

Geriatric Emergency Department

Problem to Be Resolved:

- Improve quality of care for geriatric patients and reduce readmissions

Hospital: St. Joseph's Regional Medical Center

Location: 703 Main Street
Paterson, NJ 07503

Contact: Mark Rosenberg
Chairman of the Department of
Emergency Medicine
rosenbem@sjhmc.org

Category:

- A: Arrival
- E: Exit from ED

Key Words:

- Geriatric
- Follow-Up
- Care Transitions

Hospital Metrics:

(Taken from the American Hospital Directory)

- Annual ED Volume: Approximately 130,000
- Hospital Beds: 641
- Ownership: Non-Profit
- Trauma Level: II
- Teaching Status: Yes

Tools Provided:

- **How to Establish a Geriatric Emergency Department Checklist**
This tool is a list of tips provided by Mark Rosenberg, DO, Chairman of the Department of Emergency Medicine, St. Joseph's Healthcare System.

Clinical Areas Affected:

- Emergency Department
- Geriatric Emergency Department
- Seniors admitted through hospital in other critical care departments

Staff Involved:

- Nurses
- ED Staff
- Physicians
- Social workers/case managers
- Pharmacists
- Toxicologists
- Physical Therapists
- ED Palliative Care Team
- Ancillary Departments

Innovation

St. Joseph's Regional Medical Center designed an emergency department specifically equipped to meet the needs of geriatric patients.

Results

Since the geriatric ED at St. Joseph's opened in 2009, the rate of unscheduled returns of geriatric patients who return to the hospital within 30 days for the same illness or injury dropped from 20 percent to less than one percent. They have also seen an increase in patient satisfaction scores.

From The Experts:

"The key to the success of a program like this is offering better continuity of care and, in particular, follow up with patients after they're discharged."

- Mark Rosenberg, DO, Chairman of the Department of Emergency Medicine, St. Joseph's Healthcare System

Timeline

The implementation of the geriatric ED at St. Joseph's Medical Center was completed in phases. The innovation began as a physician and nurse team performing geriatric consultations. The program evolved into the development of a space dedicated to geriatric patients. The entire process for implementation, including the developing of protocol and testing theory for the best possible model, took just over a year, beginning in January 2008 and ending with the opening of the geriatric ED in April 2009.

Innovation Implementation

The geriatric emergency department was created to address the complex medical issues geriatric patients face and prevent functional decline that occurs after they leave the ED. Upon arrival at St. Joseph's, patients are triaged in the adult ED and are transferred to the geriatric ED, a separate, 14-bed unit, if they are 65 years of age or older, don't require stabilization, or meet criteria related to disability and functional capacity. The geriatric ED is located down the hall from the inpatient geriatric unit. If a patient requires hospitalization, the geriatric ED nurse coordinator facilitates admission and assists with their transition.

The geriatric ED has its own dedicated staff that includes physicians who are double-boarded in emergency medicine and internal medicine, nurses, social worker/case managers, pharmacists, and a toxicologist. Physical therapists are available to assist patients with ambulatory difficulties or other defined needs. These staff members were transferred from the adult ED when the new unit was established.

Services offered

Special protocols of care enable staff to target high risk conditions in this vulnerable population.

- In consultation with a pharmacist and a toxicologist, a review of each patient's prescription medication is conducted.
- If any harmful drug interactions are identified, the patient's primary care provider is contacted

- and the providers collaborate to ameliorate the issue.
- Every patient is evaluated for fall risk during their visit and, if necessary, precautions are taken to prevent injury.
- All patients discharged from the geriatric ED receive a call from a staff member within 24-36 hours. They're asked a series of questions to check whether their condition is improving, any necessary prescriptions have been filled, and follow-up appointments have been made.
- If the patient's symptoms are not improving, they are asked to return to the geriatric ED for evaluation and are given an appointment so they won't have to wait.

In 2010, St. Joseph's launched a program called LSMA (Life-Sustaining Management and Alternatives). When a patient in the geriatric or adult ED has a chronic or terminal illness or organ failure, the staff can order a bedside consult with the ED palliative care team. During the consult, the patient and family are given information about how the disease is likely to progress and how to access resources such as home hospice care.

Cost/Benefit Estimate

The geriatric ED team aimed to keep costs to a minimum and implement changes gradually. The biggest expense was training the staff. Every member of the ED staff -- not just those assigned to work in the geriatric unit -- received training in geriatric emergency medicine, using a curriculum designed by Dr. Mark Rosenberg and his colleagues. The staff learned how to tailor treatment for patients that often have chronic illnesses, multiple comorbidities, and are taking multiple medications.

If it's not feasible to secure a separate space for a geriatric unit, Rosenberg says there are a number of small changes that can be made to make an ED more comfortable for seniors. For example, you can select thicker mattresses and chairs with arms so patients can more easily push themselves up to a standing position.

The benefits to these changes include reduced readmissions and increased patient satisfaction. The staff has also discovered that some patients are travelling from across the state to seek treatment in the geriatric ED.

Advice and Lessons Learned

1. If you don't have space for a Geriatric ED.... Make your entire ED a Geriatric ED.
2. If the ED is designed for the most frail and vulnerable It will work for the strongest.

Tools to Download

- [How to Establish a Geriatric Emergency Department Checklist](#)

Related Resources

- [Urgent Matters E-Newsletter: Best Practices: The Geriatric Emergency Department, St. Joseph's Regional Medical Center](#)
- [Urgent Matters Webinar](#)
 - [Listen to a Recording](#)
 - [Download Dr. Rosenberg's Presentation](#)