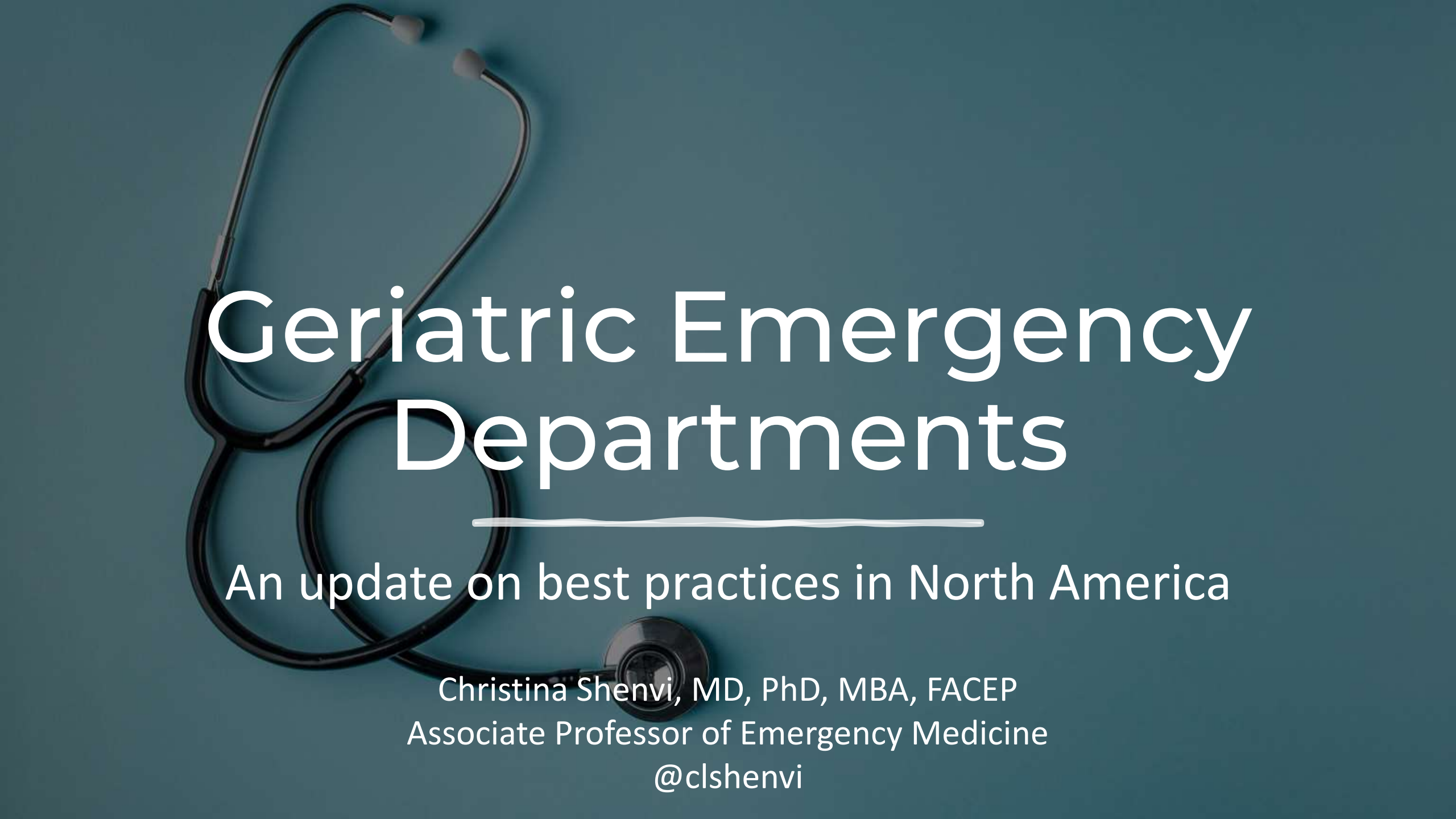


Geriatric Emergency Departments

An update on best practices in North America

Christina Shenvi, MD, PhD, MBA, FACEP
Associate Professor of Emergency Medicine
@clshenvi

What is an “older adult”

Older adults are defined as age 65 and over.

≠

What is an “older adult”

Older adults are defined as age 65 and over.

Geriatric Emergency Care

CHALLENGES

IN GERI EM CARE

OPPORTUNITIES

FOR IMPROVEMENT

WHAT

CAN INDIVIDUALS AND INSTITUTIONS DO?

Time for Q&A

Background

Fellowship trained in geriatric EM

Served on the ACEP GEDA Board of Governors for 2 years and as a reviewer an additional year

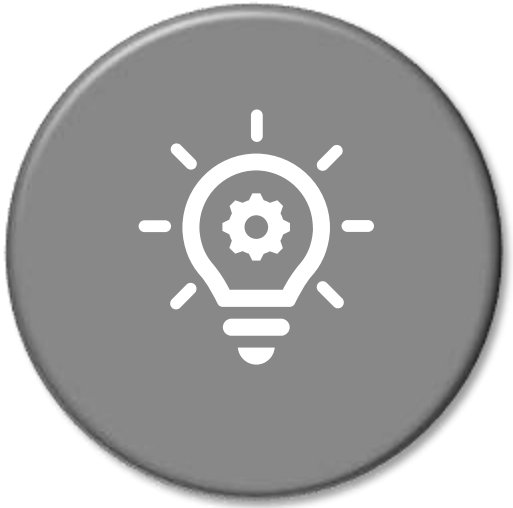
Consulted for ACEP on how to improve and streamline the GEDA application process and GEDC for a system GEDA

Geri medical director and physician champion of first Geriatric ED accredited in state of North Carolina

Geriatric Emergency Care

CHALLENGES

IN GERI EM CARE



OPPORTUNITIES

FOR IMPROVEMENT

WHAT

CAN INDIVIDUALS AND INSTITUTIONS DO?

Time for Q&A

Older adults need more resources

13% of the population

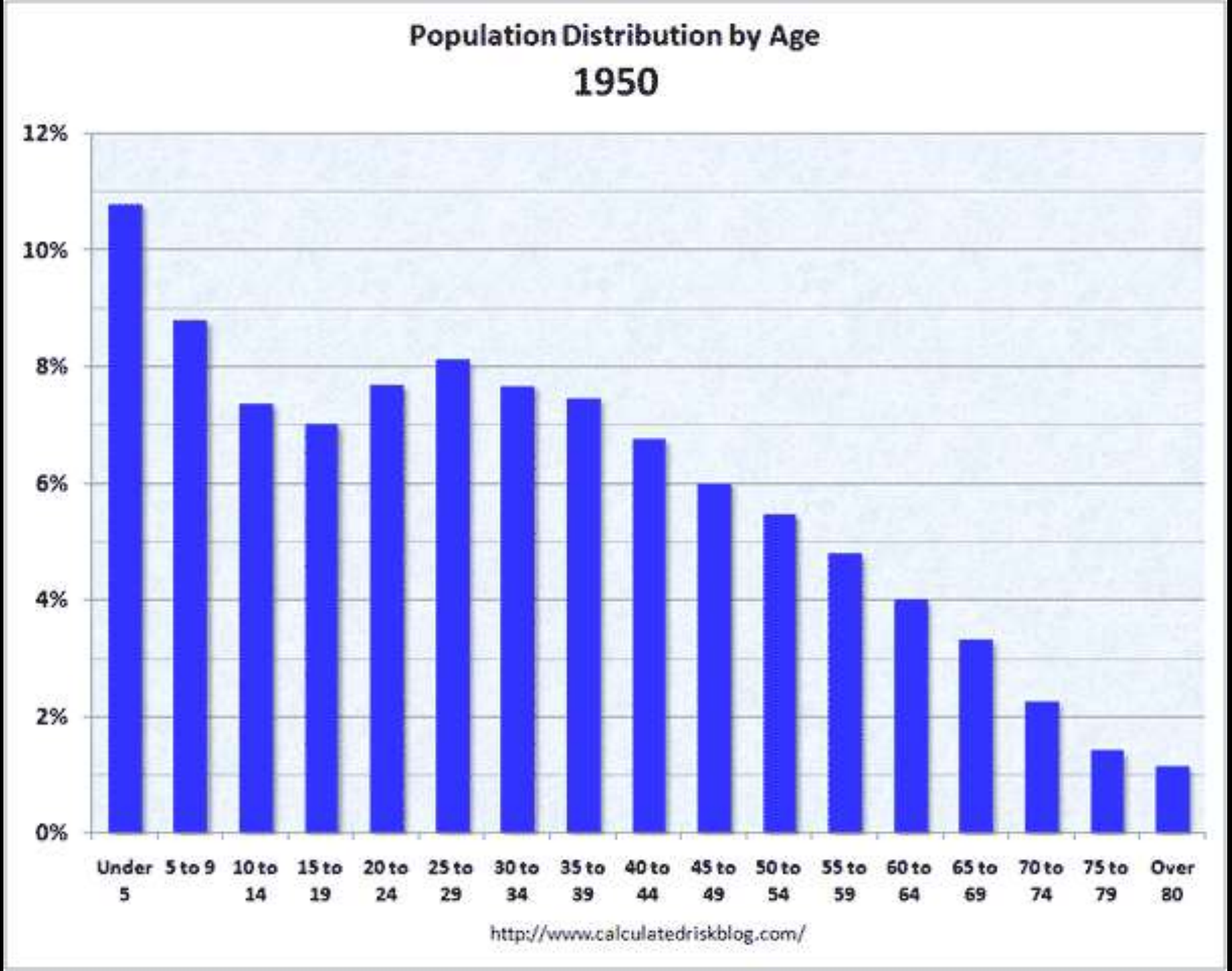
15% of ED visits

35% of EMS arrivals to ED

40% of ED hospital admissions

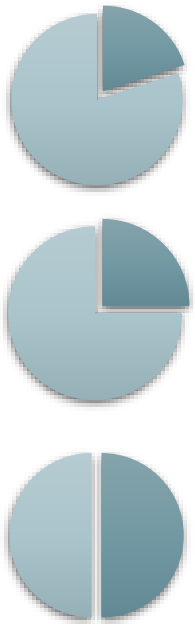
50% of ED critical care admissions

US Census Bureau, CDC Fast Stats, Mullins *et al. Acad Emerg Med* 2013 20:5


Population Distribution by Age
1950
12%
10%
8%
6%
4%
2%
0%
Under 5
5 to 9
10 to 14
15 to 19
20 to 24
25 to 29
30 to 34
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
75 to 79
Over 80
http://www.calculatedriskblog.com/

The population of older adults is increasing US 2030

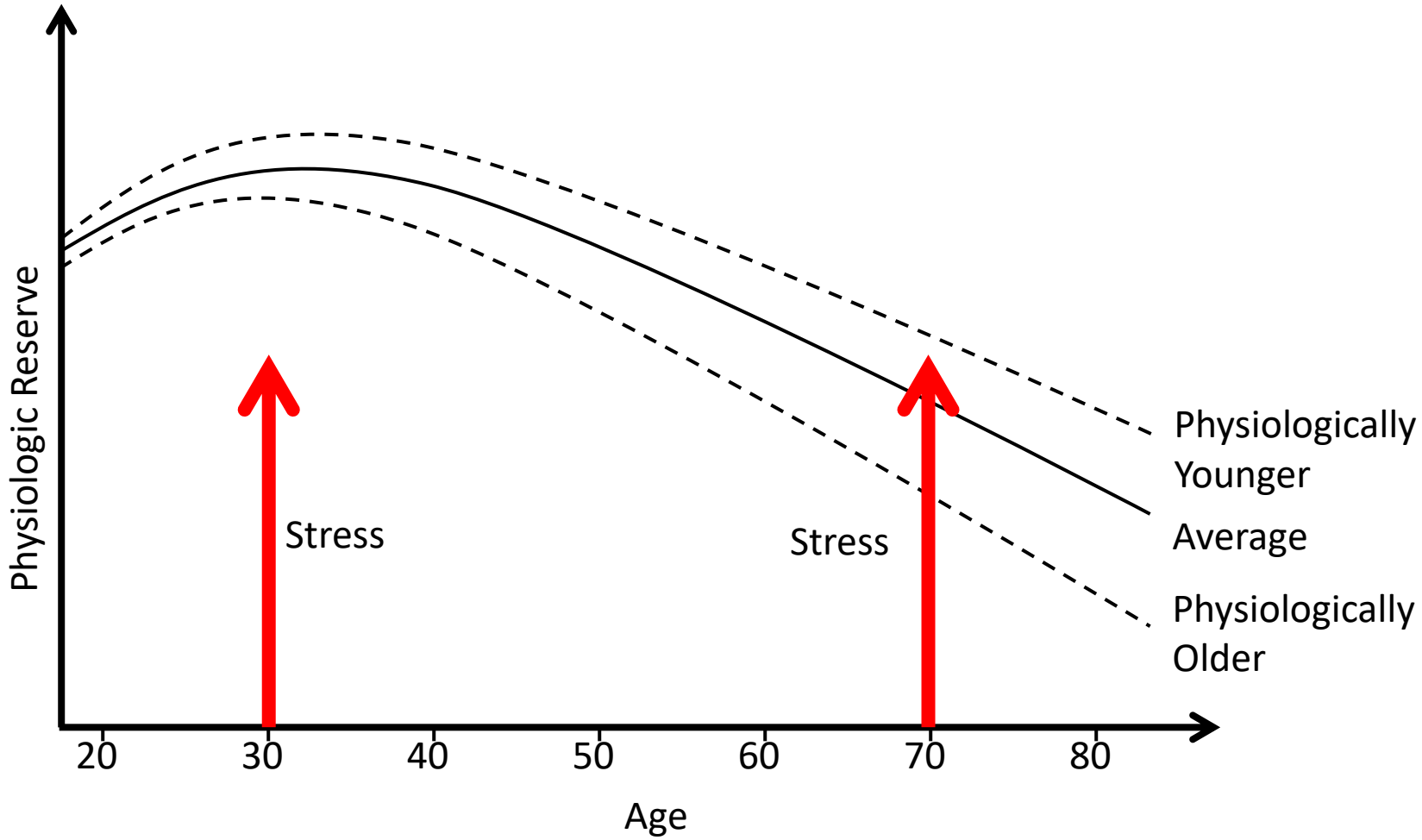
Older adults use the ED more per person than any other age group.



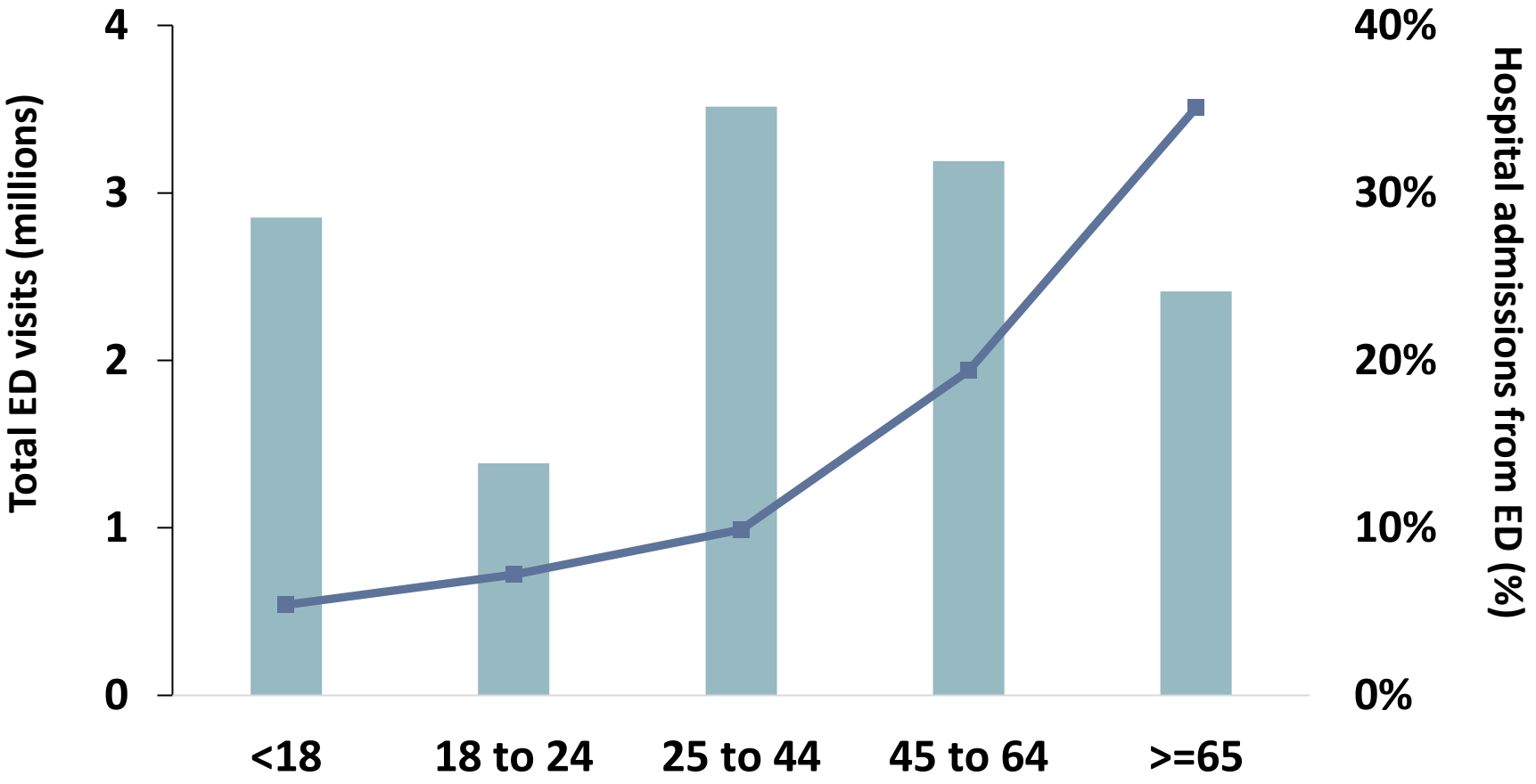
- 20% of the population
- 25% of ED visits
- 50% of EMS arrivals to ED

US Census Bureau; Wilber et al. Acad Emerg Med 2006 16; Platts-Mills et al. Prehosp Emerg Care 2010 14:3

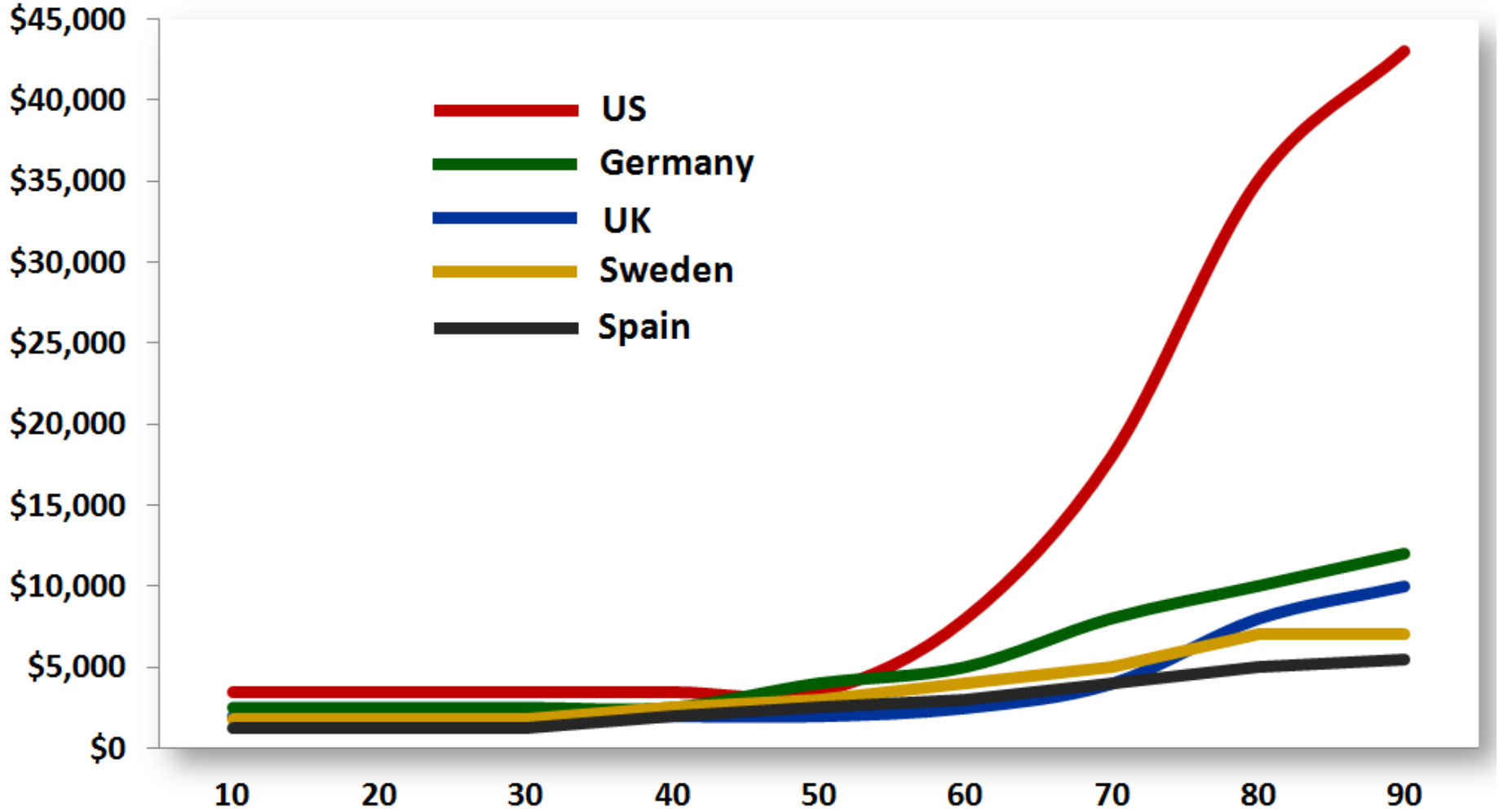
Age is a marker for loss of physiologic reserve



Older adults account for more hospital admissions



Annual healthcare costs increase dramatically at age 60



Munro, 2012 The Year in Healthcare Charts Forbes Magazine

What are the challenges of geriatric acute care

Population

20% of population ≥65 (in US) by 2030.

Costs

Rising costs of care and time in the ED.

Complexity & Time

More complex medical care and workups.

Screening

Screening for occult conditions needed.

Coordination

Transitions of care with home-based and outpatient services

Need for a paradigm shift

Diagnosis and management are often more challenging

Atypical presentations

- Less often have CP with ACS
- Less often have elevated WBC or temp with fever
- Classic VS values are less accurate

Diagnosis and management are often more challenging

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- Less often have elevated WBC or temp with fever
- Classic VS values are less accurate

Limitations in H&P

- Baseline dementia
- Delirium
- Need to obtain collateral information
- Limited info from SNF/ALF

Diagnosis and management are often more challenging

Atypical presentations

- Less often have CP with ACS
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Limitations in H&P

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- Delirium
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- Limited info from SNF/ALF

Medical complexity

- Multiple comorbidities and complex PMH
- Polypharmacy
- Higher risk for more severe pathology or complications

Problem:

- Distal radius fracture

Problem:

- Distal radius fracture

Hidden Problems:

- Falls risk
- Poor balance
- Vision loss
- Malnutrition or food insecurity
- Lack of transportation
- Polypharmacy
- Cognitive decline
- Delirium
- Inability to navigate care

Goal: A geriatric paradigm shift

Geriatric Emergency Care

CHALLENGES

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Time for Q&A

What is a geriatric ED?

MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT, AND PROGRAM DISSEMINATION

The Geriatric Emergency Department

Ula Hwang, MD, MPH,[*†] *and R. Sean Morrison, MD*[†‡]

With the aging of the population and the demographic shift of older adults in the healthcare system, the emergency department (ED) will be increasingly challenged with complexities of providing care to geriatric patients. The special care needs of older adults unfortunately may not be aligned with the priorities for how ED physical design and care is rendered. Rapid triage and diagnosis may be impossible in the older patient with multiple comorbidities, polypharmacy, and functional and cognitive impairments who often presents with subtle clinical signs and symptoms of acute illness. The use of Geriatric Emergency Department Interventions, structural and process of care modifications ad-

may help to address these challenges and thereby improve the quality of care of elderly people in the ED.

OLDER ADULTS AND THE ED

Although the aging population will affect all areas of health care, the ED is likely to be disproportionately affected. In 2002, approximately 58% of 75-year-olds had at least one visit to an ED, as compared to 39% of those of all ages, and ED use increased with increasing age.[3] Once in the ED, older patients are more likely to have an emergent or urgent condition, be hospitalized, and be admitted to a critical care

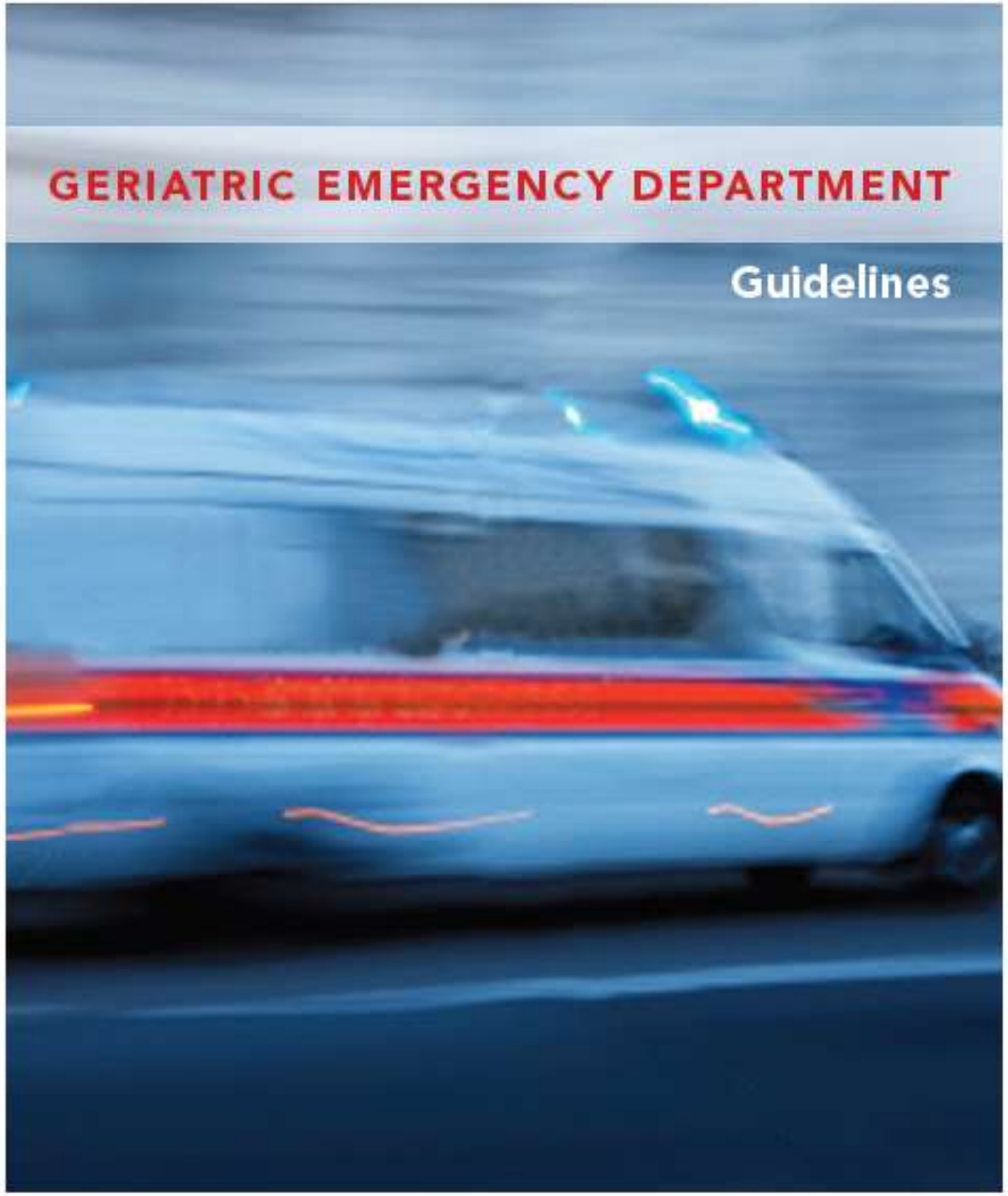
Geriatric EDs are a "recent" development

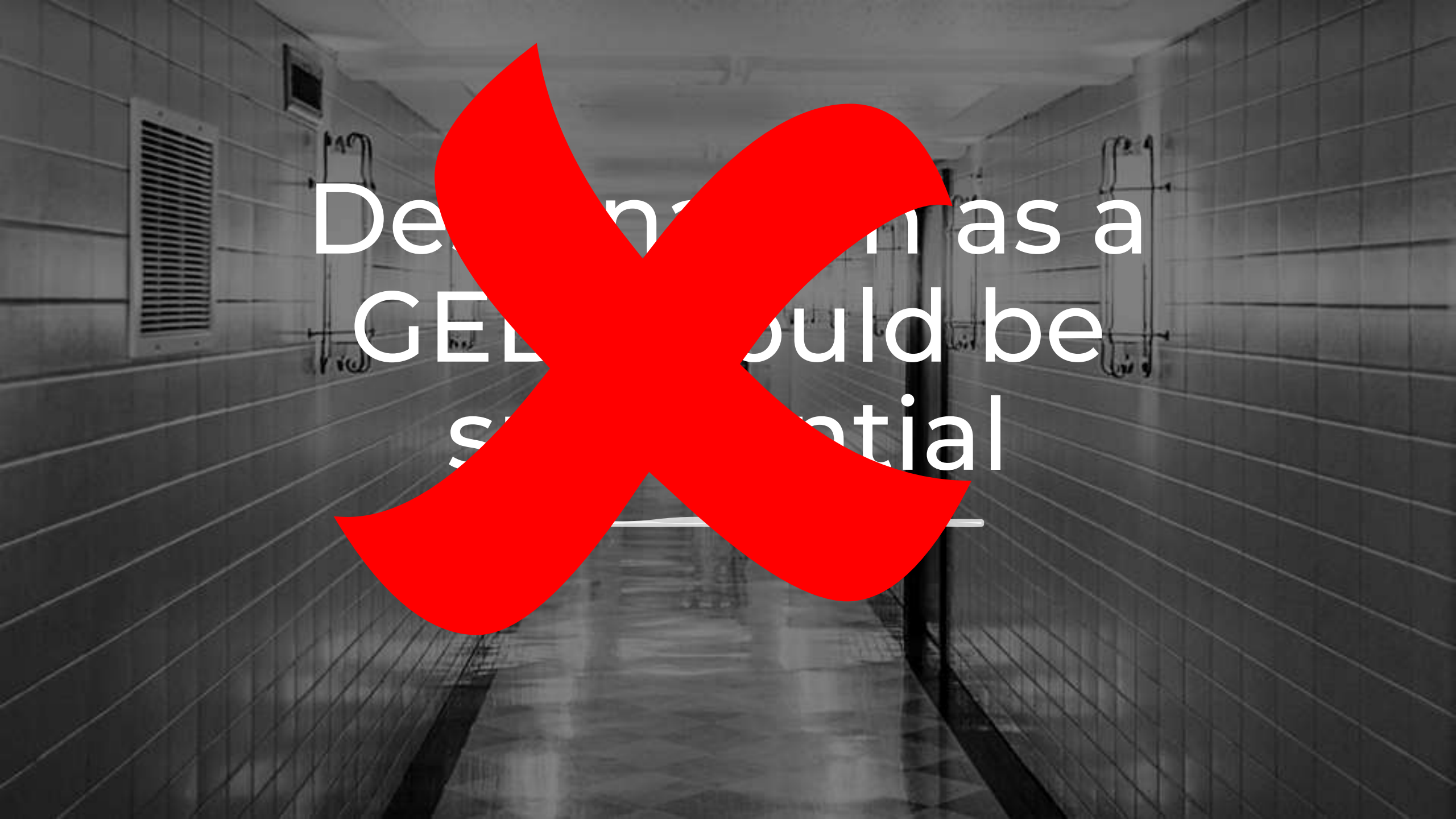
No Geriatric EDs at time of press in 2007
Paradigm shift of ED physical design and care eg. Pediatric EDs
Geriatric ED Interventions (GEDIs)

Hwang and Morrison, JAGS 2007 55(11) 1873-6

2014 Geriatric ED guidelines published

ACEP | AGS | ENA | SAEM

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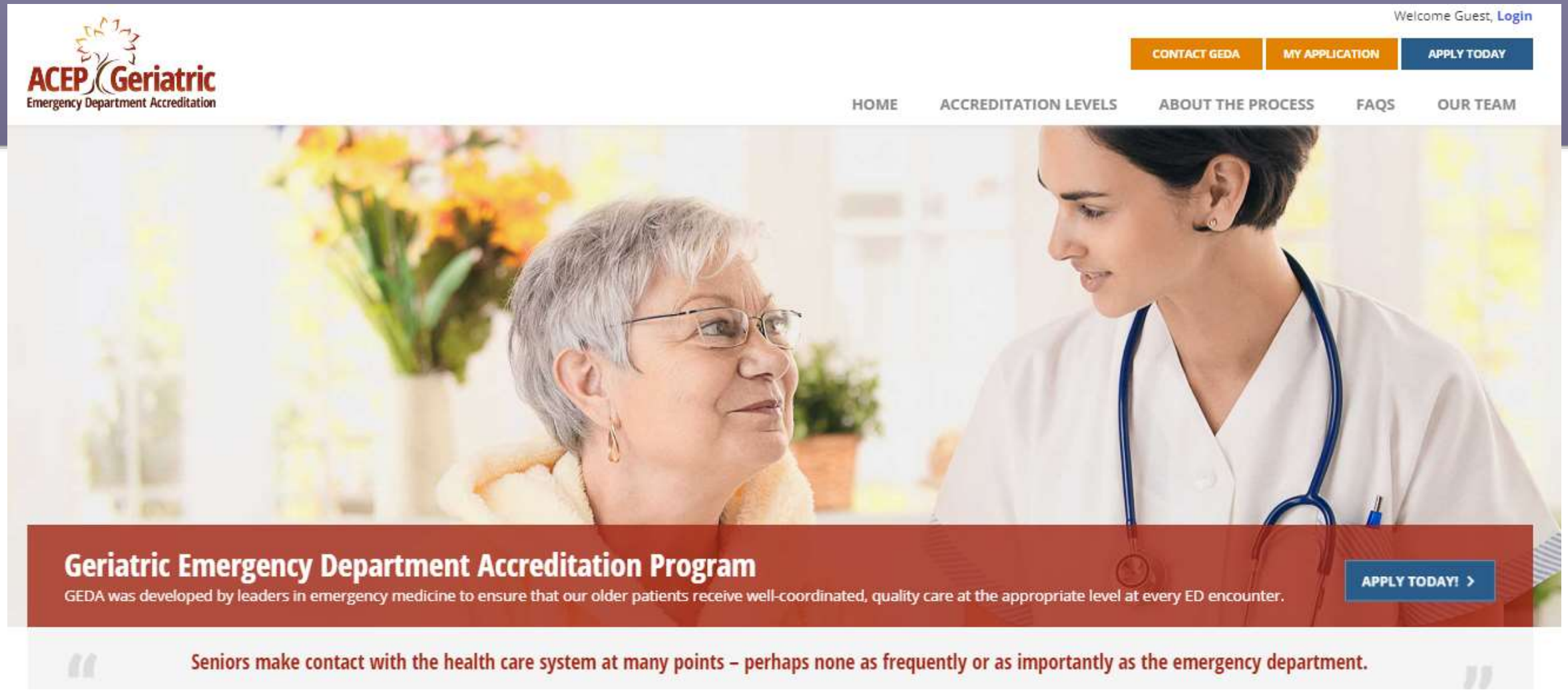
Geriatric ED accreditation began in 2018



www.acep.org/GEDA

Why becoming a geriatric-focused ED is a good idea for

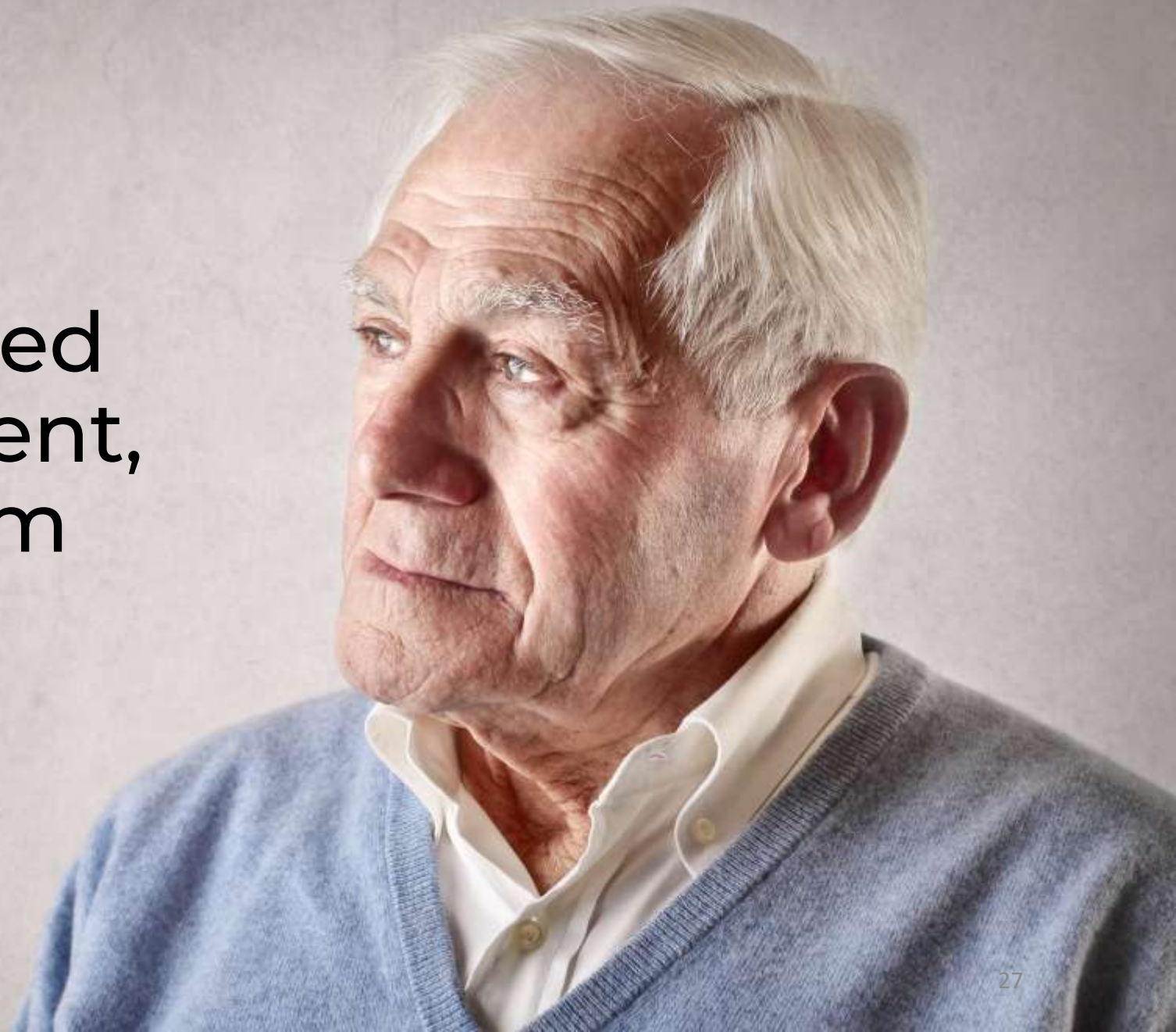
Your patients

Your physicians

Your hospital

Your healthcare system

Geriatric-focused care aligns patient, ED, and system goals



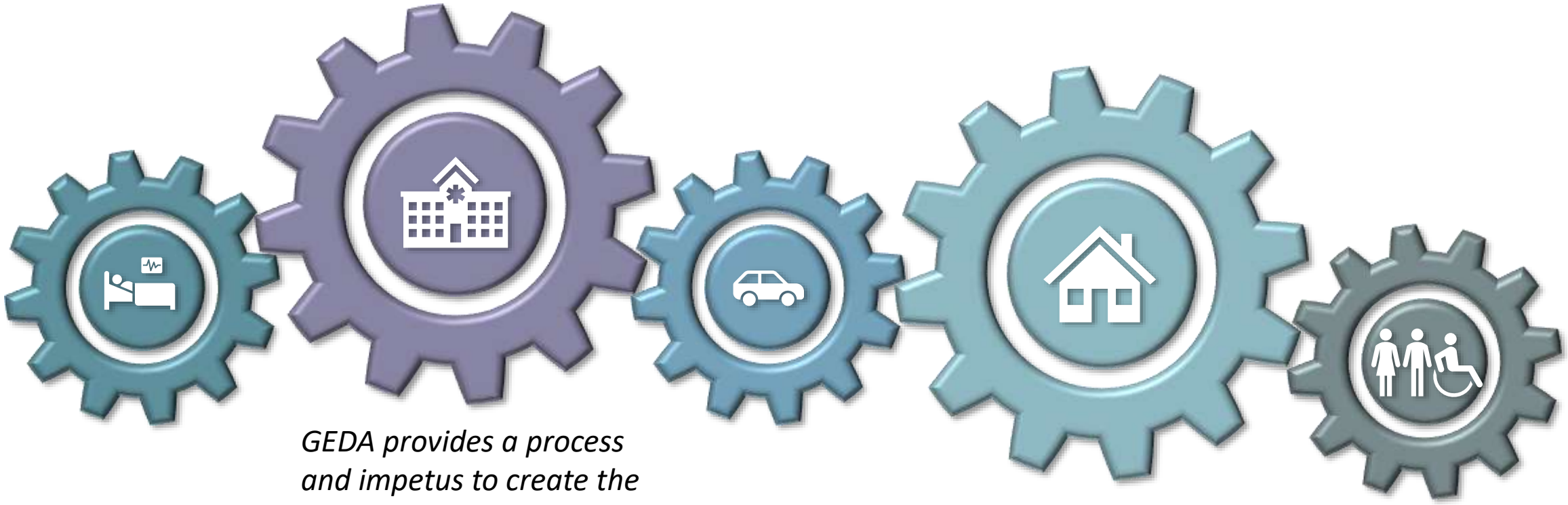
Patient needs:

- Diagnosis and management of fracture
- Safe pain control
- Transportation
- Coordination of care
- Communication with family or caregivers
- Mobility aids or wheelchair
- PT/OT
- Home health

Physician needs:

- Knowledge/education about med safety
- CM help
- Ability to easily refer for home services
- Ability to refer for or get PT/OT eval
- Manage quickly to see waiting patients
- SURVIVE

Systems need to be built before the patient arrives



GEDA provides a process and impetus to create the systems of care that you will need.

Why geriatric-focused care is a good idea

Why? – Hospital System

- Smoother transitions of care
- Value-based care alignment
- Potential reduced admissions
- Potential reduced costs
- Increased market share
- Recognition/advertising

Why? - Physician

- Pre-arranged systems of care
- Automatic screening & identification of patient needs
- Automatic referrals/consults
- Improved inter-disciplinary teamwork
- Potential improved job satisfaction

Why? - Patient

- Identification of occult needs or underlying problems
- Connection to needed home-based care or assistance
- Potential improved outcomes
- Potential improved independence and reduced hospitalizations

JAMA Network Open

Original Investigation | Emergency Medicine

Association of a Geriatric Emergency Department Innovation Program With Cost Outcomes Among Medicare Beneficiaries

Ula Hwang, MD, MPH; Scott M. Dresden, MD, MS; Carmen Vargas-Torres, MA; Raymond Kang, MA; Melissa M. Garrido, PhD; George Loo, DrPh; Jeremy Sze, MA; Daniel Cruz, BS; Lynne D. Richardson, MD; James Adams, MD; Amer Aldeen, MD; Kevin M. Baumlin, MD; D. Mark Courtney, MD, MSc; Stephanie Gravenor, MBA; Corita R. Grudzen, MD, MSHS; Gloria Nimo, RN, NP; Carolyn W. Zhu, PhD; for the Geriatric Emergency Department Innovations in Care Through Workforce, Informatics, and Structural Enhancement (GEDI WISE) Investigators

Why GED is a good idea for your patients

Transitional care nurse consult or SW trained in GEDI WISE program during index visit resulted in:

Mean Medicare savings of $2500-2900 per patient in the 30d after the index visit

Likely due to lower admission rates and HC utilization

Hwang et al, JAMA Network Open 2021

Geriatric Emergency Department Innovations: Transitional Care Nurses and Hospital Use

Ula Hwang, MD, MPH,[*†‡] *Scott M.Dresden, MD, MS,*[§] *Mark S. Rosenberg, DO, MBA,*[¶] *Melissa M. Garrido, PhD,*[†‡] *George Loo, MPA, MPH, DrPh,*[*] *Jeremy Sze, BS,*[*] *Stephanie Gravenor, MBA,*[§] *D. Mark Courtney, MD,*[§] *Raymond Kang, MA,*[**] *Carolyn W. Zhu, PhD,*[†‡] *Carmen Vargas-Torres, MA,*[*] *Corita R. Grudzen, MD, MSHS,*[††] *and Lynne D. Richardson, MD,*[*‡‡] *The GEDI WISE Investigators*

Why GED is a good idea for your patients

Transitional care nurse consult resulted in:

~ 10% reduced admission rate.

~ 8-14% reduced rate of any admission within 30 days

Hwang et al, JAGS 2018

MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT, AND PROGRAM DISSEMINATION

Association Between Physical Therapy in the Emergency Department and Emergency Department Revisits for Older Adult Fallers: A Nationally Representative Analysis

Adriane Lesser, MS, Juhi Israni, MS, Tyler Kent, and Kelly J. Ko, PhD

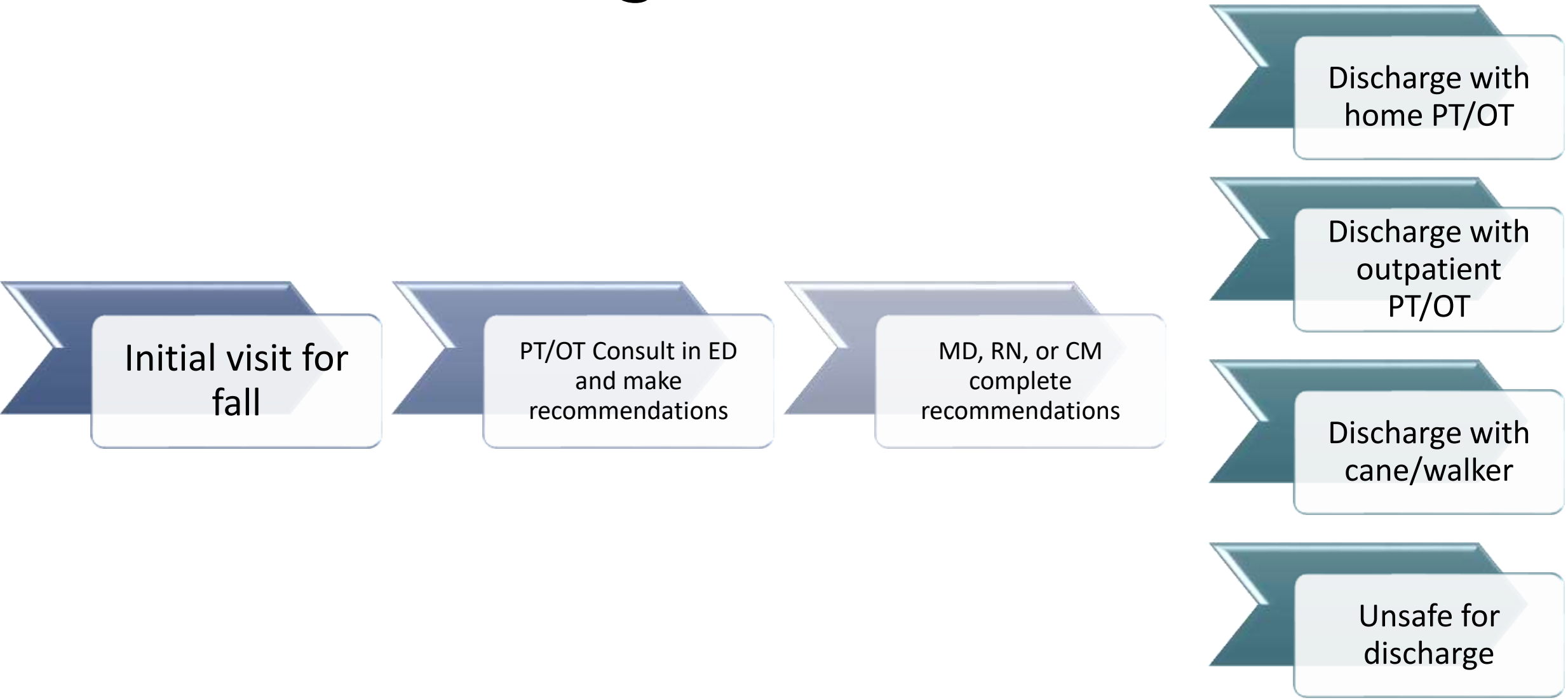
Why GED is a good idea for your patients

PT consult in the ED at index visit for fall resulted in:

~ 30% reduction in 30- and 60-day revisits for falls

Lesser et al, JAGS 2018

Example Protocol: Falls risk management



Why geriatric-focused care is a good idea for your physicians

- Pre-arranged systems of care or care transitions
- Triage or RN screening and identification of patient needs
- Streamlined referrals/consults
- Improved inter-disciplinary teamwork
- Leverage to advocate for needed resources
- Improved job satisfaction
- Leadership growth

Example Protocol: Delirium screening

Screening tools can detect delirium well

Triage Screening (DTS)

Altered LOC ***or*** Inattention

Brief Confusion Assessment Method (bCAM)

1. AMS or fluctuating course
2. Inattention
3. Altered LOC ***or*** Disorganized thinking

Han JH et al. Ann Emerg Med. 2013;62(5):457–465

Screening tools can detect delirium well

Triage Screening (DTS)

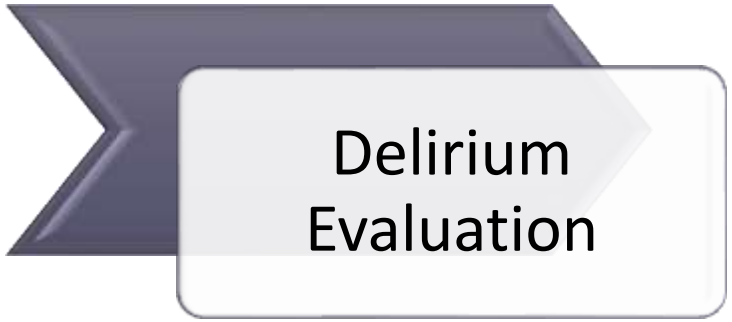
98% sensitive

Brief Confusion Assessment Method (bCAM)

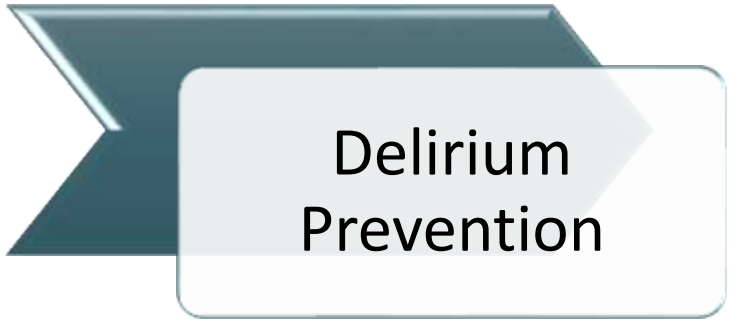
97% specific

Han JH et al. Ann Emerg Med. 2013;62(5):457–465

Example Protocol: Delirium Screening



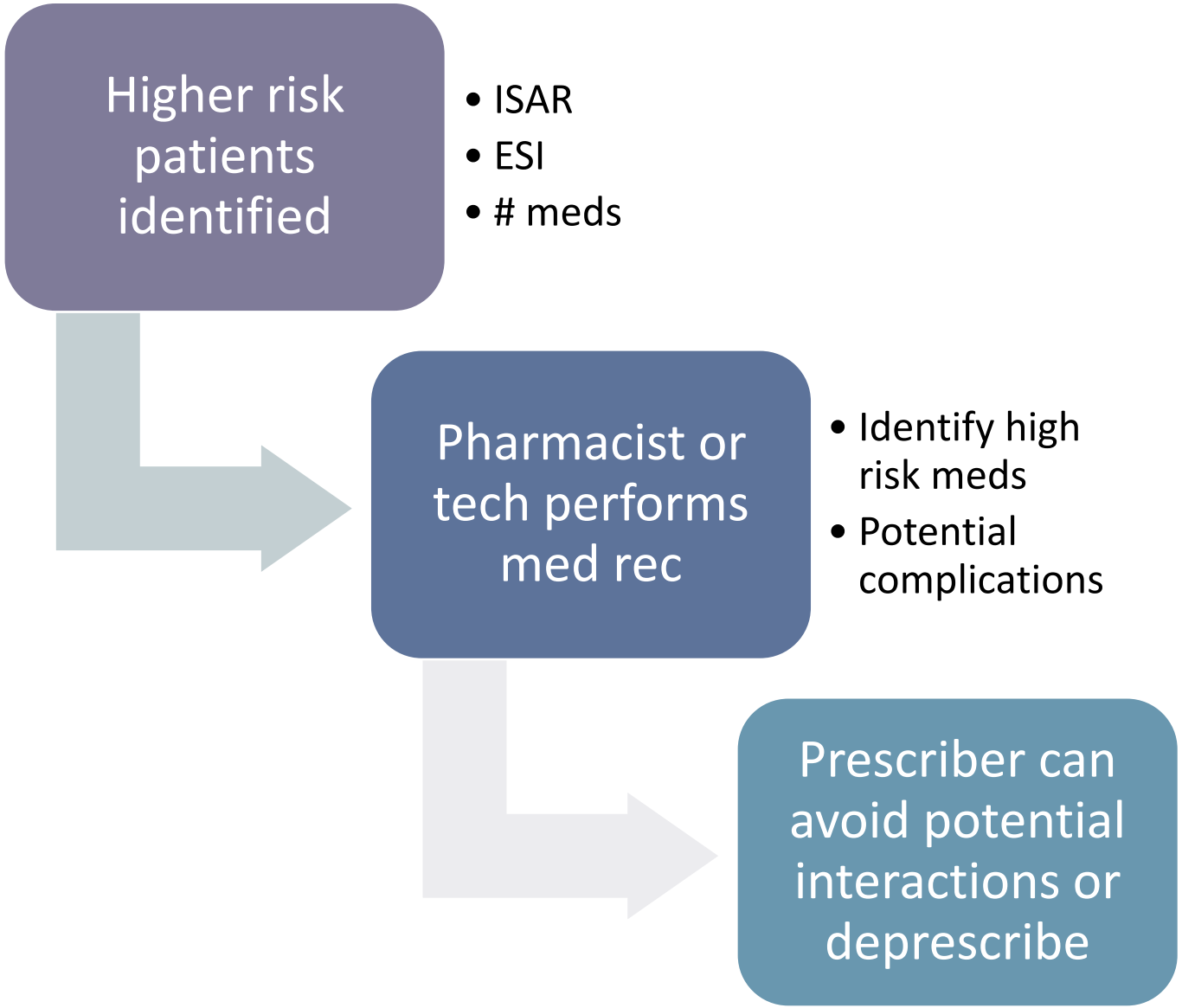
- Additional H&P
- Get collateral
- Medication evaluation
- Look for underlying cause (imaging, labs, etc)
- Treat as needed



- Protocols for ensuring hydration, food access, hearing/vision aids, pain management.
- Implement HELP processes (Hospital Elder Life Program)
- Specially-trained volunteers
- Coordination with PCP or inpatient team

Target your workup to likely causes

- Medications
- Infections
- Neurologic
- Metabolic disorders
- Cardiopulmonary
- Substance use/withdrawal
- Other medical causes
- Environmental/sensory changes



Example Protocol: Med reconciliation

Why GED is a good idea for your hospital system

- Decreased readmissions and revisits
- Reduced costs
- Alignment with value-based care
- Increased market share
- Better bed census management
- Greater community engagement and value
- Recognition and differentiation

Example Protocol: Transitions of care

Higher risk patients ≥ 65
ISAR >3 or recent admission

Geriatric Emergency Care

CHALLENGES

IN GERI EM CARE

OPPORTUNITIES

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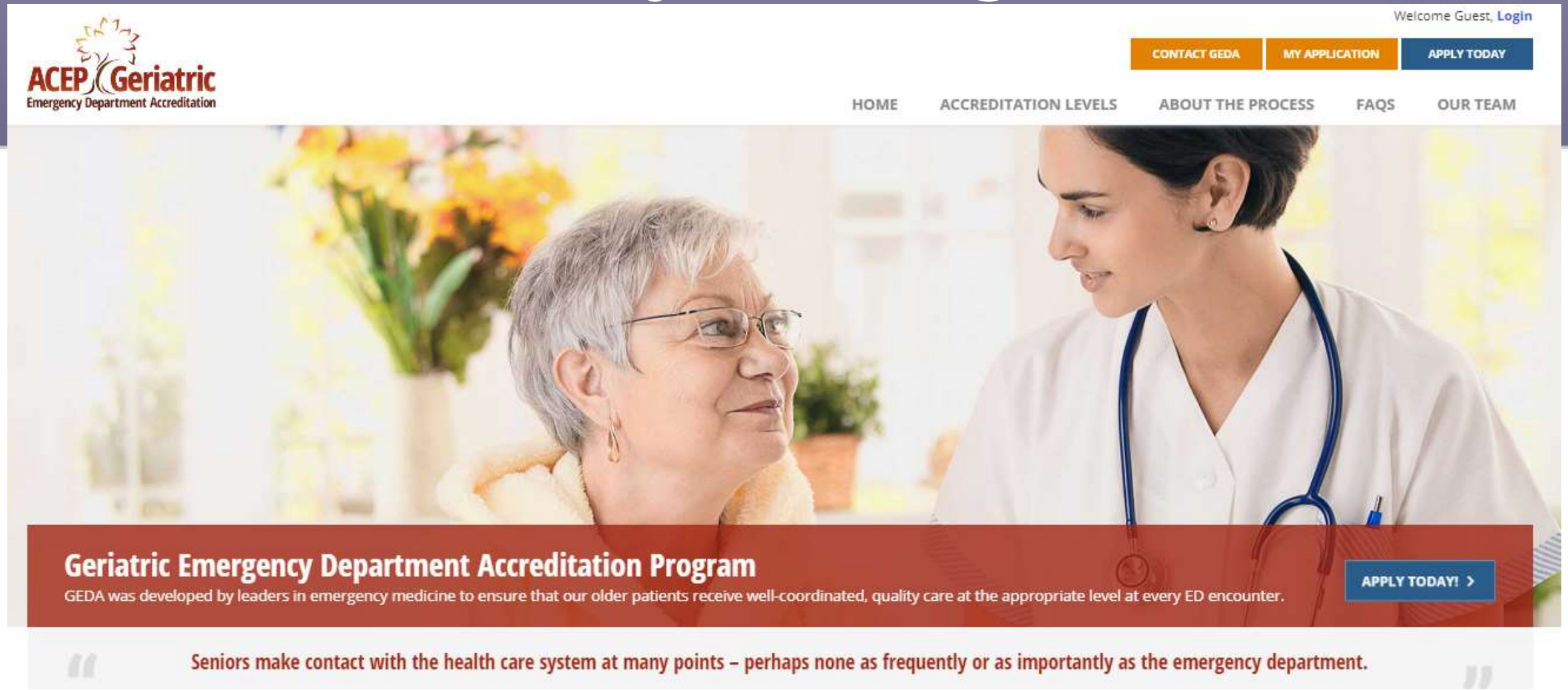
WHAT

CAN INDIVIDUALS AND INSTITUTIONS DO?

Time for Q&A

Geriatric ED accreditation can help catalyze change



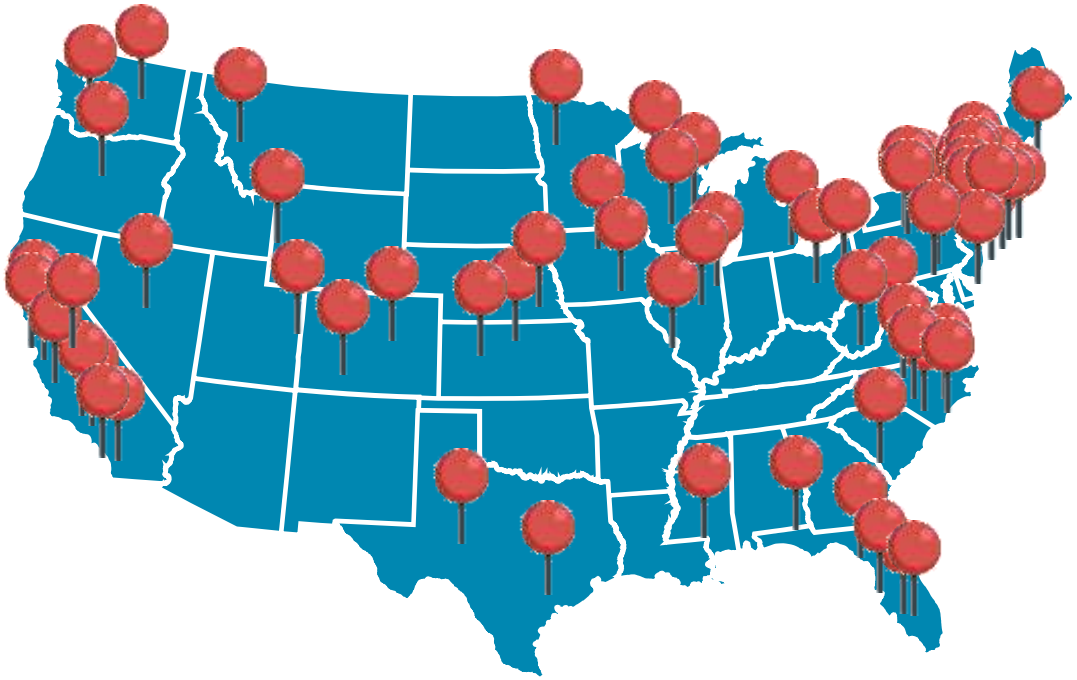
www.acep.org/GEDA

GEDA has spread rapidly nationally and internationally

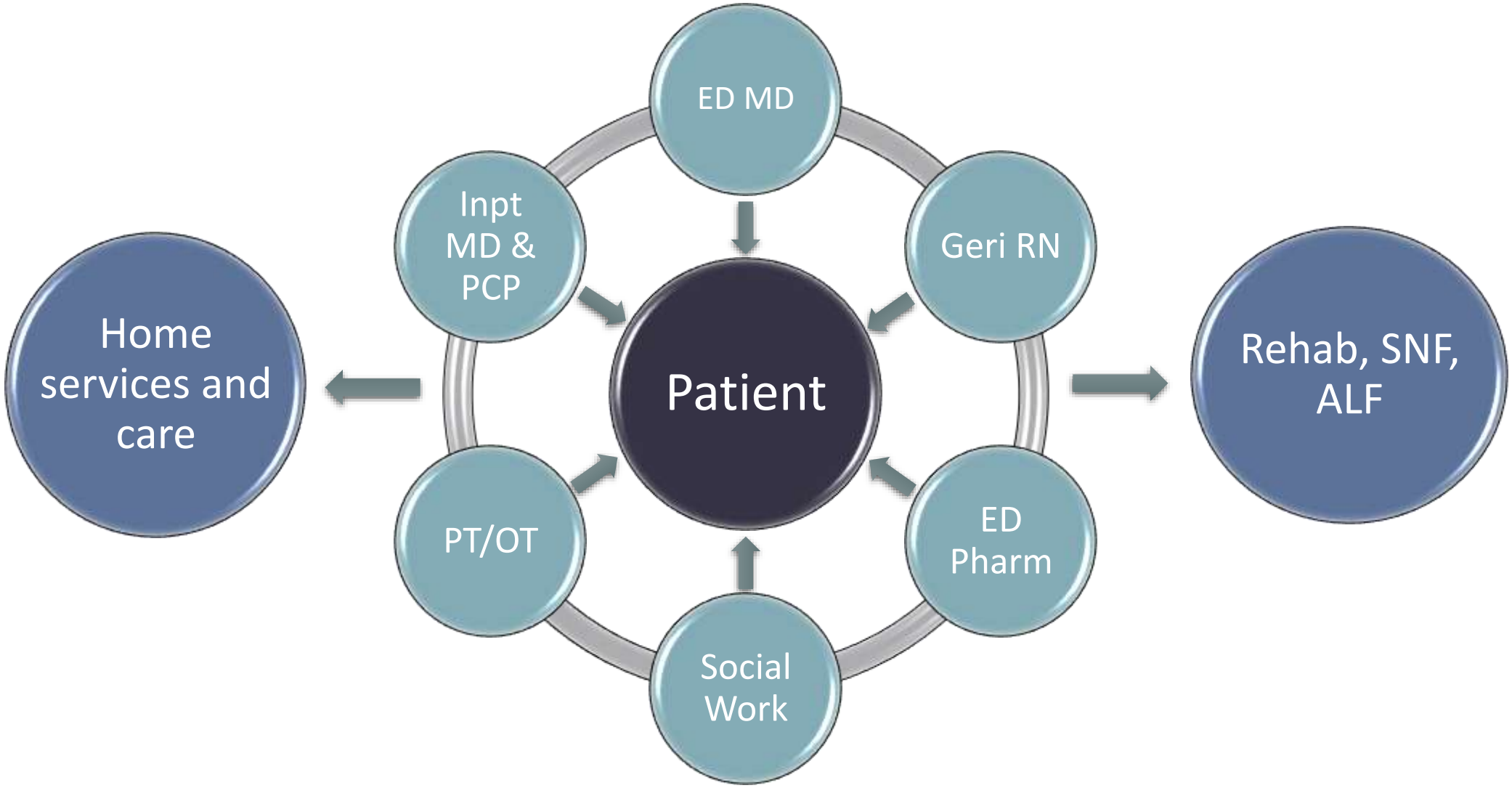
In the first 4 years 2018-2021:

- Accredited over 50 L1/L2 sites
- Accredited over 230 L3 sites

In 4 countries and 40 states

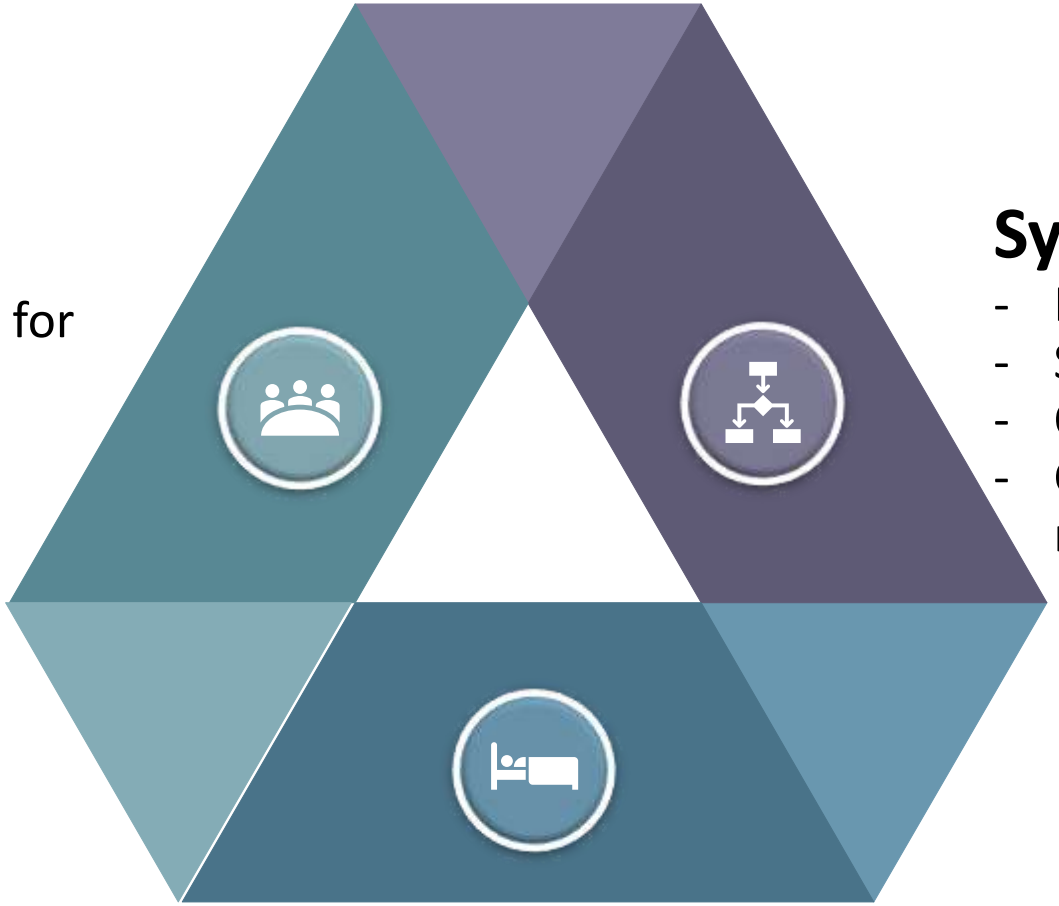


Geri EDs bring teams together



Components of a geriatric ED

Staff:
- Geriatrics-specific training for RN/MD leaders
- RN and case management staffing

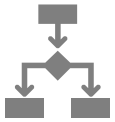


Systems:
- Policies and protocols
- Screening
- Quality improvement
- Coordination with community resources

Structures and Supplies:
- Access to food/water
- Supplies: canes, walkers
- Physical environment: chairs and clock

27 Potential protocols for GEDA

Level 1: Choose 17
Level 2: Choose 7
Level 3: Choose 1



Care Processes

- Fall assessment guideline
- Guideline to promote mobility
- Three order sets for common geriatric ED presentations
- Transportation services to home

Medication Safety

- Medication reconciliation with Pharmacist
- Guideline to minimize potentially inappropriate medications
- Pain control guideline

ED Screening

- Delirium screening
- Dementia screening
- Standard assessment of function and appropriate follow-up (eg ISAR)
- Elder abuse identification
- Depression screening
- Social isolation screening
- Alcohol/substance abuse screening
- Nutritional status screening

Staffing

- Palliative care access
- Geriatric psychiatry access
- Guideline for volunteer engagement

Transitions of Care

- Guideline for PCP notification
- Guideline for transitions of care
- Access to geriatric specific follow up clinics
- Guideline for post-discharge follow-up
- Access to short/long term rehab services
- Outreach program for home assessment
- Access to community paramedicine follow-up services
- Outreach to residential care homes to improve transitions
- Standardized discharge instructions

Start with one need and one solution.

Create your own vision statement

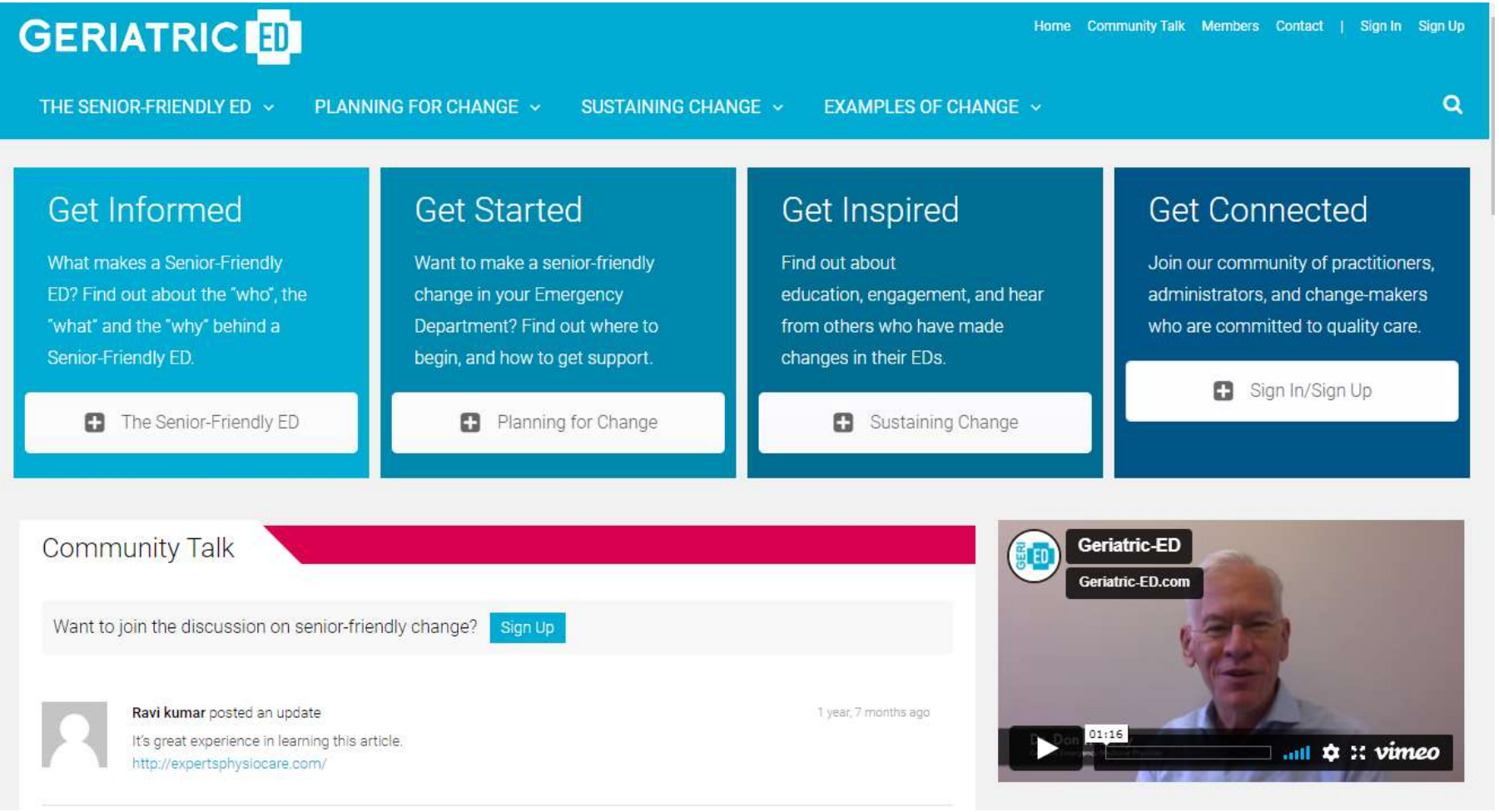
To improve care by increasing available services in the ED to provide more holistic care.

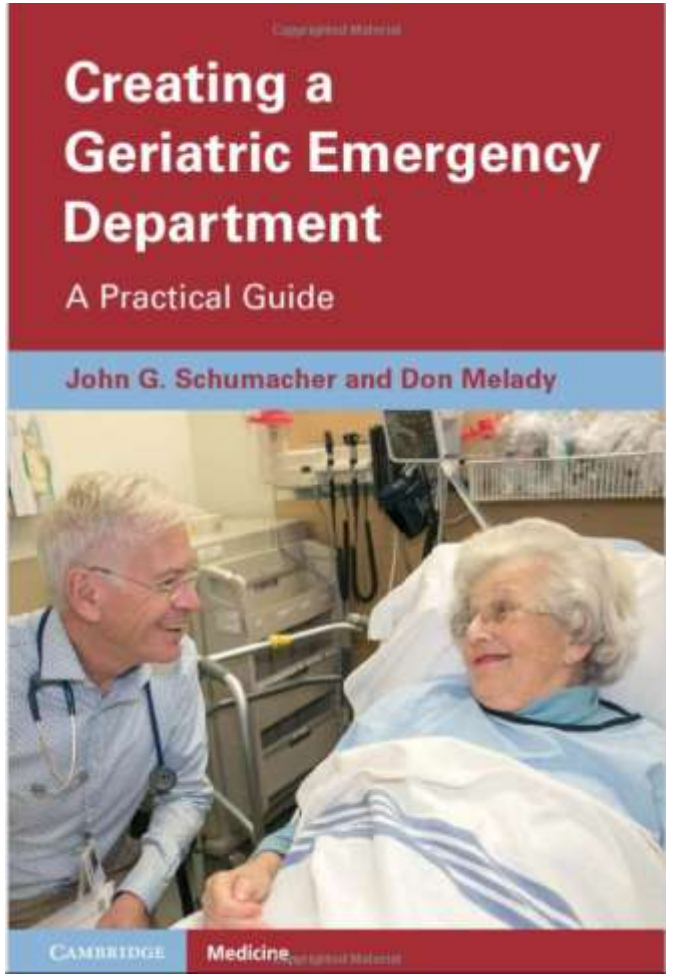
To improve care by identifying occult needs and conditions of older patients.

To create the systems needed to allow more care at home and reduce hospital admissions.

To reduce readmissions by improving transitions of care and access to outpatient resources.

Where to go for help!





VIEW APPLICATION INFO & DUE DATES

Geriatric Emergency Department Accreditation Program

GEDA was developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.

APPLY TODAY! >

GERIATRIC ED ACCREDITED LIST

Want to learn more about Geriatric EM?

Listen to GEMcast on iTunes

The time for geriatric EM is now

Population

20% of population ≥65 (in US) by 2030.

Costs

Rising costs of care and time in the ED.

Complexity

More complex medical problems.

Screening

Screening for occult conditions needed.

Coordination

Transitions of care with home-based and outpatient services

Need for a paradigm shift

Thank you

Christina Shenvi, MD, PhD, MBA
cshenvi@med.unc.edu
Linkedin.com/in/shenvi
@clshenvi

Questions

Christina Shenvi, MD, PhD, MBA
cshenvi@med.unc.edu
Linkedin.com/in/shenvi
@clshenvi