

# The Geriatric Emergency Department



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## KEYWORDS

• Geriatric emergency department • GED • Emergency services • Geriatric • Senior

## KEY POINTS

- Population aging requires a shift in existing models of emergency care.
- Establishing the goals of a geriatric emergency department (GED) program provides guidance throughout the investigative and decision-making process but also provides the framework for improving emergency care for the elderly.
- A GED is more than just structural enhancements and should include operational enhancements focusing on the needs of the older patient.
- The GED guidelines provide a framework for providing emergency care to older patients.
- Older emergency patients benefit from comprehensive transition of care plans and case management.

## INTRODUCTION

“Change will happen. We can either cope with change or more desirably, we can lead change.”<sup>1</sup> Change is the only constant in health care today, especially for emergency departments (EDs) and emergency services worldwide. Since its inception, the practice of emergency medicine has had to adjust to changing government regulations, insurance requirements, billing and reimbursements, technologies, politics, and an aging demographic. EDs continue to evolve and adapt while providing emergency care, urgent care, screenings, diagnostic testing, streamlining admissions, and providing a safety net for the most vulnerable.

All the while, professional and academic communities have been warning of the impact of global aging and longevity, as well as the need to start now to address the changing needs of the population.<sup>2</sup> The aging population has become the most important emerging group in health care for a multitude of reasons,<sup>3</sup> including political gains, financial means, medical resources, and social needs. With increasing longevity, it is in everyone’s best interest to operationalize models of health care that address quality and cost-effectiveness, as well as population health measures.

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### ***Aging and Emergency Services***

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As the world's population ages and life expectancy increases, hospitals are preparing for older adults to become a more significant part of the emergency care population. In the United States (US), the greatest number of ED visits are among patients 75 years and older compared with other age groups,<sup>4,5</sup> and approximately 17% of independent, older adults have 1 emergency services visit every year.<sup>6</sup> Fortunately, the US has an extensive health care delivery system and defined primary care networks; however, not all countries can provide the same level of health care access. Many patients in developing Asian countries do not have a regular family physician.<sup>7</sup> In some health care systems, emergency services may be the first encounter with the health care community.<sup>7,8</sup> Countries such as Canada, China, Singapore, South Korea, and the US are also developing and implementing geriatric ED (GED) initiatives<sup>4</sup> to support the growing older adult population.

There is a general consensus that health care costs need to be reduced while simultaneously improving outcomes for older adults. This is a challenging situation because older patients, in general, spend more time in the ED, require more time for assessment and diagnosis,<sup>9–11</sup> use more resources in terms of diagnostic studies,<sup>9</sup> are more than twice as likely to be admitted to the hospital,<sup>12</sup> and experience more adverse outcomes during or after their ED visit.<sup>6,9,10,13–18</sup>

The constraints inherent in providing emergency care for older patients may not be surprising considering that the modern ED design still adheres to principles by the Committee on Trauma of the American College of Surgeons set in 1962.<sup>19</sup> Each and every day, the typical ED provides care for patients of all ages. However, the patient flow and the actual physical design of the department have not kept pace with the special needs of an aging population.<sup>9,13,19,20</sup> When an elderly patient with “impaired memory, reduced mobility and impaired social support presents to the ED, the system experiences crisis, slows down, and becomes inefficient.”<sup>9</sup>

### **CONTEMPLATING A GERIATRIC EMERGENCY DEPARTMENT**

Emergency medicine practitioners across the US recognize the need for a paradigm shift to focus on the needs of the older adult emergency patient. However, in an era of health care reform, regardless of shifting provider roles and services in emergency care, the ED needs seamless integration with the entire health care delivery system for maximum effectiveness and improved population health.

When considering a change in the delivery of emergency care, such as a GED, it is essential to gather as much information as possible. This includes speaking with as many stakeholders as possible, including hospital administrators, finance, clinical services, community outreach and, most importantly, older members of the community who will be using these services. Networking opportunities and field trips to hospitals with functioning GEDs provide valuable information and resources to further discussions. Key individuals need to be identified to guide the process and provide overall responsibility. **Box 1** provides potential questions to generate discussion. As the process continues, more questions will need to be investigated and answered to make an informed decision concerning the feasibility of a GED for the individual hospital and community.

### ***Reasons to Consider a Geriatric Emergency Department***

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Changes in how the older adult is cared for affect all levels of the health care system. The American College of Emergency Physicians (ACEP) and Society for Academic Emergency Physicians (SAEM) recommend reviewing the traditional ED model in light

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