GEDA Executive Summary Care Processes Template – Level 1 or 2

Care Process

Select the care process this corresponds to from this dropdown menu:
E.5 Geriatric-specific follow-up clinics

Your care process name:
Geriatrics and fall clinic follow up

Date care process approved by your EM Department/Division:
10/6/2022

Description

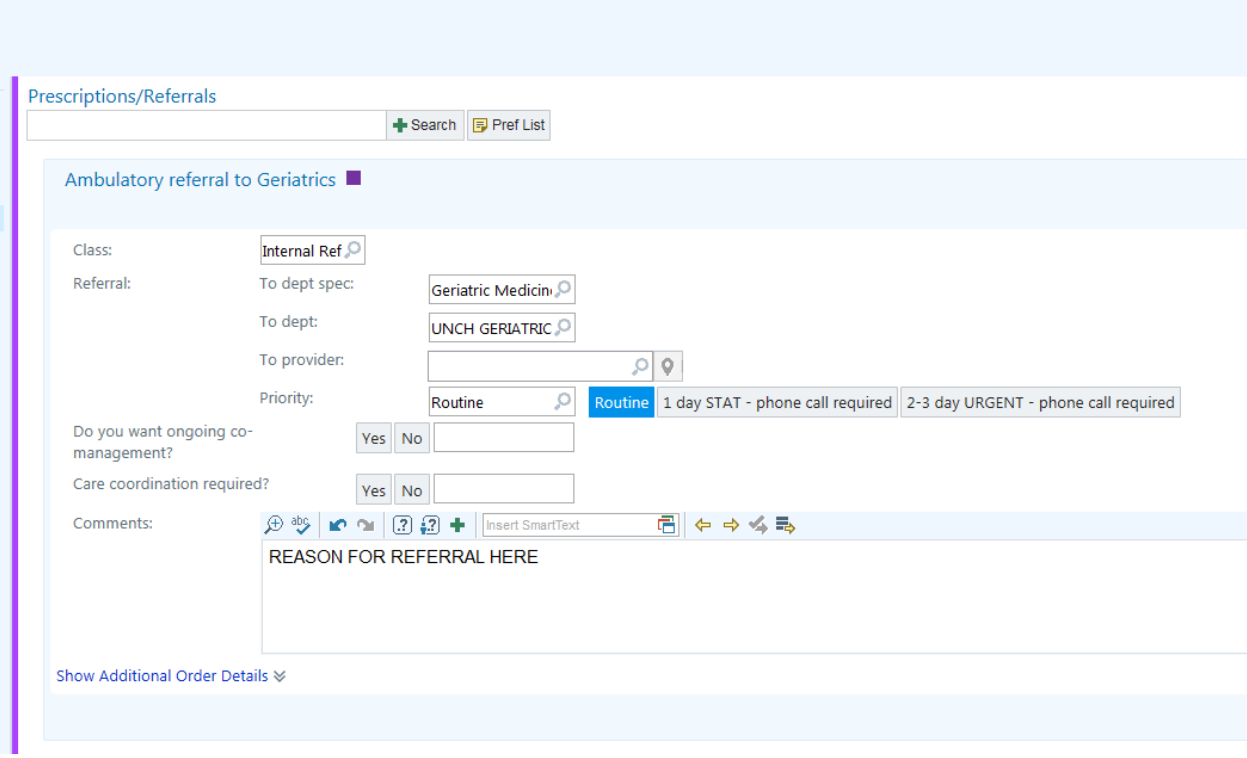
Rationale: Provide any background or rationale for this process.
Many older patients who come to the ED have complex needs that cannot be fully addressed or resolved in the ED. Follow-up with an inter-disciplinary or specialty-specific clinic can help ensure the patient receives further evaluation and management of their medical needs.

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:
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 referral to geriatrics or falls clinics would take place upon discharge. It would be ordered by the ED physician or APP.

Brief description of the care process. If you are using a hospital-wide process, please explain how it is applied specifically in the ED:
We will use two specialty clinic referral options.
1. For patients who have complex needs such as: multiple complex co-morbidities, polypharmacy, recurrent ED visits, poor medical literacy, poorly controlled chronic symptoms, dementia, need for coordination of home services. A geriatrics clinic referral will be placed (see screenshot below).
2. For patients who have gait unsteadiness or more than 2 falls in the last 3 months, we will place a referral to the Falls specialty clinic where they can see a physician or APP for a holistic falls assessment and referral to PT/OT or other services as needed.



Who will be responsible for performing the actions in the care process:
Discharging physician or APP.

Describe how this care process is geriatric-specific:
This is specific to patients age 65 and over.

Describe any further follow-up or interventions involved:
We will continue to work with the geriatrics clinic director to identify opportunities to refer the patients who will benefit the most to them.

Education and Monitoring

Where relevant, describe how you will educate the relevant staff, physicians, or other stakeholders about the care process:
Physicians and APPs will be educated at regular staff/department meetings, through periodic reminder emails, and with in-service 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. You will have a chance to upload metrics on the web application.
We will track the number of referrals placed in the EMR. On a quarterly basis we will assess the completion rate of the referral visit through chart audits. The numerator would be the number of referrals placed that led to a completed clinic visit, and the denominator the number of referrals placed. We will qualitatively review interventions implemented, such as PT/OT orders, changes in medications, etc. performed at the clinic visit.

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.
If referral rates are low, we will reiterate the opportunities and reasons for referral placements. In addition, we will share success stories of positive outcomes that occurred after appropriate patient referrals to gain buy-in from the physicians/APPs for the process.

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.
Submit metrics

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.