

impact of the change in the top five highest admitters at the biggest three hospitals estimated an annualized beds savings of 25.3 beds.

Keywords: hospital admissions, physician performance, quality improvement and patient safety

MP32

Mid-morning huddle: a coordinated team approach to facilitating disposition of older adults

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Background: Older adults in the emergency department (ED) take an increasingly larger portion of resources, have increased length of stay and a higher likelihood of adverse outcomes. In many cases bad planning, multiple vague handovers, and lack of coordinated care exacerbate this problem. With the impending onset of our aging population this is a situation that can be expected to compound in complexity in the years to come. **Aim Statement:** We describe daily interdisciplinary review of ED patients over the age of 75 years (or otherwise identified as a challenging discharge) to discuss barriers and facilitators to discharge/disposition. We will use data to identify the impact of this particular population to ED flow. **Measures & Design:** This initiative developed from our participation in the Acute Care of the Elderly (ACE) Collaborative and applies Plan/Do/Study/Act (PDSA) cycles and run reports to compare: length of stay; Identification of Seniors at Risk (ISAR) screening tool; ED census, admission/discharge rates, bounce back rates, consulting services, and interdisciplinary participation. **Evaluation/Results:** The average daily census of our ED between the months of July-October of 2018 was over 211 patients/day, of which over 12% were patients 75 years and older. We conducted over 70 huddles, reviewing an average of 11 patients per day. The average length of stay for patients at the time of the huddle was 19 hours, significantly higher than the general emergency population. Next day admission and discharge rates were comparable, 44.8% and 43.1% respectively with the additional patients remaining in the ED with no disposition. Internal medicine was consulted on 30% of all huddle patients and 38.4% subsequently admitted. Thirty day bounce back rates for huddle patients discharged home was 29.3%. Around 60% of patients 75 and older were screened with the ISAR and 55.7% of these were positive (2 or more questions). **Discussion/Impact:** Older patients consume a disproportionate amount of ED resources. Daily interdisciplinary 'geriatric huddles' improved communication between members of the ED team and with consulting services. The huddles enhanced awareness of the unique demands that older adults place on the flow of the ED, and identified opportunities to enhance patient flow.

Keywords: emergency department flow, geriatric patients, quality improvement and patient safety

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Predictors of delirium in older patient at the emergency department: a prospective multicentre derivation study

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Introduction: Delirium is a frequent pathology in the elderly presenting to the emergency department (ED) and is seldom recognised.

This condition is associated with many medical complications and has been shown to increase the hospital length-of-stay. The objective of this study was to identify the predictor factors of developing delirium in this high-risk population. **Methods:** Design: This study was part of the multicenter prospective cohort INDEED study. **Participants:** Patients aged 65 and older, initially free of delirium and with an ED stay of 8h or longer, were followed up to 24h after ward admission. **Measures:** Clinical and demographic variables were collected by interview and chart review. A research professional assessed their delirium status twice daily using the Confusion Assessment Method (CAM). **Analyses:** A classification tree was used to select predictors and cut-points that minimized classification error of patients with incident delirium. After literature review, nineteen predictors were considered for inclusion in the model (eight non-modifiable and eleven modifiable factors). **Results:** Among the 605 patients included in this study, incident delirium was detected by the CAM in 69 patients (11.4%). In total, fourteen variables were included in a preliminary model, of which six were intrinsic to the patient and eight were modifiable in the ED. Variables with the greatest impact in the prediction of delirium includes age, cognitive status, ED length of stay, autonomy in daily activities, fragility and mobility during their hospital stay. The diagnostic performance of the model applied to the study sample gave a sensitivity of 78.3% (95% CI: 66.7 to 87.3), a specificity of 100.0% (95% CI: 99.3 to 100.0), a PPV of 100.0% (95% CI: 93.4 to 100.0) and a NPV of 97.3% (95% CI: 95.6 to 98.5). **Conclusion:** The delirium risk model developed in this study shows promising results with elevated sensitivity and specificity values. Considering the limited ability to predict and detect delirium among physicians, the potential increase in sensitivity provided by this tool could be beneficial to patients. This model will ultimately serve to identify high-risk patients with the goal of developing strategies to alter modifiable risk factors and subsequently decrease the incidence of delirium in this population.

Keywords: delirium, elderly, emergency department

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Elder abuse in the emergency department: a systematic scoping review

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Introduction: This systematic scoping review aims to synthesize the available evidence on the epidemiology, risk factors, clinical characteristics, screening tools, prevention strategies, interventions and knowledge of health care providers regarding elder abuse in the emergency department (ED). **Methods:** A systematic literature search was performed using three databases (Medline, Embase and Cochrane Library). Grey literature was scrutinized. Studies were considered eligible when they were observational studies or randomized control trials reporting on elder abuse in the prehospital and/or ED setting. Data extraction was performed independently by two researchers and a qualitative approach was used to synthesize the findings. **Results:** A total of 443 citations were retrieved from which 58 studies published between 1988 and 2018 were finally included. Prevalence of elder abuse following an ED visit varied between 0.01% and 0.03%. Reporting of elder abuse to proper law authorities by ED physicians varied between 2% to 50% of suspected cases. The most common