
GEDA Executive Summary Care Processes Template – Level 1 or 2

Care Process

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

B.4 Geriatric-specific order sets

Your care process name:

Geriatric Order Sets

Date care process approved by your EM Department/Division:

2/7/2023

Description

Rationale: Provide any background or rationale for this process.

Order sets can help provide expedited and geriatric-specific care. They can help reduce errors and can ensure consistency across different clinicians' practice. Nurse-initiated protocols can also help empower nurses to engage with other resources, such as case management, and to help the patient get assessment and treatment faster.

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

All patients age 65 and over

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

24/7

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:

The order sets can be initiated at any time in the ED care workflow, but would primarily be the used by the bedside nurse or clinician. The physician in triage could also use them to initiate care and assessment.

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

These order sets are specific to the ED interface in the EMR, Epic. They are created in the order sets list. The order sets include the following: Delirium, Aspiration precautions, Fall and injury prevention, and hip fracture management.

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

Click or tap here to enter text.

Describe how this care process is geriatric-specific:

These order sets are specifically for geriatric syndromes such as delirium, falls syndrome, or aspiration. Delirium can have many causes, but the order set specifically targets delirium in older adults, rather than agitated delirium from toxic/metabolic causes in younger patients. Falls syndrome is likewise a syndrome specific to older adults. Similarly, aspiration, often from a TIA or CVA is a syndrome of older patients. Our hip fracture pathway focuses on pain control and orders for hydration and orthopedic consultations. The average age of hip fractures from falls is 80, so we consider this geriatric-specific.

Describe any further follow-up or interventions involved:

N/A

Education and Monitoring

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

Education will be done at orientation of new staff members, as well as during staff and faculty meetings, and in-service reminders at shift huddles.

Describe how you will monitor completion of the care process and its impact, where relevant. The list of GEDA care processes specifies whether each protocol should have validation of its implementation, or whether qualitative metrics are required. For 'validation' please describe the implementation and, if relevant, provide evidence for implementation of the care process. You will have the chance to upload images or files on the web application. For care processes in which 'metrics' are required, you should at least track the percentage of eligible patients who receive the designated intervention. Tracking could be through a live dashboard of screening results, through periodic random chart reviews, or through other tracking methods. Describe how often and by whom this will be performed. Specify the numerator and denominator. You will have a chance to upload metrics on the web application.

We will track use of the order sets twice annual using chart audits. The numerator is patients who have evidence of the order set use, and the denominator is the number of patients age 65 and over with a protocol-based complaint or diagnosis (eg delirium/AMS for the delirium order set, fall or fall-risk for the fall order set, and choking or CVA/TIA for the aspiration prevention order set.)

Please define your target uptake/use if relevant, and 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.

We will target 25% uptake of each order set in the first year. During this time we will hone our order sets and education about them. We may increase the target uptake in future years.

If relevant, please attach the 'validation' or 'metrics' for this care process. For metrics, this should include at least 3 months of tracking data to demonstrate completion rates and any other outcomes that are tracked.

Upload data here

Please attach your official ED care process policy if present, or other relevant documentation such as order sets, flow charts, etc. Please do not include hospital-wide policies. This policy should be ED-specific.

Attach order sets here.