

My experience like a Geriatric consultant in ED



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In Israel:

- 65+ - **10%** (~ 693,100) of the whole population
- 65+ arrive to ED per year 416, 512 - **17%** of all visits to ED per year

Soroka Medical Center:

ED visits per year:

- 65+ ~ 22% of all visits (27,442)
- 75-84% ~ 8.9% (11,204)
- 85+ ~ 2.9% (3,634)

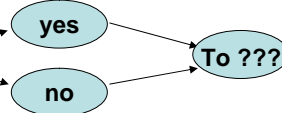
Old patient – international problem!!!!!!!!!!!!!!

Background:

➤ > 20 years - “old patient “ in ED - this problem has been described in literature

➤ Main problems :

- hospitalize



• Compared to younger patients this population has specific characteristics:

- (1) unclear complaints and difficult triage,
- (2) > frequent hospital admissions,
- (3) ? resources utilization,
- (4) > rate of adverse health outcomes.

• Up to **20% of elderly patients presenting to the ED have no specific complaints** both than "general condition impairment", often reflecting insufficient formal and/or informal out-of-hospital social and/or nursing support.

O. T. Rutschmanna et al ; Swiss Med WKLY, 2005



Pilot 3 yr. national programme (my center 1 of 3)

Function of the geriatric consultant:

- works 4 days/week
- consultant only (sees patients only after other staff)
- Examines only “targeted” old patients

Soroka Medical Center



- ED
 - Internal
 - Surgery
 - Orthopedic
- Geriatrics
- Orthopedics
- Neurology
- Internal medicine
- Others



The aim of geriatric consultation in ED:

- To direct the staff of ED during treatment of older complex patients
- Prevention of unnecessary hospitalization or inappropriate admission
- **discharge planning from ED**
- Teaching ED staff

Principles:

Identification of population appropriate for geriatric intervention

- Definitions
- To orient ED staff to new programme
- ED staff meetings

Definitions

Age	Age75+ and one of following things
Polypharmacy	? 6 different medicines
Functional decline	Needs help (different from basic level)
Visit to ED	During last 30 days
Last hospitalizations	During last 3 months (90 days)
Falls	That cased to arriving to ED , but not need in surgical intervention
Acute confusion	Different from basic level
Behavioral problems	Different from basic level
Elderly abuse	
Living alone	

Definitions

Age	Age75+ and =1 of following
Polypharmacy	? 6 different medicines
Functional decline	Different from basic level
“social” problems	
Falls	Cause for ED visit , but no need for surgical intervention
Delirium	
Behavioral problems	
Elder abuse	
Living alone	
Difficult getting Hx	

Principles:

Process of application of geriatric consultation:

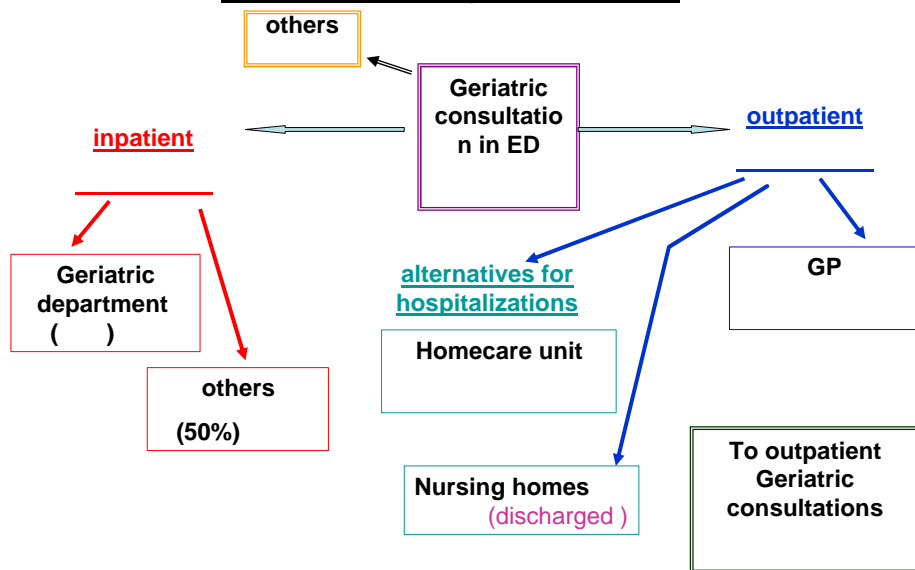
- Direct application to consultant by ED staff (physician/nurse/ SW, etc.)
- Application from out-patient clinics, nursing home & etc.
- Application from “Ofec” (clinical information from computer)

Outcomes:

- **Primary outcomes:**
 - Find alternatives to hospitalization
 - Recurrent visits to ED
 - Recurrent hospitalizations

- **Secondary outcomes-Satisfaction:**
 - ED staff
 - patient/ family
 - GP

Results during 11 months



Source of information about patients

Referring patient	
Care giver	
Ofek	
Memory clinic	3
Nursing homes	
Geriatric unit	
Other physician that requested consultation	10
GP	
Day centers	

Transferring information on discharge from ED individually "from hand to hand" (%)

To GP – at the day of visit		To physician that asked consultation	
follow-up telephone call to GP		Out patient social service (by the SW of ED)	
To nurse in polyclinic		Day centers	
To Nursing home		Home care unit	
To Memory clinic	2	Total 213	

Patient "flow"

- Patients/ day (8 hour shift): 2 -7 (~4)
- Each patient requires: 15 minutes – 2 hours (~ 55 minutes)

Have we realized our goals?

1. Collaboration geriatrician with staff of ED **V**
2. Identification of population appropriate to geriatric intervention **V**
3. Process of intervention **V**
4. Collaboration with the most important agents: **V**
 - staff of ED
 - staff of the hospital (geriatric ward and others)
 - out patient organizations



In the meantime

- It's seems successful (but still we haven't the final numbers)
- decline of opposition/resistance from ED staff
- Improved collaboration between ED and network of Geriatric services
- Successful "triage" of patients to the appropriate frame
- Guidance/teaching (staff of ED, **students**, **GPs**, internal medicine residents, etc.) ? a snowball effect.

Thank you

