

An ED Patient Centered Intervention to Reduce Readmission Risk for Older Adults

Emergency Departments (EDs) play an important role in the hospital admission and readmission of older adults. Nationally, 60% of all hospital admissions for patients age 65 and greater come through the ED. In FY 2012, the UNC ED cared for 9650 patients age 65 and greater, admitting 5,612 (58%) to the hospital. While many of these admissions are unavoidable, those patients who can be sent home safely would likely benefit from not being exposed to potential iatrogenic harm as well as avoiding the costs of hospitalization. Hospital readmissions suggest a possible failed care transition out of the hospital and expose the patient to repeated risk of iatrogenic injury and infections.

Many EDs use case managers to assist with arranging home health, alternative placement, services or medications, and other interventions that may make it possible to avoid admission. However, case manager involvement is traditionally physician triggered. Unfortunately, physicians are often not primarily focused on, nor trained in, transitions management. Our project is to pilot a new patient centered system of case manager involvement in ED patient care. The fundamental innovation will be the Patient Vulnerability Assessment (PVA) form given to patients recently discharged from the hospital setting. This form will explore the patients' and care givers' recent care transitions experience from the hospital and then be given to the case managers in the ED who will be able to use this information to proactively identify patients most likely to benefit from their services. We hypothesize that the PVA will be easily utilized within the ED setting and increase case manager efficiency. If true, this will lay the foundation for a study evaluating the effectiveness of the PVA in decreasing hospital readmissions.

New Care Delivery Process: PVA Triggered Case Management

