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For the Special Interest Group
**”Older patients and emergency department care”**

# EMERGENCY DEPARTMENTS AND OLDER VISITORS:

# WHAT WE NEED

CGS ANNUAL SCIENTIFIC MEETING
CGS Turns 40: Preparing for the Next Stage of Seniors' Care
MAY 26 - 28, 2021 | VIRTUAL

# DISCLOSURES

## FACULTY / PRESENTER

Faculty: BEAUCHET

Relationships with financial sponsors:
- Grants/Research Support: Yes - FRQS
- Speakers Bureau/Honoraria: No
- Consulting Fees: No
- Patents: No
- Other: No

Mitigating potential bias: FRQS grants not related to the topic of presentation

## COMMERCIAL SUPPORT

Financial support: No

In-kind support: No

Potential for conflict(s) of interest: No

# FACTS

## NORTH AMERICA EDs ARE UNDER DURESS

EDs: A key role in the healthcare system by providing care for all patients with acute and chronic health conditions… But also social issues

All the time: 24X7

Progressive disappearance of the "Medico-surgical urgencies" criterion: more and more patients visit EDs for non-urgent problems…Combining health & social issues

Consequence: Crowding and delays increase to epidemic proportions

# FACTS

## MAIN REASONS FOR ED "CRISIS"

Emergency medicine: The only specialty that has a mandate to provide care to any patient requesting treatment.

Primary care providers are in short supply, forcing ill patients to seek care in EDs.

Population is aging: Amplifies the magnitude of phenomenon

# FACTS

## AGING OF OLDER ED VISITORS

More and more older adults (≥ 65 yo but also “oldest-old” ≥ 80 yo) with:

- Multimorbidity (acute + chronic, severe stage)
- Disabilities
- Complex and specific needs

Concentrated in public health system designed for disease-oriented and episodic interventions rather than chronic multi-morbidities and disabilities

EDs are ill equipped to address the complex care needs of older ED visitors

Consequence:

- Growing gap between phenotype, needs of older ED visitors and answers provided by EDs
- Poor adverse outcomes for both patients and health care systems

# GOAL TO ACHIEVE FOR AN EFFECTIVE ED CARE PLAN

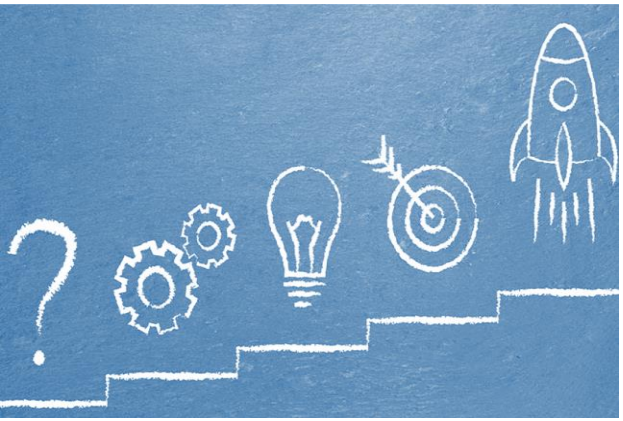
RIGHT PATIENT, RIGHT TIME,
RIGHT PLACE, RIGHT PROFESSIONAL

Variations of healthcare systems (Canadian provinces) but similar older EDs visitors and concerns for ED care providers (staff & hospital)

Concerns:

- Significant resources are involved to reduce the duration and severity of acute diseases in ED but multi-morbidities and disabilities are more likely to be ignored
- Older ED visitors require more ED staff time and resources compared to younger patients
- Older ED visitors are more prone to adverse events
- Since 2014 Geriatric ED guidelines have been published… But not implemented in practice and thus geriatric ED care remains heterogeneous
- The best or essential practices for older ED users are not known!

# WHAT WE NEED TO DO IN PRACTICE?



SIMPLICITY, PRAGMATISM… AND EFFICACY!

–

To access the burden of non-fatal health conditions of ED older visitors

To be compatible with ED daily practice

To provide clinical relevant risk stratification early in the process of ED care: screening of frail patients, those most at risk of ED adverse events and complex care… Those with a bad prognosis

To determine prognosis for poor adverse outcomes

To give relevant and useful information to other professionals as soon as possible

To trigger simple, efficient and appropriate interventions

# WHAT WE KNOW FROM THE LITTERATURE?

WELL-ESTABLISHED GERIATRIC ED PROGRAMS:
Key elements for a dedicated geriatric care plan

–

Holistic approach

Interdisciplinary assessment

Patient-centred care

Sharing common services (*e.g.,* Social worker to assist with care transitions and referral to outpatient resources)

Geriatric assessment tools for identification of at-risk older ED visitors who may benefit from interventions to prevent poor outcomes

Southerland LT et al. Ann Emerg Med. 2020 ;75:162-170

# WHAT WE KNOW FROM THE LITTERATURE?

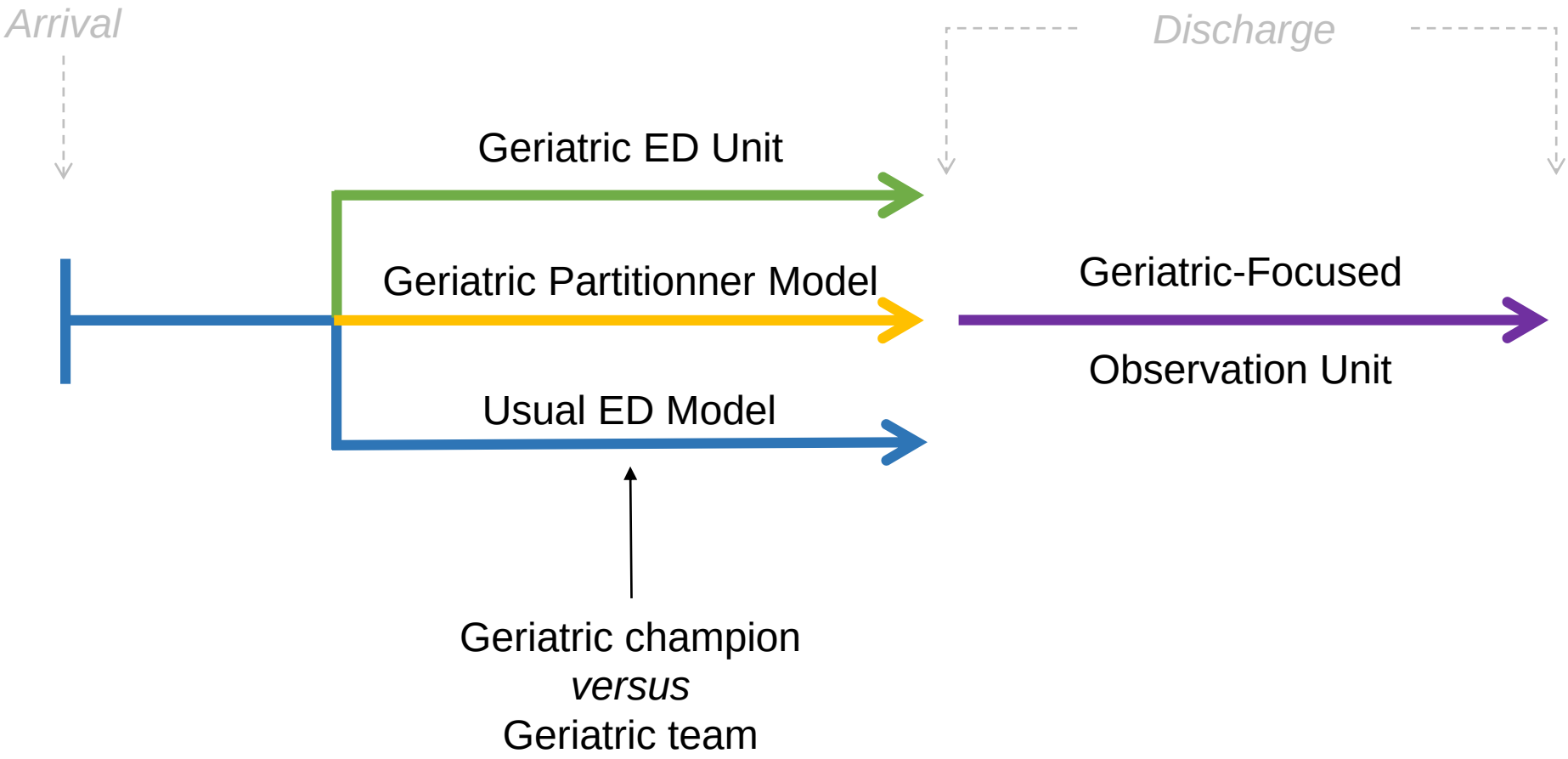
## WELL-ESTABLISHED GERIATRIC ED PROGRAMS: The 4 models of comprehensive geriatric care in EDs

| Characteristics | Geriatric ED Unit | Geriatric Practitioner Model | Geriatric Champion | Geriatric-Focused Observation Unit |
|---|---|---|---|---|
| **Dedicated:** | | | | |
| Space & equipment | + (in ED) | - | - | + (outside ED) |
| Staff (multidisciplinary team) | + | - | - | + |
| Geriatric care plan | + | - | - | + |
| **Other actions:** | - | 1) All ED adopts a geriatric focused approach<br>2) Multidisciplinary geriatric team allocated to ED | One geriatrician fit all! | |
| **Main issues:** | Difficulties :<br>1) Triaging appropriate patient to this space<br>2) High ED patients flow<br>3) Opening time | 1) Increased ED LOS<br>2) Limited number of older ED visitors receiving geriatric care before ED disposition | 1) Limited number of older ED visitors receiving geriatric care before ED disposition<br>2) Burned-out of the geriatrician | 1) <48h LOS |

Southerland LT et al. Ann Emerg Med. 2020 ;75:162-170

# WHAT WE KNOW FROM THE LITTERATURE?

## OVERVIEW OF GERIATRIC ED CARE MODELS



# WHAT HAVE WE IN CANADA?

## The OPED-SIG SURVEY - QUESTIONNAIRE

**EMERGENCY DEPARTMENT AND GERIATRIC PATIENTS SURVEY**

Thank you for agreeing to complete this short survey!

We would like to know more about the Emergency Department (ED) model in your hospital.

Could you please answer YES or NO to these questions:

| | |
|---|---|
| **Are older patients assessed in a separate space in ED? (geriatric ED)** | ☐ YES/ ☐ NO |
| **Is there a geriatric consultation team (allocated by a geriatric unit) in ED?** | ☐ YES/ ☐ NO |
| >> If YES, | ☐ YES/ ☐ NO |
| Geriatrician | ☐ YES/ ☐ NO |
| Nurse | ☐ YES/ ☐ NO |
| Physiotherapist | ☐ YES/ ☐ NO |
| Occupational therapist | ☐ YES/ ☐ NO |
| Social worker | ☐ YES/ ☐ NO |
| Pharmacist | ☐ YES/ ☐ NO |
| Community services coordinator | |
| **Is there allocated human resources by ED for geriatric patients?** | ☐ YES/ ☐ NO |
| >> If YES, | |
| ED physician | ☐ YES/ ☐ NO |
| ED nurse | ☐ YES/ ☐ NO |
| ED physiotherapist | ☐ YES/ ☐ NO |
| ED occupational therapist | ☐ YES/ ☐ NO |
| ED social worker | ☐ YES/ ☐ NO |
| ED Pharmacist | ☐ YES/ ☐ NO |
| ED Community services coordinator | ☐ YES/ ☐ NO |

| | |
|---|---|
| **Do you have staff education that focuses on geriatric topics?** | ☐ YES/ ☐ NO |
| >> If YES, who provides it? | ..... |
| **Do you have ED based protocols to improve the care of older adults in your ED?** | ☐ YES/ ☐ NO |
| >> If YES, please list them here: | |
| **Is there a specialized ED nurse-led program (*e.g.* GEM nurse)?** | ☐ YES/ ☐ NO |
| **Is it an interdisciplinary team?** | ☐ YES/ ☐ NO |
| >> If YES, who participates? | |
| **Does the use of a screening tool ?** | ☐ YES/ ☐ NO |
| >> If YES, | |
| Screening tool(s) used: | ISAR: ☐ YES/ ☐ NO TRST: ☐ YES/ ☐ NO<br>PRISMA 7: ☐ YES/ ☐ NO<br>OTHER: ..... |

# WHAT WE KNOW FROM THE LITTERATURE?

## The OPED-SIG SURVEY - RESULTS

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N= 40 responses (Centres – Different provinces)

100% “Usual ED Model”

20% geriatric consultation team:

- ✓ Multidisciplinary
- ✓ 60%: geriatrician, nurse, physiotherapist and social worker

55% allocated ED human resources:

- ✓ Multidisciplinary
- ✓ 60%: physiotherapist, social worker and pharmacist

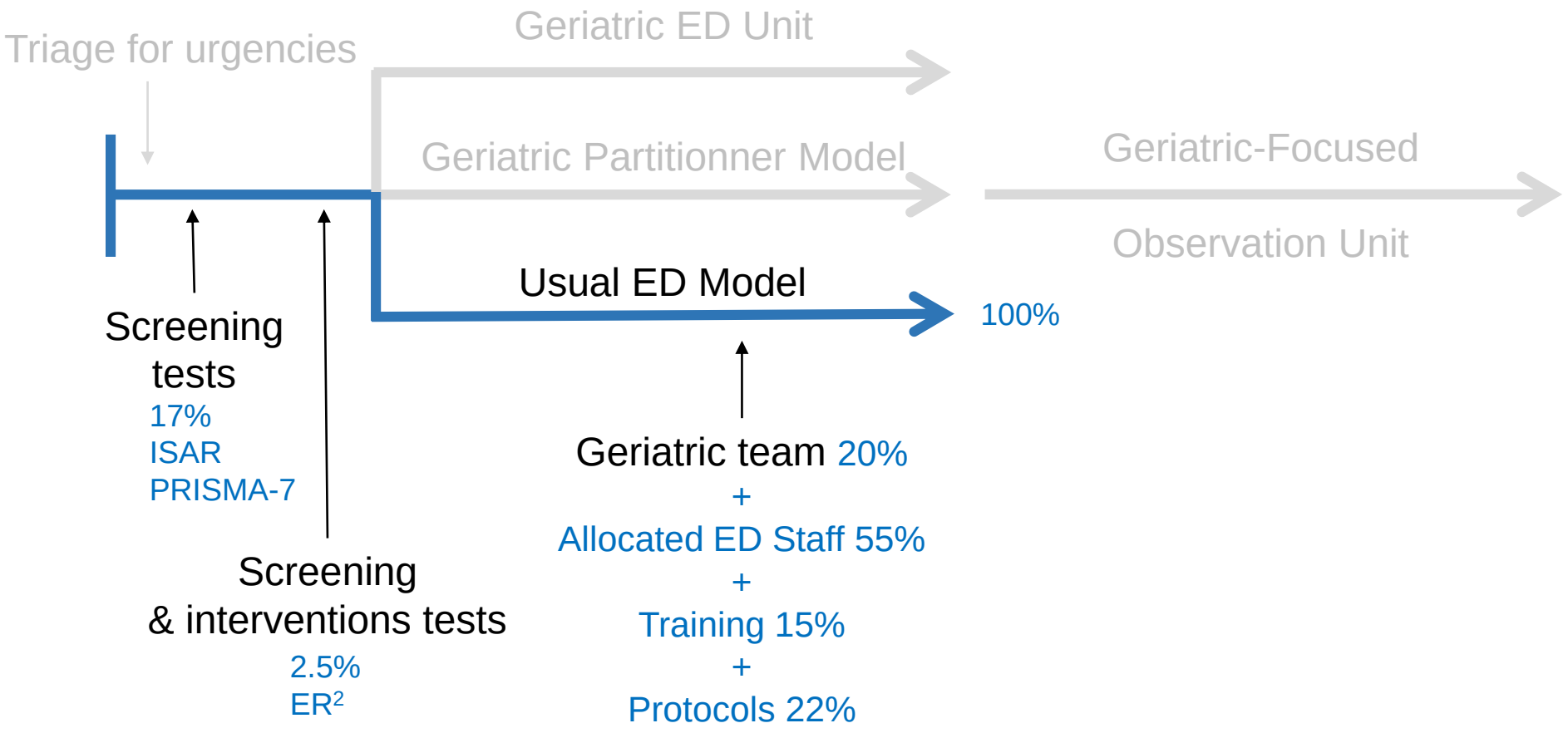
15% geriatric training

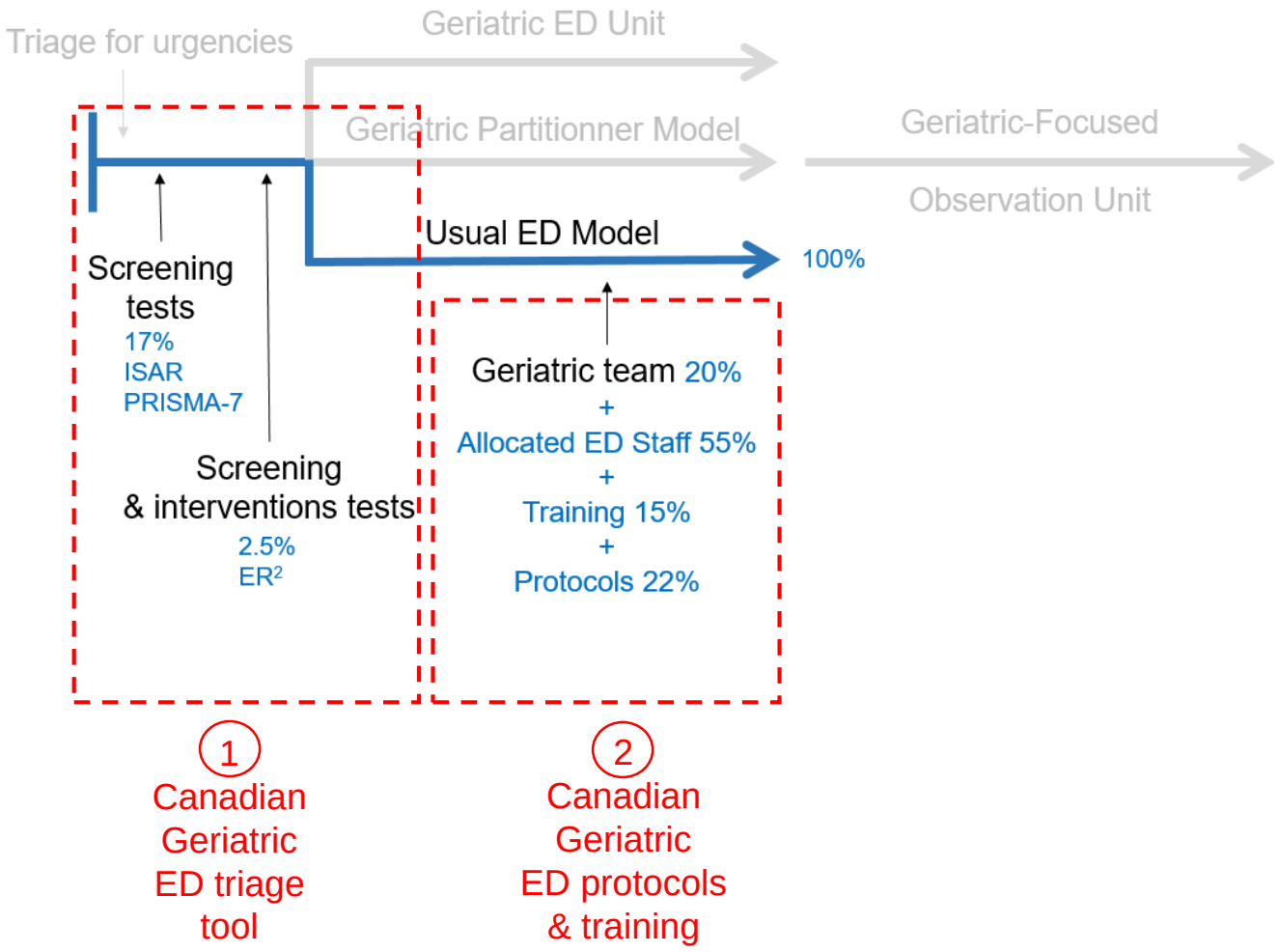
22% geriatric protocols

17% screening tool (ISAR & PRISMA-7)

# WHAT WE KNOW FROM THE LITTERATURE?

The OPED-SIG SURVEY - RESULTS



# CONCLUSIONS

## TO DO LIST FOR A CANADIAN GERIATRIC ED CARE MODEL