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UNIVERSITY OF SAN DIEGO

Hahn School of Nursing and Health Science

DOCTOR OF NURSING PRACTICE

Improving Completion Rate of Identifying Seniors At Risk (ISAR) Screening Tool in
Emergency Department (ED) Setting

by

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A Doctor of Nursing Practice Portfolio presented to the
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Abstract

Background: Patients age 65 and older are identified as being an at-risk population for readmissions to the hospital within 30 days. Evidence based practice has shown that completing the Identifying Seniors At Risk (ISAR) screening tool can help to identify the needs of these patients so they can age in place at home with the proper resources. The screening tool consists of 6 questions. A score of 3 or more on the ISAR is deemed high-risk and a consult with case management should be considered. The average completion rate in an emergency department was identified as being 33%. The goal of this project was to increase nurses completing the ISAR screening tool to 80% in the emergency department for these patients.

Methods: An in-service education on what the ISAR screening tool is and the importance of completing the screening tool to improve patient outcomes was done. Data was collected for three months prior to the in-service and data was collected for two months post in-service. The data included the average completion rate of the screening tool. Education was provided to all new employees during that time period, or those that returned to work after an extended period of time.

Results: For three months (August – October) it was identified that the average completion rate of the ISAR screening tool was 33%. An in-service was provided to staff during the last 2 weeks of October. The two months post in-service (November – December), the average completion rate increased to 45%.

Conclusions: Although positive results were shown in the data collected, barriers related to the pandemic limited this project to reaching its goal. Given that there was an increase in completion rates, it is recommended that additional data be collected when barriers related to pandemic

subside. Once the completion rate is maintained, this project can be continued by tracking the number of readmissions post intervention.

Implications for Clinical Practice: Improves patient outcomes and allows for hospital to advocate for this high-risk population to age in place at home. The goal of completing ISAR is to reduce preventable hospital readmissions within 30 days of discharge. By decreasing preventable hospital readmissions it can decrease penalties which allow the opportunity for the hospital to provide more resources for high-risk patients.

Keywords: ISAR, emergency department, screening tool, hospital readmission

Improving Completion Rate of Identifying Seniors At Risk (ISAR) Screening Tool in Emergency Department (ED) Setting

Hospital readmissions within 30 days are extremely costly and account for more than \$17 billion avoidable Medicare expenses (Jencks et al., 2009). It was identified that a hospital's readmission rates within 30 days were above national benchmarks. Most readmissions at this specific hospital were elderly patients, and being that majority came to the emergency department, they can improve on identifying at-risk patients prior to discharge or admission. Evidence-based practice has shown that completing an Identifying Seniors At Risk (ISAR) screening tool for those that are 65 and older has the potential to aid in decreasing hospital readmission rates (Tavares et al., 2017). Identifying these high-risk patients can provide opportunities to provide resources to them that allow them to age in place at home. These resources can include and are not limited to: case management, home health, or assistive devices. Having the appropriate resources has proven to decrease preventable readmissions (Galvin et al., 2017). The ISAR includes 6 questions that are asked to the patient, and a score of 3 or higher indicates a high-risk for readmission (Tavares et al., 2017). It was identified that the current ISAR completion rate was around 33%, and purpose of this project was to improve the completion rate to at least 80%. This was to be achieved by doing an in-service education to all staff. Data was collected pre and post intervention, and no patient identifiers were used. For this project, the Iowa Model-Revised evidence-based practice model was used.

Methods

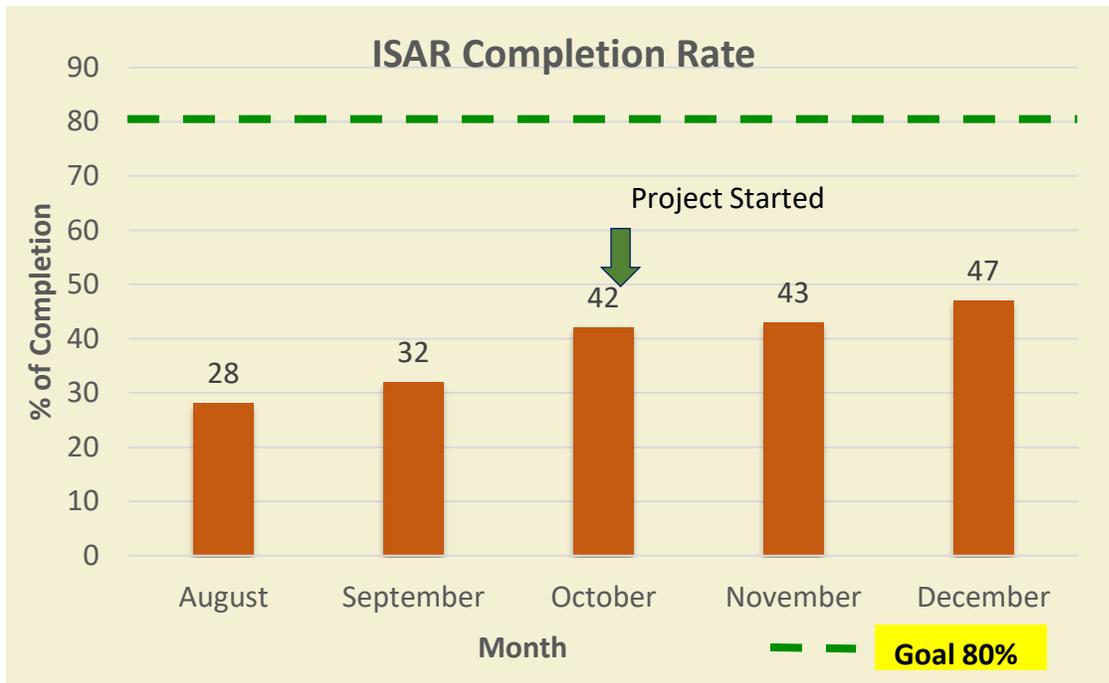
The goal of this project was to improve the completion rate of the ISAR screening tool to at least 80% in order to advocate for these high-risk patients. In order to improve this, data would

be collected pre and post intervention to see if there was an improvement or not in the completion rate. The first step was to create education materials that would be provided to staff in an in-service on what ISAR is and the purpose of using it in the emergency department setting. The education materials can be viewed in Appendix H & I. Once the educational materials were complete an in-service education was done for all staff, which included nurses, emergency department technicians and emergency physicians. An in-service was also done for any staff that was a new hire, returned from a leave of absence, or had difficulty completing the screening tool to identify potential barriers.

Results

Data was collected from August 2021 – December 2021. The data collected from August to mid-October identified the need for an improvement in the ISAR completion rate. An in-service was completed in the last two weeks of October 2021. The post in-service data collection identified the ISAR completion rate improved from an average of 33% to 45%, which is illustrated in Figure 1. Data was continued to be collected in November and December 2021. The intervention showed that it can improve completion rates, however it did not reach the goal of improving to 80%.

Figure 1-1

ISAR Completion Rate August 2021 – December 2021

Note: This figure represents the completion rate pre and post in-service education.

Discussion

The in-service did show that it improved completion rates of the ISAR screening tool, however it did not quite reach the goal of 80%. Barriers related to the pandemic limited this project to reach the goal. For example, right after the in-service there was a surge of patients, multiple staff went on a leave of absence due to getting infected with the COVID-19 virus, including the person carrying out the project and multiple staff leaving for travel assignments. This made it difficult to follow-up with staff and making sure everyone was getting the same education. Given that there was an increase in completion rates, it is recommended that additional data be collected when barriers related to the pandemic subside. This will allow to identify more barriers and work on ways to overcome these. Once the completion rate is

maintained, this project can be continued by tracking the number of readmissions post intervention.

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