



FREQUENTLY ASKED QUESTIONS ON THE GERIATRIC EMERGENCY MANAGEMENT PROGRAM

1) What does GEM stand for?

GEM stands for Geriatric Emergency Management. GEM is a relatively new program that provides specialized frailty focused nursing services in Emergency Departments.

2) What is the GEM program?

Over the last few years several hospitals in Ontario have explored the value of GEM services. In 2003, the MOHLTC has asked the Regional Geriatric Programs of Ontario to place a GEM nurse in eight additional hospitals and to evaluate their contribution to the health and well-being of seniors.

3) Why do we need GEM?

Seniors represent as many as 30% of the patients seen in Emergency Departments, more than any other age group. Illness complexity, hospital admission rates, lengths of stay and risk of functional decline are also highest for seniors. Indeed, emergency department visits are often sentinel events for seniors, threatening loss of independence, health and well-being. By providing specialized frailty friendly services in Emergency Departments, decline and loss of independence can often be prevented or postponed.

4) Where are the GEM nurses located?

The new GEM nurses are located in the following hospitals:

- ◆ The Credit Valley Hospital, Mississauga
- ◆ Humber River Regional Hospital, Toronto
- ◆ Kingston General Hospital, Kingston
- ◆ Rouge Valley Health System, Toronto
- ◆ The London Health Sciences Centre
- ◆ St. Joseph's Health Care Centre in Hamilton
- ◆ St. Michael's Hospital, Toronto
- ◆ York Central Hospital, Richmond Hill

GEM services are also available at:

- ◆ Sunnybrook & Women's College Health Sciences Centre, Toronto
- ◆ North York General Hospital, North York
- ◆ Markham Stouffville Hospital, Markham
- ◆ Toronto East General Hospital, Toronto
- ◆ The Scarborough Hospital, Scarborough
- ◆ Trillium Health Centre, Mississauga
- ◆ Ottawa Civic Hospital, Ottawa
- ◆ Hamilton Health Sciences Centre

5) How do GEM nurses differ from other ED nurses?

GEM and the other ED nurses all share the basic competencies of nursing practice. Increasingly though, emergency departments are developing specialized services to meet unique needs such as trauma, mental health, sexual assault and domestic violence. The needs of frail seniors are similarly unique and the presence of a GEM nurse can help emergency departments manage frail seniors more effectively and learn more about these unique needs. GEM nurses bring with them knowledge of aging, understanding of the common geriatric syndromes and atypical presentation patterns, as well as intervention and prevention strategies that will help seniors maintain their level of independence and well-being.

6) Will the GEM nurses see patients throughout regular business hours?

GEM nurses work from Monday-Friday during regular business hours. During this time, however, in addition to working with frail seniors, they will also be building capacity at a systemic level in their communities through the provision of educational support and service planning with key stakeholders such as area long-term and home care providers.

7) How will GEM nurses respond to seniors in need who go to Emergency? Departments when the GEM nurse isn't available?

For frail seniors at high risk who go to the Emergency Department when GEM nurses are unavailable, time permitting, the GEM nurse will respond to requests for telephone follow-up or assistance.

8) Do all seniors who go to an ED need to see a GEM nurse?

Not all seniors who go to the ED need to see a GEM nurse. GEM nurses focus their attention on seniors with complex medical, functional and/or psychosocial problems who are frail and most at risk of losing independence. Typically, though not always, these frail seniors are aged 75 years or older and their problems might include one or more of the geriatric syndromes - falls, delirium, dementia, depression, elder abuse, pressure ulcers, incontinence, malnutrition and functional decline.

9) At what point during an ED visit might a senior meet a GEM nurse?

All patients who go to an ED receive a triage assessment to identify the level of urgency. A primary assessment shortly follows the triage assessment. During the primary assessment, the ED staff will decide whether a senior might benefit from meeting the GEM nurse.

10) How are referrals made to GEM nurses?

As this new GEM program develops we plan to implement a routine standardized risk screen for all seniors who come to emergency. Scores on the risk screen completed during primary assessment will automatically trigger a referral to the GEM nurse.

While this will become the routine procedure, paramedic and ED staff can also ask GEM nurses to see seniors when they have an intuition or “gut feeling” that the GEM nurse could help even if the seniors risk score is not high. Seniors and their family members might also ask for the GEM nurse to become involved.

11) What happens when seniors see a GEM nurse?

Prior to speaking with the senior, the GEM nurse reviews all available health records in order to gather an accurate history and avoid repeating questions that have already been asked.

A GEM assessment is primarily a clinical conversation. The GEM nurse will talk with the seniors who are referred to them and/or to their family or support persons. During this conversation they will conduct a geriatric assessment. This assessment will focus on important geriatric issues such as falls, delirium, dementia, depression, elder abuse, pressure ulcers, incontinence, malnutrition and functional decline. They will inquire about how life has been over the weeks prior to the ED visit, what difficulties the senior might be experiencing in maintaining their current level of independence, what resources and support they have and what they think that they need to maintain their health and well-being.

The GEM nurse might also conduct targeted physical assessments based on the findings from the initial interview.

From this clinical conversation the GEM nurse will prepare a list of recommendations and talk about the list with the patient and family. With their approval the GEM nurse will work towards the implementation of the recommendations. These might include further assessments by ED staff, referrals to other in-patient or out-patient services such as specialized geriatric services, telephone liaison with home care or residential care providers, and finally communication with the senior’s primary care physician. As well, follow-up telephone calls might take place to help ensure that recommendations made at the ED can be followed.

12) Will family or friends be allowed to be with seniors when they see the GEM nurse?

With the permission of the senior, family and other support persons will be encouraged to be part of the GEM service though because of emergency department concerns for privacy, infection control and safety, they may not be able to be at the bedside.

13) Who is responsible for this new initiative?

The MOHLTC has asked the Regional Geriatric Programs of Ontario <http://www.rgps.on.ca> to be responsible for this new initiative. Staff from the Regional Geriatric Program of Toronto are coordinating the program's development in association with host organization administrators in participating organizations.

14) Who can I call to find out more about the GEM initiative?

Please contact Ms. Jo-Anne Ardern at the Regional Geriatric Program of Toronto, at 416-480-6026 or Email joanne.ardern@sw.ca for more information on the provincial GEM initiative.