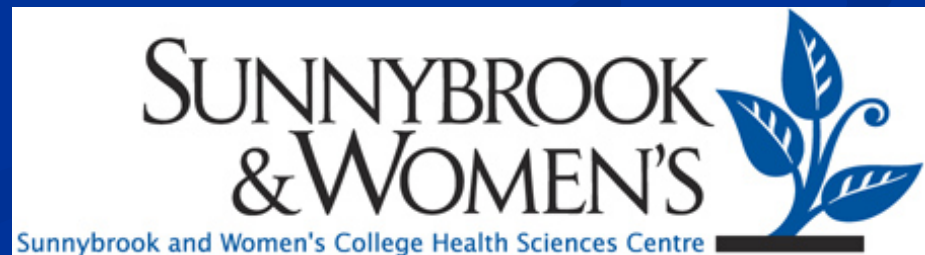


Geriatric Emergency Management: Integration of Care

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Barbara Liu, Program Director,
Regional Geriatric Program of Toronto



Objectives

- **Better understand the diverse models of geriatric emergency management (GEM)**
- **Describe the evidence supporting GEM**
- **Identify barriers and opportunities for the integration of geriatric emergency care**
- **Network more effectively with other health professional interested in GEM**

Statistics on ER use by seniors

- 12-21% of all ED encounters involve seniors
- More likely to arrive by ambulance
40% vs. 10%
- Longer length of ED stay
- Use more diagnostic and staff resources
- Higher rates of hospital admission
40-50% vs. 10-15%
- Atypical presentation of illness and geriatric syndromes

The Frail Senior in the ED

Barriers and Challenges

■ Environment

- Sensory challenges, stretchers, crowding

■ Process

- Lack of knowledge
- Complexity of medical condition
- slowly evolving problems vs. acute events

■ Attitude

- Ageism and negative stereotypes

■ Systemic issues

- Increasing senior population, lack of resources, competing priorities

Two Paradigms

ED

- Single complaint
- Acute
- Diagnose and treat
- Rapid disposition

Geriatrics

- Multiple problems
 - Medical
 - Functional
 - Social
- Acute on chronic, subacute
- Control symptoms, maximize function, enhance quality of life
- Continuity of care

Consequences

- **Incomplete, inaccurate assessments**
- **Inappropriate disposition of patients**
- **Readmission to ER or hospital**
- **Missed diagnoses**
- **Functional decline**
- **Inappropriate institutionalization**

ISAR

Identification of Seniors At Risk

Before the event that brought you to the ED did you experience:

1. Pre-morbid functional decline ?
2. Acute functional decline ?
3. Hospitalization in the previous six months?
4. Visual impairment?
5. Memory Impairment?
6. Concurrent use of three or more medications?

Screening is able to identify ISAR ≥ 2

- Patients with current functional problems
- Patients who will experience functional decline in 6 months
- More likely to return to ED in 1 month
- More likely to have 3 or more visits to ED in next 6 months

GEM Efficacy

McCusker et al 1999 and 2001

- **Identification of Seniors at Risk (ISAR)**
- **followed by GEM assessment**
- **N=388**
- **Increased communication and linkage with community resources**
- **Reduced rate of functional decline at 4 month AOR 0.53 (0.31-0.91)**

GEM Sunnybrook & Women's Experience

- Increased referrals to Specialized Geriatric Services from the ED (20 fold increase)
- Decreased hospital admissions
- Improved the relapse interval for ED revisits
- More accurate identification of high-risk patients
- Facilitated appropriate follow-up care
- Identification of ED practices which contribute to patient decline
- Identification of ED staff geriatric needs

GEM Ontario Initiative

- **8 new, full-time, permanent RN clinical educator positions across Ontario**
- **Goals**
 - Develop and implement new model of care for seniors
 - Improve care of seniors in ED
 - Build capacity within existing system
- **Case finding of high risk seniors and identification of geriatric syndromes**
- **Initiate geriatric assessment early in encounter**
- **link to appropriate services**

Seniors and the ED interface

- Challenge for frail seniors
- Challenge for ED
- Challenge for Hospital
- Challenge for LTC
- Challenge for Community Agencies
- **GEM is novel approach**
 - enhance the care of seniors in ED
 - improve communication and linkage
 - build capacity