

A collaborative model for service delivery in the Emergency Department

Regional Geriatric Program of Toronto, December 2009

Background

Seniors over the age of 75 years now have the highest Emergency Department (ED) visit rate of any segment of the population and this rate is rising. For staff working within the ED, frail seniors present a significant clinical challenge. Atypical presentation of disease, superimposed on complex medical and psychosocial comorbidities create demands on the ED system for which it was not designed. There is accumulating evidence from Canada and abroad that supports the efficacy of case-finding and assessment in the ED and linkage of frail seniors to services in the community. This evidence has been applied in the implementation of Geriatric Emergency Management (GEM) in Toronto Central LHIN and Ontario. The goals of the GEM program are to deliver targeted geriatric assessment to high-risk seniors in the ED and to build capacity through knowledge transfer among ED staff and other health care partners.

In 1994, Sunnybrook Health Sciences Centre embarked on a pilot project, deploying a geriatric nurse clinician in the emergency department. The pilot quickly took root and became a routine part of the emergency department service delivery and capacity building strategy for staff education. In 2004, the RGPs of Ontario were asked to implement the GEM program in 5 major centres in Ontario. Led by the RGP of Toronto, the implementation of GEM nurses has proliferated to now include over 80 GEM nurses in the province. RGP of Toronto coordinates the GEM nursing network which provides education, training and program development support to GEM nurses wherever they practice.

The Aging at Home strategy has focused attention on the needs of seniors. Current system pressures are expressing themselves through ED wait times and ALC issues. GEM nurses are an important component of the continuum of services that help frail seniors access appropriate services in order to maximize functional status, independence and quality of life. Our experience with GEM suggests that an interprofessional approach facilitates comprehensive assessment, planning and care coordination that addresses the needs of high risk frail seniors with complex medical, functional and social support.

We propose that the following be considered core services and that these services be available in every ED that serves frail seniors: GEM Nurse, Social Worker, and Community Care Access Centre ED Care Coordinator (CCAC ED CC).

GEM Nurse, Social Work, CCAC Care Coordinator: Three Core Services for Frail Seniors in EDs

The three roles are complementary; and in some situations, the contribution of all three professionals is required to develop and implement a plan for a complex situation to successfully support aging at home.

Table 1: Comparison of context, areas of expertise and functions which guide the roles of the three core ED professionals serving frail seniors

	GEM Nurse	Social work	CCAC Care Coordinator
Professional background	Registered Nurse , Masters degree (preferred), Gerontological Nursing Certification (preferred)	Masters of Social Work	Variety of health professional backgrounds practicing in case management roles (e.g. MSW, RN, PT, OT)
Available coverage	Weekdays and either evenings Mon-Fri or weekends in TC LHIN as of Fall 2009	7 days a week regular daytime hours Also evening coverage on weekdays at some sites	Mon – Fri regular daytime hours
Areas of expertise	Geriatric Syndromes <ul style="list-style-type: none"> • Falls and mobility • Dementia • Depression • Delirium • Cognitive impairment • Neglect & elder Abuse • Behavioural issues • Weight loss • Incontinence • Skin wounds • Frailty, functional decline • Mental health • Polypharmacy • Pain management • Decision-making capacity • Caregiver stress 	Psychosocial issues <ul style="list-style-type: none"> • Ethical decisions/ dilemma • Complex family interactions • Shelter and housing • Neglect • Cultural values • Addictions and substance abuse • Elder abuse, intimate partner abuse • Decision-Making capacity • Caregiver stress • Family support, staff support • Complex discharge plans • Home management • Crisis intervention 	Services and Resources <ul style="list-style-type: none"> • Integration of up to date knowledge of seniors services and resources in the community • Information regarding community baseline, services in place prior to ED visit, recent change in status • Use of client and caregiver needs assessment to create community service plan

	GEM Nurse	Social work	CCAC Care Coordinator
Functional roles that assist in ED service provision	<ul style="list-style-type: none"> • Geriatric clinical nursing assessment and management • Collection of additional clinical history and corroborating information • Identification of unrecognized clinical, functional, social issues and/or risk issues • Contributes to development of collaborative management plan from a nursing perspective • Discharge planning • Linkage to primary care and community services • Linkage with specialized geriatric and psychogeriatric services • Participates in LTC planning process • Advocacy on behalf of senior /caregiver • Client-centred goal setting and outcome orientation 	<ul style="list-style-type: none"> • Clinical social work assessment, short term counseling and management • Collection of additional social history and corroborating information • Identification of unrecognized functional or social issues, high risk screening • Contributes to development of collaborative management plan from a social work perspective • Discharge planning • Linkage to primary care and community services • Participates in LTC planning process • Advocacy on behalf of senior /caregiver • Client-centred goal setting and outcome orientation 	<ul style="list-style-type: none"> • CCAC case management assessment • Collaborative history of pre-hospital services and outcomes if previous CCAC client • Identification of unmet physical, cognitive, social, medication management and health promotion service needs from a community perspective • Contributes to development of collaborative management plan from a community service perspective • Discharge planning • Linkage to primary care and community services • Applications to certain community programs (AAH initiatives) • Advanced planning for other housing or care options e.g. convalescent care, supportive housing • Participates in LTC planning process and determines eligibility • Advocacy on behalf of senior /caregiver • Client-centred goal setting and outcome orientation

	GEM Nurse	Social work	CCAC Care Coordinator
System focused roles	<ul style="list-style-type: none"> • Capacity building through education to increase awareness and knowledge to better manage geriatric issues in the ED • Role-modeling of senior friendly care • Supporting interprofessional education of health professional students and academic mandate of organization • Active role in quality improvement and patient safety initiatives in ED • improving cross sectoral continuity of service through communication, promoting interprofessional practice and interorganizational collaboration 	<ul style="list-style-type: none"> • Increasing the recognition of the broader determinants of health and impact on care planning • Supporting interprofessional education of health professional students and academic mandate of organization • Active role in quality improvement initiatives in ED • improving cross sectoral continuity of service through communication, promoting interprofessional practice and interorganizational collaboration 	<ul style="list-style-type: none"> • Advancing the practice of care coordination and support across transitions • Emergency department Notification System and Management • Developing partnerships • improving cross sectoral continuity of service through communication, promoting interprofessional practice and interorganizational collaboration

Under ideal circumstances, additional services should be made available to support the care of frail seniors (or older adults) in the ED. These additional services include:

- Physiotherapy
- Occupational Therapy
- Pharmacy
- Clinical mental health staff
- Interpretation/Translation services
- Speech Language Pathology

It should be noted that many other providers are involved in the care of frail seniors in the ED. These service providers include:

- ED physicians and nurses
- Clerical staff
- Emergency Medical Services
- Spiritual care
- Volunteers
- Psychiatric Emergency Services / Crisis teams
- Other consultation services including palliative care etc

- Administrative leadership
- Security
- Other allied health professionals including registered dietitians

Accessing the Three Core Services in the ED

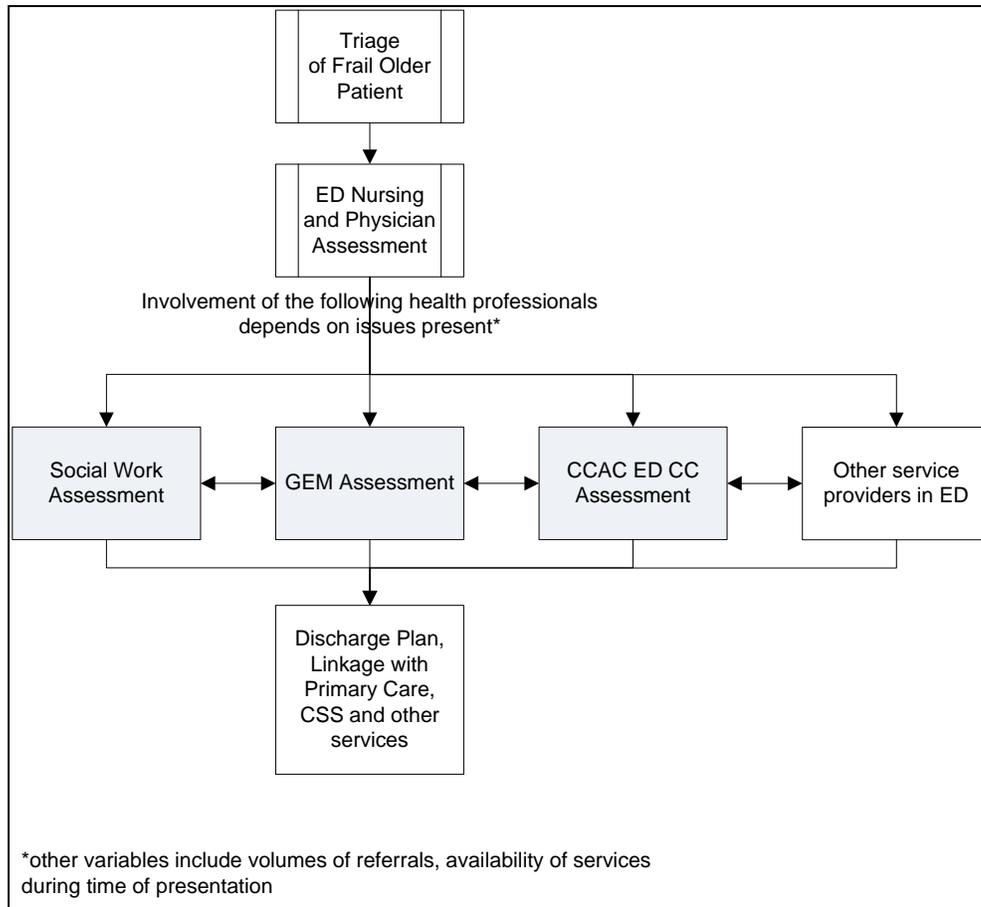


Figure 1: Dynamic flow of involvement of services in the ED

In the ED, there are multiple nodes in the patient care algorithm that may lead to involvement of any of the three services - GEM nurse, social worker and CCAC. When more than one service is required, the sequence of involvement is usually dictated by the evolving understanding of the patient's needs and issues as the layers of the clinical, functional and psychosocial situation are exposed. A strong commitment to collaborative practice is required to support what may be a non linear flow of care.

Challenges

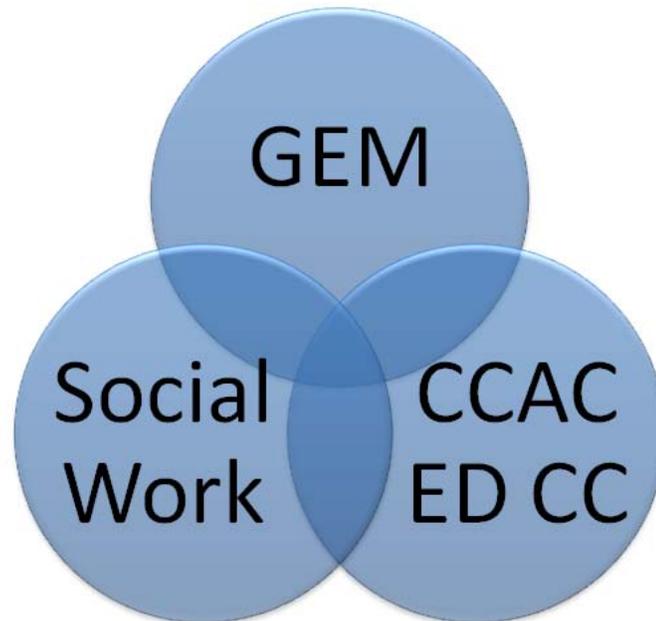
Some factors that create challenges for those serving frail seniors in the ED include:

- variation in support services by site
- variations in coverage of GEM, Social work and CCAC by site, access, availability and visibility in ED

- staff turnover, variations in levels of experience, impact of veteran versus new recruit status, unrecognized needs to support development of this interprofessional team
- understanding of interorganizational collaboration dynamics – siloed accountability, differences in organizational culture, differences in terminology and labels used
- Unclear and inconsistent lines of communications regarding system changes and evolving CCAC role. EDs are complex and rapidly changing environments within complex hospital structures. Incomplete information has fueled misunderstanding and damaged trust.
- It is important to distinguish issues that arise on the basis of personality differences rather than role definitions
- perceived duplication of assessment and the distinction between assessment for service versus assessment for clinical problem solving -an interprofessional concern in all settings made more complicated by the need for interorganizational collaboration

Three core services are complementary

The GEM Nurse, Social Work and CCAC Care Coordinator roles in the ED are complementary and the availability of these three core services provides seniors with the expert care needed to address their needs.



The roles described in the table above serve as a guide; they are not intended to define rigid boundaries. Staff must demonstrate flexibility in addressing issues in overlapping areas of the roles depending on:

- the level of ED traffic

- the combination of issues present in a given patient
- the availability of other staff – off hours, holidays, other absences

Given the current level of staffing and coverage available in EDs, it is in the best interest of the frail patient and the system to maintain flexibility in the roles of these staff in the ED. Since the hours of coverage provided by each service varies, perception of potential redundancy in roles is a necessary and valuable asset in EDs until a full complement of these three core providers are available extended hours, 7 days a week.

Creating a safe and durable discharge is a collaborative three way process.

Next steps

- Create a FAQ document for distribution across the GEM nursing network, Social Work contacts and CCAC
- We already include a review of roles in GEM institute training. We will review our curricula and further enhance our content and source of contributors
- We encourage the LHIN to continue to fund enhancement of services for frail seniors in the ED by increasing availability of GEM nursing, Social Work and CCAC coverage.

Acknowledgements

This proposed model was informed by input from:

- The RGP Network
- The 5th Annual GEM conference workshop “Building a Collaborative Model of GEM Service”, September 18th, 2009
- The joint meeting of GEM, ED Social workers and CCAC in TC LHIN, hosted by the TC CCAC Dec 3, 2009.
- Key informants

What does GEM mean to you?

- Clinical expertise in geriatric assessment
- Education and capacity building
- Timely access to comprehensive geriatric assessment
- Quality of care
- A valuable resource to the organization & community

Excerpted from the GEM Workshop September 18th, 2009