

Streamlining a Geriatric and Anticoagulated Patient Protocol: The GAP Alert



Kyra Krueger, MS, APN, ACCNS-AG, CEN, CPEN, TCRN
Valerie McColligan, BSN, RN, TCRN, CCRN-K
Rochelle Armola, MSN, RN, CCRN, TCRN

Project Purpose

- Recognition of need for geriatric specific considerations
 - Concern for falls with potential head injury
- Opportunity for improvements
 - Trauma activation criteria
 - Resource utilization
 - Streamlined, consistent, and expedited care

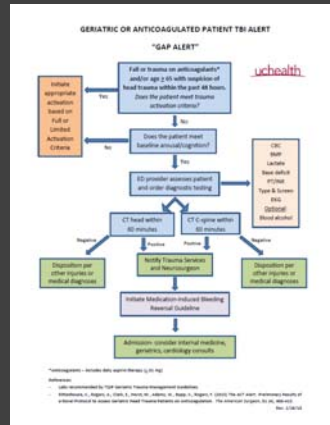
Data Utilized to Drive Change

- Resources used for trauma activations
- Number of trauma activations
- Inconsistencies in care practices
- Admission rates
- Identified injuries
- Time metrics

Process

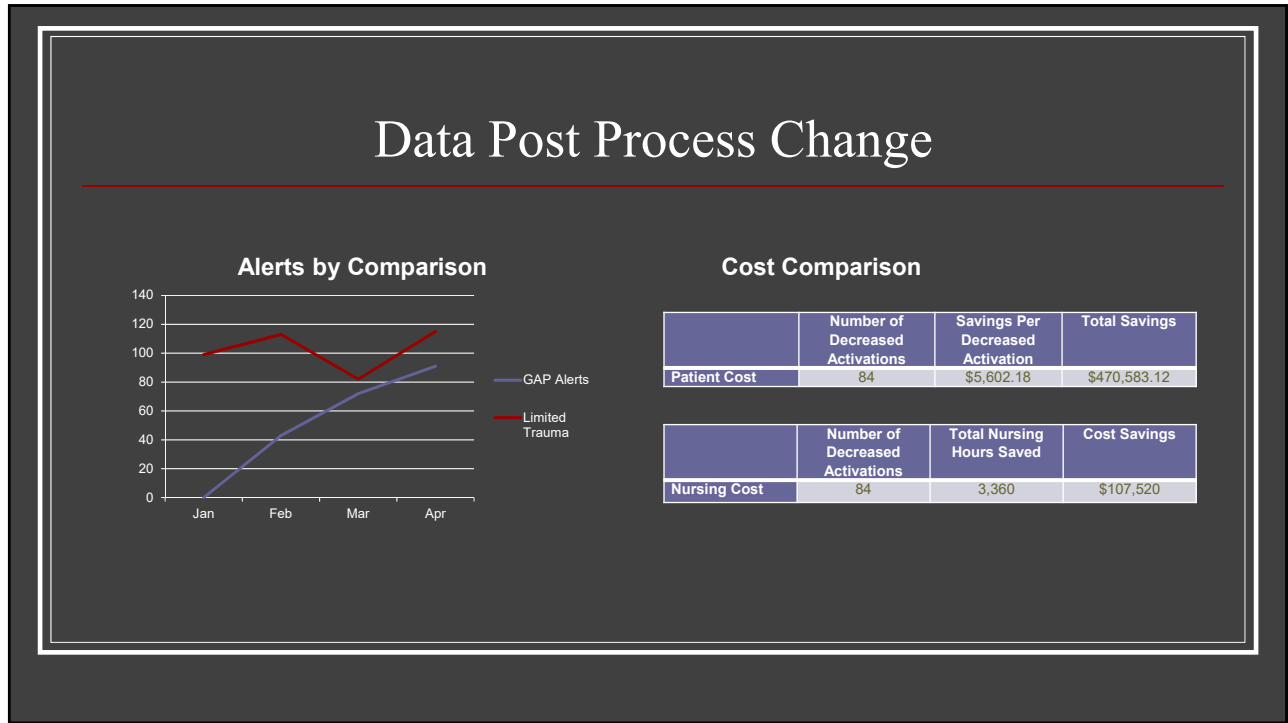
- Population
 - Patients \geq 65 years old, and/or on anticoagulants with suspicion of head injury
- Care pathway created
 - Laboratory and Radiology testing based off of literature
 - Expectations created
 - Education to staff including rapid identification
- Multidisciplinary leadership support

Screening Tool



Data Post Process Change

- 3 month pilot period
 - Compliance of pathway elements – 90%
 - 84/206 patients met previous activation criteria
 - Admission rates and injuries – 41%
- Resource utilization
 - Each GAP alert saved 40 minutes of nursing time – 3,360 hours
 - No automatic charge for a team activation
- GAP alert notification to CT start – 49 minutes



- ### Project Resolution or Next Steps
-
- Continue with data monitoring and tracking
 - Assessment of clinical relevance and effectiveness of pathway
 - 30-day readmissions for missed injuries
 - Modification to required laboratory studies
 - Potential interest from other organizations within system

Lessons Learned

- Confounding factor
 - Trauma activations decreased but then increased due to Level 1 announcement during end of pilot period
- Key multi-departmental leadership support was instrumental
- Data is necessary to show results