



GEM Tools of the Trade

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GEM Clinical Tools & Strategies

- Introducing “Targeted Geriatric Assessment”
- Selecting Meaningful and Practical Screening Tools in an Emergency Department
- Addressing Learning Needs and Education
- Modifying The Emergency Environment for Elder-Friendly Care

The Geriatric Assessment in ED

- “Comprehensive”?
- Targeted, yet holistic, linking with TRST
- Focusing on
 - I. Medical/Surgical Issues
 - II. Mental Status/Emotions/Coping
 - III. Physical Function
 - IV. Living Environment

(Siebens, 2005)

How to Select the Most Appropriate Screening Tool for ED?

- Atypical Presentations of illness in frail elders often present as Geriatric Syndromes (acute confusion/delirium, falls, functional decline, failure to thrive/“dwindles”, failure to cope/ “dump”).
- Key question – What has Changed?
- Screening includes cognition, review of medications, gait/balance, functioning, mood, kinship, etc.

Meaningful and Practical Screening / Assessment Tools

- TRST (Triage Risk Screening Tool)
- CAM (Confusion Assessment Method)
- Mini-cog, MMSE, Clock Drawing Test
- ADL/IADL
- Get-up-and-Go, falls, “ER road test”
- Pain rating scales (0-10, faces, present pain intensity)
- Skin integrity - Braden
- Nutrition screening, e.g. DETERMINE
- Contenance screening
- Depression screening SIG E CAPS, DRS, mKoenig

Confusion Assessment Method

1. Acute Onset and Fluctuating Course

and

2. Inattention

and either

3. Disorganized Thinking

or

4. Altered Level of Consciousness

Learning Needs and Education

- Learning needs identified through questionnaires, interaction, observation
- Education – can accompany initiatives (e.g. introduction of the TRST or the CAM); can be broad and structured (P.I.E.C.E.S.TM ED); can be in the moment.

Education via regular newsletters, case-based reviews, meaningful literature, videos, etc.

... and for patients/families....Education for patients in written and oral form.

The Emergency Environment and How it Affects Assessment/Care

- **The ED is antithetical to the needs of the elderly**
- Look at your quality assurance measurements – are complaints coming from elders? If so, what are they?
- Needs a broad, corporately endorsed change to affect staffing, expertise, attitudes, environmental/accessibility issues, etc.
- Frail older adults may be more predisposed to developing delirium (immobility, sleep deprivation)... what can the ER do to minimize this?
- Enhancing comfort and improving care!! Make this a quality priority.