



Geriatric Emergency Departments:

Supporting persons with dementia and care partners through their health journey



Kevin Biese, MD
 University of North Carolina at Chapel Hill School of Medicine
 West Health Policy Center Board Member



1



Kevin Biese, MD
 Associate Professor of Emergency Medicine and Internal Medicine
 University of North Carolina at Chapel Hill School of Medicine
 West Health Policy Center Board Member

Disclosures

Founder of Apogee Care
 Consultant of ThirdEye Health

Generously supported by:

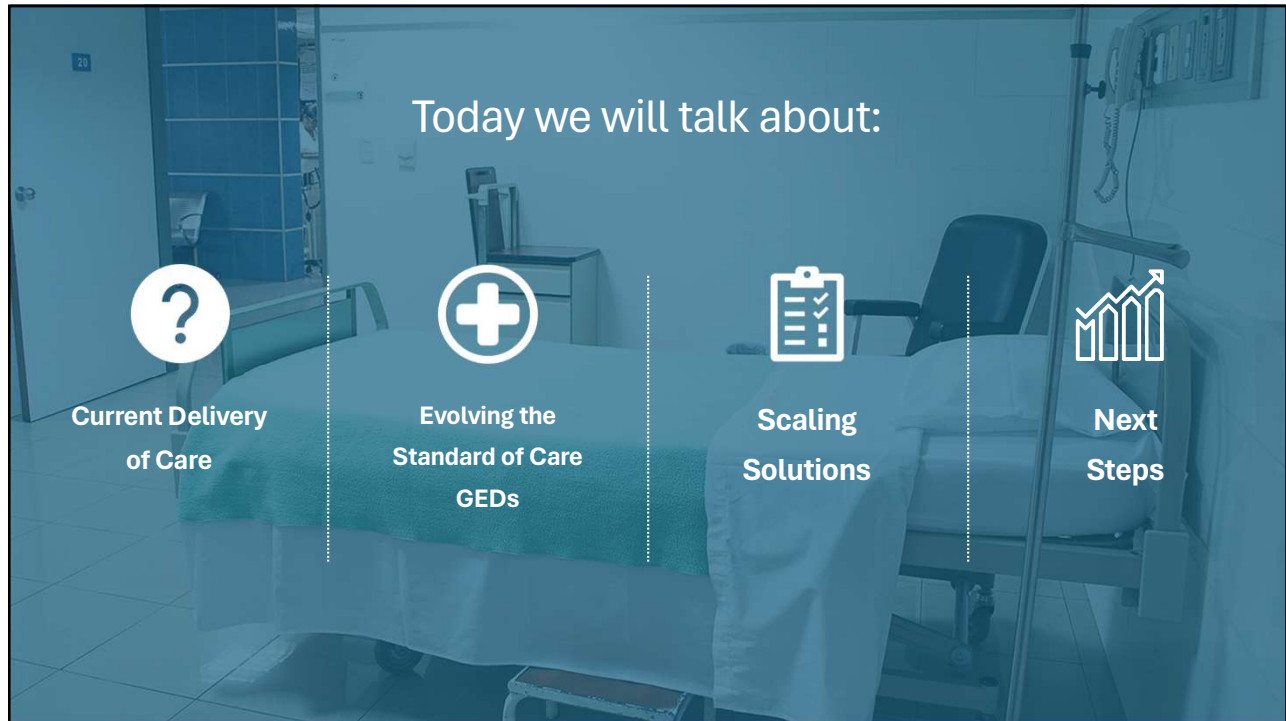


The John A. Hartford Foundation





2



3

Current Delivery of Care:

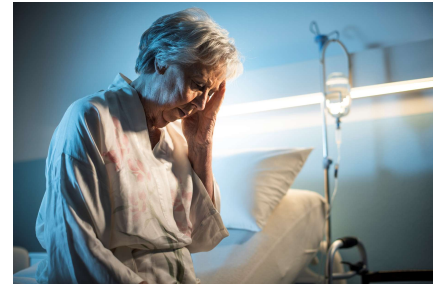
Compared to persons without a dementia diagnosis, patients living with dementia (PLWD):

- 37-54% of PLWD Visit the ED more frequently
- 40% more likely to be hospitalized frequently
- 58% have increased odds of returning to the ED within 30 days of an index ED visit
- 7% mortality rate within 6 months after ED visit
- Have increased Medicare costs
- 75% experience more adverse effects during and after an ED stay
 - Delirium, falls, declines in physical function

4

ARIA Drugs and Problems

Older adult patients are now taking amyloid monoclonal antibodies to treat dementia and arriving in ED.



- These drugs have a risk for:
 - Intracranial bleeding that is not reliably detected on head CT.
 - Challenging issue of stroke treatment for patients on these medications.

RECOGNIZING THE CLINICAL SYMPTOMS OF ARIA

- Headache
- Confusion/altered mental status
- Dizziness
- Nausea/vomiting
- Gait disturbance
- Visual disturbance
- Seizure (rare)



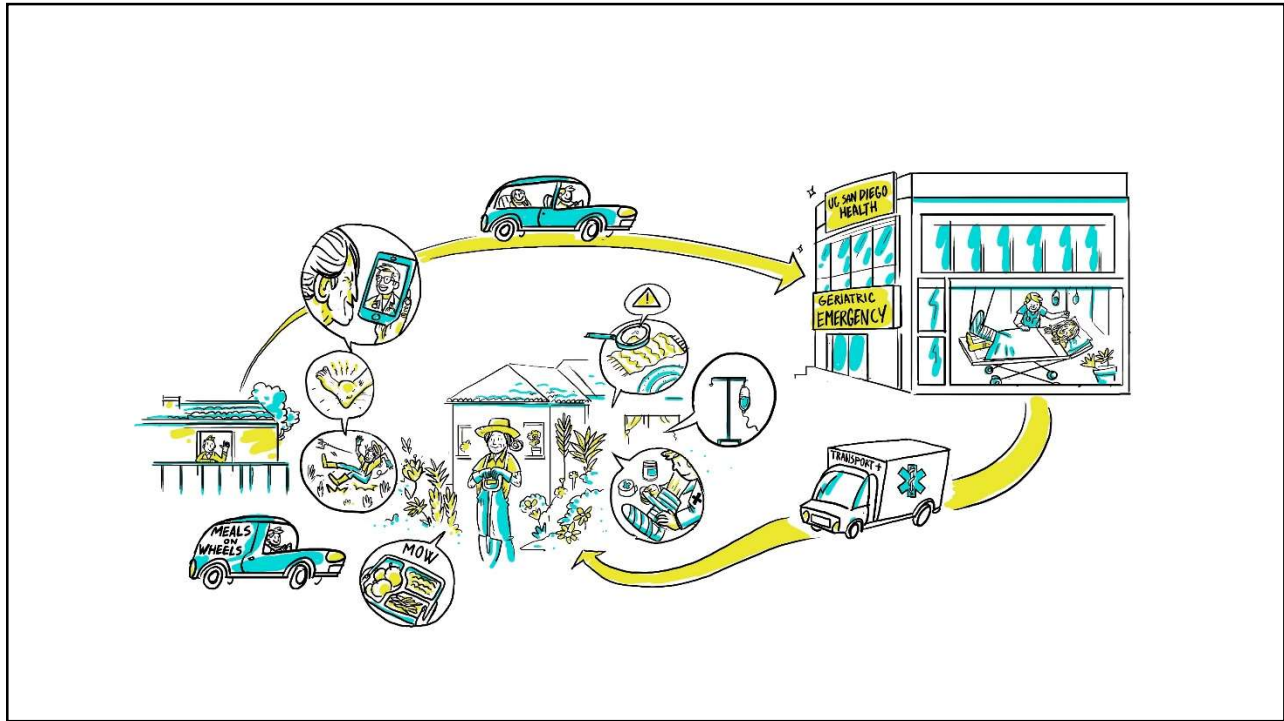
5



Evolving the Standard of Care

GEDs

6



7

Geriatric ED components and evidence impact on quality and value

- Physical Settings
- Care Processes
- Education
- Care Transitions
- Caring for Persons with Dementia and Behavioral Health Needs



8

Geriatric EDs: Caring for Persons with Dementia

Role of the GED:

- Identify cognitive impairments
- Adapts care processes (to address needs of patients and care takers) to decrease risk of delirium
- Refer to support services
- GED approach to care to address the chief complaint, geriatric syndromes and social complexity

Delirium in the ED: Serious, Costly, and Potentially Deadly

Delirium is a frightening experience for patients and caregivers and has serious medical consequences including increased risk of readmission and death. Watch the video to see why it's easy to miss delirium in the ED, and how we can take simple steps to identify delirium, and even prevent it from developing during an ED visit.



Dementia in the ED: Providing Better Care for Older ED Patients

A diagnosis of dementia affects every step of the ED process from assessment, treatment, to discharge planning. And what if a diagnosis isn't on the medical record? Watch the video to gain some tips and insights.



<https://gedcollaborative.com/article/brain-health-in-the-ed-videos/>

9

Aligning Incentives



MORE DAYS AT HOME

What matters most to patients



DECREASED ADMISSIONS

38% reduction in admission rate



DECREASED ED REVISITS

Recent update from SE US site:
13 Estimated Readmissions Prevented over first 3 months



OPTIMIZING HOSPITAL RESOURCES

CFO of academic system in NE: "I am tired of seeing the air-ambulance fly over us because we are on diversion. This can help us put our beds to better use."



IMPROVED PATIENT AND STAFF SATISFACTION

Results seen at multiple health systems across all levels of accreditation

10

Synergy: Geriatric EDs are Expanding Along With GEDC Membership



currently, there are:

491 GEDA accredited sites

Current members include:

- Advocate Aurora Health Cleveland
- Clinic Dartmouth-Hitchcock Kaiser
- Permanente
- Mayo Clinic
- Northwell Health
- The Queen's Medical Center UHN
- University of California Health VA Healthcare
- Yale New Haven Health



108 GEDC Member sites
13 participating Health Systems

11



Education

GEDC Members work together to transform ED care of older adults; catalyze action at local and national levels to support these care transformations; and evaluate the impact of these new models of care for older people.

- QI Project Planning to become a GED
- Implementation toolkits and training
- Participate in consulting services
- Education Resources and CME credit
- Evaluation resources

Gedcollaborative.com



Apply for Accreditation Today!

Acep.org/geda



Geriatric Emergency Department Accreditation Program

Becoming a geriatric ED will improve the care provided to older people in your ED and ensure the resources to provide that care are available. It also signals to the public that your institution is focused on the highest standards of care for your community's older citizens.



Geriatric EDs embrace a variety of best practices including:

- Ensuring geriatric-focused education and interdisciplinary staffing
- Providing standardized approaches for geriatric issues
- Ensuring optimal transitions of care from the ED to other settings
- Promoting geriatric-focused quality improvement and enhancements of the physical environment and supplies

12

Geriatric EDs Next steps:

- Evolve the standard of emergency care.
- Go beyond the ED upstream and downstream – acute unscheduled care
- Health Equity – ensure new models of care are equitably distributed in support of EDs.
- Physical and mental health are linked, recognizing that dementia and behavioral health are part of a full health evaluation



13

**Generously
supported by**



The
John A. Hartford
Foundation



westhealth[™]
institute

14

Questions?



Kevin Biese, MD
kevin_biese@med.unc.edu