Characteristics of older people who represent to the Emergency Department within 28 days of discharge

Laurie Grealish
Acknowledgements

Conjoint appointment with Gold Coast Health since 2014

Ideas in this presentation emerged from my work with teams in Canberra, Gold Coast, and across Queensland
Chronic disease

- Potentially preventable hospitalisations fluctuate around 11 per 1,000 from 2010-2015 *(AIHW 2016)*
- Increased co-morbidities lead to polypharmacy and challenging management plans
- Chronic, lifestyle related, diseases increase with age
Argument: preventing hospitalisation

If interested in chronic disease, consider older people

Ratchet effect – functional and cognitive decline

Who is representing to ED

Where to from here
Older people

- World population ≥ age 65 years: constitute 9.2% (2016) to +21% (2050)

- 41% of hospital separations ≥ 65 years (AIHW 2016)

- Acute exacerbations: diabetes, asthma, hypertension, congestive heart failure, nutritional deficiencies and chronic obstructive airways disease
Hospital-acquired complications
Pneumonia, pressure injury, urinary tract infection, delirium

AKA: Geriatric Syndrome

Cascade iatrogenesis (Thornlow 2009)

‘Failure to Maintain’ (Bail & Grealish 2016)

In 50+ year group, account for:

- 6.4% cost of hospital episodes
- 25% extra cost of above-average LOS
- 8 fold increase in LOS (Bail et al 2014)
‘Failure to Maintain’: A theoretical proposition for a new quality indicator of nurse care rationing for complex older people in hospital

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Fig. 1. Complex older patients slow the efficiency of patient flow in hospitals.
‘They’ don’t belong here.

Fig. 1. Complex older patients slow the efficiency of patient flow in hospitals.
Implicit care rationing

‘Failure to maintain’

Bail & Grealish 2016

Four [nurse-sensitive] complications

Functional & cognitive decline
Separations for subacute have higher rates of adverse events than acute care separations (AIHW 2016)

Conclusion:
The likelihood of functional and cognitive decline due to hospitalisation is high for older people.
Older persons who re-present to the Emergency Department: An observational study

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Emergency department
Medical Assessment Unit

Co-located with ED

Decrease length of stay & waiting time in ED

Multidisciplinary care

Accommodate longer period required for emergent assessment of older people
What are the clinical and social characteristics of older people who represent to the ED within 28 days of discharge from a hospital stay that included an MAU admission?

Anderson’s health belief model
Retrospective review of EMR

- All patients 65+ or 55+ for Aboriginal and Torres Strait Islander people
- Represent to ED within 28 days of discharge
- Were admitted to MAU on previous admission
- Two week snapshot of service use: August 2014
Representations

78 people

84 representations

- 4 people a second representation within 28 days
- 1 person a second and third representation within 28 days
Demographics

78 people

- Age range 65-97 years; average 79.3 years
- 63% female (n=49)
- 58% married or defacto (n=45)
- 23% lived alone (n=18)
- 20% some form of cognitive impairment (n=16)
Mean age for those with a discharge summary was significantly higher than those without (p=0.02).

45% have eight or more co-morbidities.
Almost half represent with cardiorespiratory condition (p=0.05) 55% of those with cardiorespiratory condition did not have discharge summary (p=0.03)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Re-admitting Diagnosis</th>
<th>Discharge summary</th>
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<tbody>
<tr>
<td></td>
<td>Total N=78 (%)</td>
<td>Same Diagnosis N=35 (44.9%)</td>
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<tr>
<td>Day of arrival</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>17 (21.8)</td>
<td>7 (20.0)</td>
</tr>
<tr>
<td>Sunday</td>
<td>6 (7.7)</td>
<td>2 (5.7)</td>
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<tr>
<td>Re-presentation diagnosis by system</td>
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<tr>
<td>Cardiovascular</td>
<td>36 (46.2)</td>
<td>22 (62.9)</td>
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<tr>
<td>Respiratory</td>
<td></td>
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<tr>
<td>Musculoskeletal</td>
<td>17 (21.8)</td>
<td>4 (11.4)</td>
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<tr>
<td>Skin</td>
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<tr>
<td>Abdominal</td>
<td>14 (17.9)</td>
<td>5 (14.3)</td>
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<tr>
<td>Other&lt;sup&gt;a&lt;/sup&gt;</td>
<td>11 (14.1)</td>
<td>4 (11.4)</td>
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<sup>a</sup> Other includes central nervous system, endocrine, mental health, and pyrexia of unknown origin.
30% of those without a discharge summary extended ED LOS (p=0.05)
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<th>85+ years (n=19)</th>
<th>Represent within one week (n=27)</th>
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Summary 1

40% hospital separations older, often with acute exacerbations of chronic disease....this will rise

‘Ratchet effect’ of functional and cognitive decline related to hospitalisations may be attributed to missed fundamental [nursing] care
Summary 2

Older people who represent may not have a discharge summary

Older people who represent are part of a family system
Where to from here?

Chronic disease is a downward trajectory

- Increase *Advanced Care Planning* in general population
- Trial *integrated care model* for small percent of older, multiple morbidities & high health service use: currently underway Gold Coast
- Investigate relationship between fundamental care and cognitive & functional decline in hospital
Where to from here?

Early representation as a complication of discharge is a source for continuous improvement

- Discharge summary is key element and completed by most junior staff… *Routinely review the quality of discharge summaries*

- Include representation within 28 days in *peer review morbidity & mortality* meetings.
Where to from here?

Older patients are part of family and community systems...

Proactively engage consumers & families in our work
THANK YOU

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References available on request