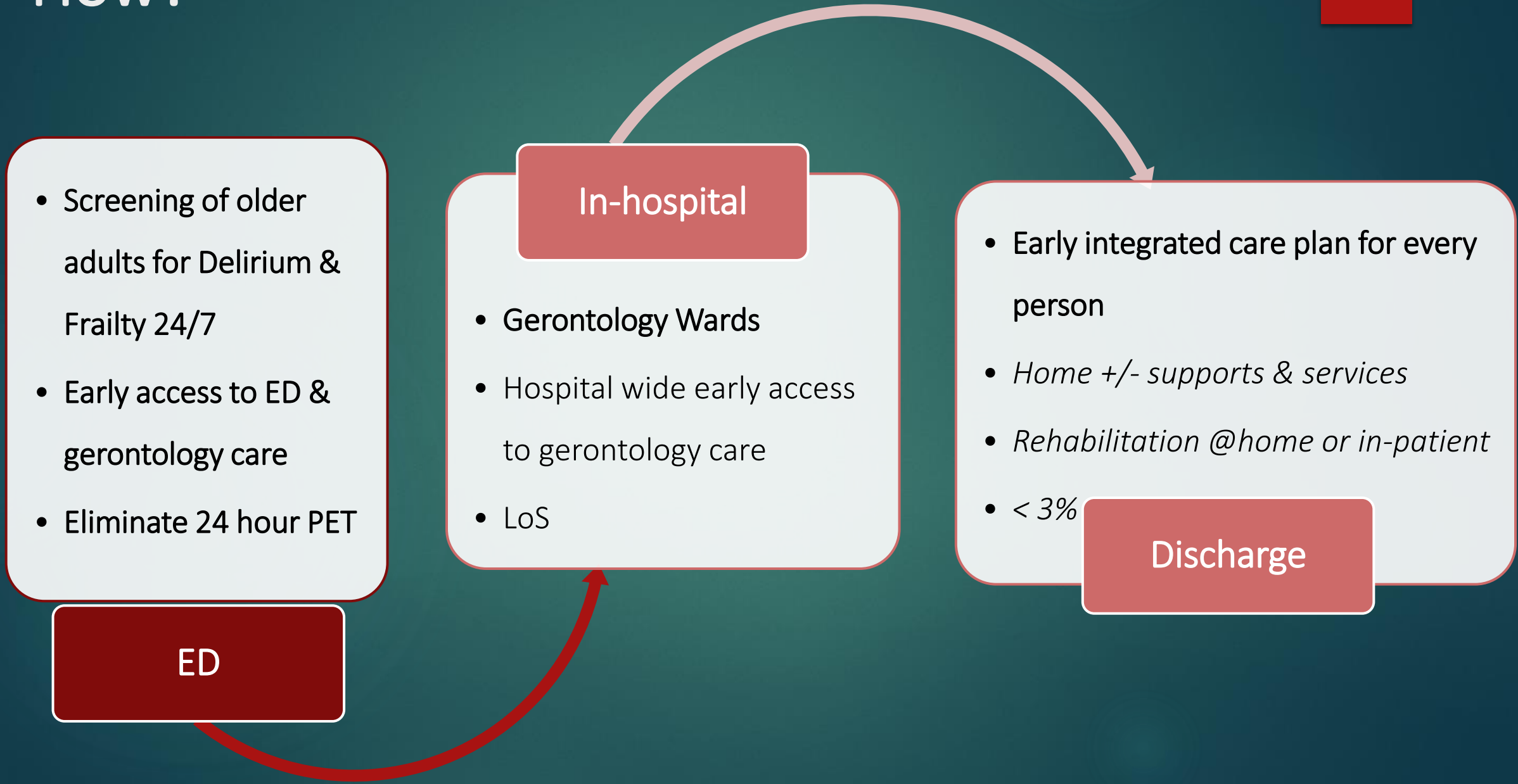# Age-Friendly Health System: Integrated Care Pathways for Older Adults

4Ms Framework – designing an Irish Age-Friendly Health System AFHS

- Early identification of older adults at risk
- Early access to Community, Emergency & Gerontology Care
- Early integrated care 'Plan for every person'

Mrs. O'Neill (79)
- Diabetes, Heart Failure & Arthritis
- Widow

Community Care

Accelerate & integrate Age-friendly existing & new models of enhanced & anticipatory care with:
➢ Older adults
➢ Public Health & Living Well @ Home
➢ Communities, NGOs (eg ALONE), LA
➢ GP/PC/CHN, CIT/ OPAT, Diagnostics
➢ CST OP & CDM
➢ Mental Health & Palliative Care
➢ Private Healthcare Providers

Emergency Care
- Screening to identify older adults @ risk
- Early access to Emergency & Gerontology Care

CGA & CM

In-hospital Care

Gerontology Wards

CGA & Case management

Hospital Wide

CGA & Case Management

Discharge

Acute episode complete

1

2

3

Home +/- with Community Care

Post-Acute Rehabilitation *Ambulatory & Residential*

Residential Care (<3%)

Specialist Gerontology Care

(aka Comprehensive Geriatric Assessment)

A multidimensional, multidisciplinary process which identifies medical, functional & social needs & the development of a coordinated & integrated care plan to meet those needs

Assessment (InterRAI) & Actions

Case Management (CM) for Older Adults
- Single Point of Contact
- Identification, needs assessment, care optimisation & planning
- Service & care coordination
- Early, integrated care 'Plan for every person'

How?

ED

- Screening of older adults for Delirium & Frailty 24/7
- Early access to ED & gerontology care
- Eliminate 24 hour PET

In-hospital

- Gerontology Wards
- Hospital wide early access to gerontology care
- LoS

- Early integrated care plan for every person
- *Home +/- supports & services*
- *Rehabilitation @home or in-patient*
- *< 3%*

Discharge