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Title

Early Prevention of Critical Illness in Older Adults: Adaptation and Pilot Testing of an Electronic Risk Score and Checklist

Priority 1 (Research Category)

Geriatrics

Presenters

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Abstract

Context: Given limited critical care resources and an aging population, early interventions to prevent critical illness are vital. In this interdisciplinary collaboration, primary care and critical care clinician researchers came together with informatics and implementation experts to design this communitybased pilot project. Objective: Evaluate implementation of an electronic scoring system (Elders Risk Assessment—ERA) to detect and an adapted risk-factor checklist (Checklist for Early Recognition and Treatment of Acute IllNess in Family Medicine – CERTAIN-FM) to assess older patients at high risk of critical illness in a primary care setting. Study Design and Analysis: The ERA score and CERTAIN-FM checklist were implemented between May and July 2023 to identify and assess all patients age ≥60 years at risk of critical illness during their primary care visits. At the end of the pilot period health care team members were surveyed to determine the success of the implementation efforts. Setting or Dataset: The study was conducted at a family medicine clinic in Kasson, MN with approximately 11,600 empaneled patients, 36 physicians (including 27 physicians in training), 2 nurse practitioners, and 26 nurses. Population Studied: Patients age ≥60 years with primary care office visits or telemedicine visits in May and June 2023 and their health care team members. Intervention/Instrument: Elders Risk Assessment (ERA) index and CERTAIN-FM. Outcome Measures: Acceptability, appropriateness, and feasibility were rated on 1-5 Likert scales. Adoption rate and reach were evaluated via review of completed checklists and EHR data extraction. Results: 19 of 64 team members participated in the postpilot survey. Mean ERA score acceptability was 3.35 (SD = 0.75), appropriateness was 3.38 (SD = 0.82), and feasibility was 3.38 (SD = 0.85). Mean CERTAIN-FM acceptability was 3.09 (SD = 0.64), appropriateness was 3.19 (SD = 0.59), and feasibility was 2.92 (SD = 0.76). The adoption rate was 50% (19/38) among clinicians, but the reach was low at 17% (49/289) of eligible patients. Conclusions: Results indicate moderate acceptability, appropriateness, and feasibility of the ERA score, and similar

ratings for the checklist, with slightly lower feasibility. While checklist adoption was moderate, reach was limited, indicating inconsistent use. We plan to use the open-ended survey responses to further modify the CERTAIN-FM checklist and implementation process.

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