Geriatric-friendliness in Emergency Departments in Newfoundland and Labrador

Objective

To determine the geriatric-friendly readiness of emergency departments (EDs) in Newfoundland and Labrador (NL).

Practice Points

1. The number of older adults presenting to EDs is high. From Jan 2019-Jun 2023, older adults (65+) accounted for 31.5% of ED visits in NL (source: Emergency Department Utilization by Older Adults After Closures in Newfoundland and Labrador, Practice Points Volume 11, Quality of Care NL; https://qualityofcarenl.ca/wp-content/uploads/2024/07/PPVol_11_web_Jul24.pdf).

2. The care of older adults in the ED is challenged by atypical disease presentations, cognitive impairment, polypharmacy, multimorbidity, or functional deficits.

3. In 2014, the American College of Emergency Physicians, in collaboration with the American Geriatric Society, developed Geriatric ED guidelines to help EDs improve the care of older adults. However, little is known about Canadian ED's adherence to or implementation of these guidelines and principles (source: ACEP. American College of Emergency Physicians. ACEP.org. [cited 2025 Feb 27]. GEDA. Available from: https://www.acep.org/geda).

4. Health Accord NL recommended implementing and supporting an integrated continuum of care to improve the effectiveness and efficiency of care delivery to older adults. The recommendation proposes having certified senior-friendly EDs across the province.

Methods (Q. Jacques, E. Thorburn, J. Perry, D. Bradbury-Squires, S. Mercer, M. Parsons, K. Furlong)

1. A 28-item questionnaire and five interview questions were developed, informed by the geriatric ED guidelines and the geriatric ED accreditation (GEDA) areas, and administered to EDs across NL.

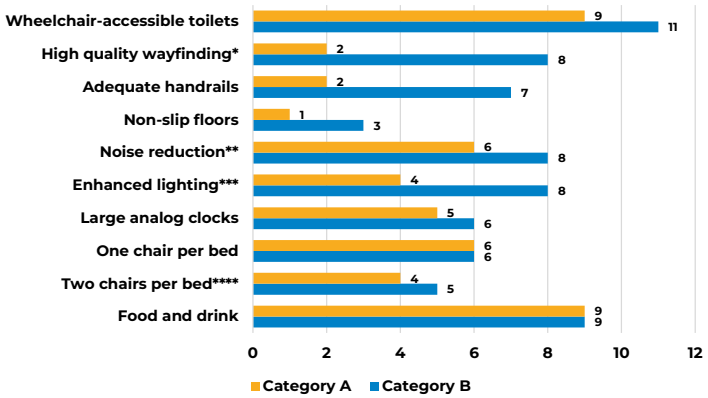
2. A total of 23 sites participated in the study (11/12 Category A and 12/20 Category B). A total of 20 respondents which were made up of physicians (n=13) nurses (n=5) and advanced care paramedics (ACP) (n=2) represented the 23 sites (the two ACPs represented four sites and one physician represented two sites). One site (4.3%) identified a physician with a focused education in geriatric emergency medicine.

3. The questionnaire was divided into four broad sections: education, personnel, protocols and equipment/physical environment.

4. Interview questions asked about barriers to the implementation of geriatric ED principles and if participation in the study would change clinical practice of the respondent.

5. The definition of ED category was based on access to physicians and lab services, and distance to the patient population, referred to as Category A or B. Category A refers to designated emergency departments capable of handling a wide range of urgent and critical medical situations. These departments are equipped to address serious illnesses and injuries, with trained staff available 24/7 to provide immediate care. Category B EDs are typically located in rural or remote areas of the province and offer 24-hour care with a physician on-call after hours. These facilities often have limited diagnostic capabilities compared to Category A EDs.

Results



*High quality wayfinding includes larger signage, high contrast font, etc.

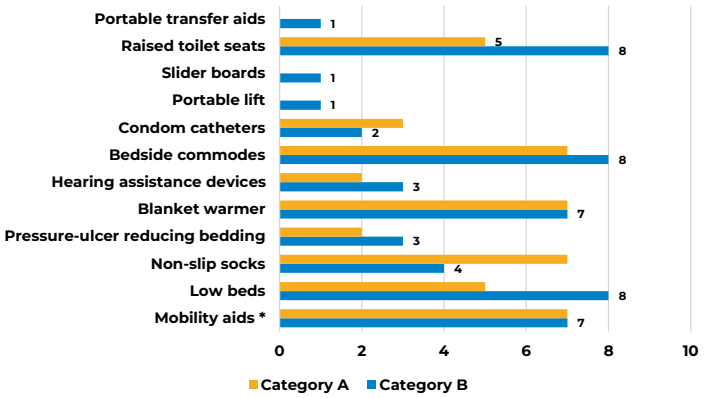
**Noise reduction includes separate or private rooms.

***Enhanced lighting includes natural lighting such as a skylight or window.

****Two chairs per bedside considering pre-COVID-19 pandemic.

Figure 1. Geriatric-friendly Amenities and Environments in Participating Emergency Departments by Category

- Most sites (82% or higher) had wheelchair-accessible toilets and food and drink available.
- High-quality signage and wayfinding, noise reduction techniques, and enhanced lighting were more prevalent in Category B sites. Non-slip floors were only reported for four sites (17.4%), three of which were Category B sites.
- Fifty-two percent of responding sites reported at least one chair at bedside, with a higher proportion at Category A sites.



*Mobility aids includes canes and walkers.

Figure 2. Geriatric-friendly Equipment in Participating Emergency Departments by Category

- Many sites had mobility aids (58% of Category B sites and 63.6% of Category A sites) and non-slip socks (33.3% of Category B sites and 63.6% of Category A sites) available.
- Low beds were available at 45.6% (n=5) of Category A sites and 67% (n=8) of Category B sites. Pressure-ulcer reducing mattresses and pillows were available at <50% of all participating sites.
- The availability of condom catheters (17% of Category B sites; 27% of Category A sites) and hearing assistive devices (27% of Category B sites; 17% of Category A sites) was low.
- No Category A sites reported the availability of portable lifts, slider boards, and sit-to-stand transfer aids. One Category B site (8.3%) reported these three items available for use.

Table 1. Themes of Respondent Feelings About Study Participation

Interview Questions	Theme
Was it difficult to find answers to all the study questions? If so, why?	Unsure about geriatric policies and procedures
	Finding information was difficult
Will participation in this study change your clinical practice in the ED? If so, how?	Limitations to practice
	Awareness
	Advocating
	Change in approach

- 12 respondents identified that they "did not know much about geriatric polices and protocols."
- 12 respondents disclosed that study participation would change their practice and help them advocate for change in their own EDs. Examples of changes to practice included being more mindful, updating triage approaches, and increasing their own geriatric emergency medicine knowledge.

Table 2. Themes of Barriers to Geriatric-friendliness in the ED

Theme	Subthemes
Resources	Staffing
	Supplies and materials
	Finance
	Lack of services
Infrastructure	Facilities
	Management
Education and Training	
Adequate care and geriatric cases	
Awareness and change	

- When asked about barriers (perceived or real) to making EDs more geriatric-friendly, several key themes emerged including challenges related to resources, infrastructure, education and training, the provision of adequate care for geriatric cases, awareness of geriatric principles, and ability to implement change.

- Some sites reported a lack of available personnel, suggesting that any additions to care practices may be strenuous. Lack of follow-up and poor availability of home support resources were identified as service-related barriers. Many EDs identified a lack of space and supplies, as well as environmental inadequacies (e.g., current layout of the ED) as barriers. Others highlighted a need for increased awareness and systemic change to address identified barriers effectively. Additionally, respondents identified lack of management supporting change or lack of willingness to change as barriers.

Conclusions

1. Some EDs in NL have the beginnings of geriatric-friendly ED principles and initiatives in place, but most are lacking robustness across all domains of geriatric-friendliness.

2. This study emphasizes the need to continuously evaluate and provide improved geriatric-friendly ED care. Those involved with the care of older adults in the ED will benefit from a review of geriatric-friendly principles.

3. Sustainable, geriatric-friendly EDs are required to prepare for the influx of older adults to our EDs in the coming years.

4. For more information about this study, see: Jacques, Q., Thorburn, E., Perry, J. et al. Examining the geriatric-friendliness of emergency departments in the Canadian province with the oldest population. Can J Emerg Med (2025). https://doi.org/10.1007/s43678-025-00974-7.