GEM: A Program Development Toolkit

2nd Annual Geriatric Emergency Management Conference
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March 2nd, 2006
Geriatric Emergency Management (GEM)
Regional Geriatric Programs of Ontario
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Components of a Quality GEM Practice Model

**Quality**

- **Structure**
  - MOH LTC
  - RGP/Geriatric Services
  - ED/Inpatient Units
  - Community Agencies
  - LTCs
  - Retirement Homes

- **Outcomes**
  - GEM Role Dev’t
  - High-risk screening
  - Targeted Assessment
  - Intervention planning
  - Liaison Activities
  - Capacity Building
  - Staff Education

- **Process**
  - Efficient
  - Effective
  - Optimal
  - Environmental
  - Capacity Improved
  - Acceptable
  - Legitimate
  - Equitable
  - Patient satisfaction

**Assurance**
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 $\geq 2$

• 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
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.

Shel Silverstein, Where the Sidewalk Ends, p.93
The Emergency Paradigm of Care

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

ICES—Institute for Clinical Evaluative Sciences
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 *

Mion, 2001
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

**Triage**

- EMS to ED
- Walk-in to ED

**Registration**
if patient 75 and TRST put on chart

If age 75 + and CTAS 1 or 2
If age 75 + and CTAS > 2
If age 65 – 74 years and ED staff concerned

**Triage Risk Screening Tool completed by ED Staff**

- If TRST 2 or more risk factors: Refer to GEM
- If TRST < 2 GEM not indicated

**GEM assessment completed**

- Patient Admitted
- GEM notification to receiving unit
  - GEM liaison with clinic
  - GEM liaison with CCAC
  - Communication with Family Physician, as needed

**GEM assessment not completed**

- Patient Discharged Home
- Referral to Community Care Access Centre to assess for service eligibility
- GEM Telephone Follow-up
- Communication with Family Physician, as needed
- Patient admitted

**Glossary**

CTAS = Canadian E.D. Triage and Acuity Scale
TRST = Triage Risk Screening Tool
GEM = Geriatric Emergency Management

**Legend**
Red = ED process
Blue = GEM process
Black = GEM not
GEM Process for Intervention Planning

Triage Risk Screening Tool (TRST)

Cognitive Impairment  
Falls and Mobility  
Repeat ED and Hospital admissions  
Five or more medications  
ED Staff Concerns

Domain Management Model

Targeted Geriatric Assessment (TGA)

Medical/Surgical Issues  
Mental Status/Emotions/Coping  
Physical Function  
Living Environment

Impression / Plan / Recommendations

Legend
Red = ED process  
Blue = GEM process

- pain  
- weight loss  
- incontinence  
- depression  
- failure to cope  
- behavioural disturbance
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