







## Geriatric Emergency Room Innovations for Veterans (GERI-VET)

### Challenge

In 2016, there were 1,051,597 Emergency Department (ED) visits for Veterans 65 and older within Veterans Health Administration (VHA). Traditionally, ED and primary care providers have received little formal training in geriatric assessment and management of geriatric syndromes. As a result, **ED visits for older adults focus on the treatment of presenting emergent conditions, rather than addressing underlying geriatric syndromes and subsequent care coordination.** ED visits are a missed opportunity to optimize patient care for older adults by recognizing the root cause of presentation, preventing further functional decline, and decreasing ED revisits or hospital admissions.

### Innovation

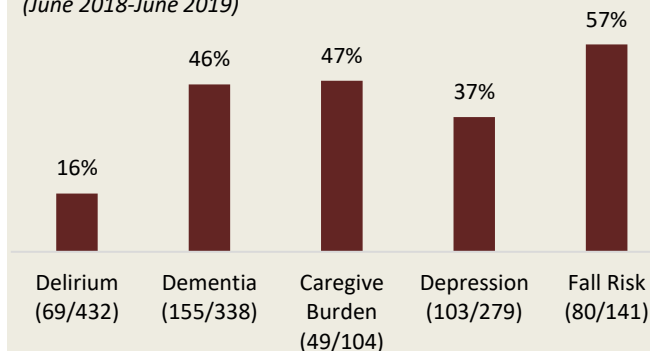
With the aim of providing comprehensive, geriatric-focused care, Louis Stokes Cleveland VAMC initiated GERI-VET in December 2016. The objectives of the program include:

-  Detecting unrecognized geriatric syndromes for older Veterans in the ED
-  Providing evidence-based emergency care for age-specific needs
-  Ensuring comprehensive care coordination and timely referrals for VHA and community resources
-  Providing training for ED staff to champion this care

### Value

When compared to a matched control group, patients seen by GERI-VET experienced a **9.4% lower rate of admission from the ED (48.6% vs. 58%)**. This translates to an estimated savings of \$30,780 per prevented admission. Patients presenting to the ED underwent evaluation by Pharmacy (44%), Social Work (54%), Physical Therapy (4%) and Prosthetics (8%). Additionally, referral rates for VHA home and community resources were notably higher for GERI-VET patients upon discharge from the ED. An examination of screening data indicated a significant prevalence of geriatric syndromes, as well as caregiver burden (Figure 1). Moreover, Nearly 60% of Veterans were determined to be at significant risk of falling.

**Figure 1. Results from GERI-VET at Louis Stokes Cleveland VAMC (June 2018-June 2019)**





## How it Works

The **Identification of Seniors at Risk (ISAR)** screen is performed during ED triage on patients 65 years and older to identify Veterans at risk of functional decline, institutionalism, readmission, and death. A GERI-VET consult is ordered for patients with at least three positive responses, those who cannot answer the questions but are medically stable or if any ED provider/nurse requests a consult. Patients are then seen by a GERI-VET Screener during their ED encounter. GERI-VET Screeners are ED clinical staff members who have received training in geriatric screening and care coordination. The Screener meets with the patient and caregiver to perform the following screens as clinically appropriate:

- **Delirium**
- **Dementia**
- **Mini-Cog**
- **Functional Status**
- **Mobility**
- **Caregiver Burden**
- **Elder Abuse and Neglect**
- **Polypharmacy**

The GERI-VET Screener discusses positive results and proposed care plan(s) with ED providers and appropriate multidisciplinary staff, as well as with the patient and/or caregiver. Care plans may include consults while the patient is in the ED (e.g., Physical Therapy, Pharmacy, Psychiatry), discharge planning, and home/community resource planning. If the Screener is unable to complete the consult prior to patient discharge from the ED, the Care Coordinator will contact the patient and/or caregiver via telephone within 48 hours to perform clinically appropriate screens and care coordination.



## Does My Facility Need This Practice?

Is your facility interested in:

- Identifying previously unmet geriatric needs,
- Expediting initiation of outpatient and home VA services to patients and caregivers at time of ED encounter,
- Reducing rates of ED revisits, hospitalizations, admissions, and LOS,
- Improving Veteran satisfaction rates, or
- Achieving American College of Emergency Physicians (ACEP) Geriatric ED Accreditation?

## At Your Facility

For successful implementation of the GERI-VET practice at your facility, you will need:

- ✓ Medical Center Leadership Support
- ✓ Geriatric ED Screener/Care Coordinator (Intermediate Care Technician, RN, LPN, Social Worker, etc.)
  - Screening
  - Care planning and initiation
  - Follow-up phone calls
- ✓ ED Physician Champion
  - Oversee staff training and education
  - CPRS documentation
  - Program evaluation