UNIVERSITY OF SASKATCHEWAN

Older Adults in the Emergency Department:
Setting the Scene for Change

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Conflict of Interest Declaration

Speaker Name: Brittany Ellis

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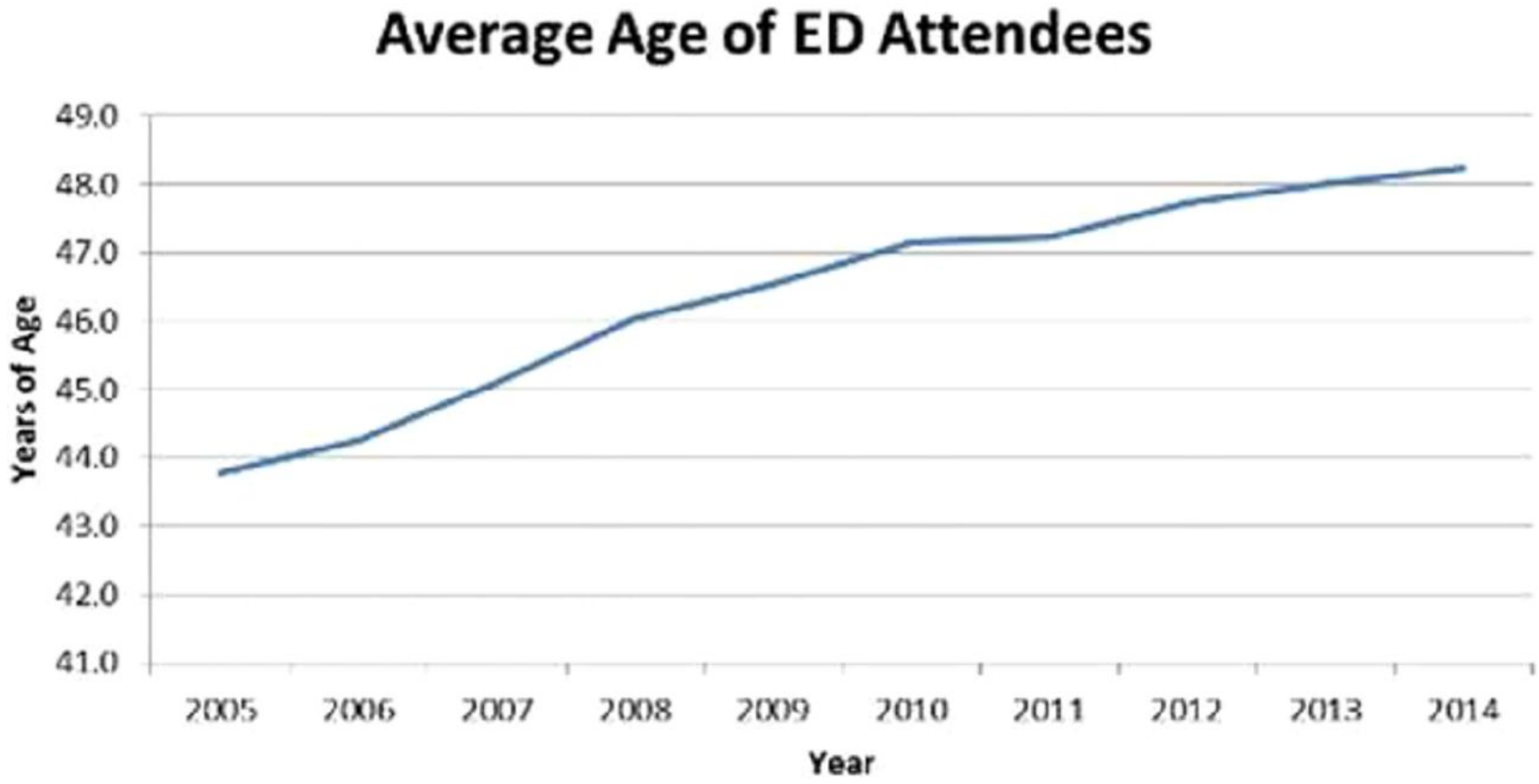
OBJECTIVES

1. Describe emergency department (ED) use by older people
2. Identify characteristics of older people who use the ED
3. Outline challenges faced that older people face in the ED
4. Highlight outcomes of ED use by older people
5. Illustrate how ED care is adapting

Emergency Medicine – The Early Days

- 1960's – ED's developed in response to need for urgent and emergent medical assessment and care.
  - Staffed by GPs and trainee doctors who received patients & reported back to surgeon/internist.
- 1970's – recognition bad patient outcomes due to lack of training.
  - Emergency Medicine as a specialty recognized.
  - Training/educational programs developed, CAEP formed.
- 1980's – significant increase in research and education specific to ED


Average Age of ED Attendees
49.0
48.0
47.0
46.0
45.0
44.0
43.0
42.0
41.0
Years of Age
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
Year

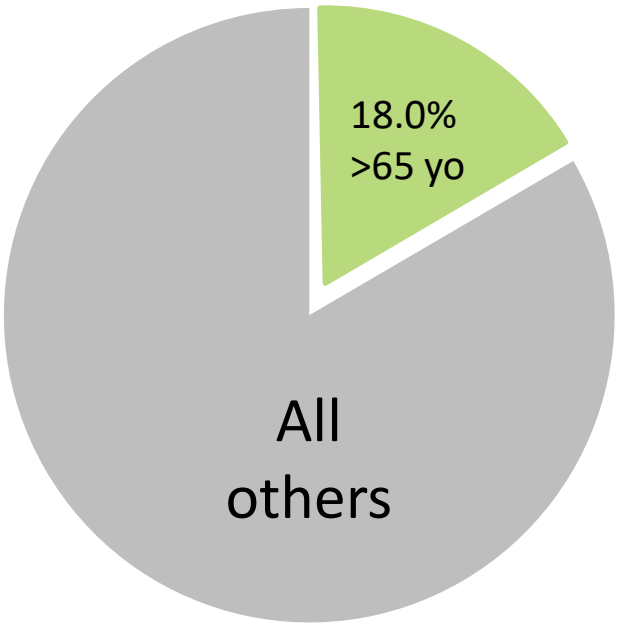
Liston, 2015

Why do Older People use the ED?

- A **treatment centre** for true emergent medical problems which could not wait
- A point of entry into the hospital for **admissions**
- An easily accessible source of **primary health and social care**
  - Easier than making an appt (or unsure how to)
- A **safety net** when transition into other health care facilities is disrupted
- Felt the ED provided **better care**

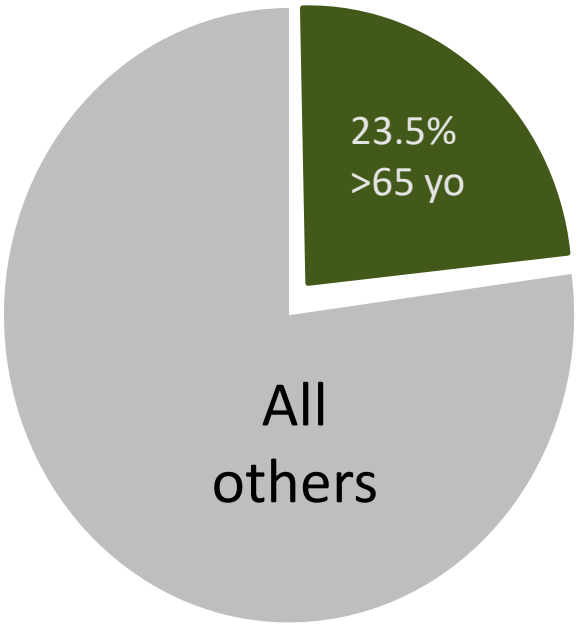
Emergency Department Use & Older People

Demographics in Canada in 2020



Statistics Canada, 2020

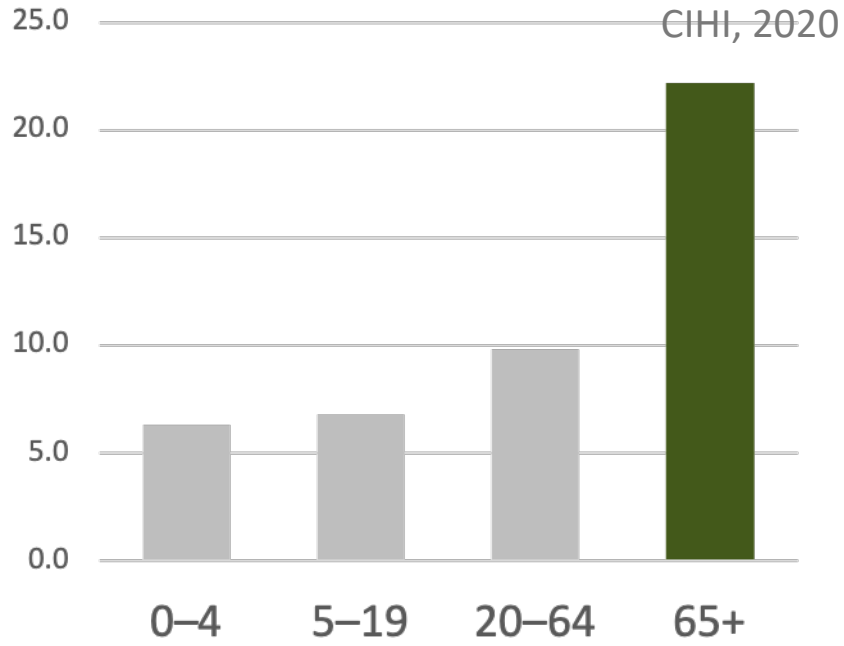
ED visits in Canada in 2020



CIHI, 2020

Emergency Department Use & Older People

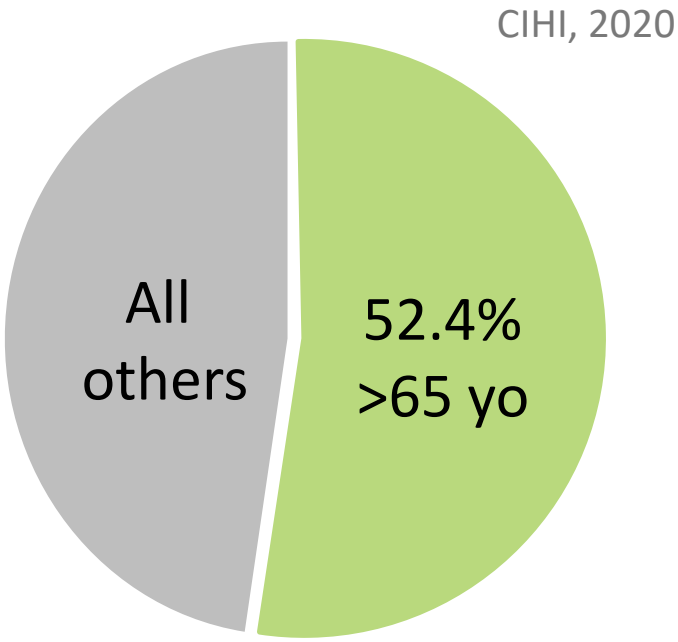
Overall ED LOS
(90% spent less, in hours)



Average LOS = 7.8 hours

Lantham, 2014

Admissions from ED
in Canada in 2020



23.6% ED attendances result in admission in older people.

(6.6% all other age groups)

Characteristics of Older People in the ED

76yo
Mean age in adults over 65

66%
Arrive by self or family/friends

71%
Visits that occur during the week

95%
Have a GP listed

Lantham, 2014

Characteristics of Older People in the ED

- **25%** have known **cognitive impairment** (Samaras, 2010)
- **64.3%** of patients have **polypharmacy** (Tanerdup, 2018)
- **39%** have **functional decline** before the ED contact (Mion, 2001)
- **10-50%** of older people are **frail** on arrival to the ED (depends on frailty score used) (Lewis, 2019)

Characteristics of Older People in the ED

TABLE 3.
ED visit characteristics for older adults by age group

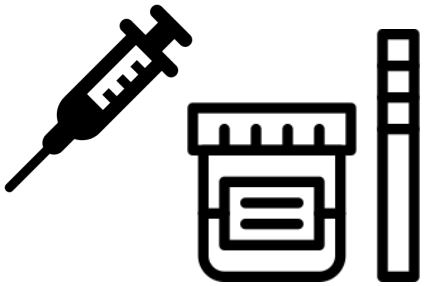
Characteristic	*Age Group (yrs)*			p *value*[b]
	65 to 74	75 to 84	85+	$p < .0001$
Urgent/ emergent (CTAS 1-3)	70.7	75.3	81.4	
Less urgent (CTAS 4,5)	29.3	24.7	18.6	
Length of Stay[a] (hrs)				
Mean ± SD	6.75±8.1 (range 0.27–179)	8.1±10.1 (range 0.27–221)	9.61±11.1 (range 0.28–195)	
Median	4.4	5.1	5.9	
Departure Disposition (%)				$p < .0001$
Discharged	74.6	71.0	65.0	
Admitted	17.2	21.8	28.2	

Lantham, 2014

Characteristics of Older People in the ED

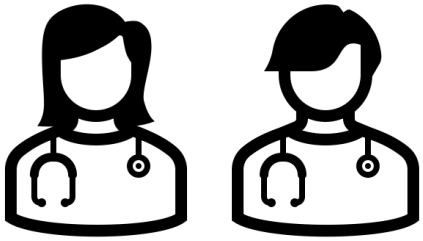
49.8%

undergo imaging



62.1%

undergo laboratory investigations



30.8%

Assessed by consulting service

Lantham, 2014

ED visit diagnosis

25%

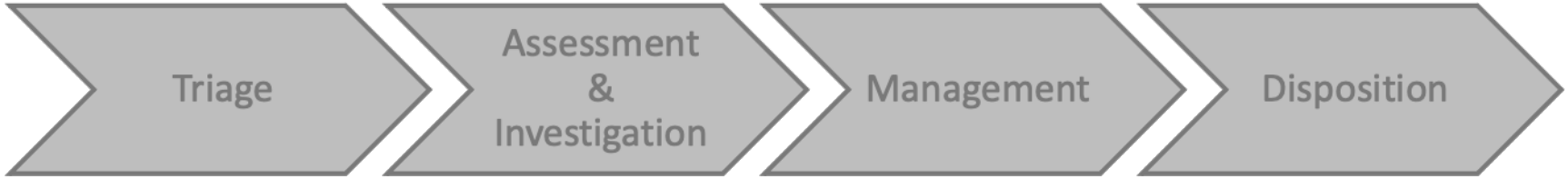
of older adults are discharged from the ED without a definitive diagnosis

Lantham, 2014

Utilization of the Emergency Department is evolving…

and so must the services and skills of the emergency department team.

The Emergency Department Journey and Challenges Older People Face



Challenges faced by older people in the ED

CTAS

2017

Frailty Modifier introduced

CEDIS

=

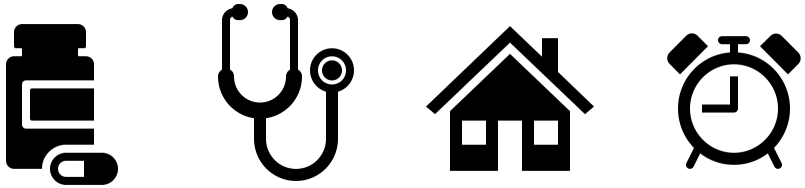
Single complaint

Lack of supports

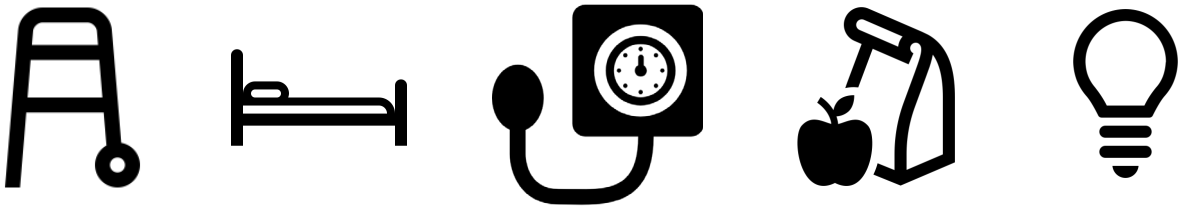
Hendin, 2018; Lantham, 2014; Bullard, 2017

Challenges faced by older people in the ED

- Access to information



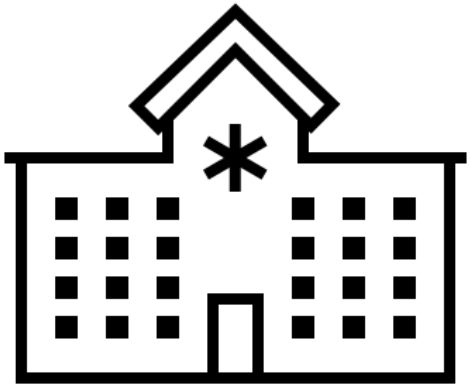
- Access to equipment & the environment



Challenges faced by older people in the ED

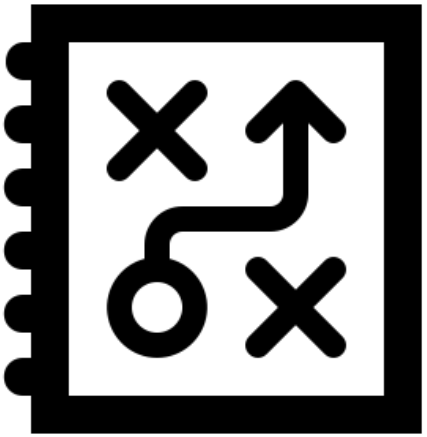
- Care team and patient objectives differ
- Misunderstanding of risk
- Diagnostic momentum/closure
- Pain management
- Managing agitation and delirium
- Potentially inappropriate medication usage/adverse drug events

Challenges faced by older people in the ED



OR

Transitions of Care



Outcomes of ED Use by Older People

Aminzadeh, 2001

The **CHANGING** ED

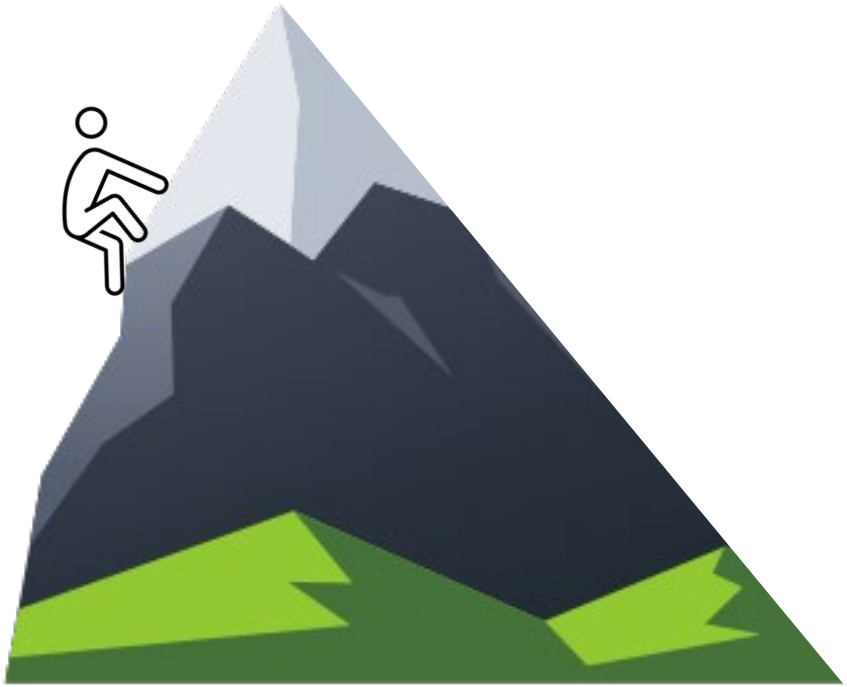
- Increasing recognition of the importance of team-based care in the ED (e.g. Allied health including OT, PT, pharmacists, social work)
- Specialized geriatric nurses based in the ED
- Enhanced awareness of and links to community-based care (e.g. home care, respite care etc.)
- Care pathways to aid recognition, assessment and management of common/important conditions (e.g. delirium)

The CHANGING ED

- Improved educational and leadership opportunities
  - Geriatric EM fellowship (University of Toronto)
  - Online courses (e.g. CAEP Geriatric EM CPD)
  - Free-open access medical education (e.g. geri-em.com, geri-ed.com)
  - Conferences and tracks dedicated to Geriatric EM topics
- Growing research network focused on geriatric care in the ED
- Leadership and advocacy opportunities
  - CAEP Geriatric EM committee
  - IFEM Geriatric Special Interest Group
  - CGS Geriatric EM Special Interest Group

Geriatric care in the ED

Minimum care



https://icons8.com/icon/3CdGadNlwBQD/snow-capped-mountain

The ED is a unique environment with unique challenges.

WE must begin to be PROACTIVE as we look to improve ED experiences & outcomes of older people.

Improved community care → better ED care.

Change can be small and still impactful.

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