Geriatric Emergency Departments: Past, Present, and Future Opportunities for Engagement

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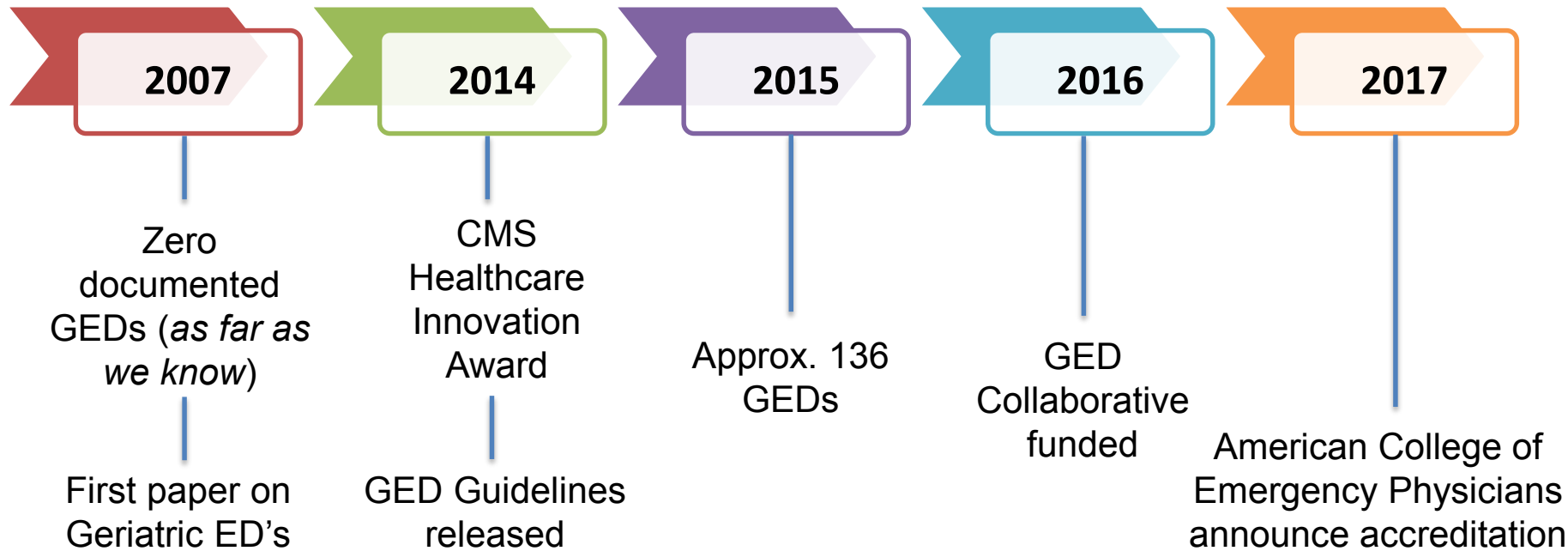# Why Geriatrics and the Emergency Department?

- Increasing population of older adults = increased pressure on EDs
  - >21 million visits to the ED in 2015, up from ~ 16 million in 2001

- ED often viewed as "*front porch*"
  - Clinical, social, insurance status impact how seniors access care
  - ED viewed as medical and social safety net

- Seniors = **43%** of hospitalizations originating in the ED
  - Many are potentially avoidable

What is a Geriatric Emergency Department?

- Culture of care tailored to the specific needs of older adults in the ED with an eye toward improving healthcare outcomes and reducing unnecessary hospitalizations and readmissions.

- There is no "one-size-fits-all" approach

- Not necessarily a separate physical space

Where have we been?

2007 — Zero documented GEDs (*as far as we know*) / First paper on Geriatric ED's

2014 — CMS Healthcare Innovation Award / GED Guidelines released

2015 — Approx. 136 GEDs

2016 — GED Collaborative funded

2017 — American College of Emergency Physicians announce accreditation

Geriatric Emergency Department Research: Past, Present & Future state

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GED Research journey

Past
- What do we know?

Present
- What's happening today?

Future
- Where are we going?
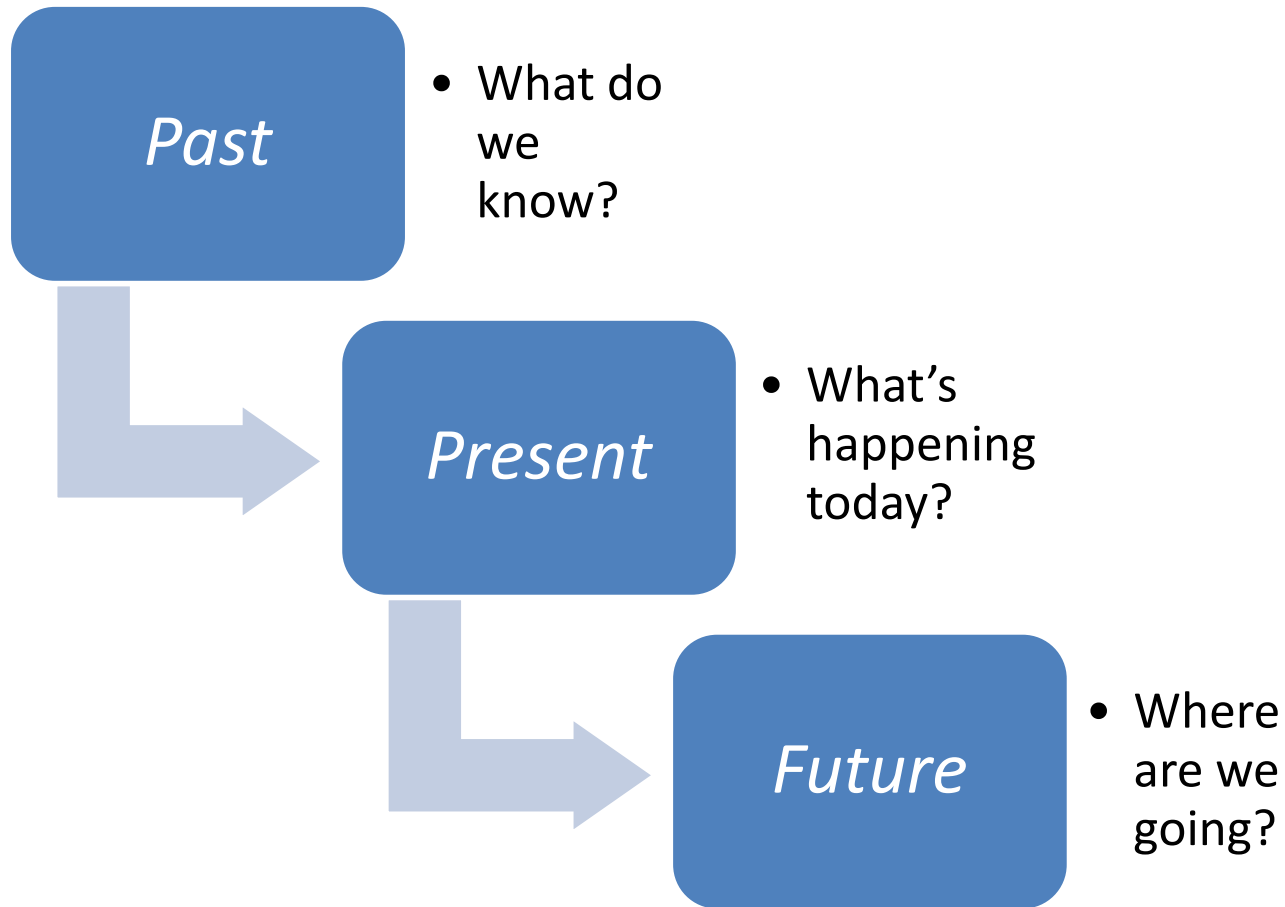
What do we know?

- **Geriatric ED guidelines**
  - Best practices across 7 key domains

- **Not entirely sure how many GEDs exist**
  - Survey indicates 30 self-reported GEDs
    - *Journal of Academic Emergency Medicine*, 2013

- **CMS Healthcare Innovation Award**
  - Transitional care nurse associated with reduced likelihood of admission from the ED
    - *Journal of the American Geriatrics Society*, 2018
  - Social worker associated with cost savings at both 30 and 60 days following an ED visit
    - *Society of Academic Emergency Medicine*, 2017

What's happening today?

- **Geriatric Emergency Department Collaborative**
  - *Transform Care*: Broadly disseminate quality improvement programs to improve geriatric care in EDs nationwide.
  - *Catalyze Action*: Be an accelerator and central resource promoting best practices in GED care.
  - ***Evaluate Impact***: Evaluate and study the impact of GEDs and GED interventions.
    - Establishing a data warehouse for further investigation

- **Geriatric Emergency Care Applied Research network (GEAR)**
  - Grant from the National Institutes of Health
  - Priority topic areas and pilot testing

Where are we going?

Level 3

- Staffing
- Policies
- Equipment
- Physical environment

Level 2

- Staffing (interdisciplinary team)
- Education
- Policies ($\geq$10)
- **Quality improvement**
- **Outcomes ($\geq$3)**
- Equipment (>5)
- Physical environment

Level 1

- Staffing (executive sponsor)
- Patient advisor/council
- Education
- Policies ($\geq$20)
- **Quality improvement**
- **Outcomes ($\geq$6)**
- Equipment ($\geq$10)
- Physical plant enhancements

What do we need to learn more?

- **What model of GEDs is most effective?**
  - *Staffing, Protocols, Physical enhancements*

- **What resources/tools are appropriate for the ED?**
  - *Inpatient tools modified for the ED?*

- **Which are most effective?**
  - *For whom?*

- **Data for research & benchmarking**
  - *How can we learn from one another?*

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

Geriatric ED Collaborative, Geriatric ED Accreditation & Age-Friendly Health Systems

Supporting Interprofessional Education and Training to improve ED care of older adults

Geriatric ED Collaborative (GEDC)

GEDC Aims:

- **Transform Care**: Broadly disseminate quality improvement programs to improve geriatric care in EDs nationwide.

- **Catalyze Action**: Be an accelerator and central resource promoting best practices in GED care.

- **Evaluate Impact**: Evaluate and study the impact of GEDs and GED interventions.

Based on Geriatric ED Guidelines and strongly linked to Geriatric ED Accreditation (GEDA) program.

Geriatric ED Collaborative (GEDC)

GEDC Sites:

- Aurora Health Care (3 hospitals), WI

- Magee Womens Hospital, Pittsburgh, PA

- Mount Sinai Medical Center, New York NY

- St. Josephs Regional Medical Center, NJ

- Northwestern Memorial Hospital, Chicago, IL

- University North Carolina, Chapel Hill, NC

- UCSD, San Diego, CA

- University of Chicago, Chicago, IL

- Emory / Grady Hospital, Atlanta, GA

Geriatric ED Collaborative (GEDC)

Transform Care: Boot Camps and Regional ED Courses provide interprofessional training and education directly to ED staff through implementation of quality improvement projects.

- **Topics include:**
  1) Transitions of Care
  2) Delirium
  3) Pain Management
  4) Cognitive Impairment Screening
  5) Falls Protocol

- **38,800+ patients reached since 2016**

Geriatric ED Collaborative (GEDC)

Catalyze Action: Creating resources and a platform for accelerating adoption of best practices in Geriatric ED care.

- **Education curriculum** with didactic content, clinical tools

- **Web platform** to augment existing resources, e.g., geriatric-ed.com/

- Cadre of interdisciplinary Teaching Faculty

- Four national organizations playing key role in education and training:

    - **American College of Emergency Physicians**

    - **American Geriatrics Society**

    - **Emergency Nurses Association**

    - **Society of Academic Emergency Medicine**

Geriatric ED Accreditation (GEDA) acep.org/geda

Accreditation as driver of education and training

Level 1 & 2 education requirements include documentation of physician, nurse, and staff education in these domains:

a)	Atypical presentations of disease
b)	Trauma including falls
c)	Cognitive and Behavioral disorders
d)	Emergency intervention modifications
e)	Medication management/polypharmacy
f)	Transitions of care
g)	Effect of comorbid conditions/polymorbidity
h)	End-of-life care

Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States.

Goal: develop an Age-Friendly Health Systems framework and rapidly spread to 20 percent of U.S. hospitals and health systems by 2020.

The 4Ms as drivers of education in geriatric best practices across setting, including the ED:

- What **Matters**
- **Mentation**
- **Medication**
- **Mobility**

The Team

* Geriatric and Palliative Physician,

* Emergency Medicine Physician,

* GAP-ED Navigator (MSW), Project Manager, Research Associate, and case management support

* Target population: Queens County residents, age ≥65 years.

  * at risk for hospitalization, readmission, and complications

Program Objectives

* Improve resources available in the ED setting for the treatment of older adults

* Demonstrate improved care quality and improved care satisfaction through the GAP-ED model

* Demonstrate reduced costs of care through the GAP-ED model

Outcomes

* The program has expanded its reach to include all patients in need of specialized geriatric services from Nassau and Suffolk counties and all of the boroughs of New York City.

* The GAP-ED Navigator continues to connect patients with needed resources and advocate for appropriate discharges from the ED.

* Expanded to include patients who require an inpatient admission, generally while they are still in the ED.

Outcomes

* Avoidance of 100 ED admissions for this population results in approximately $1,100,000 in cost savings.

* Approximately 25% of the ~1,200 patients served avoiding unneeded ED admissions.

* $3.3 million in reduced costs of care over the past year.

* Increased patient and family satisfaction

Questions

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