

"Education is the most powerful weapon which you can use to change the world."

NELSON MANDELA

NURSE Just another word to describe a person strong enough to tolerate everything and soft enough to understand everyone.

GILLIAN COREY CNM2 ALERT

NURSE 32 YEARS

O

MOTHER 23 YEARS

RESEARCH NURSE 3 YEARS

If we knew what it was we were doing, it would not be called research, would it? Albert Einstein



A NURSE AND PHYSIOTHERAPY-LED TRANSITION TO HOME INTERVENTION FOR OLDER ADULTS FOLLOWING DEPARTMENT DISCHARGE: A PILOT FEASIBILITY RANDOMISED CONTROLLED TRIAL

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HOW WE GOT HERE??

SOAED

- Predictive accuracy of screening tools to determine frailty and adverse events at 30 days and 180 days
- Prospective cohort study on pts over 65 in UHL ED
- 4 screening tools administered by RN over 7 months Sept 2019 to March 2020
- Tools were ISAR, PRISMA 7, InterRAI ED and CFS
- 421 participants were recruited
- The ISAR was found to be the most predictive of adverse outcomes: mortality rates, ED re-attendance, hospital readmission, functional decline and institutionalisation.



- Randomised control trial of over 75s who present to the ED and were screened as frail (implementing the validated ISAR tool)
- Study ran from Oct 2020 to May 2021
- The intervention group got a dedicated comprehensive interdisciplinary assessment
- The control group underwent usual care
- 229 participants were recruited
- Still analysing results but high mortality rates due to covid as we recruited through 3 covid waves
- Have shown some positive results for certain cohorts



INTRODUCTION

Background:

Older adults frequently attend the emergency department (ED) and experience high rates of adverse outcomes following ED presentation including functional decline, ED re-presentation and unplanned hospital admission. Our aim was to evaluate the feasibility of a physiotherapy and nurse-led integrated care intervention for older adults discharged from the ED (ED-PLUS).

Aim:

Examine the feasibility of implementing a 6-week transitional intervention delivered both face to face and via telephone support for older adults discharged from the ED (ED PLUS).











METHODS

- Older adults presenting to the ED with undifferentiated medical complaints and discharged within 72 hours were computer randomised in a ratio of 1:1:1 to deliver usual care, Comprehensive Geriatric Assessment (CGA)
- in the ED, or ED PLUS.
- ED PLUS is an evidence based and stakeholder informed intervention to bridge the care transition between the ED and community by initiating a CGA in the ED and implementing a six week, multi component, self management programme in the patient's own home.
- Feasibility (recruitment and retention rates) and acceptability of the programme were assessed quantitatively and qualitatively. Functional decline was examined post-intervention using the Barthel Index. All outcomes were assessed by a research nurse blinded to group allocation.





Routine

PLUS

CGA

Week	1	2	3	4	5	6	7 (30 davs)	8 (180 davs)
Nurse assessment and recruitment								
Physiotherapist Home visit								
Physiotherapist telephone call		No. 1	1000		A.			
Geriatrician phone call		Par a						
Dietitian phone call								
Occupational therapist phone call					No.			
Nurse phone call at 30 days							No.	
Nurse phone call at 180 days								

Barthel Index of Activities of Daily Living

Instructions: Choose the scoring point for the statement that most closely corresponds to the patient's current level of ability for each of the following 10 items. Record actual, not potential, functioning. Information can be obtained from the patient's self-report, from a separate party who is familiar with the patient's abilities (such as a relative), or from observation. Refer to the Guidelines section on the following page for detailed information on scoring and interpretation.

The Barthel Index

Bowels

0 = incontinent (or needs to be given enemata) 1 = occasional accident (once/week) 2 = continent Patient's Score: _____

Bladder

0 = incontinent, or catheterized and unable to manage 1 = occasional accident (max. once per 24 hours) 2 = continent (for over 7 days)

Patient's Score:

Grooming

0 = needs help with personal care 1 = independent face/hair/teeth/shaving (implements provided) Patient's Score: _____

Toilet use

0 - dependent 1 = needs some help, but can do something alone

2 = independent (on and off, dressing, wiping) Patient's Score: _____

Feeding

0 = unable 1 = needs help cutting, spreading butter, etc. 2 = independent (food provided within reach)

Patient's Score:

(Collin et al., 1988)

Scoring:

Sum the patient's scores for each item. Total possible scores range from 0 - 20, with lower scores indicating increased disability. If used to measure improvement after rehabilitation, changes of more than two points in the total score reflect a probable genuine change, and change on one item from fully dependent to independent is also likely to be reliable.

Sources:

- Collin C, Wade DT, Davies S, Horne V. The Barthel ADL Index: a reliability study. Int Disabil Stud. 1988;10(2):61-63.
- Mahoney FI, Barthel DW, Functional evaluation: the Barthel Index. Md State Med J. 1965;14:61-65.
- Wade DT, Collin C. The Barthel ADL Index: a standard measure of physical disability? Int Disabil Stud. 1988;10(2):64-67.

Stairs 0 = unable1 = needs help (verbal, physical, carrying aid) 2 = Independent up and down Patient's Score:

Bathing 0 = dependent 1 = independent (or in shower) Patient's Score:

Total Score:

1 = major help (one or two people, physical), can sit 2 = minor help (verbal or physical) 3 = Independent Patient's Score:

0 = unable - no sitting balance

Mobility

0 = immobile

Dressing

0 - dependent

Patient's Score:

Patient's Score:

Transfer



1 - needs help, but can do about half unaided

2 - independent (including buttons, zips, laces, etc.)



RECRUITMENT ISSUES

- 10 different reasons
- Total of 48 patients approached but not recruited



- 5 in too late (after 2)
- 2 living too far away
- 4 not enough time to approach
- 3 ISARs 1
- 21 admitted delirium covid + High DDimers collaspe fall weakness
- 1 home not suitable (Alcohol abuse)
- 1 not vaccinated
- 6 did not wait (doc took too long to come down)
- 2 too late to be included
- 3 waiting to be seen by ED Doc





- 29 participants were recruited, indicating 97% of our recruitment target.
- 90% of participants completed the ED-PLUS intervention.

RESULTS

All participants expressed positive feedback about the intervention.



• The incidence of functional decline at 6 weeks was 10% in the ED-PLUS group versus 70-89% in the usual care and CGA-only groups.





Conclusion:



- High adherence and retention rates were observed among participants and preliminary findings indicate a lower incidence of functional decline in the ED-PLUS group.
- Recruitment challenges existed in the context of COVID-19. Data collection is ongoing for six-month outcomes.
- With such a low incidence of functional decline at 6 weeks we need to look at replicating this on a greater scale.



• Is this our way forward?











