

A “Gem” of a Service at the Misericordia Community Hospital’s Emergency Department

Dr. Jed Shimizu, Department of Geriatrics, Misericordia Community Hospital

Many seniors who seeking emergency care are dealing with more than immediate health challenges. Some struggle with mobility issues, cognitive impairments and other physical ailments that can impact their ability to recover and thrive once released.

In 2014, the Misericordia Community Hospital launched a program called Geriatric Evaluation and Management – Emergency Department (or GEM-ED) designed identify seniors at risk for poor health outcomes and to connect them to community resources and supports.

“In many cases, we can identify and treat whatever it was that brought these patients into emergency in the first place,” said Dr. Jed Shimizu, who initiated GEM-ED along with geriatric nurse Fahim Rajabali and the Emergency Department team. “But unless you take the time to properly assess them and determine what other issues impact their overall ability to cope in the community, they’re less likely to get better and far more likely to have to return for additional medical care.”

To measure the effectiveness of the program, GEM-ED was approved for a grant through the Network’s Innovation Fund in 2015 that would see 349 patients arriving in the ER between January 2014 and December 2015 evaluated against a number of metrics.

Dr. Shimizu found that 35 percent of seniors entering the Emergency Department showed cognitive issues; 19 per cent showed symptoms of delirium; 19 per cent had mood concerns; and 42 per cent faced issues related to mobility and falls.

“What we found greatly concerning was that 34 per cent of identified caregivers were found to be suffering signs of burnout and over half had no home care. Those patients who had no one to either properly monitor their conditions or whose caregivers weren’t well equipped to deal with a variety of ailments risked deteriorating health and re-admittance to a health care facility.”

Of the patients seen, 113 were referred for initiation or changes to existing community-based assistance through home care, and 37 were identified for expedited referral to the geriatric outpatient clinic. Establishing these links to community services and supports helps to improve care in the community and reduces the requirement for re-admittance. Fewer returning patients would mean that emergency room staff will be able to see other patients more quickly, seniors would become more aware of the community resources that are available to them, and there would be better emotional and physical results for the older patients.

One of the factors in the success of GEM-ED is having a dedicated Care of the Elderly physician situated within the ED itself. Not only does this practice ensure that seniors who come in for emergency care are expertly assessed, but the other medical professionals working in close proximity have the opportunity to learn and incorporate those same techniques into their own examinations.

“Now that we have evidence of the benefit of the program,” added Dr. Shimizu, “we can lobby for additional initiatives and policies to improve the care of older adults in the Emergency Department. In the long run, being proactive in the emergency room and anticipating issues before they arise results in decreased hospital expenditures and a better quality of life for those we are able to help.”