



Ten Things to Look For in a Geriatrics-Friendly Emergency Department

An emergency department (ED) visit can be confusing and intimidating for anyone, but particularly for older adults and caregivers. Long waits and a loud, chaotic environment can make it more likely for older adults in the ED to develop delirium, a serious state of mental confusion that can sometimes lead to difficulty thinking and remembering.

Fortunately, EDs are changing and getting more “geriatrics-friendly.” Learning about “geriatrics-friendly” care and whether it’s available in your area can help put you at ease if you ever need emergency medical attention. Here are five questions to ask and five things to look for when evaluating EDs where you may receive care.

Five Questions to Ask

1 Is there someone on the ED staff with specialized training in geriatrics (the care of older adults)?

EDs treat people of all ages for any urgent condition. But as our bodies change with age, our health care needs to change as well. Ask questions to find out more information about the ED you are visiting.

■ **Are there staff members**—such as specialized nurses, case managers, or social workers—trained in emergency care specifically for older adults?

2 How will the ED team incorporate my personal goals into the care I receive?



Find out if the ED has a system to consider and document your goals of care, including advance directives. A geriatrics-friendly ED will work hard to incorporate these goals into all treatment decisions.

Advance directives are legal papers that explain what kind of end-of-life care you want or don’t want, depending on your preferences.

Prepare in advance for an emergency:

- Have a copy of your advance directives handy and have someone bring it to the ED.
- If you don’t have advance directives, talk with family and others involved in your care to discuss your goals of care so they’re as clear as possible before an emergency.

3 How has the ED created a safe, comfortable environment for older adults and caregivers?

An ED evaluation often takes many hours. If admitted, you may stay in the ED while waiting for a bed in the hospital.

■ **Ask** if the ED has a system to check on you frequently to make sure that you are warm, fed, comfortable, mobile (if possible), and not left alone for long periods of time. Overlooking these important needs can lead to an increased risk for delirium.

■ **Ask** how you will get necessary medications and nutrition during your ED stay.

■ **Ask** the ED staff if you can be moved to a quieter, calmer room if wait times are long.

■ **Ask** what else ED staff can do to make the ED experience less stressful.



FIND OUT:



For older adults with advanced illnesses, ask how an ED team balances treatment that attempts to cure an illness versus managing symptoms. For example, treatment plans may best meet a person's needs by incorporating "palliative care," which is specialized care for relieving pain and other symptoms of an illness.

■ **Ask** if palliative care professionals are available in the ED, hospital, or by outpatient referral.

4 How does the ED make sure there are no communication breakdowns as you move into and out of the ED?

Between the time they reach the ED and the time they return home, older adults may move between different locations several times. For example, they may go from a nursing facility to the ED, then to a hospital room, and then to a rehabilitation facility before going home.

With each move ("care transition"), we receive care from different healthcare providers and risk experiencing communication breakdowns between teams. Research shows that older people who go through fewer transitions are given fewer inappropriate medications and have better health outcomes.

■ **Ask** what plans the hospital has in place for reducing transitions or making sure they occur as smoothly as possible.

5 Does the hospital use medication reconciliation and full pharmacy reviews?

"Medication reconciliation" is the process of creating the most accurate list possible of all medications someone is taking (including prescriptions and over-the-counter treatments) and then comparing that list with medications in the person's records. "Full pharmacy reviews" create a complete and correct list of the current medications the person should be taking, every time there is a move from one healthcare setting to another.

■ These practices lower the chance that you or someone you care for will receive incorrect medications or incorrect doses.

Five Things to Look For

1 Access to mobility aids and walkers

These devices help promote safe standing and walking for people who are vulnerable because of illness or injury.

2 Simple screening questions to evaluate extra needs

ED staff may ask these common screening questions about:

- the ability to care for ourselves at home
- the ability to think clearly and shift or maintain attention
- the ability to walk a short distance
- any additional social needs which could play a role in our recovery from illness or injury (such as how often we're visited by family or friends).

These questions also screen for “red flag” conditions, such as a decline in function, sudden confusion, or trouble with walking or balance. People who have these conditions will be offered additional evaluation and care, since they often play a critical role in how quickly and safely we recover.

3 Special equipment and supplies

There are unique types of equipment and supplies EDs can use to make visits as comfortable as possible. These resources include bedside commodes (toilets), reclining examination chairs, warming blankets, and voice amplification devices.

All these tools can help an older adult during evaluation and while waiting to return home or to a hospital room. Likewise, a chair for a family caregiver should be easily accessible.

4 A link to care beyond the Emergency Department

The ED staff will coordinate care to make sure older adults have safe care transitions to other care sites (including home). If you live in a residential or nursing facility, find out if the ED you might visit has a system for communicating with staff “back home.”

If you are discharged, the ED may follow up with your primary care provider or home nursing/therapy services. Other older adults may need further evaluation from home care nurses and therapists. Still others may be eligible for safe alternatives to hospitalization, such as a Hospital at Home program or a transfer to a rehabilitation or respite facility directly from the ED.

5 Support for caregivers

Caregivers play an essential role in supporting us before, during, and after an ED visit.

- As a *family caregiver* for an older person, look for opportunities during the ED visit to determine how your abilities can integrate with the older adult's care and care preferences.
- As *the one receiving care*, check if the ED has a system to contact your caregiver and/or keep them comfortable and included in the decision-making process.

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