Older adults account for a disproportionate number of potentially avoidable patient hospital admissions from the ED. Older adults account for 46% of all ED visits resulting in hospitalization. Approximately one out of every 10 hospital admissions is potentially avoidable, and the majority (60%) of those admissions are for patients 65+. Geriatric EDs can reduce the likelihood of avoidable patient admissions to the hospital. Comprehensive geriatric assessment (CGA) in the ED has been linked to reduced likelihood of admission at index ED visit in a growing number of studies, without increasing mortality risk. CGA and enhanced transitions of care planning in the ED may also reduce or delay nursing home admission. Averting avoidable admission prevents the risk of iatrogenic complications and reduced functioning that can occur in hospitalized and institutionalized patients.

Geriatric ED programs have been shown to increase patient satisfaction. Avoiding unnecessary hospitalizations is in keeping with the “4Ms Framework” of the growing “Age Friendly Health System” initiative, specifically “What Matters” to the patient. Older adult patients that received comprehensive geriatric assessment and enhanced transitions of care services reported higher patient satisfaction.

Physical therapy services in the ED are associated with reduced ED revisits. Falls are the leading cause of injury-related morbidity and mortality among Americans aged 65 and older, resulting annually in over 2.8 million ED visits and $31.9 billion in direct medical costs to Medicare. Receiving physical therapy (PT) services (e.g., a referral) in the ED during ED visits for a ground-level fall has been associated with significantly lower likelihood of a fall-related ED revisit within 30 days and 60 days among adults 65+. Expanding PT services in the ED may reduce future fall-related ED utilization and fall-related morbidity and mortality.

OLDER ADULTS WITH DEMENTIA REVISIT THE ED AT SIGNIFICANTLY HIGHER RATES.

Older adults with dementia are between 2.3 – 3.7 times more likely to revisit the ED within 30 days of index ED visit compared to older adults without dementia. The ED has the potential to play a role in connecting patients and caregivers to appropriate medical and social resources for management of dementia and other comorbidities. Care transition protocols improve disease management and are associated with reduced ED utilization. Additionally, coordination of care and services for dementia patients is a goal of the National Plan to Address Alzheimer’s disease, and programs such as the Veterans Affairs’ “Partners in Dementia Care” have demonstrated value in improving dementia patients’ and caregivers’ outcomes as well as reducing ED and hospital utilization.
Of the nearly 20 million older adults seen in the ED each year, approximately 8-17% present to the ED suffering from delirium. Patients with delirium have a 12-month mortality rate between 10-26%, which is comparable to patients with sepsis or acute myocardial infarction. Delirium is an independent predictor of mortality among ED patients diagnosed with delirium compared to patients without delirium, and the strongest association has been found at 30 days following an ED visit. EDs that screen for delirium and incorporate appropriate protocols may help reduce missed diagnosis of this potentially fatal condition.

SOURCES