

# Geriatric Emergency Management

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# GEM

- In 2003/2004 MOH LTC approved funding for 8 GEM positions in EDs in Ont to be administered by the RGPs of Ont
- Seniors are the fastest growing population in our communities and are well represented in the EDs with their complex medical, social, and physical issues

# Overview

- A visit to the ED can be a sentinel event, older adults are more acutely & seriously ill and require longer, more complicated care
- Older pts discharged from the ED have poorer short-term outcomes, with higher readmission & mortality rates than younger
- Older adults often suffer significant loss of independence in self-care abilities following d/c from ED

# Utilization of the ED by the Elderly

- Elderly use more ED diagnostic and staff resources than young pts (CIHI, 2000)
- Elderly are more likely to arrive by ambulance than the young pts 37% vs 12%
- 25% of ED pts  $75 \geq$  have geriatric syndromes including: falls, confusion, incontinence, failure to thrive, caregiver stress (Madden, 2002)

# Goals of the Ontario Initiative

(at all 8 sites)

1. Development and implementation of a new model of care for the frail elderly using innovative evidence based models of service and to facilitate transfer of that knowledge across the spectrum of care through capacity building
2. Improve patient outcomes by reducing recidivism, decrease length of stay, divert hospital admissions
3. Program evaluation will examine the impact of the GEM program in terms of volume and relevant clinical outcomes

# GEM Nursing Model Includes:

1. Routine screening of seniors 75+ [those with a CTAS > 2] with the TRST (Triage Risk Screening Tool)
2. Targeted geriatric nursing assessment (cognitive impairment, falls, nutrition issues/wt loss, incontinence, depression, & pain)
3. Initiation of a referral & Follow-up process independent of disposition
4. Multi-dimensional capacity building with GEM stakeholders.

# GEM Nursing Model Systemic Functions

1. Identifying seniors at risk & triggering a GEM referral
2. Guiding GEM targeted assessment
3. Creating awareness of seniors issues among non-GEM ED staff
4. Alerting staff to risk factors in the event of a hospital admission
5. Driving referrals to CCAC/home care for high-risk seniors
6. Providing a simple alert to primary care physicians
7. Providing a focus for cont ed and capacity bldg

# Practice Principles Include:

- Frail seniors at risk for loss of independence or institutionalization are the target population most likely to benefit from GEM
- Risk assessment is to be completed on all pts 75 yo or greater [also include 65-74 if geriatric issues)
- GEM staff would strive to see as many of the referred pts as possible and would notify family physicians of risk status for those referred pts whom they were unable to see
- Assessment is targeted to needs of pt

# Practice Principles Continued

- The GEM assessment would trigger appropriate liaison across the spectrum of care
- Capacity building through formal & informal knowledge exchange within the ED
- Knowledge exchange with community-based and LTC services to prevent unnecessary admissions and to support durable discharges from the ED

# GEM Challenges

- TRST
- Role development
- Capacity building – education of ED staff, ED typically looks at the specific reason the person came to the ED, difficult to get them to focus on other factors associated with the elderly and mortality