Geriatric emergency management nursing in Ontario

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Do you feel as though the majority of patients you see in the emergency department (ED) are older adults? For many ED health care providers, the impact of the aging demographic in Canada is perceived as immense. While older adults do use ED health services at proportionately higher rates, the average is only about 15% to 25% of ED visits in Ontario. Generally, older adults use ED services appropriately for emergency health situations. The coincident comorbidities and psychosocial issues can make older adult ED patients particularly complex and challenging. In the rapid and dynamic ED environment, these challenges can be overwhelming as ED nurses struggle to meet patients' needs.

Because of these challenges, the Ontario Ministry of Health and Long-Term Care began funding Geriatric Emergency Management (GEM) nursing roles in 2004. The GEM nursing role focused on multi-dimensional aspects to service enhancement based on the Canadian Nurses Association advanced practice nursing framework (Canadian Nurses Association, 2002). Since the inception of the GEM role in 2004, there are now more than 30 GEM nurses within the province.

Prior to GEM nursing in Ontario, there were pioneer researchers in GEM such as Dr. Jane McCusker from Montreal and Dr. Lorraine Mion from Cleveland. Their work helped to build a foundation for enhancing care of older adults in the ED setting and using the ED visit as an opportunity to assess and plan with older adults.

What is a GEM nurse and what does a GEM nurse do?

The GEM nurse role incorporates both a clinical component and a capacity building or leadership component. The clinical component offers expert geriatric nursing assessment for older adult patients in the ED and consultation with the rest of the ED team around the plan of care for that patient. The geriatric nursing assessment is holistic and considers physical function, living environment, and mental status, as well as medical and surgical issues. Incorporating a geriatric assessment into the emergency setting is well described by Siebens (2005). Siebens outlines an approach to screening, assessing, planning and teaching about older adults in the emergency department. The fundamental concept is to move beyond the ED presenting complaint and to consider the other important life factors for each individual older adult.

Case study

A typical case example may involve an older adult presenting to the ED after a fall, complaining of lower extremity pain. The GEM nurse would build on the ED assessment by assessing several domains of the person with a focus on the history of falls and risk factors for falls. With consent, the GEM nurse assessment would also include corroborative information from other key individuals in the person's life.

Eighty-two-year-old Ms. Chiu presents to the ED with a fall and right hip pain. The ED staff rules out a fracture after reviewing the x-ray and plans to discharge Ms. Chiu home following a "walk test" that demonstrates she can ambulate with minimal assistance after receiving an opioid analgesic. Her routine blood work and investigations are within normal limits. The GEM nurse is paged to assess Ms. Chiu prior to her discharge home.

Living environment (physical and social): Ms. Chiu lives alone in an accessible apartment. She has two children close by who visit on the weekends and connect by telephone on a daily basis. She frequents a local senior's centre. She has no other social supports.

Function: Prior to the ED visit, Ms. Chiu was independent in most of her activities of daily living, although she has recently started sponge bathing at the sink after a fall in her bathtub.

Her children take her grocery shopping once a week and assist her with any appointments as she is frightened of walking outdoors alone because she tends to lose balance easily.

Medical/surgical issues: Ms. Chui has had several falls in the past two years both outdoors and in her home. She sustained a wrist fracture seven years ago. She has a past medical history of osteoarthritis, hypertension and hypothyroidism and takes four medications for these issues. She sometimes feels dizzy when she gets out of bed in the morning or getting up quickly from a chair. She has decreased vision and hearing.

Mental status: She has no decrease in mood, memory problems or confusion. She does have a great fear of falling.

On examination: Postural vital signs demonstrated a 15 mmHg drop in her blood pressure with positional changes. Her gait was unsteady when turning, but improved with the use of a cane.

Discharge plan: The GEM nurses works collaboratively with the patient, family, ED physicians, nurses, social worker and community support services to develop the discharge plan.

Ms. Chiu is discharged home with a cane and written medication management plan for pain. A bowel regimen order is added to her discharge prescription to prevent constipation.

Education is provided on safe transfers with postural symptoms and the use of the cane. Ms. Chiu is referred to an outpatient falls prevention program for further assessment, education on falls prevention and group exercise.

The GEM nurse speaks to Ms. Chiu's family doctor to update him/her about the ED visit, to discuss the discharge plan, recommend osteoporosis screening and prevention, and a review of her medications.

A home care referral is made requesting an occupational therapy home visit to review home safety and a personal support worker to assist with bathing.

Education and capacity building

The example of falls in the elderly can also be used to highlight the capacity building component of the GEM role. GEM nurses have provided falls prevention education to ED staff, developed and distributed patient education materials on falls prevention, collaborated with local community agencies and health care agencies on developing evidence-based falls prevention programs, as well as conducted research on falls injury prevention with ED patients. The capacity building piece complements the clinical components of the GEM role by building the structures and processes to improve care within the ED and to promote healthy aging on a system level.

The implementation of the GEM role benefits both patients and staff. Geriatric syndromes that are now more readily identified include: cognitive impairment, functional impairment, falls, depression, deconditioning, polypharmacy, sensory impairments, elder abuse, incontinence, constipation, pain, and delirium. Earlier identification and prompt intervention for many geriatric syndromes can result in improved outcomes for many older adults. These complex issues benefit from interprofessional approaches to care. The interprofessional team in the ED works collaboratively towards a common purpose of maximizing each older adult's potential. This team may

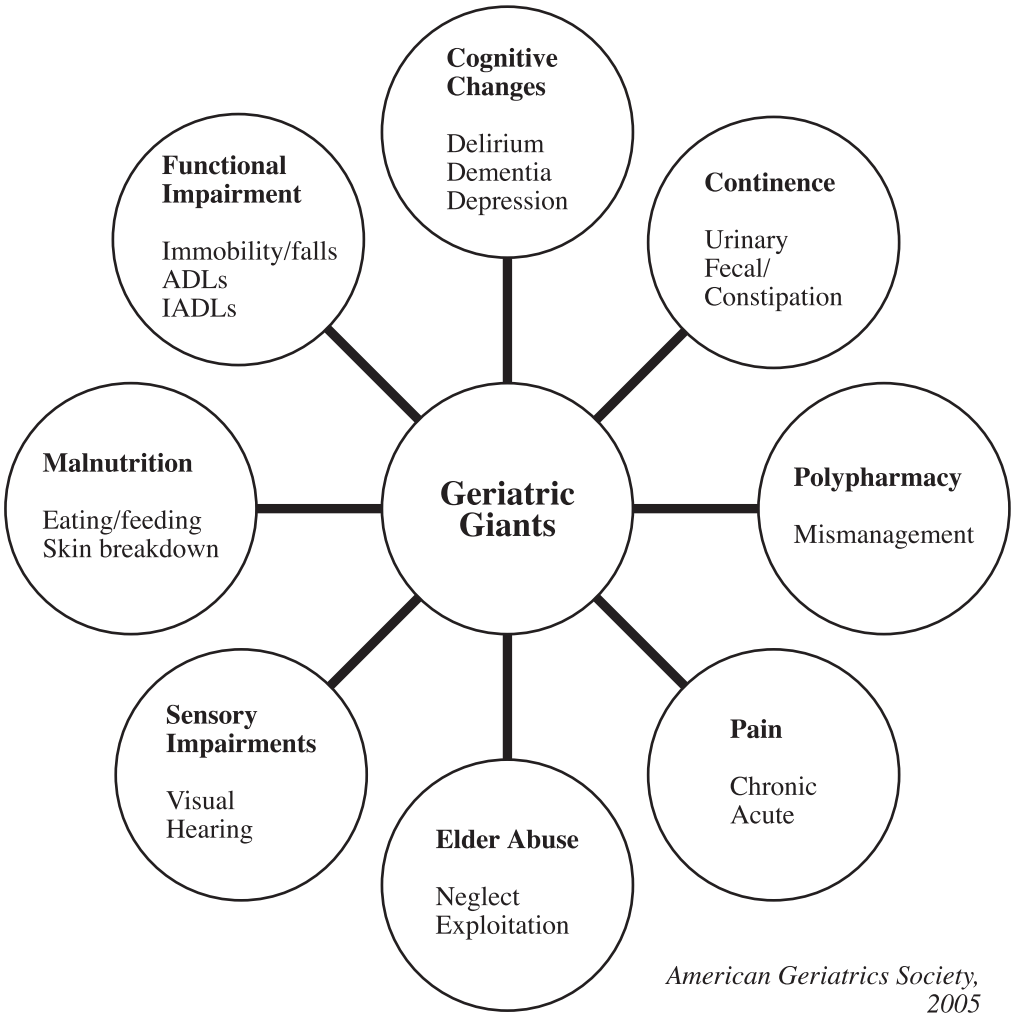

Figure One. Geriatric giants

include the GEM nurse, physician, physiotherapist, social worker, pharmacist, community care case manager, nursing and other allied staff, and volunteers. The collaborative approach enables all aspects of the patients' health and social indicators to be examined and also enhances communication between the disciplines. This results in improved patient care outcomes. In addition, providing additional community-based services for the frail senior has the benefit of reducing hospital visits and decreasing demand for long-term care (Institute for Healthcare Improvement, 2004).

Another benefit of a GEM assessment is in the identification of missed diagnoses. Older patients often present atypically. For example, signs of infection may be subtler. A thorough geriatric assessment may help to identify an underlying issue that may have been missed. The detection of an undiagnosed infection not only allows for treatment, but may also prevent further decline in the patient and could potentially prevent the development of delirium.

Even the staff benefit from GEM. Working with the GEM nurse on a daily basis helps the staff identify educational needs relating to older adult patients. The geriatric component of most nursing programs has historically been minimal. In order to manage geriatric issues, the staff needs to know what physiological changes take place in the elderly and what to look for clinically. Awareness of the issues affecting the quality of life of the frail senior promotes appropriate care in the ED, hospital and home.

Considerations for the elderly in the emergency department

The introduction of GEM nurses has also enhanced the ED environment to be elder-friendly. Accessibility to assistive devices in the ED assists in proper functional assessments while other adaptations to the ED environment improve the safety of frail seniors while in the ED (Hwang & Morrison, 2007). A medical emergency is often a sentinel event for an older adult who is vulnerable to losses. Maintaining hydration, nutritional status, mobility, and relieving skin pressures are examples of simple, yet very effective care considerations for older adults.

Older adults have unique needs that must be considered when providing care. Common syndromes of the elderly are often referred to as the "Geriatric Giants". Rapid onset of these syndromes is indicative of an acute underlying illness. When patients present to the ED with these issues, a holistic and systematic approach to assessment and planning is needed. Consideration should be given to a GEM nurse referral for a comprehensive assessment, intervention and planning of appropriate follow-up.

I don't have a GEM nurse, so what can I do?

Although every ED may not have a GEM nurse available, there are important issues to consider when you are assessing and treating older adults. Remember that the ED visit may represent a huge change to an older person's normal routine and environment. These patients may have an atypical presentation, and may not respond to treatment in the same way as younger patients. For example, a sudden change in ability to function might be an atypical presentation of acute myocardial infarction and the medications that are required may need to be at significantly lower doses for the frail senior, compared to a younger adult. When assessing older adults, consideration must be given to the geriatric giants. Always ask, "What has changed?" Avoid assumptions, and "think atypical." If there are cognitive issues, it is imperative to establish the person's baseline function. Has there been any acute change from this baseline? An accurate medication list with any recent changes should be noted. An important component of caring for these patients is assessment of social function. Where do they live? With whom do they live? Often times we discharge patients home without fully understanding how their illness or injury may affect their day-to-day living. Attention to these issues may enable a safer discharge and, ultimately, prevent the patient from returning to your ED in a worse state.

When assessing for discharge risk, consideration must be given to these factors

- Does my patient live alone?
- Do they have cognitive impairment?
- Have they had multiple ED visits in the last six months?
- Do they have sensory alterations?
- Are they on three or more prescribed medications?
- Do they have caregiver support? Or, provide caregiver support to someone?
- Will they be able to fill their prescription?
- Do they drive a car?
- Has their ability to mobilize at home been altered?
- Have they had any recent falls?

Conclusion

Just as with caring for pediatric emergency patients, the ED nurse needs to approach older adults with the knowledge that this special population possesses unique pathophysiological and clinical concerns. This specialized knowledge base and the unique nursing approach that is required can be very challenging in a busy ED. The implementation of a GEM program can help to deal with the issues relating to the care of older adults in the ED. Even with no GEM nurse available, an understanding of the issues related to the care of the older adult will improve the safety and quality of the care that we provide to this group of patients in the ED.

Geriatric pearls

- All older people do not live in nursing homes (it's between 5% and 10%), and a retirement home is not the same as a nursing home
- Aging is not a disease, and aging is not synonymous with disease
- Normal aging brings about changes that can make an individual more vulnerable to a disease, but it is important to recognize that changes associated with normal aging and changes from disease are different
- Cognitive impairment is not normal
- Not everyone who is confused has dementia
- What you see may not be their baseline
- Speak to a family member/friend whenever possible to verify information and help establish their baseline
- Paramedics can provide valuable information about the home, which can help you understand how the patient has been coping
- The stated problem may not be the real problem or the only problem
- Healthy eating, physical activity and psychological well-being greatly enhance an individual's potential for successful aging

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