American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ADVOCATE HEALTH GERIATRIC EMERGENCY DEPARTMENT PROGRAM:

Geriatric Emergency Care Through Data, Dashboards, and Systemwide Accreditation

The Challenge:

Advocate Health serves a rapidly growing older adult population across Alabama, Georgia, Illinois, North Carolina, South Carolina and Wisconsin, with over 1.5 million Medicare beneficiaries and 25 adult emergency departments, including 25 in Wisconsin and Illinois. Nearly one in three ED encounters involves an older adult, most commonly for falls. Historically, across Advocate Health this population experiences higher rates of ED revisits and hospital admissions, prolonged boarding times, and challenges in care transitions, along with down-stream impacts such as hospital-acquired conditions, delirium, falls, and loss of function.

Recognizing these complexities and their impact on the system, Advocate Health leaders view geriatric emergency care as a strategic opportunity to improve outcomes, promote operational efficiency, and deliver patient-centered care. In 2018, Advocate Health Care in Illinois and Aurora Health Care in Wisconsin - both part of Advocate Health since 2022 - launched what would become a unified systemwide approach to the American College of Emergency Physician's Geriatric Emergency Department Accreditation (GEDA) program. A dedicated core team assembled to enable rapid scaling, reduce variability, and ensure every older adult receives evidence-based care across all EDs, regardless of hospital size or location.

The Strategy: Systemwide Standardization Through GED Accreditation

Building on the GEDA framework, which provides an evidence-based foundation for geriatric emergency care, Advocate Health's Senior Services team collaborated with frontline staff in Illinois and Wisconsin to develop a standardized model for geriatric emergency care using evidence-based clinical processes, protocols and a robust data dashboard to ensure consistent implementation and sustainability.

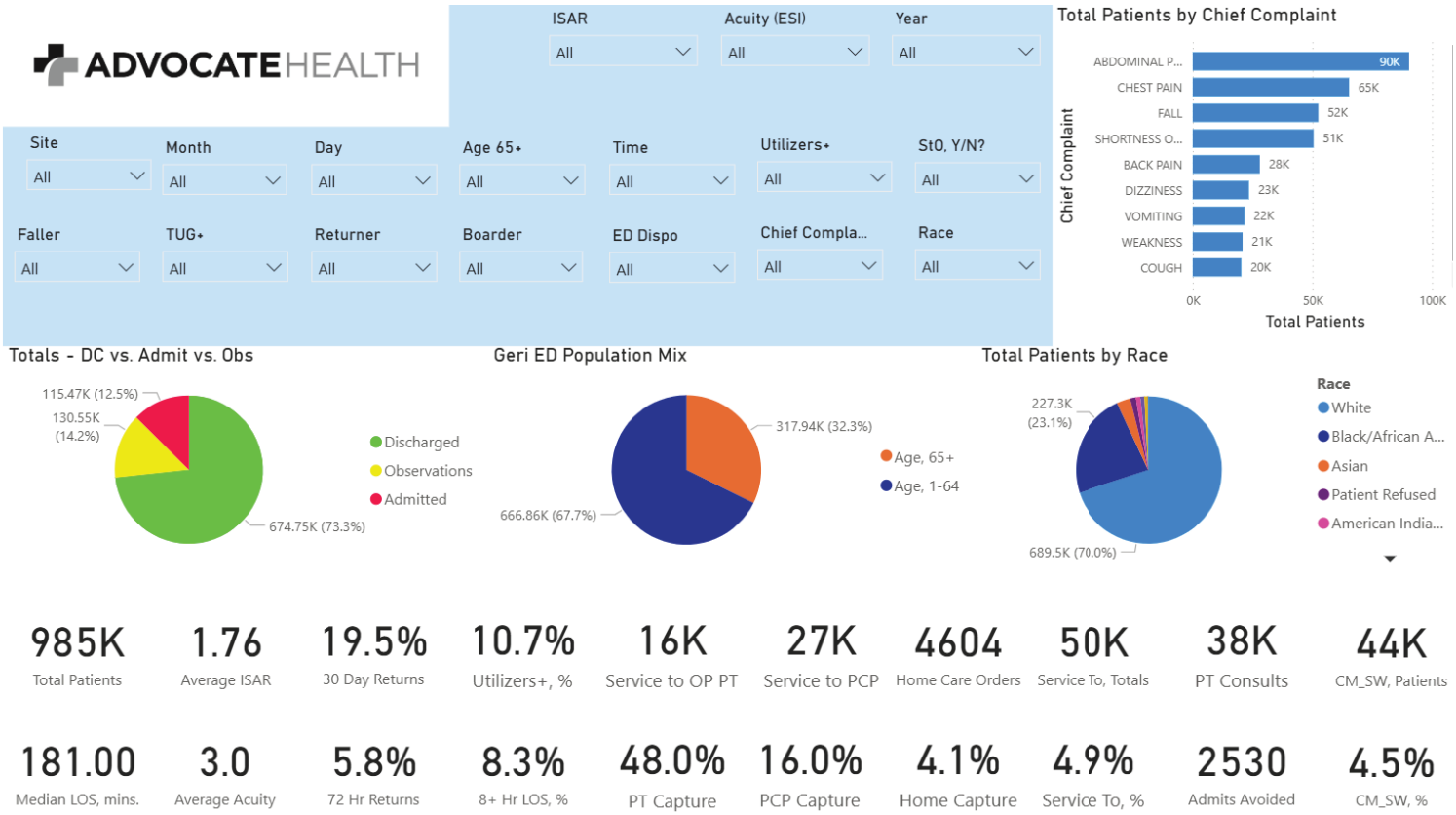
The model established a standard workflow for geriatric patients in the ED, while allowing flexibility for sites to adapt based on site-specific resources and unique patient populations. This included universal screening for older adults using the Identification of Seniors at Risk (ISAR) tool, standardized workflows for addressing falls and mobility, and social work consults. These processes were built into the EHR to hardwire appropriate care.

The Innovation: Targeted Data Dashboard Driving Continuous Improvement

To monitor performance and ensure consistent improvement, Advocate Health leveraged existing reports to create a dashboard to provide feedback on both process and outcome metrics. The dashboard provides site-level and aggregate measures including:

- Process Measures: Totals and rates for ISAR and TUG screenings, service to orders, case management interventions, and PT consults.
- Outcome Measures: 30-day and 72-hour ED re-visit rates, LOS, admissions avoided through case management interventions, disposition rates, and patient experience scores.

This allows the Senior Services core team to identify trends to provide targeted education and support to site leaders to improve performance. Beyond quality improvement, the dashboard is a tool to highlight best practices, celebrate exemplars, and maintain leadership buy-in.



Execution:

Team Structure

The core implementation team consisted of members of the Senior Services team, including the medical director, a program manager, and project coordinators. During implementation and sustainability, the core team collaborated with site GED champions and the GED site team that included interprofessional team members at each hospital. The core team provided infrastructure, training, and ongoing support, while local site champions adapted workflows to fit unique needs.

Phased Rollout

Following the publication of the GED guidelines in 2014, Aurora Health Care began early work to identify areas of opportunity. In 2018, the first cohort of sites pursued accreditation with the support of the core team and senior leadership. Informed by lessons learned from the first cohort, expansion of the program was planned. Advocate Health received accreditation for all 25 EDs in Illinois and Wisconsin by Q1 of 2026.

2014:
- GED guidelines published
- Advocate Health exploratory work to identify improvement opportunitites begin

2018: Cohort 1

2019: Cohort 2

2020: Cohort 3

2021: Cohort 4
Upgrade site from Cohort 1

2023:
Upgrade site from Cohort 1 and 3

2024: Cohort 5
Upgrade site from Cohort 1

2025: Cohort 6

Education and Engagement

Frontline staff received in-person and virtual training, supported by online modules and regular town halls. Monthly site interprofessional team meetings and communication channels included email updates, intranet resources, and leadership rounding. The core team supported sites implementing and evaluating PDSA cycles for iterative improvements. Additional ongoing education is delivered through annual booster trainings focused on providing ED-specific geriatric education and updated evidence-based clinical pathways.

Maintenance

Program sustainability was built in through data review and feedback cycles. Dashboard data are reviewed monthly by site and system leadership to monitor performance and guide quality improvement. Regular review of dashboard metrics at the site and system level enables the Senior Services team and site leads to identify unmet needs or opportunities for targeted intervention, ensuring care design is responsive to patient needs.

Results and Impact:

Accredited EDs

- **Process and Clinical Outcomes:**
  - » 19% lower odds of 30-day ED revisit and 11% lower odds of unplanned hospital admission for older adults who received post-ED service orders
  - » >141,000 ISAR screenings performed in 2024 (53.8% of older adults)
- **Operational Efficiency:**
  - » 43-minute shorter average LOS at GED sites vs non-GEDs
  - » 6.9% higher patient experience scores at GED sites vs non-GEDs

Exemplars

- Sites implementing full falls protocol saw up to 50% reduction in 30-day ED revisits.
- Aurora BayCare Medical Center's new fall medication reconciliation process helps ED pharmacists flag high-risk drugs and recommend changes, resulting in 31% deprescribing to reduce future harm.
- Aurora Medical Center - Sheboygan County: 38% reduction in 30-day ED revisits after GED implementation

Lessons Learned and Sustainability:

- **Standardization enables scalability:** the development of core processes across sites drives consistency. Working with sites to understand their patient population and available resources allows flexibility to ensure processes are relevant.
- **Technology hardwires accountability:** Continuous improvement requires robust metrics and feedback loops. Executive buy-in is best achieved through compelling data and alignment with system goals.
- **Engagement sustains momentum:** Staff behavior changes drive outcomes and are maintained through ongoing education, recognition, and onboarding as well as regular interprofessional collaboration.

Conclusion:

The Geriatric Emergency Department program at Advocate Health applies evidence-based geriatric principles to provide safer, age-friendly emergency care for older adults. This tailored approach improves patient interventions and health system outcomes while strengthening connections to follow-up care beyond the emergency department. The program effectively uses data, technology, and a dedicated interdisciplinary team to implement best practices in care delivery, maintain a cycle of continuous improvement, evaluate care delivered, and develop new clinical pathways and processes.

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ACEP GERIATRIC ED ACCREDITATION PROGRAM

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