

Geriatric Emergency Management: Providing Quality Geriatric Patient Care in the Emergency Department

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The Need to Provide Quality Geriatric Patient Care in the Emergency Department

Canada is faced with two demographic imperatives that will significantly challenge its health care system. First, frail seniors are the fastest growing segment of the population and these Canadians use a large proportion of the health care budget. Second, the country has one of the largest “baby boomer” populations in the world and its population is aging. Within the next 10 – 15 years, 30% of the population will be over 65 years of age. These demographic projections have profound implications for hospitals and their emergency departments.

Emergency departments serve as a door to health care for seniors. On average, seniors represent 50% of emergency department presentations. Once there, they are seen to have multiple medical conditions, have more diagnostic tests, and are admitted to hospital more often than younger patients. This isn't because seniors are without family physicians or misuse the system. When they present in emergency, they are more likely to be triaged as ‘urgent’ and have more ‘emergent’ illness. Presently, if not admitted, seniors are more likely to return to the emergency department within two weeks of discharge. Unless we manage seniors in emergency departments differently, the demographic imperatives will cause this pattern of presentation to dramatically increase.

Given these demographic and health-care utilization facts, it behooves the system to provide timely, effective and quality patient care to this target population. But this is not always the reality. In her December 1997 study, *Geriatric Emergency Management: Are We Prepared to Provide Quality Patient Care in the Emergency Department?*, Lois Fillion, principal investigator and a Program Director with responsibility for specialized geriatric services at Sunnybrook Health Sciences Centre identified a number of barriers to the provision of optimal diagnosis, risk identification, treatment, community linkage and follow-up of frail seniors presenting in emergency departments. Current barriers highlighted by Ms. Fillion in her study include:

- Lack of knowledge, professional education, experience, and/or interest among ED staff in dealing with the complex needs of the elderly;
- Lack of staff supports, such as geriatric nurse specialists, whose role is to ensure optimal geriatric emergency care as defined above;
- Discrimination and/or negative stereotypes held by ED staff against elderly people;
- Disinterest among new-to-practice physicians in treating elderly patients who present with more challenging and time-consuming problems;
- Variable and/or inadequate training and education (core curriculum and continuing) in geriatric medicine and geriatric emergency care for emergency department providers that could foster a better understanding of the needs of the elderly geriatric patient;

- Fee-for-service payment mechanisms which are volume-driven thereby providing a financial disincentive to caring for elderly patients who tend to require more time, comprehensive assessments, etc.; and
- Philosophical differences between emergency medicine where the focus is on “curing the problem that presents itself at the moment” and geriatric medicine, which has as its focus “health and well-being of an individual”.

The consequences of allowing these barriers to prevail include inaccurate assessments and treatments in the emergency department that can lead to inappropriate and avoidable hospital admissions or revisits to emergency (recidivism). All of these can produce devastating effects on the health of the elderly patient.

Potential solutions identified by Ms. Fillion to address these barriers include:

- ‘Partnerships’ between geriatric medicine, emergency medicine and general and family practice whereby geriatricians working with emergency department staff and family physicians help to enhance their awareness of the unique needs of the elderly patient population and influence their attitudes and approach towards meeting those needs;
- Assessing the skills, knowledge and attitudes of physicians and nursing staff within the emergency department to identify opportunities for formal geriatric emergency training and/or enhanced staff supports, such as the addition of a geriatric nurse clinician;
- Influencing universities and colleges to incorporate formalized geriatric programs into emergency program curriculums; and
- Adopting best practices and educational tools developed by groups such as the Geriatric Emergency Medicine Task Force of the Society of Academic Emergency Medicine in the United States.

The emphasis is on developing solutions that are flexible and meet the needs identified within the individual emergency departments.

The Sunnybrook and Women’s Experience

Sunnybrook and Women’s is a case in point.

Although (then) Sunnybrook Health Sciences Centre attempted to institute geriatric emergency management as early as 1986, it wasn’t until 1994 that the hospital began to address the issue wholeheartedly. By that time, analysis of emergency department statistics revealed that over 40% of patients who visited the emergency department were over 65 years of age and that this group represented almost 60% of those patients admitted to the hospital from the department. High risk elderly presenting to the emergency department exhibited one or several of the following clinical problems: falls, cognitive changes such as acute confusion and dementia, decreased mobility and/or failure to thrive – all problems that tend to be referred to Specialized Geriatric Services (SGS) within Sunnybrook. In spite of this fact only 13 of nearly 15,000 ED visits by individuals over the age of 65 were referred to SGS that year. Clearly, there was not

only a problem in recognizing and appropriately responding to patient need but also referring the patient to on-site resources that were specially geared to those needs.

To address these problems, Sunnybrook decided to pilot for six months, from October 1995 to March 1996, the use of a geriatric nurse clinician in the emergency department. Her role was well defined to include:

- Case finding of high-risk elderly;
- Conducting comprehensive geriatric assessments;
- Assisting emergency staff with admission decisions;
- Acting as the liaison between the emergency department and acute care and between the department and community services/agencies;
- Facilitating timely patient access to community-based services and Specialized Geriatric Services within Sunnybrook including its Geriatric Internal Consult Team;
- Collaborating with the Emergency Social Worker to facilitate crisis placement for high-risk geriatric patients;
- Following-up with discharged patients; and
- Educating staff, patients and caregivers with respect to geriatric issues and services available.

In just six short months, the results were astounding. In general, patients experienced better quality of care that was timely and appropriate to their needs while the hospital experienced cost-savings and enhanced efficiencies. Specific benefits realized by the hospital due to involvement of a geriatric nurse clinician included:

- 185 referrals to Specialized Geriatric Services from the ED during the pilot vs. the 13 it received during the entire year previously;
- Decreased hospital admissions;
- Coordinated sustainable discharges with improvement in the relapse interval (ED revisits);
- Easier and more accurate identification of high-risk patients;
- Facilitated appropriate follow-up care;
- Process improvements such as mandatory geriatric consults to the internal consult team for high-risk elderly admitted through the ED to inpatient units;
- Identification of ED practices which could contribute to elderly patient decline, increase hospital length of stay and potentially irreparable damage to the patient; and
- Identification of ED staff geriatric educational needs.

Hospital administration were so impressed with these results they are proposing to the Ministry to extend the services to support 3.8 full time equivalent (FTE) geriatric nurse clinicians in the ED (so that there is coverage for every shift) as well as a 1.0 FTE geriatric nurse educator. The geriatric emergency education and training initiative piloted a comprehensive evidence-based learning needs assessment tool for physician and nursing staff. As well, educational workshops for ED physicians using the GETF's *Instructor's Manual for Emergency Health Care of the Elderly Person* are also available for continuing education associated with the project.

Sunnybrook and Women's is also pursuing a working alliance with Lifeline Systems of Canada, Inc. whereby high risk elderly discharged from the hospital who do not have in-home support would be provided a Lifeline personal response call system, free of charge for 1 month. This system facilitates immediate access to the most appropriate caregiver or health care provider and provides the discharged senior with continuing linkage to health professionals and community support.

Levering the Sunnybrook and Women's Experience to the Toronto and Provincial Levels

The Sunnybrook solution worked because it was a unique-to-Sunnybrook model that adapted to the specific operating environment of the organization. It is recognized that what works for Sunnybrook is not necessarily replicable in other hospital sites either in Toronto or other parts of the province. This is why the GEM project has developed both enduring materials and a process for developing unique, contextually relevant solutions adapted to the needs of each specific site.

Using the Sunnybrook experience as a model and incorporating the efforts of participating organizations within its own network and other RGPs across the province, the Regional Geriatric Program of Toronto proposes to take these collective efforts to the next level. Working with its network of participating organizations and its sister RGPs of Ontario, the RGP of Toronto proposes the creation of a working group to lead and guide a project designed to enhance the delivery of geriatric emergency care for seniors across the city and throughout the province.