The Geriatric Emergency Department: From Concept to Reality and Beyond
Disclosure - No Conflict of Interest

Mark Rosenberg, DO, MBA, FACEP, FACOEP-D, FAAHPM
Immediate Past President, American College of Emergency Physicians
Chairman Emeritus, St Joseph’s Health, NJ
Associate Professor Emergency Medicine, NYMC

Practice Domains: Geriatrics, Palliative Care, Pain and Addiction Medicine
All Innovations Start With a Story

The Phone Rings:
Me: Hello…….
Mom: Mark, something is wrong in my stomach...
Me: What do you mean?
Mom: It’s throbbing like a heartbeat... My back hurts
Me: I am going to call 911
9 Months Later

Mom discharged for the hospital to rehab and then home
70 years old but very frail
Major medical problem was renal failure
1 year after phone call she is back to part time work
Multiple Emergency Department Visits
Mom is always right!
Mom is always right!

“Build an Emergency Department for People Like Me”

Old
Frail
Weak
Afraid
Chapter 1: The Geriatric Emergency Department Concept

The Journey Begins
The GED Town Hall

Participants:
Friends
Family
Neighbors
Community

Suggestions:
Quiet and Safe
Comfortable Lighting
Pillows and Blankets
Hot Tea
What Mom Didn’t Know
People age 65 and older represented 16% of the population in the year 2019 but are expected to grow to be 21.6% of the population by 2040.

The 85 and older population is projected to more than double from 6.6 million in 2019 to 14.4 million in 2040 (a 118% increase).

Number of Persons Age 65 and Older, 1900 - 2060 (numbers in millions)
Key Facts

- Between 2015 and 2050, the proportion of the world’s population over 60 years will nearly double from 12% to 22%.
- By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years.
- In 2050, 80% of older people will be living in low- and middle-income countries.
- The pace of population ageing is much faster than in the past.
- All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.
Key Facts

- Between 2015 and 2050, the proportion of the world’s population over 60 years will nearly double from 12% to 22%.
- By 2020, the number of people aged 60 years and older will outnumber children younger than 5 years.
- In 2050, 80% of older people will be living in low- and middle-income countries.
- The pace of population ageing is much faster than in the past.
- All countries face major challenges to ensure that their health and social systems are ready to make the most of this demographic shift.
The Geriatric ED Difference
ED utilization rates for seniors

- 7x more usage of ED services
- 43% of all admissions
- 48% of all Critical Care admissions
- 20% longer length of stay
- 50% more lab
- 50% more radiology
- 400% more social service interventions

CMS 2018 Data Set
Am I old?

**Healthy**
- Feel great
- Exercise daily
- Eat right
- Drink socially
- Very social

**Controlled Health Issues**
- MI within past two years
- High BP
- High cholesterol
- Prostate Cancer
- Lymphoma
- Osteoarthritis
- On eight medications
- Countless vitamins
- Contact lenses
- Hearing aids
Seniors are not just old adults. They require extra skill, training and expertise in an environment of care that is conducive to enhanced disease management and disease screening.
Paterson, NJ

Emergency Department - 2013

- 150,000 total visits/year:
  - 41,000 Pediatric Emergency Department
  - 28,000 Geriatric Emergency Department
  - 200 Emergency Department Palliative Medicine

- Comprehensive stroke center
- Trauma center
- Resuscitation center
- Heart Failure center
- Toxicology reference center
- Life Sustaining Management and Alternatives (LSMA)

St. Joseph’s Regional Medical Center
Non-Glare Flooring
Sound Proofing
about us

BEDSIDE HARP® was founded by Edie Elkan, music teacher for over 40 years and involved in using the harp as a therapeutic instrument since 1994. Understanding the extraordinary healing qualities of the instrument first-hand, she has, since 1999, dedicated herself to bringing harp therapy to healthcare and wellness settings. Her vision was to partner with a major medical facility within which she would set up a program to:

- Play for patients, their loved ones and staff;
Harp
• Mrs. Smith is a 78 y/o functionally independent senior. She lives alone and daughter lives 2 blocks away.

• This AM, Mrs. Smith hurt her ankle going down the steps. Has difficulty ambulating.
The Geriatric ED Difference

**Adult ED**
- H and P
- Order X-Ray

**Geriatric ED**
- H and P
- Order X-Ray
adult ED
• H and P
• Order X-Ray
• Reevaluation
• Discharge

Geriatric ED
• H and P
• Order X-Ray
Adult ED
• H and P
• Order X-Ray
• Reevaluation
• Discharge

Geriatric ED
• H and P
• Order X-Ray
• Seen by GED Team
  • Physical Therapy
  • Social Work
  • Nutrition
  • Geri RN
  • Pharmacy
• Geriatric Screenings
• Discharge Planning
• Transition of Care
The Geriatric ED Difference

**Adult ED**
- H and P
- Order X-Ray
- Reevaluation
- Discharge

**Geriatric ED**
- H and P
- Order X-Ray
- Seen by GED Team
  - PT
  - Social Work
  - Nutrition
  - Geri RN
  - Pharmacy
- Geriatric Screenings
- Discharge Planning
- Transition of Care
- Home Assessment
The Geriatric ED Difference

Adult ED
• H and P
• Order X-Ray
• Reevaluation
• Discharge

Geriatric ED
• H and P
• Order X-Ray
• Seen by GED Team
  • PT
  • Social Work
  • Nutrition
  • Geri RN
  • Pharmacy
• Geriatric Screenings
• Discharge Planning
• Transition of Care
• Home Assessment

Senior Patients Have a Phone Reassessment on Day 1,3, and, 7
Outcomes

• Increased patient satisfaction
• Higher rate of postdischarge independence
• Fewer return visits
• Lower admission and readmission rate
• Improved screening for inappropriate medications
• Increased patient volume
The GED Guidelines
More than 180 Geriatric EDs and growing…

…finally there is a standard.

- ACEP
- AGS
- ENA
- SAEM

Geriatric ED Guidelines
# TABLE OF CONTENTS

1 INTRODUCTION

2 PURPOSE
   Goals
   Benefits

4 STAFFING AND ADMINISTRATION
   Background
   Recommendations
   Geriatric Emergency Department Medical Director
   Geriatric Emergency Department Nurse Manager
   Staff Physicians
   Staff Nurses
   Medical Staff Specialists
   Ancillary Services

6 FOLLOW UP AND TRANSITION OF CARE
   Background
   Recommendations

8 EDUCATION

10 QUALITY IMPROVEMENT
   10 Geriatric Program Quality Improvement Plan
   12 Sample Geriatric ED Quality Assessment Instrument (Dashboard)

13 EQUIPMENT AND SUPPLIES

15 POLICIES, PROCEDURES, AND PROTOCOLS
   Sample Policies & Procedures
   16 The Screening of Geriatric Patients
   17 Guidelines for the Use of Urinary Catheters
   20 Geriatric Medication Management
   26 Geriatric Fall Assessment
   28 Delirium and Dementia
   34 Palliative Care

35 REFERENCES

42 TASK FORCE MEMBERS
GERIATRIC EMERGENCY DEPARTMENT GUIDELINES TASK FORCE

Mark S. Rosenberg, DO, MBA, FACEP
Chair, ACEP Geriatric Emergency Medicine Section (2011-2012)
Chairman, Department of EM
Chief, Geriatric Emergency Medicine
Chief, Palliative Medicine
St. Joseph's Healthcare System, Paterson, NJ

Christopher R. Carpenter, MD, MSc, FACEP
Chair, ACEP Geriatric Emergency Medicine Section (2012-2014)
Associate Professor of Emergency Medicine
Director of Evidence Based Medicine
Washington University in St. Louis School of Medicine

Marilyn Bromley, RN, BS
Director, EM Practice Department
Staff Liaison, Geriatric Emergency Medicine Section
American College of Emergency Physicians

Jeffrey M. Caterino, MD, MPH, FACEP
Associate Professor of Emergency Medicine and Internal Medicine
Director of Emergency Medicine Clinical Research
The Ohio State University

Audrey Chun, MD
Associate Professor of Geriatric and Palliative Medicine
Icahn School of Medicine at Mount Sinai

Lowell Gerson, PhD
Professor Emeritus, Department of Emergency Medicine
Northeast Ohio Colleges of Medicine

Jason Greenspan, MD, FACEP
Director of Emergency Services
Emergent Medical Associates

Ula Hwang, MD, FACEP
Associate Professor of Emergency Medicine Icahn School of Medicine at Mount Sinai

David P. John, MD, FACEP
Co-Chair, Emergency Medicine
Johnson Memorial Medical Center
Northeast Emergency Medicine Specialists

Joelle Lichtman, MA
Interior Design Gerontology Certificate
Certified Aging-in-Place Specialist (CAPS)
Brooklyn, NY

William L. Lyons, MD
Associate Professor in Internal Medicine and Geriatrics
University of Nebraska Medical Center

Betty Mortensen, RN, MS, BSN, FACHE
Chief Nursing Officer
Emergency Nurses Association

Timothy F. Platts-Mills, MD, MSc
Assistant Professor of Emergency Medicine
University of North Carolina at Chapel Hill School of Medicine

Luna C. Ragsdale, MD, MPH, FACEP
Clinical Associate
Duke University School of Medicine
Wake Forest University School of Medicine

Julie Rispoli
Project Manager, EM Practice Department
American College of Emergency Physicians

David C. Seaberg, MD, CPE, FACEP
Board Liaison, ACEP Geriatric Emergency Medicine Section (2007-2013)
President, American College of Emergency Physicians (2011-2012)

Scott T. Wilber, MD, MPH, FACEP
Associate Professor of Emergency Medicine
Northeast Ohio Medical University
Geriatric Emergency Department Accreditation Program

GEDA was developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, quality care at the appropriate level at every ED encounter.
Criteria for any level of GED accreditation are comprised of the following seven categories:

a) Staffing
b) Education
c) Policies/protocols, guidelines and procedures
d) Quality improvement
e) Outcome measures
f) Equipment and supplies
g) Physical environment
GEDs By The Numbers

323 sites accredited in total
22 Gold level, 36 silver, and 265 bronze.
42 states
18 renewals
11 upgraded sites
5 international sites – Spain, Brazil, Canada (2), Thailand
22 health care systems with 6 of those at 100% participation
VA system 31 of 110 sites
Chapter 3: The Geriatric Emergency Department Future
The Future Is Now

Expand GED and GEDA
Augmented Reality
Virtual Reality
Telemedicine
Hospital at Home
Wearables
Artificial Intelligence Charting

Creating a world where all seniors, in all countries, have access to high quality Geriatric Emergency Care
Augmented Reality
Augmented Reality
AR vs VR
Benefits of Telemedicine

Telemedicine offers a lot of benefits to both patients as well as healthcare providers.

- Immediate access to specialists
- Reduced visits to hospitals and healthcare centers
- Early detection of diseases
- Better treatment management
- Improved health outcomes
- Timely follow-up of patients
- Access to comprehensive patient data
- Can be used to expand resources
Hospital at Home
Artificial Intelligence Charting
Artificial Intelligence Charting

Retrieval Dx

ISAR

ND

RASS ND

FRAT ND

Cath ND

LACE ND

Beers ND

- Before the injury or illness, did you need someone to help you on a regular basis?
- Since the injury or illness, have you needed more help than usual?
- Have you been hospitalized for one or more nights in the past six months?
- In general, do you see well?
- In general, do you have serious problems with your memory?
- Do you take more than 3 medications daily?

Cancel

Reset

Save

www.icem2022.com

Retrieve Medical
retrievemedical.com
Wearables
Wearables

- Improved Drug Management
- Remote Patient Monitoring
- Hand Hygiene Compliance
- Telehealth
- Chronic Disease Management
- Assisted Living
- Behavior Modification
- Hospital Asset Management
My GED Journey

2002 – Aneurysm
2005 – Dialysis
2007 – The Senior Friendly ED Concept
2009 – Opening of the GED
2014 – The GED Guidelines
2018 – GED Accreditation
This is dedicated to the ones we love
Questions
THANK YOU