11 Development of a Geriatric Order Set in a Safety-Net Emergency Department

Lily Berrin, Julie Gesch

Objectives: To develop a standardized order set aimed at enhancing the comfort and safety of older patients by addressing common geriatric issues in a safety-net emergency department (ED).

Background: In the United States individuals aged 60 years and older account for 20% of all ED visits, or approximately 29 million visits annually. ED boarding is increasingly prevalent, particularly in safety-net hospitals. Older patients are especially susceptible to increased morbidity and mortality with prolonged ED stays.

Methods: We conducted a retrospective analysis of ED visits for patients aged 65 and older at Highland Hospital, an urban safety-net ED in Oakland, California, from January 1, 2023, to December 31, 2023. Data extracted from the electronic health record included total encounters, ED length of stay (LOS), patient disposition, and use of pharmacological and physical restraints. Additionally, we surveyed ED staff to assess current practices and identify areas for improvement in geriatric care. From this data we developed an evidence-based ED geriatric-specific order set, which was refined with input from a multidisciplinary team comprising ED physicians, nursing leadership, rehabilitation services, pharmacists, and the hospital's geriatrician.

Results: In 2023, the Highland Hospital ED saw an average of 716 patients aged 65 and older per month, representing 15% of total annual ED encounters. Hospital admission rates for this cohort were 25%, accounting for 34% of total admissions; notably, 38% of patients aged 85 and older were admitted. The average ED patient aged 65 and older spent an average of 13 hours in the ED; admitted patients aged 65 and older spent an average of 26 hours; and admitted patients with altered mental status spent 29 hours in the ED. A common theme in the staff survey was the lack of appropriate care given to older patients who spend a long time in the ED due to boarding.

Conclusion: The number of older patients seeking treatment and boarding in safety-net EDs is increasing. To improve ED care for this demographic we developed an evidence-based geriatric-specific order set. The order set includes sections on diet, medication reconciliation, analgesia guidelines, agitation management, mobility and activity recommendations, consultant referrals, safety measures, comfort items, and code status documentation. Our next step is to implement our order set and track care improvement.

12 Physician Attitudes on Integration of Prehospital Patient Care Report into Hospital Medical Record

Maren Smith, Caroline Given, Robert Katzer, Soheil Saddat, Julia Afrasiabi

Introduction: Pre-hospital information is a valuable resource that is often under-utilized by physicians. In both the emergency and inpatient settings, information about a patient's condition prior to their arrival at the hospital is fundamental to creating an optimal care plan. Historically, there has been no integration between pre-hospital providers' electronic patient care reports (ePCR) and the receiving hospital's electronic medical record (EMR). This study aims to assess provider attitudes towards the ePCR and patient care decisions before and after the integration of the ePCR and hospital EMR system. We hypothesize that this integration will cause an increase in accessibility and thus utilization of pre-hospital ePCR in patient care decision-making.

Methods: In 2023 our local academic health center implemented software that allowed pre-hospital documentation to be available to hospital staff within 30 minutes of patient arrival to the emergency department. Before the implementation of this new system, attendings, fellows, and residents from both emergency and internal medicine departments were surveyed on their current attitudes and behaviors regarding ePCR and clinical practice. The same survey was administered 6 months after implementation and responses were compared using a Wilcoxon signed-rank test.

Results: 66 physicians responded to the pre-survey including 39 (59.1%) from the emergency medicine (EM) department and 27 (40.9%) from the internal medicine (IM) department. 52 physicians completed the post-survey, including 33 (63.5%) EM physicians and 19 (36.5%) IM physicians. Change in rank was significant ($p<0.01$) for the following categories: knowledge of accessing the ePCR, ability to access the ePCR, ease of accessing the ePCR, time to access the ePCR, and frequency of accessing the ePCR. Change in rank was insignificant for: importance of ePCR in patient care, importance of ePCR in medical decision making, assessment of whether the ePCR would be used more frequently if it were easier to access.

Conclusion: Pre and post survey responses regarding accessibility did exhibit a significant change in rank, while the importance of the ePCR on clinical decision-making did not differ significantly. This suggests that while system integration increased accessibility to pre-hospital information, it did not significantly alter patient care decision making by in-hospital physicians.