

"My grandma is again in the emergency department "

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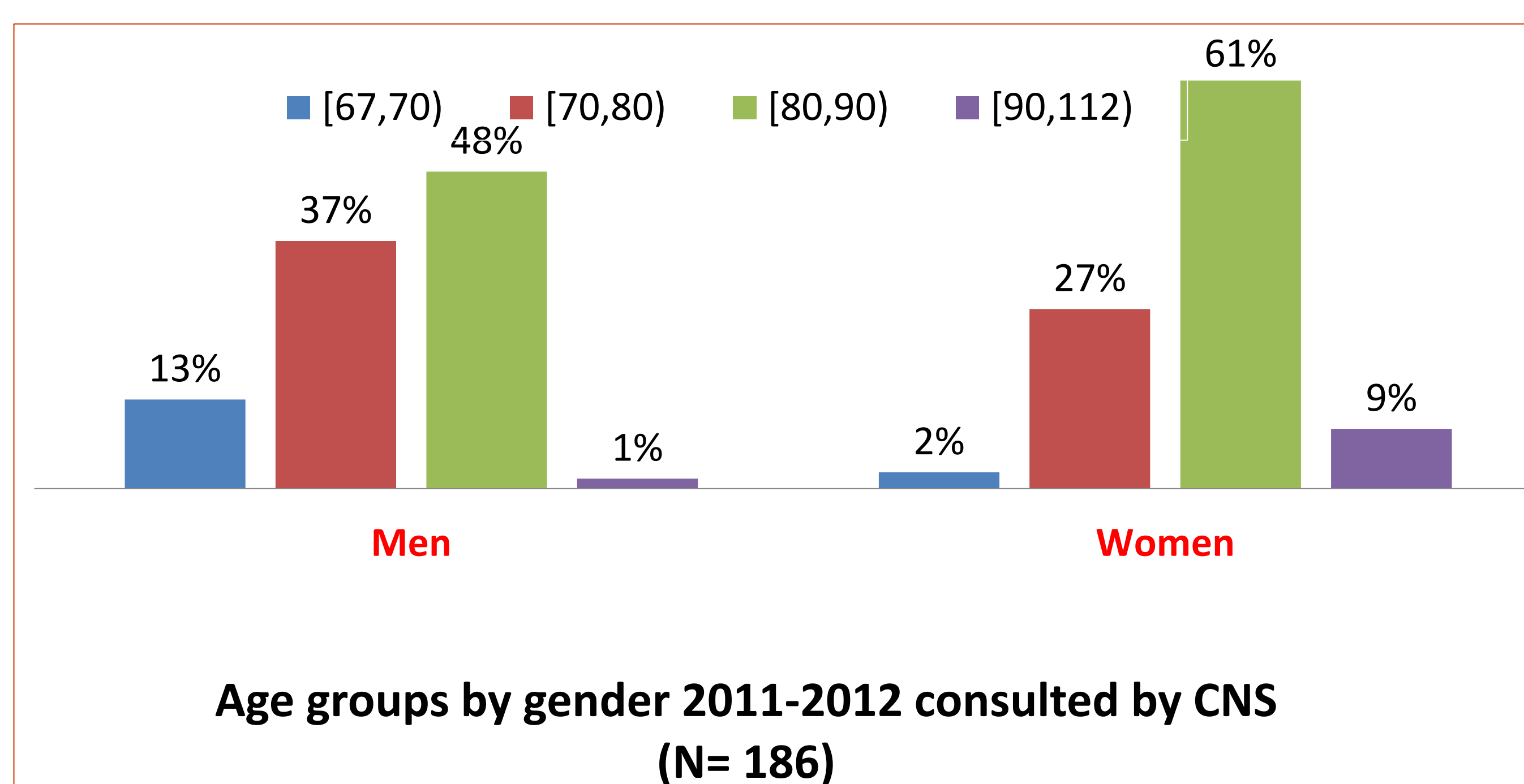
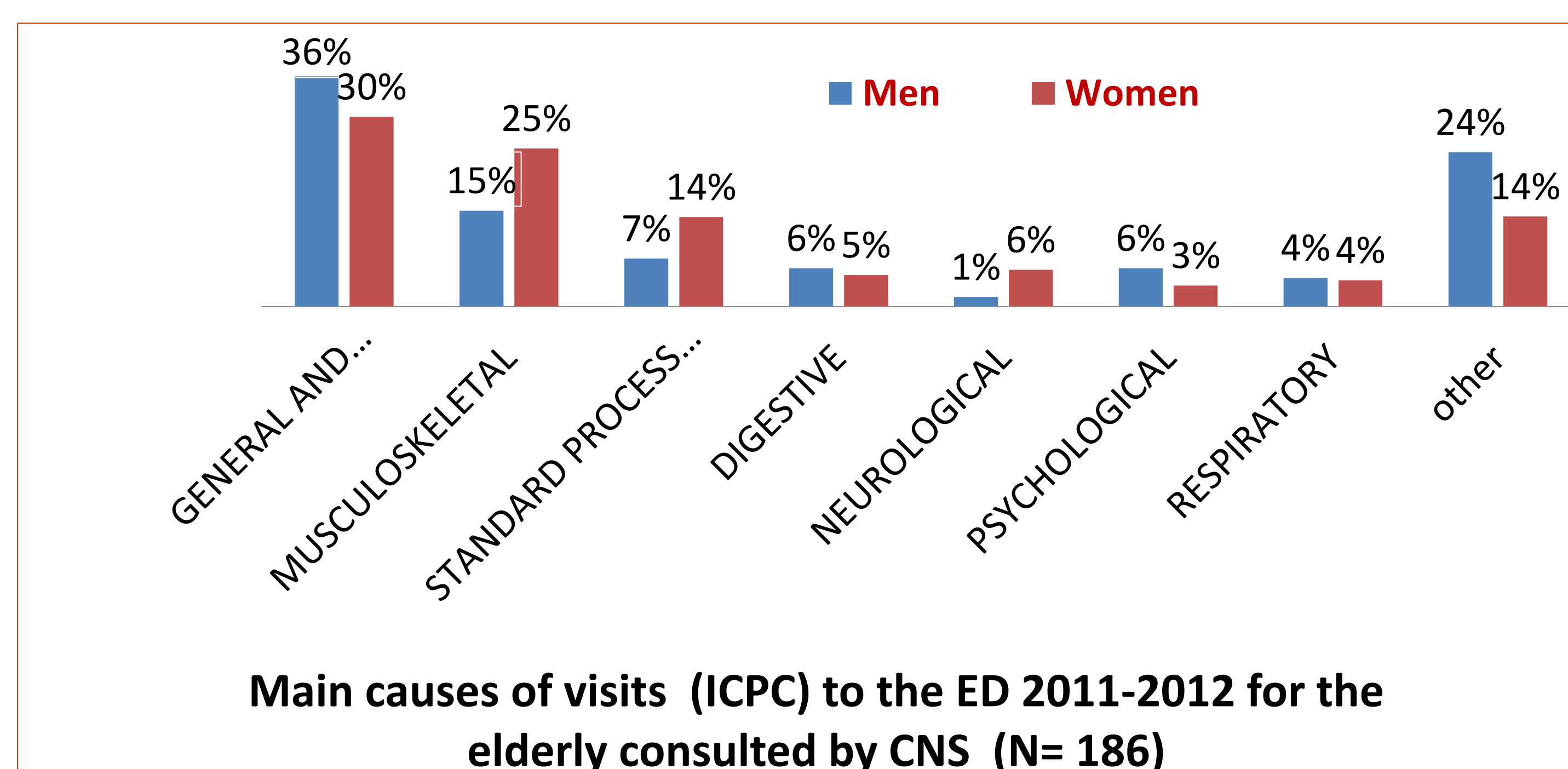
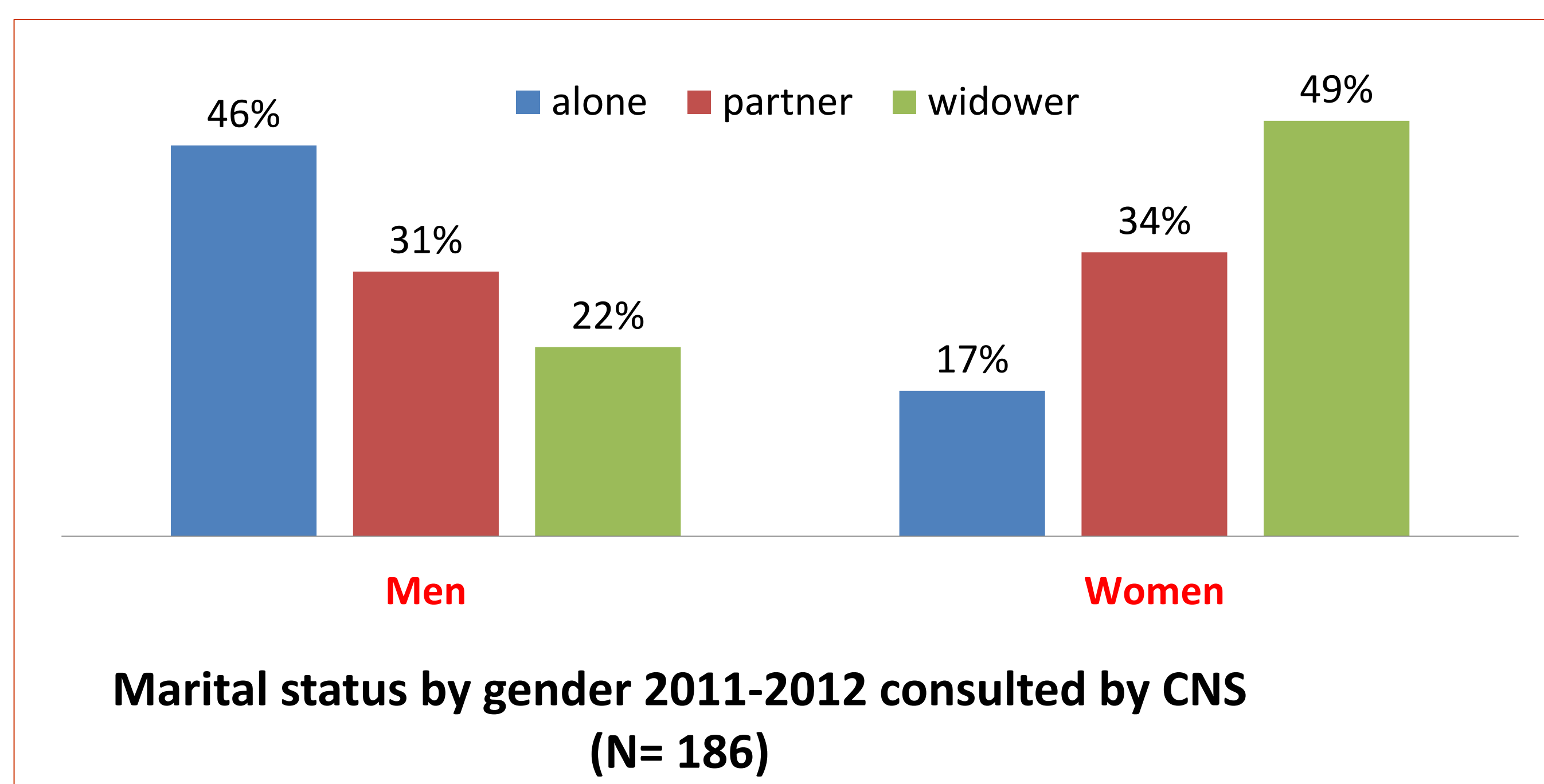
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Introduction: Research has shown that certain groups of elderly are at higher risk for revisits to the emergency department (ED). The purpose of the project was to identify elderly at risk for ED revisits and implement follow-up program by a nurse-led consultation for elderly after discharge home directly from the ED. The project is based on the Wagner's model for developing health care for chronic patients and the Calgary family nursing model.

Method: In November 2011 the use of the Triage Risk Screening Tool (TRST) and consultation by a geriatric clinical-nurse specialist (CNS) were implemented in the ED at the Landspítali University Hospital (LUH). The TRST tool was developed to identify risk factors for repeated hospitalizations or ED visits among recently discharged hospitalized older adults. The CNS intervened with telephone support, home visits, interviews in ED or other departments, and outpatient nursing visits .

Results: 186 ED elderly patients during 2011-12, that were consulted by CNS, were analyzed by gender, older, causes and number of visits. In 2011-2012 the mean age was 81,1 year and 34% of patients were male. Women were more often widowed (49%) than men (22%) while men lived more often alone (46%) than women (17%). Mean visits to ED were 2,9 in 2011 and 3,3 in 2012 (1-13 visits per patient). Two common causes (ICPC) of the visits were general and unspecified and musculoskeletal diagnosis. In 2012 the geriatric nurse consulted 144 elderly (80%) while 42 elderly (20%) were referred to other nurses at a geriatric outpatient-clinic. The main interventions in 2012 were: telephone support (51%), home visits (31%), interviews in ED or other departments (16%) and outpatient nursing visits (2%).



Conclusions: The most common causes of visits consulted by CNS at ED were general and unspecified such as falls, general fatigue and pain. About 50% of the patient and their family only received support by telephone. The two most common nursing interventions were support for decision-making and coordination with other health- and social-support system. The project has revealed the importance of holistic nursing and family values of care for frail elderly. One of the conclusions of the project was to start a study on revisits of elderly to the ED at LUH. In 2014 167 elderly was consulted by CNS. Four CNS are now working on further elaboration in supporting frail elderly visiting ED.

Nursing NANDA diagnose for elderly consulted by CNS 2014 (N=144)	Nursing NIC intervention for elderly consulted by CNS in 2014 (N=144)
<ul style="list-style-type: none"> Interrupted family processes Impaired activity of ADL Pain Anxiety /change in mood Impaired physical mobility Risk for falls Imbalance in Nutrition, less than body requirement Altered thought processes Activity intolerance 	<ul style="list-style-type: none"> Support for decision-making Coordination with other health- and social - support system Education about health- and social-care resources Teaching: self-care, treatment, Caregiver support Telephone counseling Strengthening support system

Take home message

- CNS consultation is useful for frail elderly with multidimensional problems in the ED
- Holistic nursing as well as implementing family values of care for frail elderly are of importance at the emergency department
- There is a need for better coordination between health- and social resources for elderly – it can be difficult to navigate in a complex system