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***Our Mission:*** Helping to prepare Iowa's health practitioners to care for our growing population of elders. *E-NEWS* is one of our methods of teaching through technology.

Each month, *E-NEWS* delivers abstracts from current multidisciplinary healthcare journal articles related to a specific geriatric topic. This month's *E-NEWS* focuses on EMERGENCY MEDICINE FOR THE GERIATRIC PATIENT.

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## EMERGENCY MEDICINE FOR THE GERIATRIC PATIENT

In this issue of the *E-NEWS*, you will find abstracts for:

- A study that investigates whether a comprehensive geriatric evaluation and follow-up of older adults discharged from the emergency department can reduce adverse outcomes.
  - An article that discusses interventions addressing the special care needs of older patients in the emergency department.
  - A study that addresses the increasing rates of emergency department visits for older adults in the United States.
  - A study that seeks to identify strategies that foster best practice for the care of older adults in the emergency department.
  - An article that analyzes problems facing older adults in the emergency department and reviews possible solutions.
  - An article that examines increasing the profile of the care of older adults in the emergency department.
  - A study that evaluates emergency department utilization patterns among older adults.
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- Ballabio C, Bergamaschini L, Mauri S, Baroni E, Ferretti M, Bilotta C, Vergani C. A comprehensive evaluation of elderly people discharged from an Emergency Department. *Intern Emerg Med.* 2008 Sep;3(3):245-9.

Elderly people make extensive use of the Emergency Department (ED). After discharge from the ED, these patients are at high risk of short-term adverse outcomes such as functional decline, readmission to the ED, hospitalization and death. We investigated whether a comprehensive geriatric evaluation (CGE) and follow-up of the elderly discharged from the ED can provide them with better diagnosis and treatment, and thus reduce adverse outcomes. Out of 423 elderly patients over 75 years of age discharged from an ED we evaluated 222 of them. The patients were evaluated and treated, based on testing for physical, functional, cognitive and emotional status. A comparison was made between scale scores at baseline and 3 months later. We observed a significant improvement in physical and emotional status in all the studied patients, a significant improvement in behavioral status in the elderly patients with cognitive dysfunction, and a reduction of distress in the caregivers of the elderly patients with cognitive dysfunction and behavioral disturbances. We also found that the rate of ED readmission or hospitalization was lower than in the 3 months preceding the CGE. The experience of older patients with the ED system can be greatly improved if their complex needs are given due attention by developing interdisciplinary programs between emergency physicians, geriatricians, and primary care physicians.



- Hwang U, Morrison RS. The geriatric emergency department. *J Am Geriatr Soc.* 2007 Nov;55(11):1873-6.

With the aging of the population and the demographic shift of older adults in the healthcare system, the emergency department (ED) will be increasingly challenged with complexities of providing care to geriatric patients. The special care needs of older adults unfortunately may not be aligned with the priorities for how ED physical design and care is rendered. Rapid triage and diagnosis may be impossible in the older patient with multiple comorbidities, polypharmacy, and functional and cognitive impairments who often presents with subtle clinical signs and symptoms of acute illness. The use of Geriatric Emergency Department Interventions, structural and process of care modifications addressing the special care needs of older patients, may help to address these challenges.



- Roberts DC, McKay MP, Shaffer A. Increasing rates of emergency department visits for elderly patients in the United States, 1993 to 2003. *Ann Emerg Med.* 2008 Jun;51(6):769-74.

STUDY OBJECTIVE: In 2005, the Centers for Disease Control and Prevention reported increasing emergency department (ED) visit rates per 100 people. The greatest increase in visit rate was among individuals 65 years and older. Given that older ED visitors have longer lengths of stay in the ED, are more likely to be admitted, and compose a growing proportion of the American population, this finding could have a significant negative effect on ED crowding. The first step toward addressing this issue is a better understanding of the nature of these visits. METHODS: We performed trend analysis for persons aged 65 years and older using 1993 to 2003 National Hospital Ambulatory Medical Care Survey data, an annual national sample of visits to the EDs of nonfederal general and short-stay hospitals. SAS 9.1 computed population estimates and standard errors for number of ED visits. Annual census data were used to compute visit rates per 100 persons. A least-squares test for trend determined slopes and 95% confidence intervals. RESULTS: Visits for patients aged 65 to 74 years increased 34% during the study period. The visit rate for blacks increased 93% to 77 visits per 100 population, whereas the rate for whites increased 26% to 36 visits per 100. The admission rate did not change significantly during the study period. The number of visits at which 3 or more medications were prescribed increased 44%. The increased visits occurred primarily in the category of "other and undefined" diagnoses (90% increase). CONCLUSION: If these trends continue, ED visits in the United States for the 65- to 74-year-old group could nearly double from 6.4 million visits to 11.7 million visits by 2013.



- Robinson S, Mercer S. Older adult care in the emergency department: identifying strategies that foster best practice. *J Gerontol Nurs.* 2007 Jul;33(7):40-7.

The goals of this study were to obtain a profile of older adults who are treated in the emergency department, examine their length of stay and contributing factors, and determine nurses' knowledge and perception of care provided to older adults. The records of 206 older adults were reviewed. Emergency department nurses completed the Geriatric Institutional Assessment Profile, which measures knowledge of older adult care. The majority of old patients were community-dwelling women who required urgent care. The most common reason for the emergency department visit was a fall. Mean time older adults spent in the emergency department was longer than 5 hours, and nearly half were admitted to the hospital. Nurses scored lowest in pressure ulcer prevention and appropriate urinary catheter usage. Emergency department nurses are challenged to combine gerontological knowledge that focuses on basic care of older adults with their knowledge and skills in dealing with emergency situations.



- Salvi F, Morichi V, Grilli A, Giorgi R, De Tommaso G, Dessì-Fulgheri P. The elderly in the emergency department: a critical review of problems and solutions. *Intern Emerg Med.* 2007 Dec;2(4):292-301.

The elderly are an ever increasing population in overcrowded emergency departments (EDs) in many countries. They have multiple health problems and consume more time and resources than younger patients. They are more frequently admitted and experience adverse outcomes after they are discharged from the ED. These frail patients could require specific skills, instruments and organizational models of emergency care in order to look after their complex needs. As such, several approaches have been tried and tested to improve emergency care for them. This article analyses the epidemiological load and problems faced when confronted with elder ED patients. We critically review organizational models, clinical approaches and methodologies in order to reduce ED physicians' difficulties and to improve quality of care and outcomes for elder patients. Triage, clinical assessment and discharge are identified as critical moments during an emergency care process, and interesting and useful instruments are proposed as possible solutions.



- Shanley C, Sutherland S, Stott K, Tumeth R, Whitmore E. Increasing the profile of the care of the older person in the ED: a contemporary nursing challenge. *Int Emerg Nurs.* 2008 Jul;16(3):152-8.

The numbers of frail older persons using emergency departments are already considerable and will continue to increase over time. There are a number of issues related to the assessment and care of older patients that are significantly different to other patient groups. The traditional emergency department (ED) model focusing on rapid triage, treatment and throughput does not meet the needs of many older patients, who have complex presentations, and require comprehensive assessment and referral. In response to this, there are already a number of appropriate and innovative approaches to the care of the older patient demonstrated in the literature. Nurses have a crucial role in contributing to these approaches and in raising the profile of quality care of the older person. Some specific areas that ED nurses can focus on include a more comprehensive approach to assessment and discharge planning, improved communication with the patient and their personal carers, attention to basic nursing care, and making the physical environment safer and less stressful for the older patient. While developing collaborations with their aged care nursing colleagues is important, emergency nurses need to view care of the older person as a central part of their own core business.



- Wolinsky FD, Liu L, Miller TR, An H, Geweke JF, Kaskie B, Wright KB, Chrischilles EA, Pavlik CE, Cook EA, Ohsfeldt RL, Richardson KK, Rosenthal GE, Wallace RB. Emergency department utilization patterns among older adults. *J Gerontol A Biol Sci Med Sci.* 2008 Feb;63(2):204-9.

BACKGROUND: We identified 4-year (2 years before and 2 years after the index [baseline] interview) ED use patterns in older adults and the factors associated with them. METHODS: A secondary analysis of baseline interview data from the nationally representative Survey on Assets and Health Dynamics Among the Oldest Old linked to Medicare claims data. Participants were 4310 self-respondents 70 years old or older. Current Procedural Terminology (CPT) codes 99281 and 99282 identified low-intensity use, and CPT codes 99283-99285 identified high-intensity use. Exploratory factor analysis and multivariable multinomial logistic regression were used. RESULTS: The majority (56.6%) of participants had no ED visits during the 4-year period. Just 5.7% had only low-intensity ED use patterns, whereas 28.9% used the ED only for high-intensity visits, and 8.7% had a mixture of low-intensity and high-intensity use. Participants with lower immediate word recall scores and those who did not live in major metropolitan areas were more likely to be low-intensity-only ED users. Older individuals, those who did not live in rural counties, had greater morbidity and functional status burdens, and lower immediate word recall scores were more likely to be high-intensity-only ED users. Participants who were older, did not live in major cities, had lower education levels, had greater morbidity and functional status burdens, and lower immediate word recall scores were more likely to have mixed ED use patterns. CONCLUSIONS: Nearly half of these older adults used the ED at least once over a 4-year period, with a mean annual ED use percentage of 18.4. Few, however, used the ED only for visits that may have been avoidable. This finding suggests that triaging Medicare patients would not decrease ED overcrowding, although continued surveillance is necessary to detect potential changes in ED use patterns among older adults.



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