

# Senior-Friendly Emergency Departments: An Integral Component of the Provincial Comprehensive Seniors Care Program

## Objective

To provide the concept and needs to establish senior-friendly emergency departments (EDs) in Newfoundland and Labrador (NL).

## Practice Points

1. The ED is unique in that it lies between inpatient and outpatient care and is often a point-of-entry into the health care system for older adults, particularly those without access to primary care.
2. Despite older adults accounting for the majority of ED visits (See Emergency Department Utilization by Older Adults After Closures in NL), the traditional models of emergency medicine delivery may not be adequate for older adults with frailty and complex medical needs.
3. The World Health Organization’s Global Strategy and action plan on ageing and health consists of five strategic objectives, one of which includes age-friendly environments.
4. Health Accord NL recommended the development and implementation of a formal Provincial Frail Elderly Program, which would have strong connections and supports across the proposed integrated continuum of care (Figure 1).

## Results

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



Figure 1. Health Accord NL's Continuum of Care for Older Adults

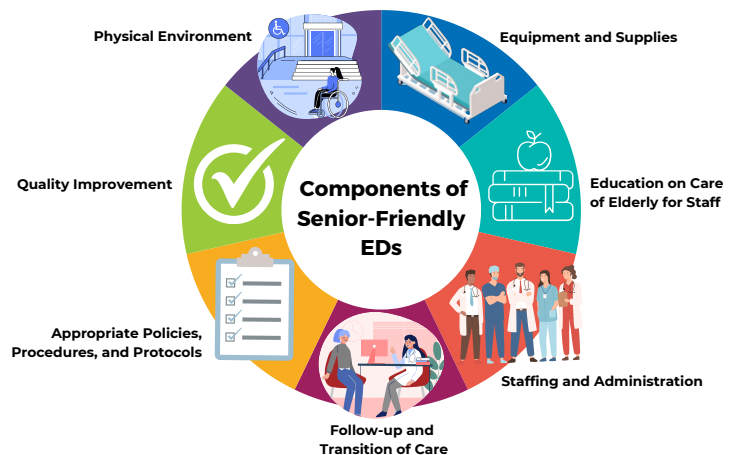


Figure 2. Components of Senior-Friendly EDs

**Table 1. Components of Senior-Friendly EDs**

Staffing and Administration
Physician champion or medical director
Identified nurse case manager
An interdisciplinary geriatric assessment team
A member of the executive/administrative team
A patient/public member
Appropriate Policies, Protocols, and Procedures such as:
Initial screening tool to recognize and evaluate at-risk seniors
Assessment and evaluation of delirium/agitation
Urinary catheter placement guidelines
Fall risk assessment
Medication review
Quality Improvement
Efforts to ensure effective and appropriate utilization of policies, protocols, and procedures using learning cycle processes of a Learning Health and Social System
Indicators would include older adult volume, admission rate, readmission rate, deaths, revisit to ED rates, completion of at-risk screening tools, etc.
Follow-up and Transitions of Care
Discharge protocols that facilitate communication of clinically relevant information best suited to older adults
Appropriate outpatient follow-up
Maintain relationships and resources in the community
Work is ongoing by NL Health Services to implement senior-friendly EDs across the province
Physical Environment
Access to natural light
Adequate hand rails
Wheelchair accessible toilets
Availability of raised toilets
Easy access to food and drink
Enhanced signage and way-finding

**Table 1 continued**

Equipment and Supplies
Easy access
Canes and four-point walkers
Low beds
Blanket warmers
Non-slip socks and fall mats
Hearing aids and assistive devices
Education on Care of the Elderly for Staff
Identified core readings
Accredited Continuing Medical Education (CME)
Self-directed learning activities
In-service education on geriatric-specific equipment
Involvement of multidisciplinary team sessions

## Conclusions

1. The goal of senior-friendly EDs is to recognize that older adults present differently than their younger counterparts.
2. Senior-friendly approaches reduce the rate of hospital admission, length of hospital stay if admission is required, revisit rate to the ED in 30 days, and overall health care costs. Rates of discharge from the ED are also higher when EDs are senior-friendly.