

Geriatric Emergency Management

The Emergency Perspective

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Case Presentation

- Mrs. W., 89 year-old Female presenting to ED
- Fell, pain & bruising to buttocks
- Widowed, lives independently in her own home
- X-Ray - No fracture, ambulating with pain
- Management?

Case Presentation

- Analgesics & home
- Admit to Medicine
- Short-term admission to skilled nursing center
- Refer to Specialized geriatric services

Objectives

To better understand “GEM”, specifically:

- What GEM is
- Why GEM is important (Emerg perspective)
- How to provide GEM (Models of care)
- GEM as a Continuum of Care

What is Geriatric Emergency Management (GEM)?

- “Geriatric Evaluation and Management”
- Originally, multi-disciplinary teams to assist discharge planning from inpatient services
- Extended to the Emergency Department
∴ GEM = “Geriatric Emergency Management”

What is GEM?

The Emergency Perspective

- A multidisciplinary approach which aims to improve all aspects of emergency care of older persons
- **Nursing / Social Work / PT / OT / LTC
Community Care / Ψ / SGS / EMS / ED**
- Not limited to discharge planning, includes patient and staff education, planning, advocacy

Why is GEM important? The Emergency Perspective

Time pressures intrinsic to EM

- Acute medical issues and the critically ill must be given priority
- Average length of a patient/MD contact:
5.8 minutes¹
- How to explore complex psychosocial issues?
- GEM team can assist in adequate assessment

Why is GEM important? The Emergency Perspective

“Time frames”

- Patients present 24h a day, 7 days a week
- Difficult to interface to services that do not accept referrals 24/7
- Lost consults / poor continuity of care
- GEM teams facilitate referrals / cont. of care ²

Why is GEM important? The Emergency Perspective

ED Environment

- Noisy
- Crowded
- Lack of hand-rails, lifts, accessibility
- No circadian cues (windows & clocks...)
- GEM Teams can help identify & improve the “elder-hostile” ED environment ³

Why is GEM important ?

The Emergency Perspective

Risks of Prolonged ED Stay:

- **Delirium:** 2.1 x risk if stay > 12 hours ⁴
- Iatrogenic complications
- Nosocomial Infection
- Rapid de-conditioning, functional loss
- Emergency over-crowding
- GEM teams can facilitate disposition planning

Why is GEM important ?

The Emergency Perspective

Lack of Specific Geriatric-Emergency Training

- Geriatric knowledge gaps self-identified ⁵
- Emergency-geriatric curricula only recently developed, not mandatory in most training programs
- MD's, Nurses and Paramedics ^{6,7,8}
- GEM teams can facilitate learning ⁹

Why is GEM important ?

The Emergency Perspective

Effective, evidence-based interventions exist

- Multi-disciplinary falls prevention ¹⁰
- Reducing functional loss ^{11,12}
- Preventing delirium ¹³
- GEM teams can identify clients likely to benefit

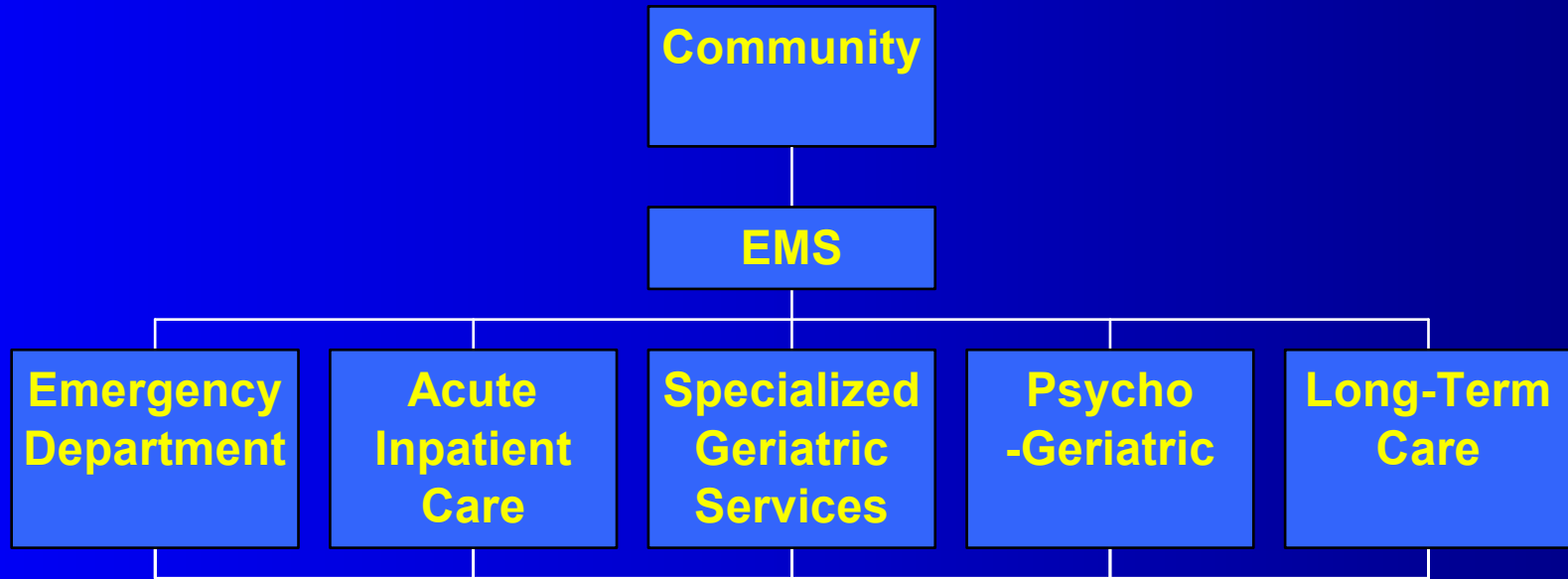
Why is GEM important ?

The Emergency Perspective

Currently, Geriatric care in the ED is sub-optimal

- Failed ED recognition of the 3-D's:
Depression,¹⁴ **D**elirium,¹⁵ **D**ementia¹⁶
- Post discharge: High rates of return to ED, readmission, functional loss, independence loss and death^{17,18,19}
- GEM teams can improve geriatric care^{11,20,21}

Geriatric Emergency Management as a Continuum of Care*



* includes, but not limited to!

GEM as a Continuum of Care

- Health care “Silos” exist, with poor communications:
 - Between health-care services
 - Within multidisciplinary services
- GEM teams may help break down silos and facilitate integration of care

How to Provide Geriatric Emergency Management (GEM)

GEM Models

- Historical
- Impact of Health Care Rationing
- Quick Response Team
- Geriatric Consultation Team
- Integrated GEM Teams
- Prehospital GEM

GEM Models: Historical

- Low threshold for inpatient care
- “Compassionate admissions”

but

- No specialized geriatric approach
- Age viewed as a disease

Impact of Health Care Rationing

- Intent to shift care to community
- Admission only if “medical necessity”, bottom-line driven (the 25% solution)
- Deficit between acute-care cuts and community-care services spending

Quick Response Teams

- Multi-disciplinary geriatric teams including*
Nursing / SW / PT / OT / Ψ / Home Visits
Community Care / LTC / SGS
- Available for home visits in “real time”
- Effective: reduce subsequent admissions ²²⁻²³
- High initial investment / cost-effectiveness
questioned ²⁴

*but not limited to!

Geriatric Consultation Team (CGT)

- Also ‘Comprehensive Geriatric Assessment’ (CGA) ²⁰
- Multi-disciplinary team ²⁵
Geriatrician / Nurse Clinician / Social Worker / PT / OT
- Available for consults to the Emergency during extended hours

Integrated Geriatric Emergency Management Team

- Similar to GCT, but integrated into the ED
- Multi-disciplinary team approach
- Allows for case-finding
- Newer model, less data
- Reduced nursing-home admission 5x²¹
- Also failed to reduce short-term ED use¹²

Pre-Hospital GEM Models

- Paramedics uniquely placed to witness frail older persons in their home environment
- Up to 7% of 911 calls for those > 65 refuse transport ²⁷
- Paramedic screening for high-risk elders ²⁶
- Geriatric-specific curriculum for Paramedics

Your Perspective?

- ED Care may seem like a “Black Box”
- “Revolving Door” care
- Poor Communications, Transfer Notes

The Emergency Perspective

For every complex problem, there is a
simple answer

And its wrong

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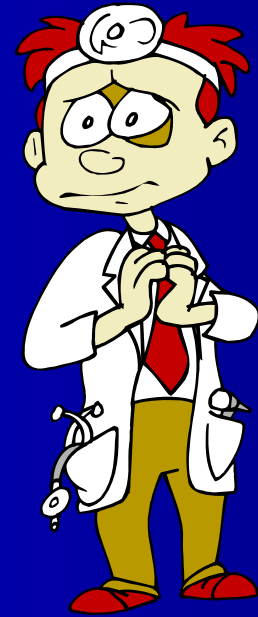
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Questions ?



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