

GEM: A Program Development Toolkit

**2nd Annual Geriatric Emergency
Management Conference**

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CNS Gerontology

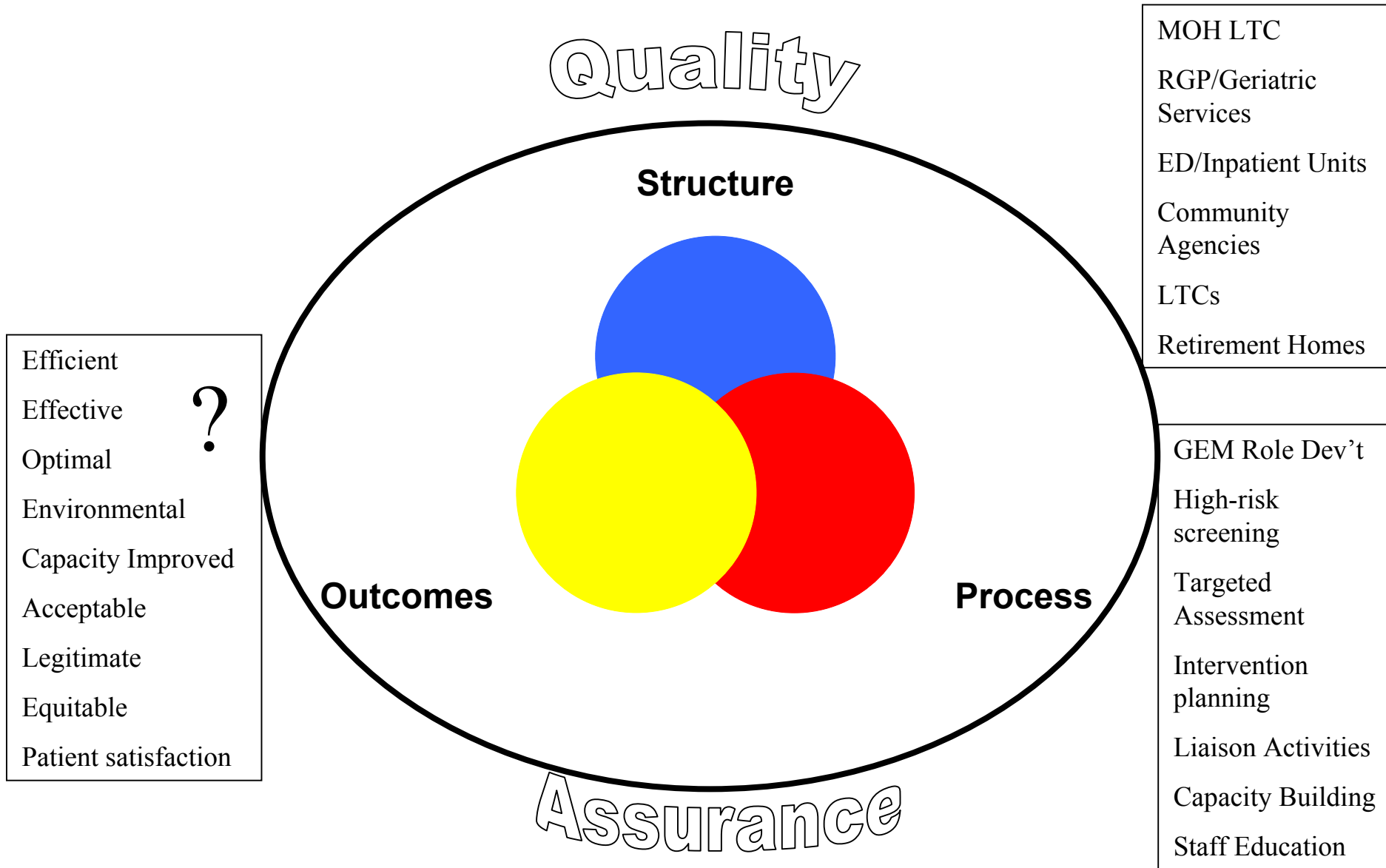
St. Michael's Hospital, Toronto

March 2nd, 2006

Geriatric Emergency Management (GEM) Regional Geriatric Programs of Ontario Advanced Practice Nurses

**M. Cleland,
D. Irvine-Kvistbo
J. Jennings
R. Moghabghab
T. Nancekivell
K. Shipman
D. Splinter Flynn
A. Stephens
C. Tsang**

Components of a Quality GEM Practice Model



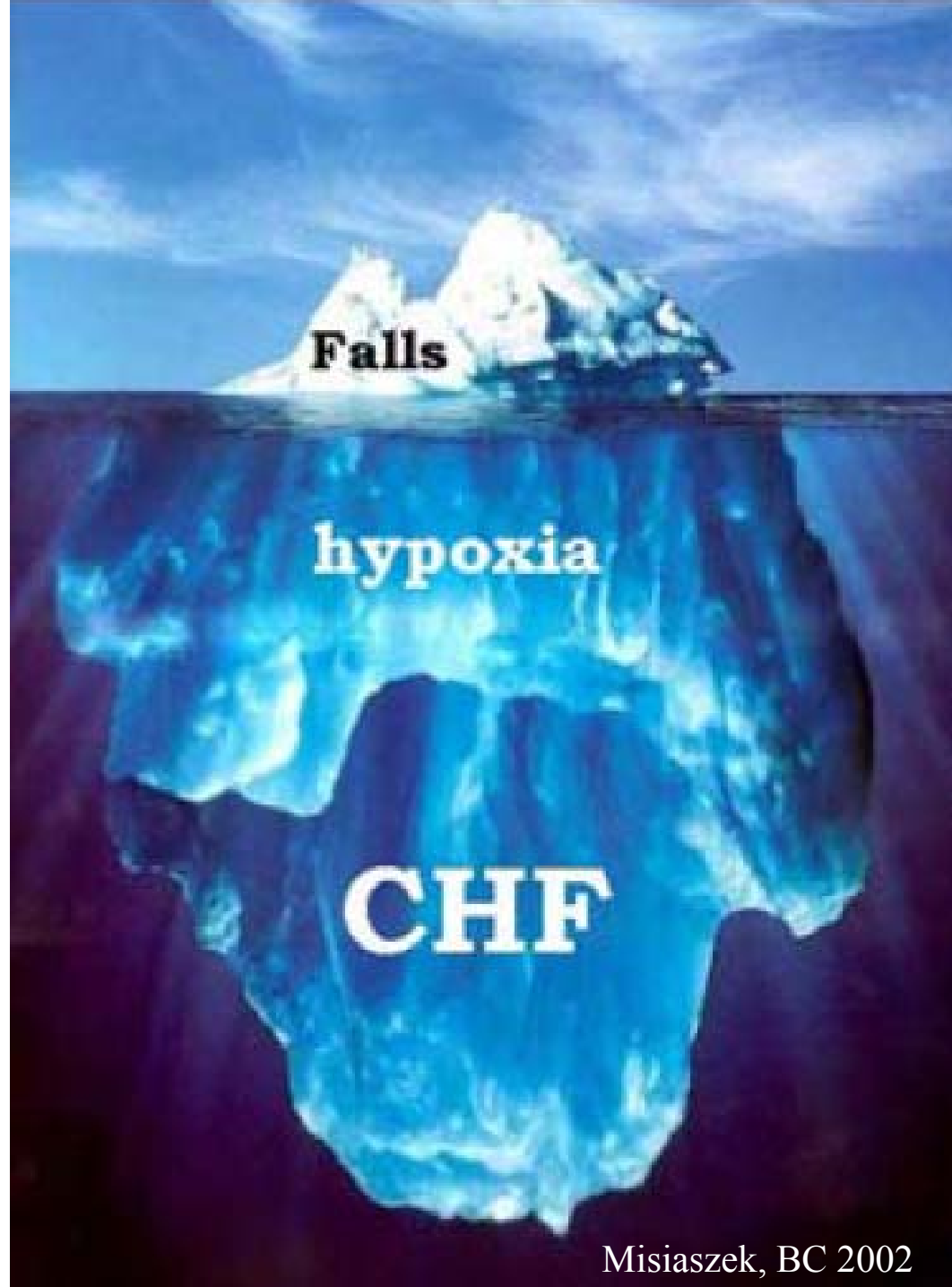
GEM Practice Model

- Built on best available evidence
- SIGNET Model (Mion et al) 2001
- ISAR (McCusker et al) 2001
- DEED Model of comprehensive geriatric assessment and post ED discharge intervention

GEM Practice Model: 4 main components

- Routine risk screening for all seniors 75 years and older presenting to the ED with a CTAS ≥ 2
- Targeted geriatric nursing assessment in the ED
- Initiation of a referral and follow-up process upon discharge from the ED (ie: d/c home, admitted or returned to LTC)
- Multi-dimensional capacity building with GEM Stakeholders

“ED should
be a sea of
Geriatric
Icebergs.”



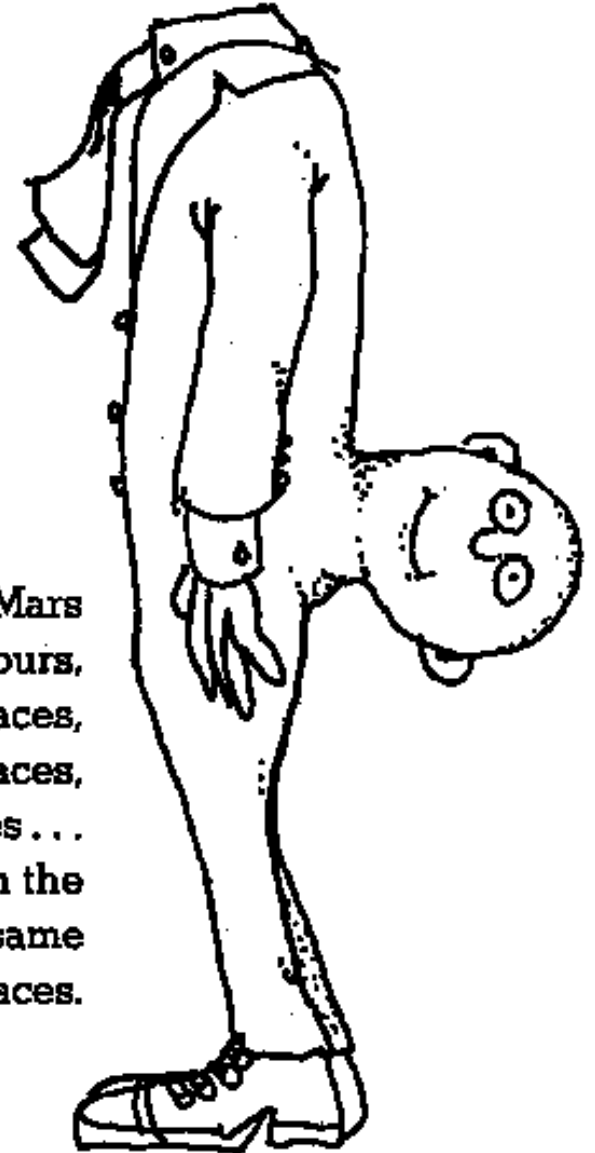
Lawrence Rubenstein,
Geriatrician

Misiaszek, BC 2002

ED and Geriatrics

THE PLANET OF MARS

On the planet of Mars
They have clothes just like ours,
And they have the same shoes and same laces,
And they have the same charms and same graces,
And they have the same heads and same faces . . .
But not in the
Very same
Places.



The Emergency Paradigm of Care



- Single complaint
- Acute medical focus
- Diagnose and treat
- Rapid disposition

The Geriatric Paradigm of Care



- Complex, interacting problems (medical, functional, psychosocial)
- Acute on chronic; subacute disease presentation
- Focus is on control of symptoms; maximizing function; maintaining or improving Quality of Life (QoL)
- Continuity of care

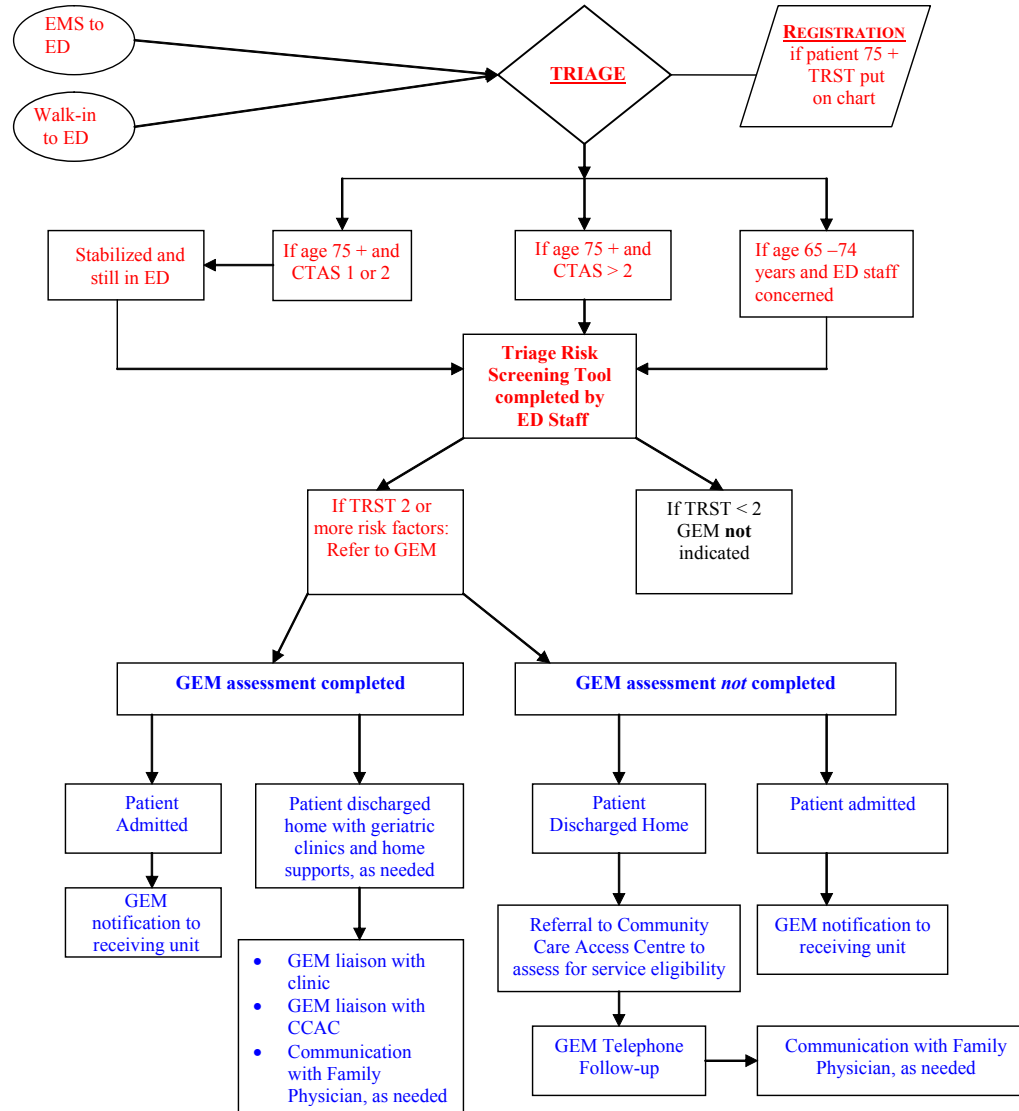
Triage Risk Screening Tool (TRST)

- History **or** evidence of cognitive impairment (*poor recall or not oriented*)
- Difficulty walking/transferring **or** recent falls
- Five or more medications
- ED use in previous 30 days **or** hospitalization in previous 90 days
- ED professional recommendation
- Lives alone **or** no available caregiver *

Benefits of a RISK Screen (TRST) in the Emergency Department

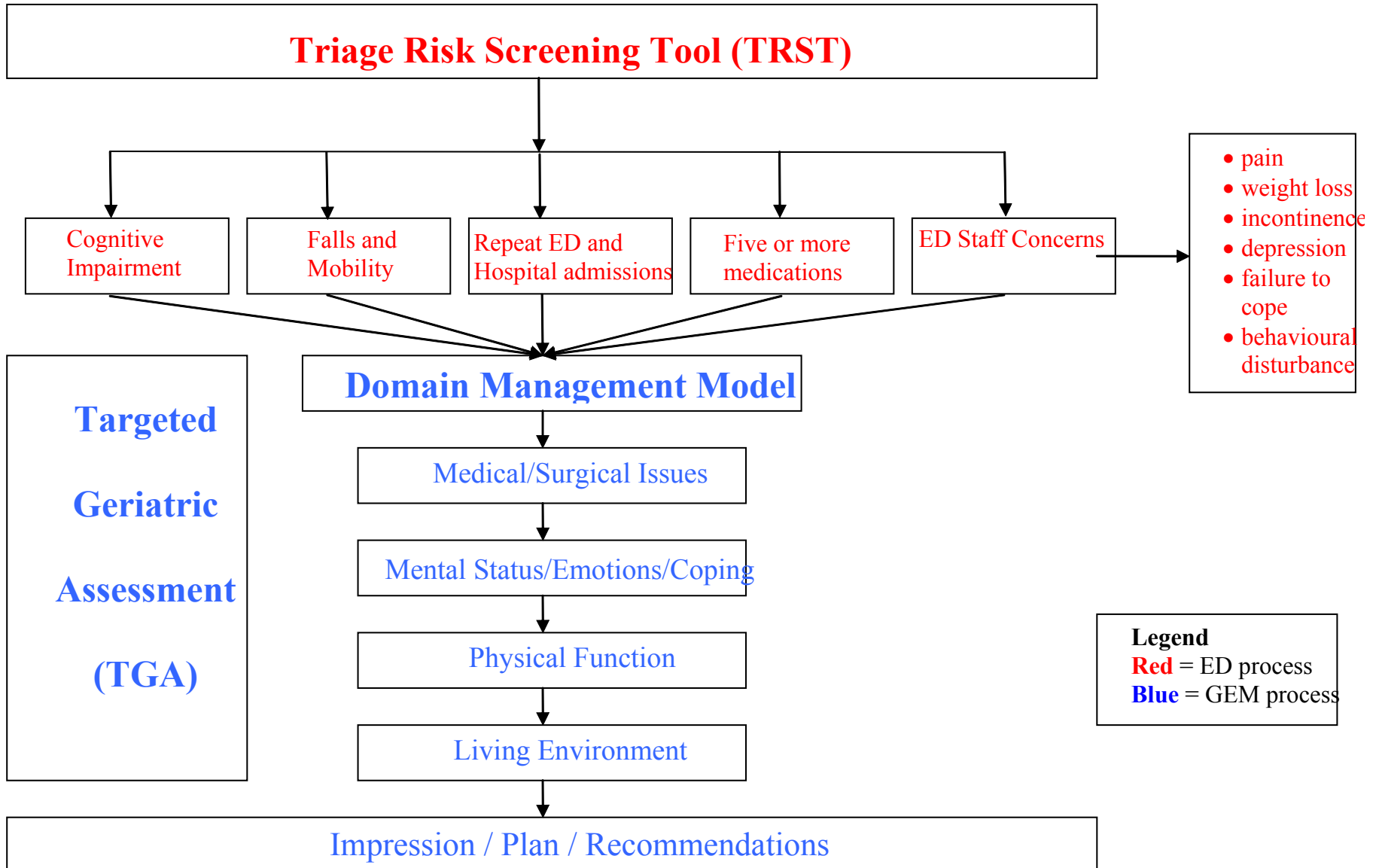
- Flag geriatric risk factors/syndromes
- Trigger a “targeted geriatric assessment”
- Determine degree of risk
- Assess level of frailty and need for further assessment and intervention
- Identify appropriate resource utilization
- Educate ED staff regarding geriatric issues
- Build capacity within the system to respond to the needs of the ‘at risk’ elderly patient

GERIATRIC EMERGENCY MANAGEMENT (GEM) FLOW DIAGRAM



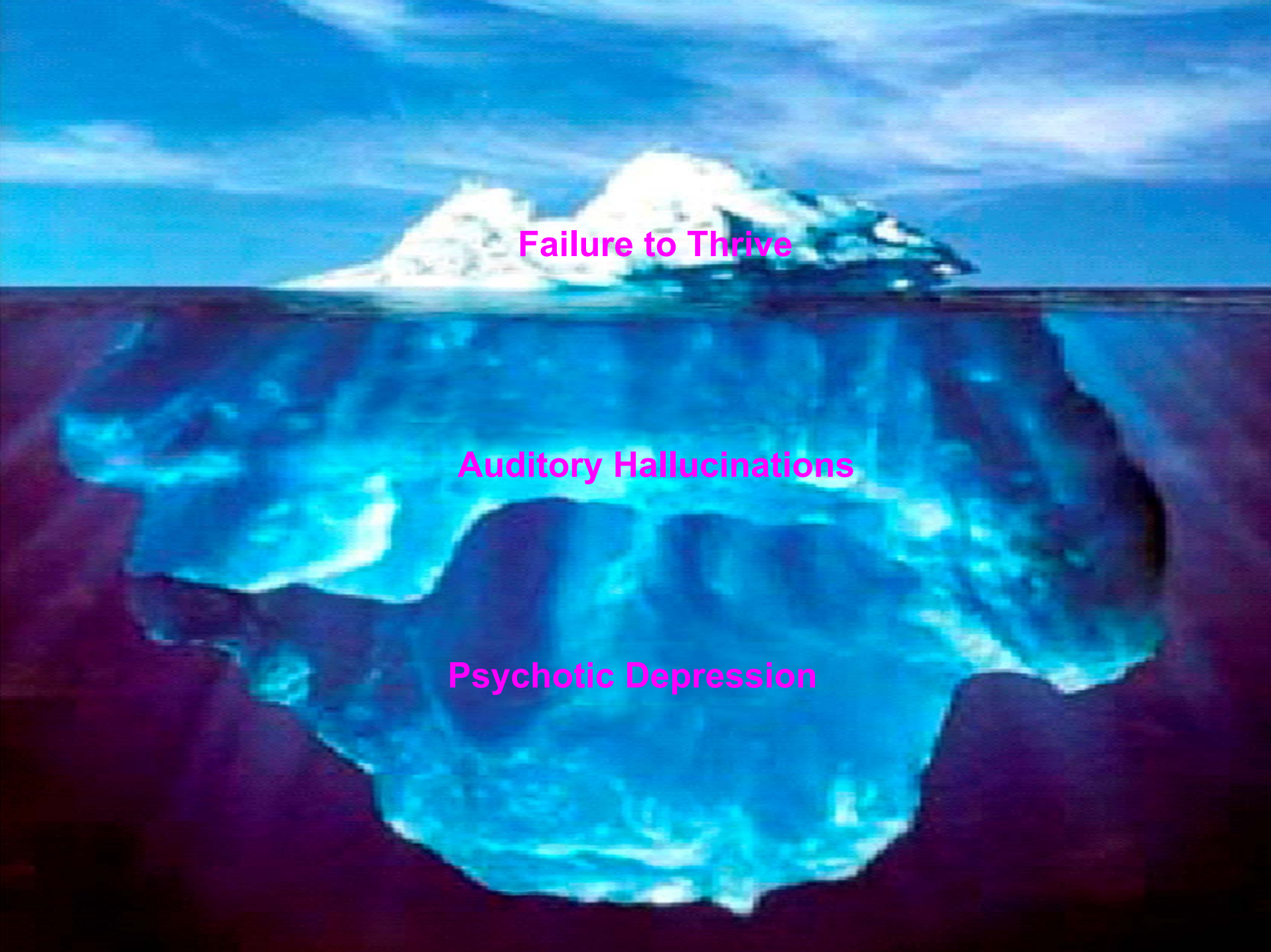
<p>GLOSSARY</p> <p>CTAS = Canadian E.D. Triage and Acuity Scale</p> <p>TRST = Triage Risk Screening Tool</p> <p>GEM = Geriatric Emergency Management</p>	<p>Legend</p> <p>Red = ED process</p> <p>Blue = GEM process</p> <p>Black = GEM not</p>
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GEM Process for Intervention Planning



Goals of GEM Approach

- **Complete, accurate assessments**
- **Appropriate referral/disposition**
- **Reduced admission to ED or hospital**
- **Geriatric Syndromes identified**
- **Functional ability screened**
- **Maintained at home longer**



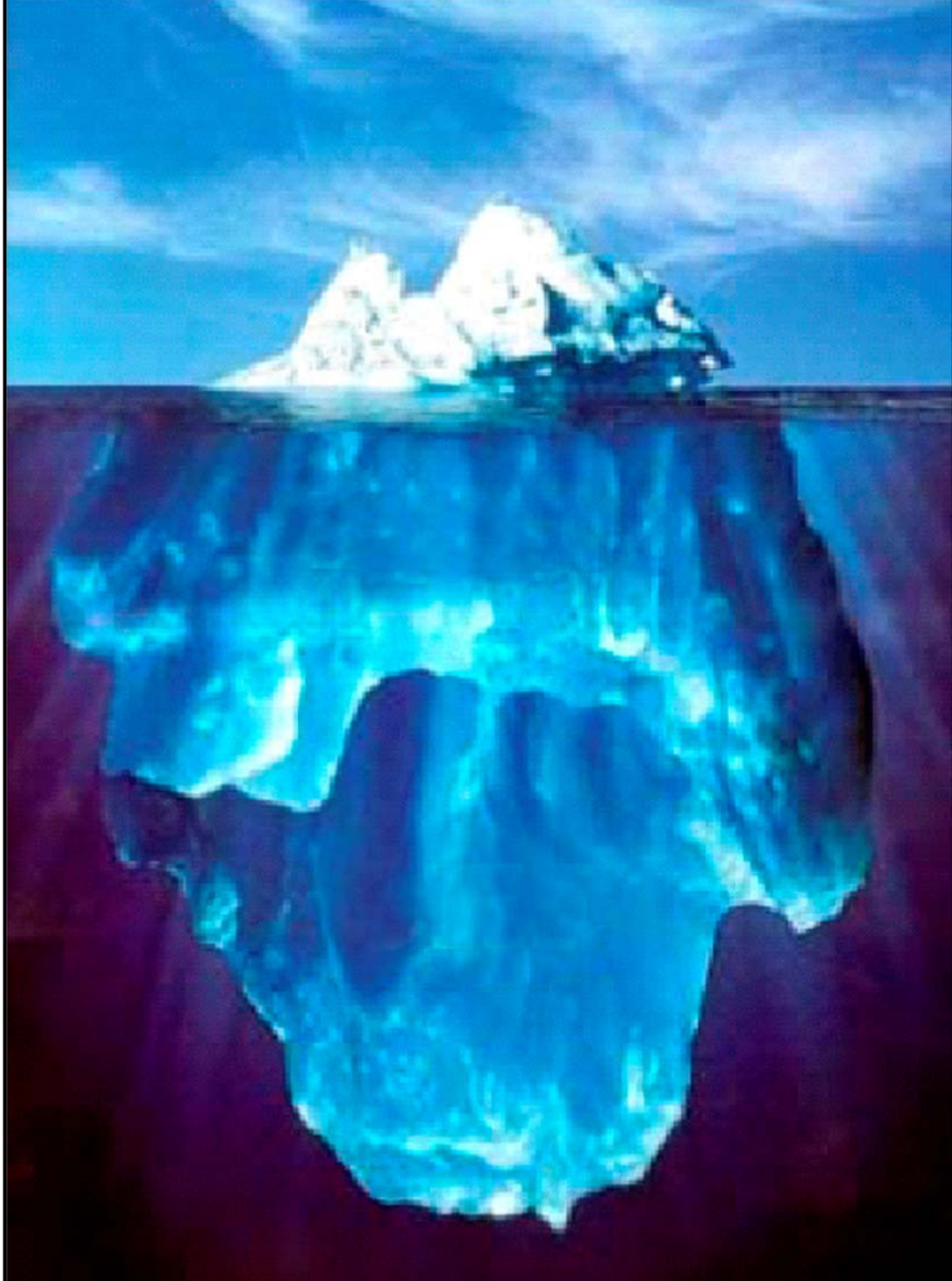
Failure to Thrive

Auditory Hallucinations

Psychotic Depression

GEM Attributes of Quality: Outcomes

- Effective/efficient/optimal: cost benefit of GEM
- Professional development: ED staff knowledge of geriatrics changes practice
- Environmental: Elder Friendly ED
- Capacity: improved continuity of care across systems by identification of barriers to quality elder care
- Acceptable, legitimate, equitable: ethical elder care, patient satisfaction



It takes a team approach...

**We are all angels
with but one wing,**



**It is only when we help each other,
that we can fly!**

- Florence Nightingale