

New Screening Methods to Predict Post-Discharge Outcomes among of Older Emergency Department Patients: Results from the MOPED Study

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Components of 'Senior Friendly' EDs

1. Evidence Based Practice Model
2. Nursing Clinical Delivery Involvement or Leadership
3. High-Risk Screening
4. Focused Geriatric Assessment
5. Initiation of Care and Disposition Planning in the ED
6. Interprofessional and Capacity-Building Work Practices
7. Post-ED Discharge Follow-up With Patients
8. Establishment of Evaluation and Monitoring Processes

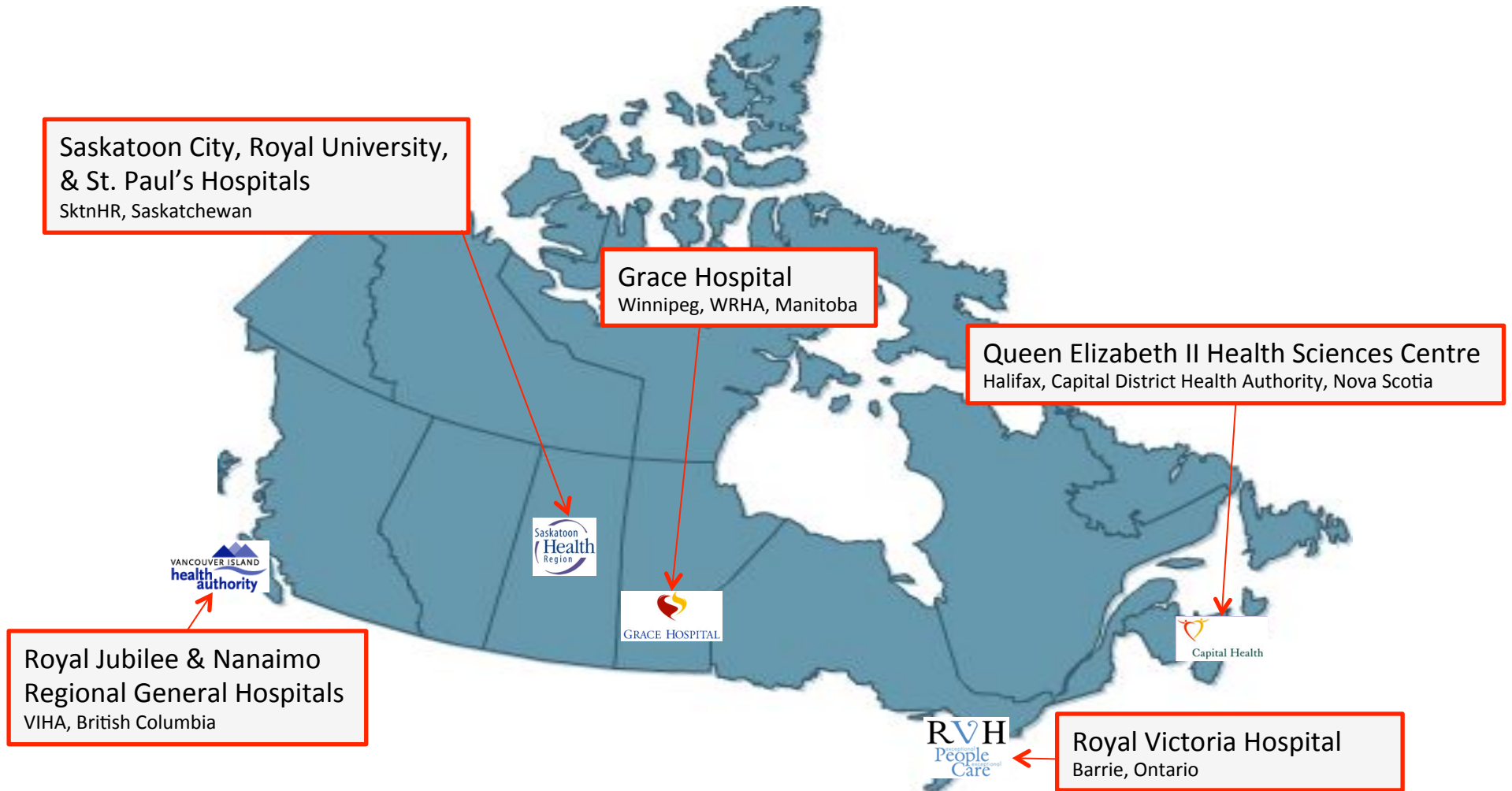
A review of intervention studies suggest that at least 75% of these are needed for measurable success.

Source: Sinha SK, et al. A systematic review and qualitative analysis to inform the development of a new emergency department-based geriatric case management model. *Annals of Emergency Medicine*. 2011;57(6):672-82.

Objectives

1. To examine the prevalence of key post discharge outcomes among older ED patients
 2. Develop risk assessment methods to aid decision-making at the point of care.
 - ALC designation or placement in LTC among those admitted to inpatient acute care
 - Unplanned repeat ED visits represent post discharge those discharged back to the community
- **Goal:** To contribute to the development of systems and protocols to limit these key outcomes.

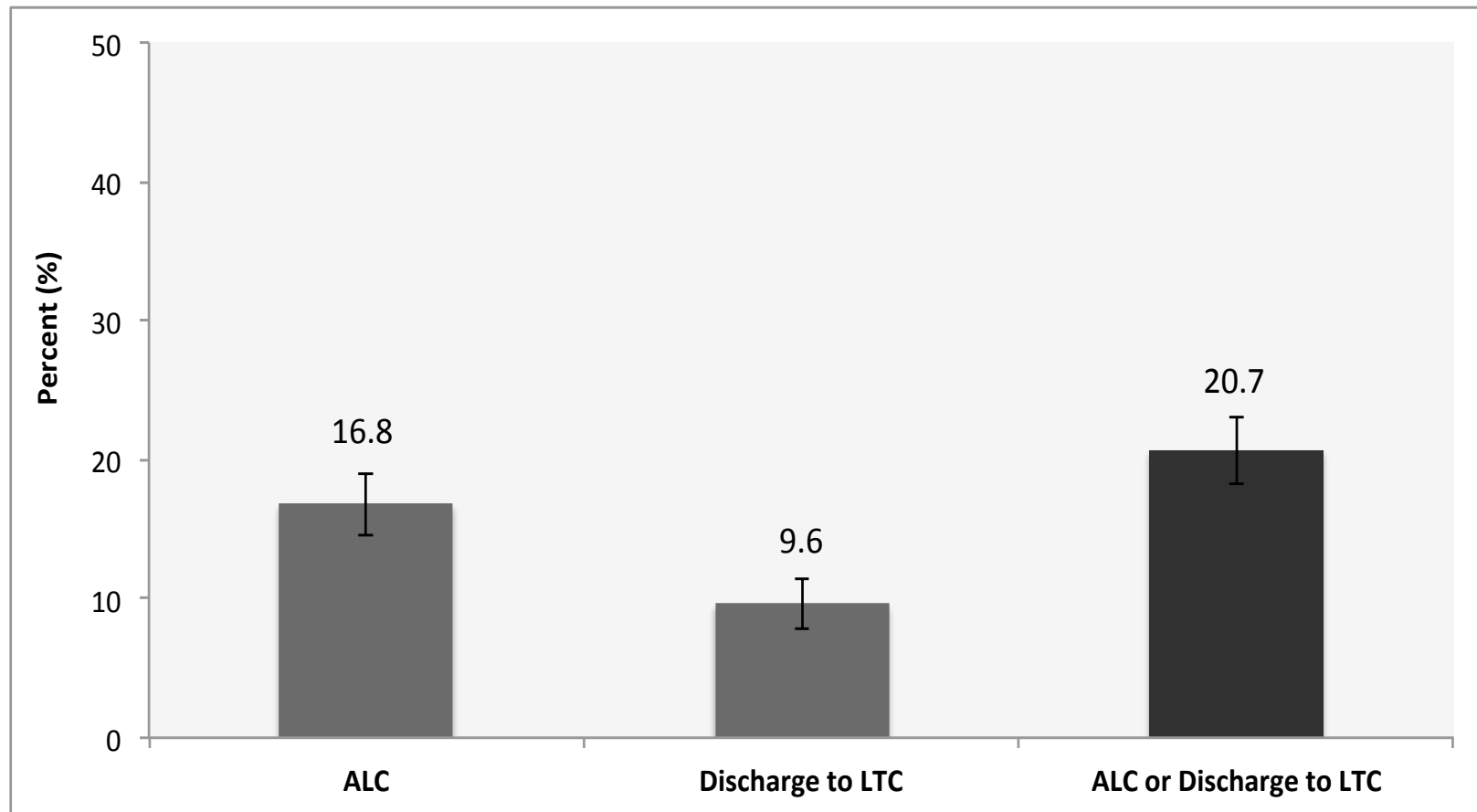
MOPED Study



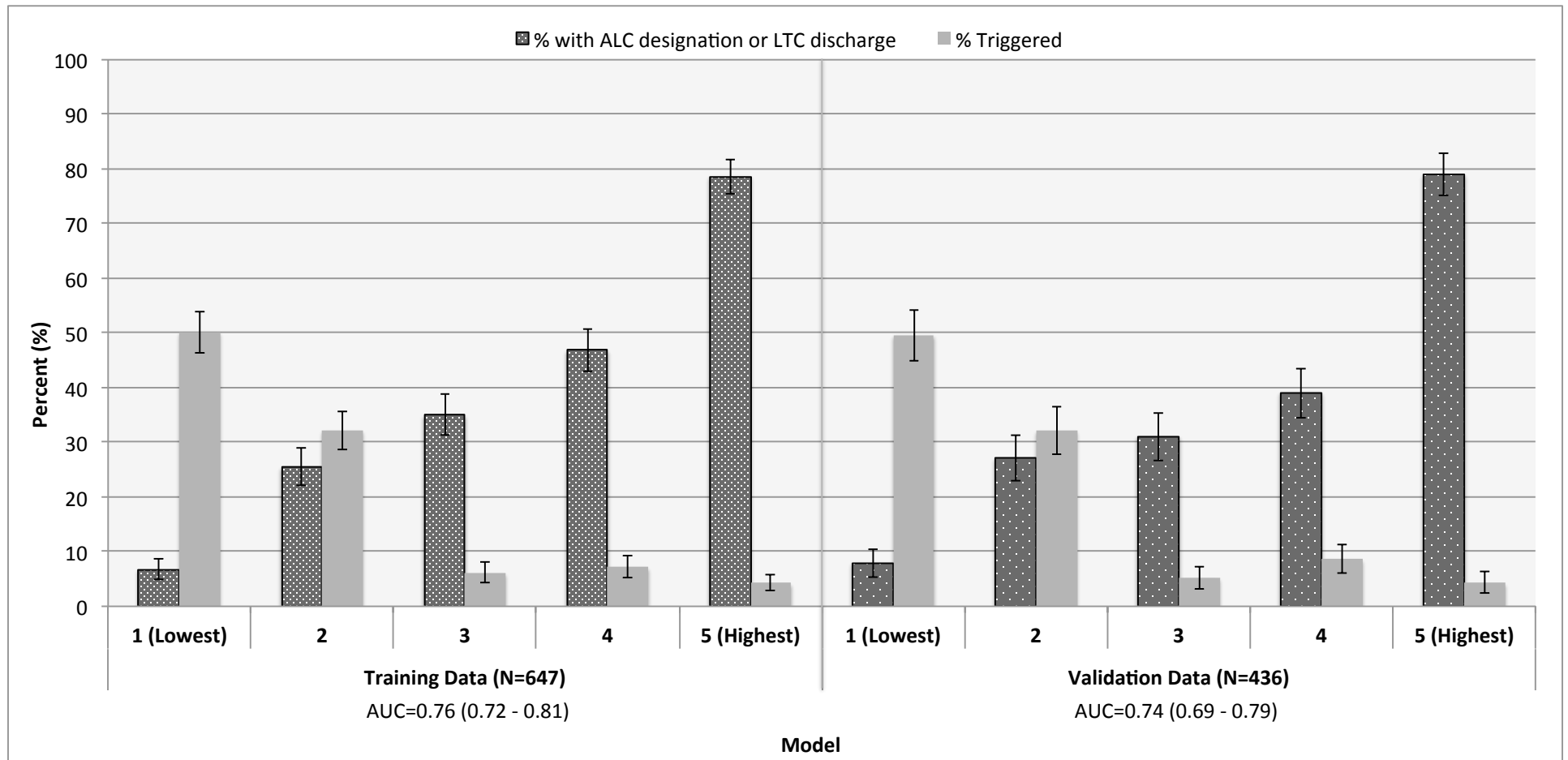
Summary of Methods

- Prospective cohort study of older ED patients age 75 or older, younger by discretion (22) (N=2,101).
- The interRAI ED-CA was used to assess older ED patients, and a 90-day disposition was collected.
- Two needs-based decision tree models were created using decision tree analyses to determine the risk of 'ALC' designation or LTC placement, and unplanned repeat ED visits, respectively.
 - *Institutional Risk Model & ED Revisit Model*
- Validation:
 - Separate data partitions.
 - Multilevel analyses were to test site-level variation

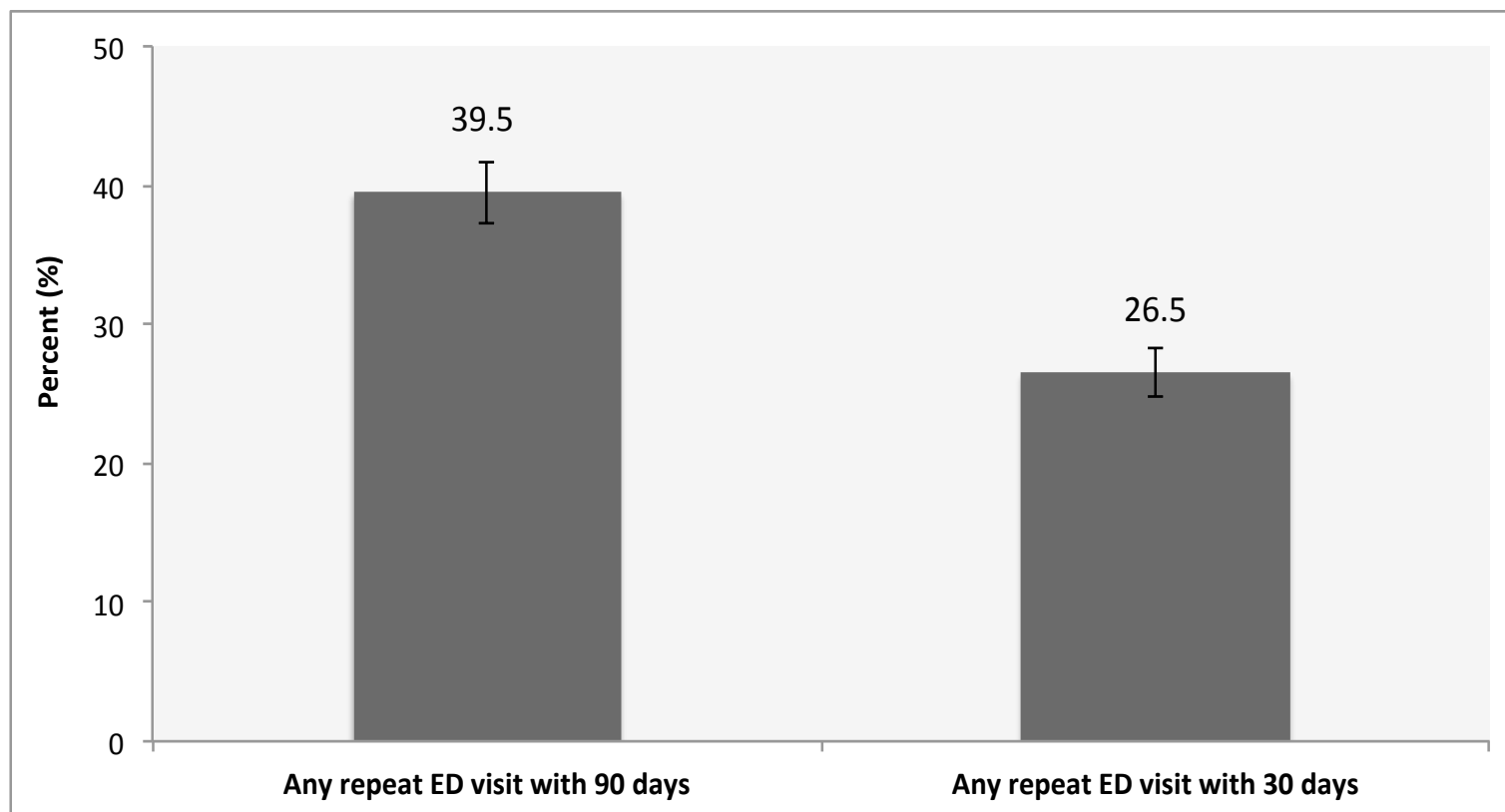
Prevalence of Selected Outcomes among ED Patients Admitted to Acute Care, MOPED Study (N=1,083)



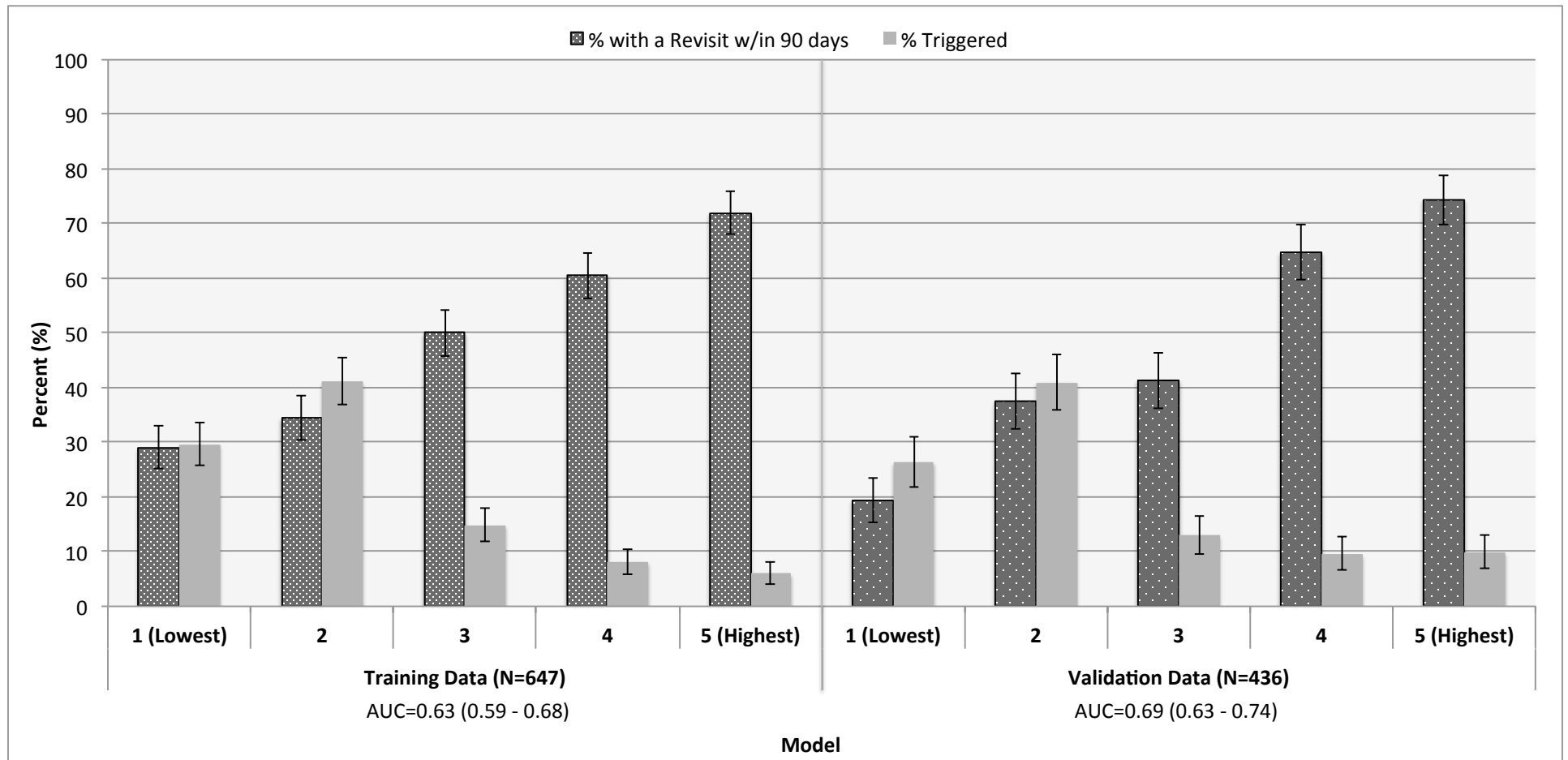
Performance of the “*Institution Risk*” Scale in Derivation and Validation Samples, ALC or LTC dx, among admitted ED patients, MOPED Study



Selected Outcomes among ED Patients Discharged to a Private Dwelling, MOPED Study (N=875)



Performance of the “*ED Revisit*” Scale in Derivation and Validation Samples, Any Revisit to the ED within 90 days of Dx, among ED Patients Dx to a Private Dwelling, MOPED Study



Discussion

- Assessment and decision-making paradigms in EDs are not always closely aligned to their goals of care
 - The decision-support models can define an alternate paradigm for decision-making.
- The risks of post discharge outcomes are measureable
 - Adequate prediction for decision support
 - Can be used as work flow measures to notify primary care and community supports, or inpatient case management and specialized geriatrics

Main Strengths and Limitations

Strengths

- Large sample
- Comprehensive 'need level' covariates
- Objective outcomes
- Temporal design
- True validation

Limitations

- Proxy outcomes
- Lack of information on diagnoses

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Questions? ...Comments?

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