Baystate Noble Hospital | ACEP Geriatric Emergency Department Accreditation | westhealth

Transforming Geriatric Care:

Baystate Noble's Strategic Investment in Geriatric Emergency Department Accreditation for Enhanced Delirium Care

A Catalyst for Change:

Nestled in a small, rural, western Massachusetts town, Baystate Noble Hospital is an 85-bed acute care community hospital dedicated to providing patient-centered care to its older adult population, who make up 20% of their annual ED volume. Older adults in rural settings often face heightened challenges, such as limited access to specialized care and complexities associated with managing multiple chronic conditions. Recognizing the needs of this population, Baystate has implemented geriatric-focused care models across their health system, including integrated care teams, new EMR updates, and geriatric-centered health initiatives. Ultimately, these efforts led to Baystate Noble's push to become an accredited Geriatric Emergency Department (GED).

The American College of Emergency Physician's (ACEP) Geriatric Emergency Department Accreditation (GEDA) program was developed by leaders in emergency medicine to ensure older adult patients receive care that is appropriate for their needs and any identified vulnerabilities. GED accreditation requires that the emergency department is equipped with geriatric-informed resources, training, and protocols. A key motivator for Baystate Noble's pursuit of GEDA was the frequent ED utilization of the older adult population and the awareness that these patients often present with complex medical and social needs, requiring specialized care.

> *The goal to obtain Geriatric Emergency Department Accreditation (GEDA) was to make Baystate Noble an age-friendly health system and the only ED in the Pioneer Valley with this distinction. Our amazing team looks to enhance our care for our geriatric patients and provide health equity for all.*
>
> **Sunny Shukla**
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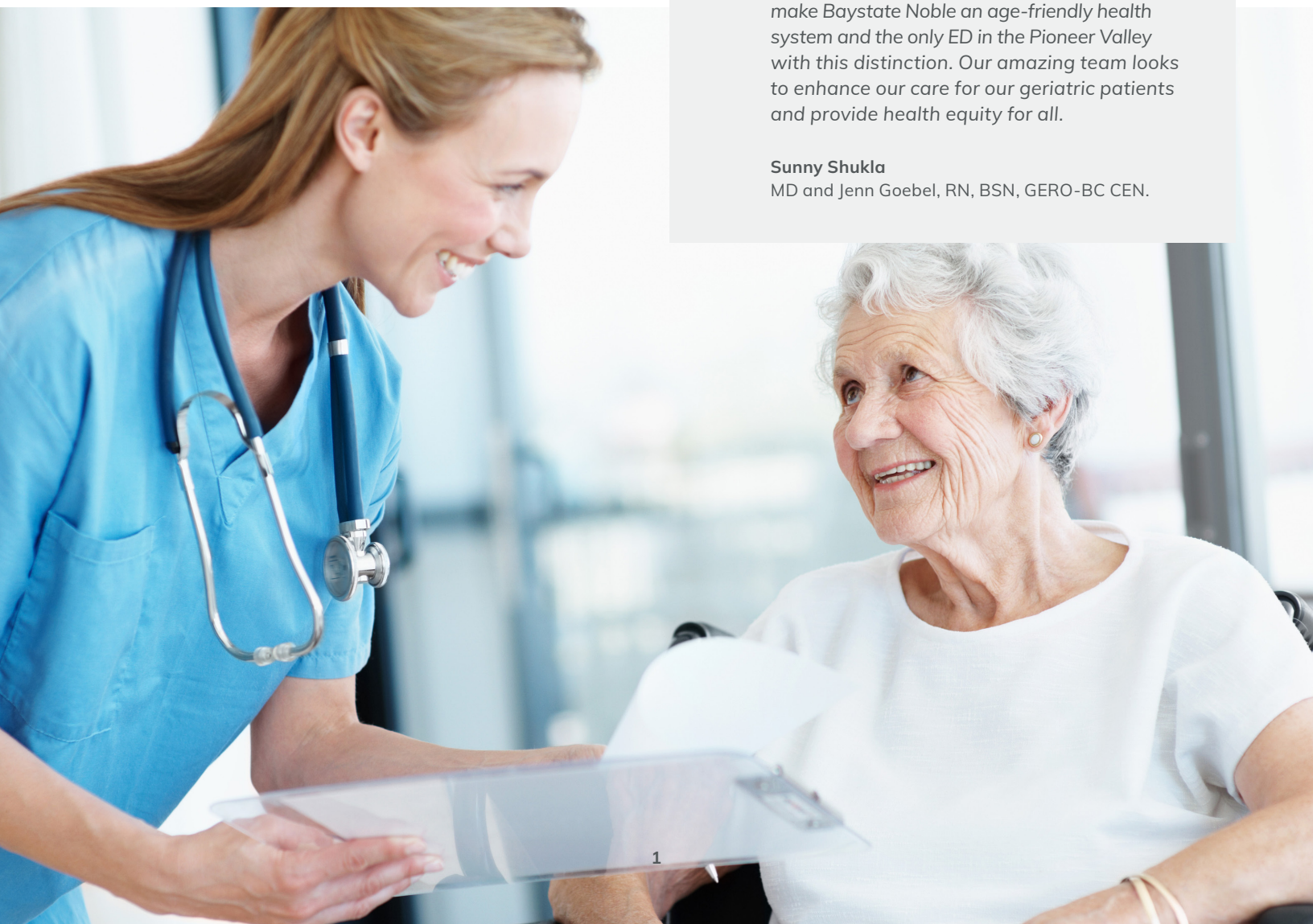

Delirium Detection Initiative

Compared to younger patients, older adults in the ED are at increased risk of complications that can impact their health and independence. Among these complications, delirium poses a common, serious, and detectable threat to older patients. Delirium symptoms include disorientation, inattention, and changes in cognition that can lead to functional decline and an increased risk of falls. Patients with delirium in the ED have a significantly elevated increased risk of death after their ED visit, approximately **2.5 times greater likelihood of death within 6 months** compared to those without delirium (Israni, 2018). For patients in the hospital, delirium is associated with longer hospital stays, increased use of resources, and higher post-acute care costs (Han, J.H., 2009). By identifying and addressing delirium in the ED, hospitals can implement targeted strategies to mitigate potential consequences and improve health outcomes, while reducing the substantial costs associated with this condition. This initiative reflects the hospital's dedication to providing the highest standard of geriatric care and its proactive approach in preparing for the growth of the aging population.

2.5x Approximately **2.5 times greater likelihood of death within 6 months** compared to those without delirium.

GED accreditation requirements include focused policies and protocols that enhance care for older patients. At Baystate Noble, a team of trained staff members was formed to focus on early detection and management of delirium through introduction of delirium screening tools into the ED triage care process. Early and accurate delirium identification enables more efficient planning of care processes and interventions.

Implementation Strategy

Implementation of the GED interventions strategically centered frontline staff buy-in. After successful engagement of ED staff, the GED team initiated PDSA (Plan, Do, Study, Act) cycles to implement and fine-tune delirium screening at triage for older adults.

- **Plan:** Three RNs from different shifts were selected to provide 24-hour screening coverage.
- **Do:** Each RN screened five patients with the CAM screening tool over an 8-hour shift.
- **Study:** Team reviewed tool's effectiveness and identified areas for screening process improvement.
- **Act:** Team adjusted screening process.

After adjustments were made to the screening process, the cycle was repeated until it was fully integrated into the triage protocol. Additional process improvement tools included staff training and education as well as resources and toolkits from GEDA, the GED Collaborative (GEDC), and NICHE. Implementation was facilitated by a system-wide transition from paper-based screening to an electronic medical record system.

Impact

Baystate Noble's approach to targeting delirium in the ED successfully integrated the CAM screening tool into the triage process and laid the foundation for achieving GED accreditation. **The team has achieved compliance with screening 100% of patients over the age of 65 presenting to the ED**, regardless of whether they exhibit symptoms typically associated with delirium. This initiative also **increased staff engagement and awareness of the broader needs of older adults, especially those who are frail**. Through ensuring that every older patient is screened for delirium at triage, Baystate has enhanced early detection of delirium in the care pathway.

100% The team has achieved compliance with screening **100% of patients over the age of 65 presenting to the ED.**

Current research shows that delirium is associated with longer ED length of stay, and approximately 30% to 40% of delirium cases are avoidable (Siddiqi, N., 2006). **Evidence suggests that development of delirium can result in increased costs, ranging from $1,500 to $22,000 per case** (van Lieshout, C., 2022). Implementing delirium prevention and management strategies suggest cost savings. By hardwiring staff awareness and early detection of delirium, Baystate strives to reduce the burden of delirium and cost of care for their geriatric patients.

Conclusion

Baystate Noble's proactive approach to delirium identification and management aims to mitigate the risks of prolonged hospital stays, and associated complications, with the goal of improving patient outcomes and reducing overall healthcare costs. This initiative's success demonstrates the value of investing in geriatric-informed protocols, improving patient care, and ongoing efforts, such as continuous education for staff to maintain awareness.

References

Israni, J., Lesser, A., Kent, T., et al. (2018). Delirium as a predictor of mortality in US Medicare beneficiaries discharged from the emergency department: A national claims-level analysis up to 12 months. BMJ Open. https://doi.org/10.1136/bmjopen-2017-021258

Han, J.H., Zimmerman, E.E., Cutler, N., Schnelle, J., Morandi, A., Dittus, R.S., Storrow, A.B. and Wesley Ely, E. (2009), Delirium in Older Emergency Department Patients: Recognition, Risk Factors, and Psychomotor Subtypes. Academic Emergency Medicine, 16: 193-200. https://doi.org/10.1111/j.1553-2712.2008.00339.x

Siddiqi, N., House, A. O., & Holmes, J. D. (2006). Occurrence and outcome of delirium in medical in-patients: a systematic literature review. Age and ageing, 35(4), 350–364. https://doi.org/10.1093/ageing/afl005

van Lieshout, C., Schuit, E., Hermes, C., Kerrigan, M., & Frederix, G. W. J. (2022). Hospitalisation costs and health related quality of life in delirious patients: a scoping review., 169, 28–38. https://doi.org/10.1016/j.zefq.2022.02.001