

Geriatric friendly ED

By Jennifer D. Kostyshyn, RN, BN

As Canada's population continues to age, emergency departments must adapt to continue to deliver appropriate, competent, and compassionate care. Recognizing this, the emergency department in St. Boniface Hospital in Winnipeg, Manitoba, has spent the past year working towards developing a more elder-friendly emergency department.


In partnership with the St. Boniface Hospital Geriatric Program, an assessment of the physical space in the emergency department reassessment unit was conducted to look for opportunities of improvement for our older adult population. This assessment highlighted a lack of handrails leading towards the washroom, limited bedside seating, poor lighting, and insufficient signage. We also found unnecessary clutter in hall spaces and that our curtains were multicoloured and heavily patterned. Beyond our physical space, we also noted that there was a lack of mental and social stimulation for some of our longer-stay patients. Paired together, these physical and mental barriers put our older adult population at a higher risk for delirium and falls.

A team of frontline staff, emergency department leadership, volunteer services, and our hospital's geriatric program collaborated on transforming us into an elder-friendly emergency department. We changed the lighting so that it was softer and more ambient, changed our curtains to a uniform, solid colour, and installed handrails and new signage. We also conducted a successful quality improvement initiative on increasing our falls risk screening in the emergency department. Frontline staff developed a 'falls wall' that acts as a visual reminder of falls prevention, as well as houses falls risk signage, wristbands, anti-slip socks, and falls-prevention equipment such as assistive devices. This is also an area where falls-prevention resources for patients, families and staff are kept.

We also partnered with St. Boniface Hospital Volunteer Services to increase social and mental stimulation in our reassessment area where patients tend to have more prolonged stays. We now have volunteers playing gentle music in the evenings, providing art at the bedside, bringing in pet visitors, and offering library book and movie options for our patients. We also developed therapeutic activity kits (TAKs) to assist with stimulation and distraction for our patients with dementia, delirium, and/or responsive behaviours. Staff also donated fabrics and materials for our volunteer services department to make therapeutic touch

blankets that are gifted to our patients with advanced dementia.

It is important to continually adapt our care to the population we serve. As our older adult population continues to rise, emergency departments should continue to work towards implementing elder-friendly practices to provide appropriate, competent, and compassionate care.

In response to an aging population and demands for a more elder-friendly ED, our emergency team took on a project to look at our environment, our attitudes and ways we could change to assist the delivery of care. Highlights of our discoveries included dim lighting, lack of proper seating at bedside, no hand rails for patients to walk to washroom and poor signage to locate washrooms. To assist with the changing of our attitudes we had multiple staff members attend a Responsive Behaviours workshop and then roll out the information to colleagues. This, in combination with the implementation of completing the fall risk screening in the electronic patient record, has increased our awareness and helped to change minds in our staff. Besides the physical well-being and safety factors, we also notice that due to the long stays in the reassessment unit, our patients were lacking mental and social stimulation and orientation of time and place. In response to this, we involved our volunteer services who provide weekly and daily services including music, pet therapy, book lending and visits. We installed TVs in the common area and encourage frequent rounding to provide for direct care and reorientation. We have developed TAKs to assist those with responsive behaviours and touch blankets for those who may never return home. To educate and provide easy access to tools we have developed a "falls wall" in three areas of our department that house our bedside flags, wristbands and antislip socks. The "falls wall" area also contains an educational component and highlights our successes in the department. 

About the author

Jennifer D. Kostyshyn, RN, BN, graduated from the University of Manitoba with her Bachelor of Nursing in 2010. Jennifer has worked the past six years in the emergency department at St. Boniface Hospital in Winnipeg, Manitoba. Jennifer works as part of a dynamic team advocating for patient safety and team work. Jennifer enjoys sharing knowledge and inspiring new nurses with university and college preceptorship programs. She is also an avid member of the St. Boniface Emergency Department TeamSTEPPS initiative and is planning on completing graduate studies in the healthcare field.

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