



Impact

 What is the impact of geriatric syndromes following an Emergency Department visit?

Identify

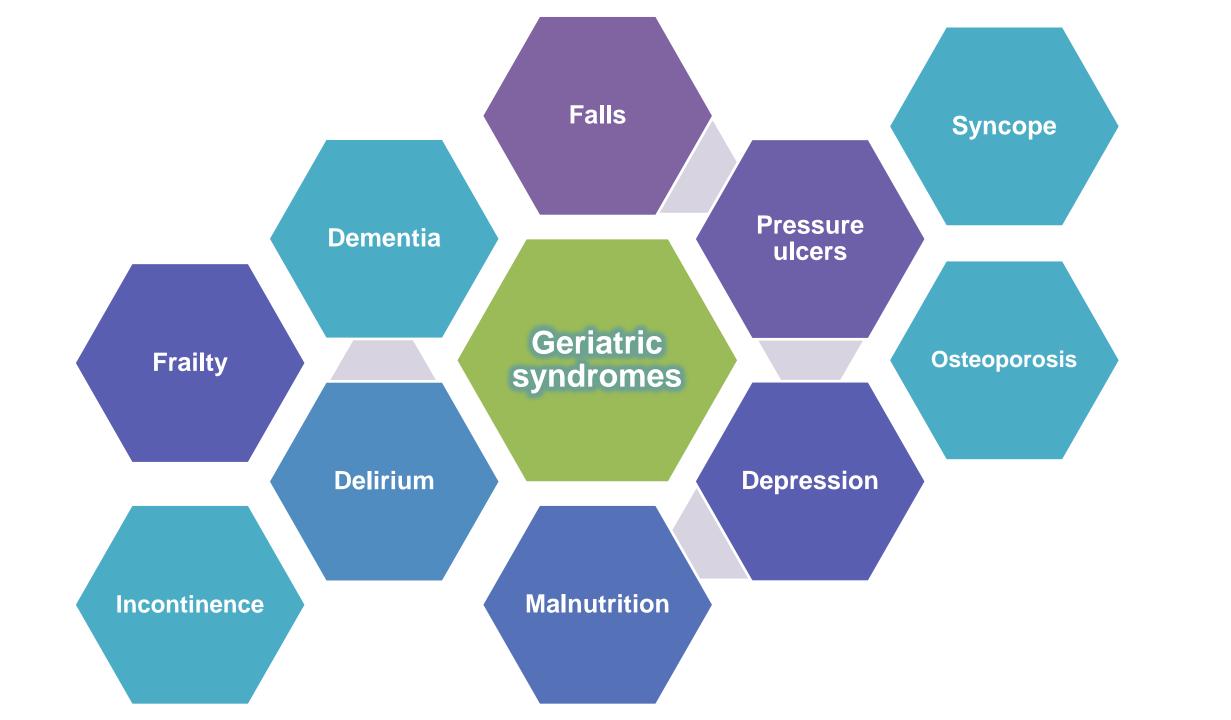
How can they be identified?

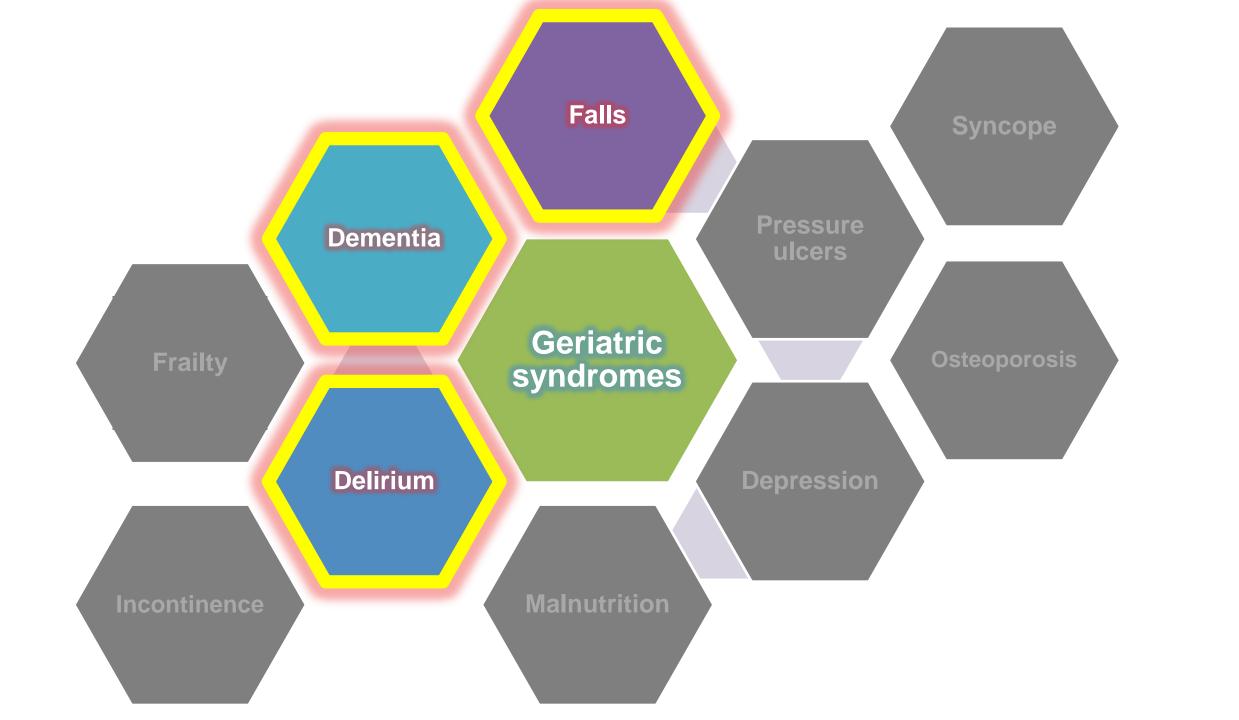
Act

What can be done?

How

• How do you pull it together?





Delirium & Mortality in the ED

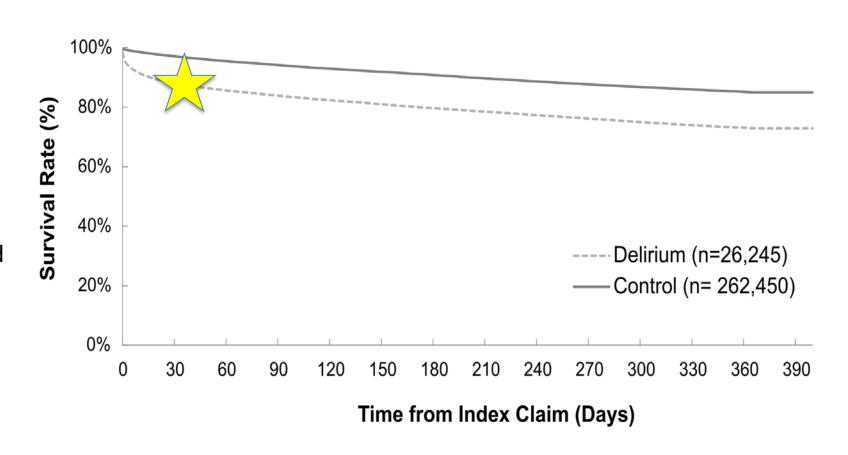
AGS

Research question: What is the mortality risk for seniors presenting to the ED with Delirium?

Methods: Retrospective cohort analyses, CMS claims 2012-2013

Analyses: Kaplan Meier Survival Curve and Cox Proportional Hazard model

Key finding: Mortality risk highest 30 days post index ED encounter



Israni et al. Delirium as a Predictor of Mortality in U.S. Medical Beneficiaries Discharged from the Emergency Department: A National Claims Level Analyses up to 12 Months; BMJ Open; *in press*

Dementia & ED Utilization

AGS

Research question: What is the impact of Dementia on return ED visits?

Methods: Retrospective cohort analyses, CMS claims 2012-2013

Analyses: Logistic regression model

Key finding: Dementia significantly associated with 30-day all cause return ED visits

	Estimate	Odds Ratio	P-value
(Intercept)	-3.4159	-	<.0001
Dementia	1.2730	3.571	<.0001
Admitted	0.2928	1.340	<.0001
Comorbidity	0.2342	1.264	<.0001
Medicaid	0.1423	1.153	<.0001
Age	0.0005	1.000	0.3095
Gender (Male)	-0.0477	0.953	<.0001

Kent, et al. 30-Day Emergency Department Revisit Rates Among Medicare Beneficiaries with Dementia. Oral presentation at: Society for Academic Emergency Medicine Annual Meeting; May 15-18; Indianapolis, IN.

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Falls & 30-Day ED Revisits

Research question: Can Physical Therapy in the ED reduce return visits to the ED due to falls?

Methods: Retrospective cohort analyses, CMS claims 2012-2013

Analyses: Logistic regression model

Key finding: Physical therapy associated with reduced ED revisits due to falls

	Estimate	Odds Ratio	P-value
(Intercept)	-3.975	0.019	<0.001
PT in ED	-0.423	0.655	<0.001
Injury severity score	0.011	1.011	0.113
Alzheimer's	0.128	1.137	0.002
Osteoarthritis	0.139	1.149	<0.001
Heart disease	0.105	1.111	0.002
Age	-0.002	0.998	0.235
Gender (Female)	-0.153	0.858	< 0.001
Medicaid	0.166	1.180	< 0.001

Lesser, et al. Can Physical Therapy in the ED Reduce Repeat ED visits for Older Adult Falls? A Nationally-representative analysis; manuscript under review.

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Falls & 60-Day ED Revisits

Research question: Can Physical Therapy in the ED reduce return visits to the ED due to falls?

Methods: Retrospective cohort analyses, CMS claims 2012-2013

Analyses: Logistic regression model

Key finding: Physical therapy associated with reduced ED revisits due to falls

	Estimate	Odds Ratio	P-value
(Intercept)	-3.918	0.020	<0.001
PT in ED	-0.380	0.684	<0.001
Injury severity score	-0.002	0.998	0.794
Alzheimer's	0.136	1.145	<0.001
Osteoarthritis	0.193	1.213	<0.001
Heart disease	0.106	1.112	<0.001
Age	0.001	1.001	0.526
Gender (Female)	-0.141	0.868	<0.001
Medicaid	0.171	1.187	<0.001

Lesser, et al. Can Physical Therapy in the ED Reduce Repeat ED visits for Older Adult Falls? A Nationally-representative analysis; manuscript under review.

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Impact

• What is the impact of geriatric syndromes following an Emergency Department visit?

Identify

- Brief Cognitive Assessment Method (B-CAM)
- Mini-Cog Assessment
- Get up and Go (GUG)

Act

- Medication review/safety
- Community resources (e.g. caregiver)
- Clinical protocols (e.g. PT referral)

How

- Geriatric Emergency Departments
- National Accreditation Program