

# Emergency department program for older adults cuts hospitalizations by 33 percent

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Roughly one third of all older patients age 65 and older visiting emergency departments nationwide are admitted to the hospital. But an emergency department program focused on geriatric transitional care has reduced the risk of unnecessary admission of older patients at Northwestern Medicine by 33 percent, according to a new study from Northwestern University, Mount Sinai Medical Center and St. Joseph's Regional Medical Center.

It's important to reduce hospitalization of older patients because hospital admissions can increase their risk of delirium, infection and falls, the study authors said. During and after hospitalization, many older adults experience a loss of independence and a decline in functional ability and quality of life.

"With this program, we have created an otherwise non-existent safety net for this vulnerable population," said Dr. Scott Dresden, co-author on the paper and assistant professor of [emergency medicine](#) at Northwestern University Feinberg School of Medicine. "We wanted to ensure that we weren't just discharging older patients from the [emergency department](#) only to be hospitalized again relatively quickly after something preventable like a fall."

In the study, nurses who were focused specifically on geriatric care determined if emergency department patients aged 65 and older were experiencing mental or physical decline, if they were having trouble caring for themselves at home and if they had medical complexities common in [older adults](#).

Sometimes these patients would be moved out of the busy emergency department to a less active floor that had quieter rooms with doors, TVs and natural lighting that were more comfortable for older patients. The patients received follow-up calls after being discharged and were offered

appointments with social workers, if necessary.

Patients visiting the emergency department who received specialized care were admitted to the hospital 36 percent of the time whereas patients who did not receive the specialized care were admitted 53 percent of the time. The study was published Jan. 10 in the *Journal of the American Geriatrics Society*.

The research was the result of the Geriatric Emergency Department Innovations (GEDI) program introduced at the three hospitals in 2013. The goal of the program was to reduce the need to hospitalize older patients after an emergency department visit and to prevent revisits and readmissions.

The program has allowed all three institutions to learn more about this older population and how to address their needs without needing to admit them to the [hospital](#), said Dresden, director of the GEDI department at Northwestern Medicine.

Northwestern's program staffs one or two GEDI nurses, one pharmacist and a social worker every weekday between 9 a.m. and 10 p.m. The nurses assess [older patients](#) who come into the emergency department to determine if they are candidates for the GEDI program. If a patient qualifies, he or she receives a one-on-one visit from the GEDI nurse to discuss everything from their medical state and if they've visited the emergency department in the last 30 days to their support system at home and how they get their groceries.

GEDI nurses ask a series of questions, such as "Who is the current president of the United States?" and "What was your mother's maiden name?," to determine the patient's cognitive state. As part of the program, patients will receive follow-up calls after being discharged from the emergency department and might receive counseling from a social worker. They will sometimes get transferred

directly to a nursing home if the GEDI nurse determines it is the best course of action.

Northwestern's GEDI program has space outside the emergency department where GEDI [patients](#) sometimes get transferred. Rooms on this floor have non-glare, non-slip floors, doors instead of curtains, and TVs and windows, which the emergency room does not have. But Dresden said the most unique and beneficial part of the program is the dedicated GEDI team, not the physical space.

"This program is a model that other hospitals can easily adopt because they don't have to build a separate space," Dresden said.

The authors hope many other hospitals will see the benefit of creating a geriatric-specific program in their own space.

**More information:** Ula Hwang et al, Geriatric Emergency Department Innovations: Transitional Care Nurses and Hospital Use, *Journal of the American Geriatrics Society* (2018). [DOI: 10.1111/jgs.15235](#)

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