Geriatrische spoedgevallenzorg

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Why geriatric emergency care?

OLDER ED PATIENTS IN NUMBERS

- 12% - 21% of ED population is aged 65 or above
- Ageing of society

INCREASED RISK for ADVERSE EVENTS during/after ED stay

- Incorrect/incomplete diagnosis
- Inappropriate treatment
- Mortality
- Functional decline

Why geriatric emergency care?

OLDER ADULTS CAN UNBALANCE THE ‘FIT’ OF THE 3 INTERDEPENDENT MAIN COMPONENTS IN ED LOGISTICS

INPUT

THROUGHPUT

OUTPUT

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URGENT project

Unplanned Readmission prevention by
Geriatric Emergency Network for Transitional care

- ED of University Hospitals Leuven
- Nurse-led, transitional care model
- ED-based CGA + structured follow-up

BMC Geriatr. 2019 Aug 7;19(1):215. doi: 10.1186/s12877-019-1233-9.

URGENT project

Advices and/or referrals in at risk intervention patients

On average 7 per patient & overall adherence = 72%

Top 3 advices during ED admission	Top 3 advices during hospitalisation	Top 3 post-discharge advices (at home)
1. Feasibility of returning home	1. Functional evaluation	1. Additional professional help
2. Discharge destination	2. Referral occupational therapist	2. Cognitive evaluation
3. Pain management	3. Referral social worker	3. Ambulatory follow-up by other medical discipline
Adherence = 86%	**Adherence = 75%**	**Adherence = 34%**

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URGENT project

Primary outcome

- Unplanned 90-day ED readmission (CC: 22.1% vs. IC: 23.9%; p=.11)

Secondary outcomes

- ED length of stay (LOS) (CC: 19.1 versus IC: 12.7 hours; P=.0003)
- Hospitalization rate (CC: 67.0% versus IC: 70.0%; P=.0.0026)
- In-hospital LOS
- 90-day higher level of care
- 90-day functional decline
- 90-day mortality

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URGENT project

LESSONS LEARNED

1) A geriatric emergency nurse

- could improve in-hospital patient management
- failed to introduce substantial out-hospital case-management

2) Geriatric-focused assessment is complementary to medical assessment

3) More extensive approach does not necessarily prolong ED length of stay

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ED care models for older adults

HOW TO DEVELOP SUSTAINABLE CAPACITY FOR GERIATRIC EMERGENCY CARE IN YOUR ED?

SPACE

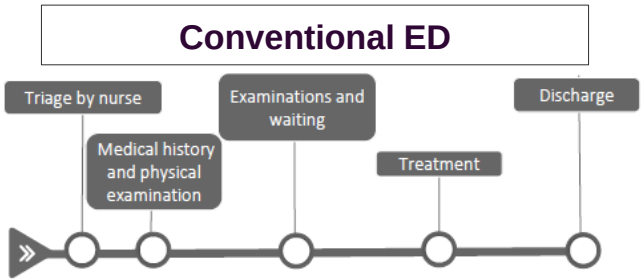
STAFF

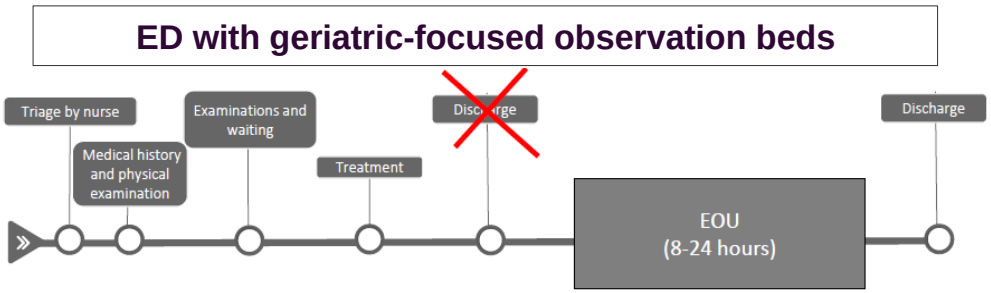
SYSTEMS

STUFF

ED care models for older adults - SPACE

- EDs exclusively for older adults?
- Geriatric care models integrated in the ‘regular ED’

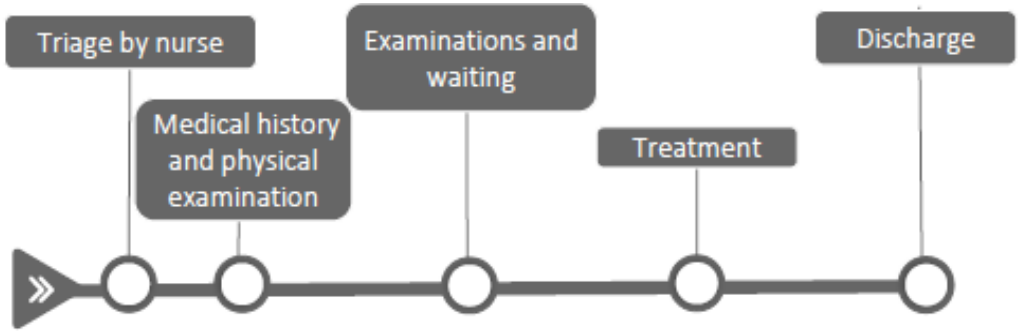




ED care models for older adults - SPACE

- Geriatric care models integrated in the ‘regular ED’

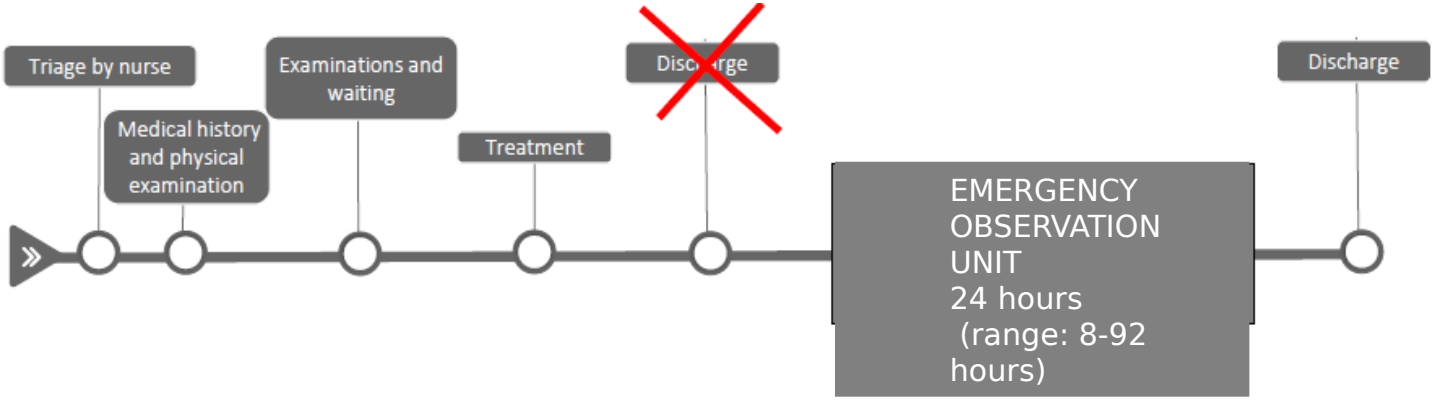
Conventional ED



ED care models for older adults - SPACE

- Geriatric care models integrated in the ‘regular ED’

ED with geriatric-focused observation beds



ED care models for older adults - SPACE

Small changes for immediate impact:

- De-clutter
- Offer cues for orientation to time and place
- Transform corridors into pleasant spaces for walking about safely
- Ensure toilet seats and grab-rails are in contrasting colours

ED care models for older adults - SPACE

More ambitious changes:

- Non-slip, matt flooring
- Efforts for noise reduction (e.g. silent alarms, closed rooms)
- A wheelchair accessible toilet / raised toilet seats
- Opportunity for one visitor and the patient to sit beside the bed of the patient
- Natural light / Night-time light or dimmable lighting

ED care models for older adults - STAFF

INTERDISCIPLINARY COLLABORATION is the key for success!

• Emergency physician • Geriatrician • Internal medicine consultant • Advanced nurse practitioner • Nurse case manager	• Nutritionists • Psychiatrists • Emergency nurses • Mental health liaison nurse • Social worker	• Physiotherapist • Speech & hearing specialist • Occupational therapist • Pharmacist • Physician assistants

Which competencies are covered by your team?

What are referral possibilities?

What is the intervention reach?

Integrate geriatric care principles in training curricula of ED caregivers

ED care models for older adults - SYSTEMS

"Set of principles or procedures according to which something is done"

Providing care for older adults in the Emergency Department: expert clinical recommendations from the European Task Force on Geriatric Emergency Medicine

J. A. Lucke[1] · S. P. Mooijaart[2] · P. Heeren[3,4,5] · K. Singler[6,7] · R. McNamara[8] · T. Gilbert[9] · C. H. Nickel[10] · S. Castejon[11] · A. Mitchell[12] · V. Mezera[13] · L. Van der Linden[14,15] · S. E. Lim[16] · A. Thaur[17] · M. A. Karamercan[18] · L. C. Blomaard[2] · Z. D. Dundar[19] · K. Y. Chueng[20] · F. Islam[21] · B. de Groot[22] · S. Conroy[23]

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SPECIAL ARTICLE

ED care models for older adults - SYSTEMS

Table 1 Topics for Geriatric Emergency Medicine guidelines selected by experts after modified Delphi procedure

Rank	Topic
1	Comprehensive Geriatric Assessment in the Emergency Department
2	Age/frailty adjusted risk stratification
3	Delirium and cognitive impairment
4	Family involvement
5	Environment
6	Polypharmacy
7	Silver trauma
8	End of life care in the acute setting

ED care models for older adults - SYSTEMS

#1. geriatric assessment in the ED

Start with key concepts = **5Ms of geriatrics**

1. Mind
2. Mobility
3. Medications
4. Multi-complexity
5. Matters most

(Tinetti, 2017)

ED care models for older adults - SYSTEMS

#1. Geriatric assessment in the ED

- **A**irway
- **B**reathing
- **C**irculation
- **D**isability
- **E**xposure
- **F**railty
  - RECENT COGNITIVE CHANGES?
  - RECENT FUNCTIONAL CHANGES?
  - RECENT MEDICATION CHANGES?
  - WHAT MATTERS MOST?

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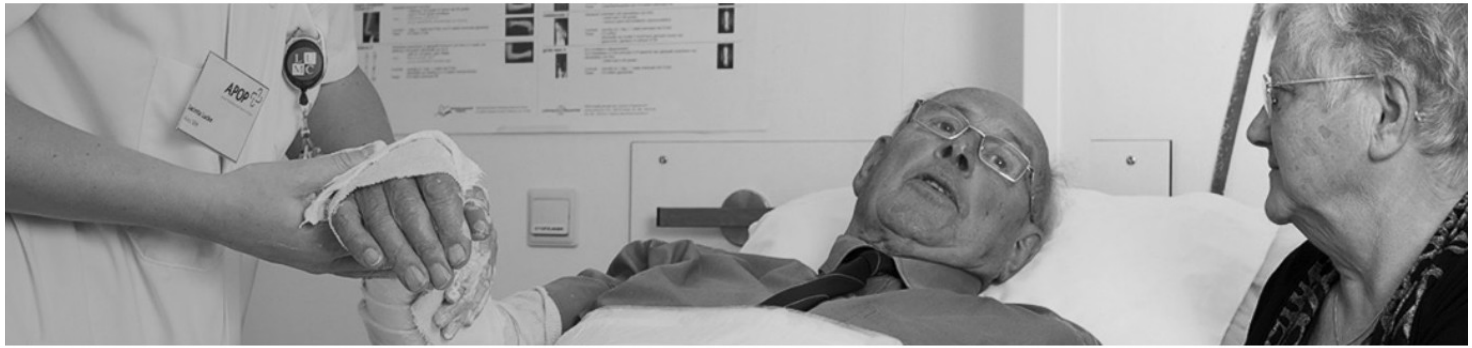
GERIEM

Home Posters Info



GERIEM EUROPE POSTERS

The European Task Force for Geriatric Emergency Medicine (**geriEM**) has developped education material by publishing and distributing some posters. On this website all posters are available for download and reading. Links to all resources and toolkits are incorporated. Geriatric Emergency Medicine (geriEM) is a collaboration between the European Society for Emergency Medicine (EUSEM) and the European Geriatric Medicine Society (EuGMS).

The main website of geriEM can be found here.

OVERVIEW OF ALL POSTERS

- P01: Comprehensive Geriatric Assessment in the Emergency Department (available languages: DE)
- P02: Age / Frailty Adjusted Risk Stratification (available languages: DE)
- P03: Environment (available languages: DE)
- P04: Delirium and Cognitive Impairment (available languages: DE)
- P05: Medication reviews in the ED for older adults (available languages: DE)
- P06: Inclusion of family, friends and other informal and formal carers in ED (available languages: DE)
- P07: Silver Trauma – Major trauma in older adults (available languages: DE)
- P08: End of Life Care (available languages: DE)

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Table 1 Topics for Geriatric Emergency Medicine guidelines selected by experts after modified Delphi procedure

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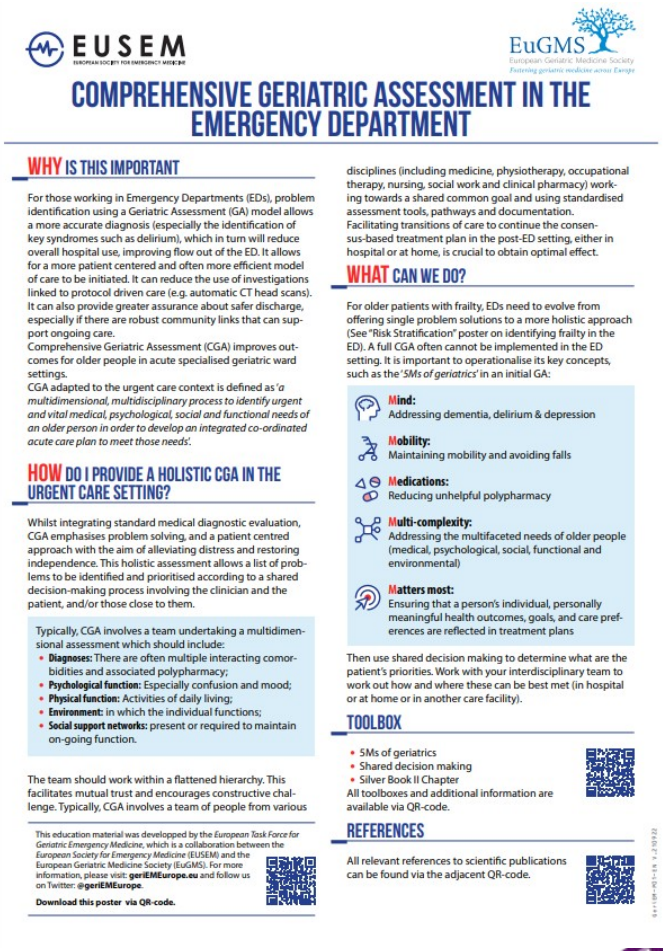

EUSEM

EuGMS
European Geriatric Medicine Society
Fostering geriatric medicine across Europe

COMPREHENSIVE GERIATRIC ASSESSMENT IN THE EMERGENCY DEPARTMENT

WHY IS THIS IMPORTANT

For those working in Emergency Departments (EDs), problem identification using a Geriatric Assessment (GA) model allows a more accurate diagnosis (especially the identification of key syndromes such as delirium), which in turn will reduce overall hospital use, improving flow out of the ED. It allows for a more patient centered and often more efficient model of care to be initiated. It can reduce the use of investigations linked to protocol driven care (e.g. automatic CT head scans). It can also provide greater assurance about safer discharge, especially if there are robust community links that can support ongoing care.
Comprehensive Geriatric Assessment (CGA) improves outcomes for older people in acute specialised geriatric ward settings.
CGA adapted to the urgent care context is defined as '*a multidimensional, multidisciplinary process to identify urgent and vital medical, psychological, social and functional needs of an older person in order to develop an integrated co-ordinated acute care plan to meet those needs*'.

HOW DO I PROVIDE A HOLISTIC CGA IN THE URGENT CARE SETTING?

Whilst integrating standard medical diagnostic evaluation, CGA emphasises problem solving, and a patient centred approach with the aim of alleviating distress and restoring independence. This holistic assessment allows a list of problems to be identified and prioritised according to a shared decision-making process involving the clinician and the patient, and/or those close to them.

Typically, CGA involves a team undertaking a multidimensional assessment which should include:
- **Diagnoses:** There are often multiple interacting comorbidities and associated polypharmacy;
- **Psychological function:** Especially confusion and mood;
- **Physical function:** Activities of daily living;
- **Environment:** in which the individual functions;
- **Social support networks:** present or required to maintain on-going function.

The team should work within a flattened hierarchy. This facilitates mutual trust and encourages constructive challenge. Typically, CGA involves a team of people from various disciplines (including medicine, physiotherapy, occupational therapy, nursing, social work and clinical pharmacy) working towards a shared common goal and using standardised assessment tools, pathways and documentation. Facilitating transitions of care to continue the consensus-based treatment plan in the post-ED setting, either in hospital or at home, is crucial to obtain optimal effect.

This education material was developped by the *European Task Force for Geriatric Emergency Medicine*, which is a collaboration between the *European Society for Emergency Medicine* (EUSEM) and the European Geriatric Medicine Society (EuGMS). For more information, please visit: **geriEMEurope.eu** and follow us on Twitter: **@geriEMEurope**.

Download this poster via QR-code.

WHAT CAN WE DO?

For older patients with frailty, EDs need to evolve from offering single problem solutions to a more holistic approach (See "Risk Stratification" poster on identifying frailty in the ED). A full CGA often cannot be implemented in the ED setting. It is important to operationalise its key concepts, such as the '*5Ms of geriatrics*' in an initial GA:

- **Mind:** Addressing dementia, delirium & depression
- **Mobility:** Maintaining mobility and avoiding falls
- **Medications:** Reducing unhelpful polypharmacy
- **Multi-complexity:** Addressing the multifaceted needs of older people (medical, psychological, social, functional and environmental)
- **Matters most:** Ensuring that a person's individual, personally meaningful health outcomes, goals, and care preferences are reflected in treatment plans

Then use shared decision making to determine what are the patient's priorities. Work with your interdisciplinary team to work out how and where these can be best met (in hospital or at home or in another care facility).

TOOLBOX

- 5Ms of geriatrics
- Shared decision making
- Silver Book II Chapter

All toolboxes and additional information are available via QR-code.

REFERENCES

All relevant references to scientific publications can be found via the adjacent QR-code.

ED care models for older adults - STUFF

Ensure older patients have easy access to:

- Mobility aids
- Nutrition and hydration
- Sensory aids
- Continence aids
- Bladder scan

ED care models for older adults

HOW TO DEVELOP SUSTAINABLE CAPACITY FOR GERIATRIC EMERGENCY CARE IN YOUR ED?

SPACE

STAFF

SYSTE

MS

STUFF

The ED is not an ‘isle’!

Towards senior-friendly health systems

- Continuity of care
- Transmural data transfers are crucial

IN SUMMARY

- Geriatric emergency care models are necessary to guarantee quality of care for a large majority of patients in the ED
- There is no ‘one-size-fit-all model’, but everything you do requires space, staff, systems and stuff
- Start with key concepts = ABCDE FRAILTY!
- Geriatricizing EDs is first step towards geriatric-friendly health systems
- Geriatric care should be on the agenda of individual EDs, hospital boards, training curricula, professional organisations and policy!

Thank you!

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