



# RESPONDING TO THE EMERGENCY DEPARTMENT CRISIS

A PROACTIVE APPROACH  
TO THE GROWING OLDER  
ADULT POPULATION



# WHO IS WEST HEALTH?

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We're working to make sure all Americans can age with dignity, independence, and access to high-quality, affordable healthcare.

**We combine strategic grantmaking** from the Gary and Mary West Foundation with extensive market expertise to amplify our impact on tangible issues of healthcare access, quality, and cost.

**We take initiative across the healthcare spectrum,** with a diverse portfolio of programs and initiatives that address successful aging for the long term.

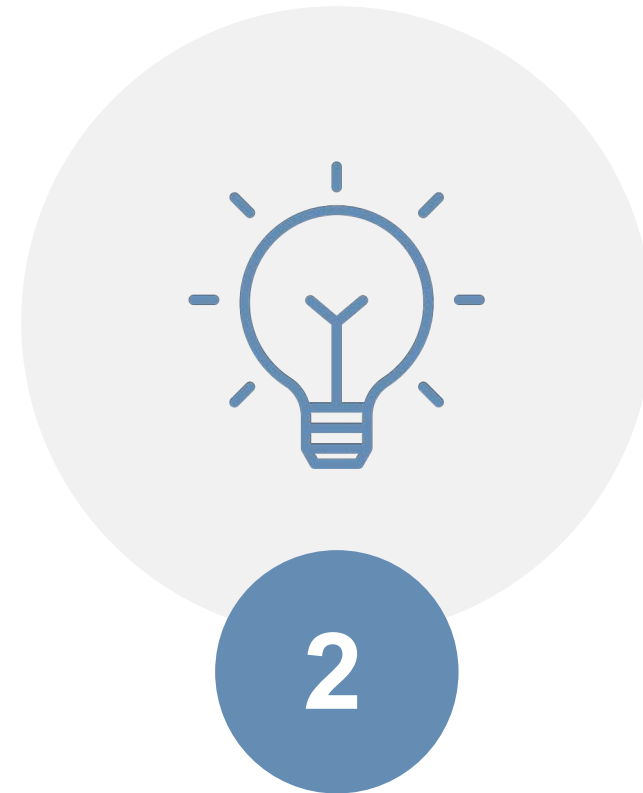
**FOR WEST HEALTH, OUR  
COLLABORATIONS ARE CRITICAL!**

# OUR GOALS TODAY

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Shed light on the crisis facing older adults in the emergency department



Inspire you to bring back a plan to improve care for older adults in the ED



Demonstrate the ED as a crucial link for improving care for older adults in your community



Connect you and your ED leaders with helpful resources and shared best practice

# CHALLENGES IN CARING FOR OLDER ADULTS IN THE EMERGENCY DEPARTMENT

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**Our aging population will become a major strain on unprepared emergency departments.**

National Stats:

- Between 2010 and 2020, ED visits made by older adults increased from 17.1% to 22.3%.
- The number of older adults in the US is projected to increase from 54.1M (2022) to 95M by 2060.

The hurdles older patients face:

- Complex medical conditions
- Communication barriers
- Lack of caregiver involvement
- Limited resources at EDs that aren't hardwired for geriatric care





# RESPONDING TO THE NATIONAL EMERGENCY DEPARTMENT BOARDING CRISIS

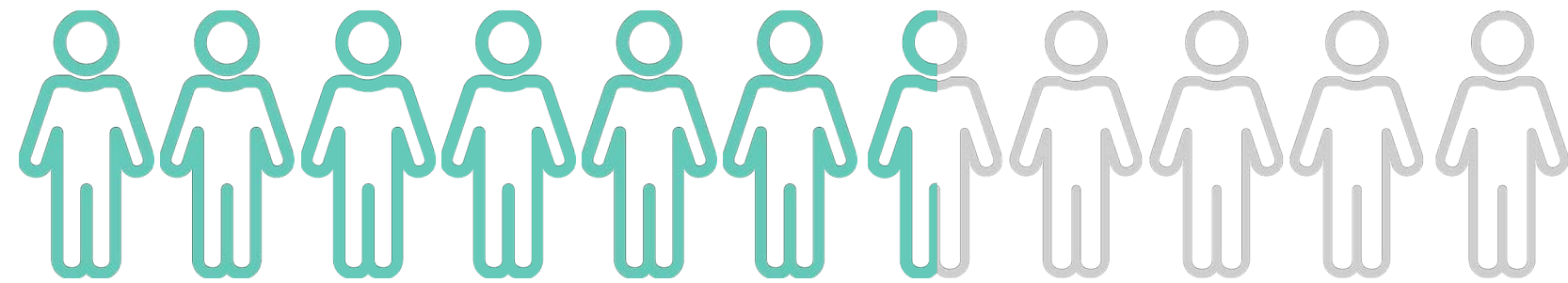


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**things every hospital executive should know:**

1. Throughout the country, patients are boarding for hours on end, many decompensating as they wait for available beds, bottlenecking busy ED waiting rooms; ED capacity issues have worsened post-pandemic.
2. Older patients are often the most frail and vulnerable, and those impacted by long ED wait times and boarding are at a high risk for increased mortality.
3. Older-adult patients are at a greater risk of delirium and may not be properly screened or provided delirium prevention, increasing the risk of admission and overall length of stay.
4. Boarding issues impact more than patients. Physicians and staff are experiencing high rates of burnout, often driven by the fear of causing harm to their patients.
5. Without hardwired safety measures for geriatric patients, and care tailored to the unique needs of older adults, the boarding crisis will worsen as our population ages.

# OPPORTUNITIES FOR CENSUS MANAGEMENT



Seniors account for **more than 47% of all hospitalizations** that originate in the emergency department, and that share is forecast to reach

**56%**

by the start of the next decade.



Improved geriatric emergency care can help reduce unnecessary hospital admissions, opening beds to higher acuity patients.



Improve care transitions, coordinated discharge reducing readmissions



Improved care transitions between ED and inpatient teams. Downstream efficiencies



Create efficiencies for overburdened clinical staff

# WHAT IS A GED, ANYWAY?

**American College of Emergency Physicians** launched its Geriatric Emergency Department Accreditation program in 2018.



- Teams with special training in geriatric medicine, including physicians, nurses, pharmacists, and social workers
- Expertise in geriatric conditions and care related to falls, mobility, cognitive impairment, medication interactions, and community resources

Access to specialized equipment

Environments designed to meet the needs of older adults

Hardwiring of process and protocols to optimize the care for older adults



# RECOUNTING THE JOURNEY FIRSTHAND: HEAR FROM THE EXPERTS



**DR. JOSEPH C. CARMICHAEL, M.D.**  
Chief Medical Officer, UC Irvine

UC Irvine achieved its GEDA in 2022



**DR. LYNNE B. MCCULLOUGH, M.D.**  
Vice Chair Operations, Medical Director, UCLA

UCLA achieved its GEDA in 2023





# “WHAT WORRIES YOUR ED LEADERS?”

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“Why I committed to making my ED safer for older adults, who are at highest risk.”

**DR. JOSEPH C. CARMICHAEL, M.D.**  
Chief Medical Officer, UC Irvine

**UCI** University of  
California, Irvine



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A top fear of every ED leader:  
Having a patient die in the ED waiting for care.

**QUESTION FOR THE AUDIENCE:**  
**What are the most pressing challenges  
your ED leaders face?**

# A STEP IN THE RIGHT DIRECTION

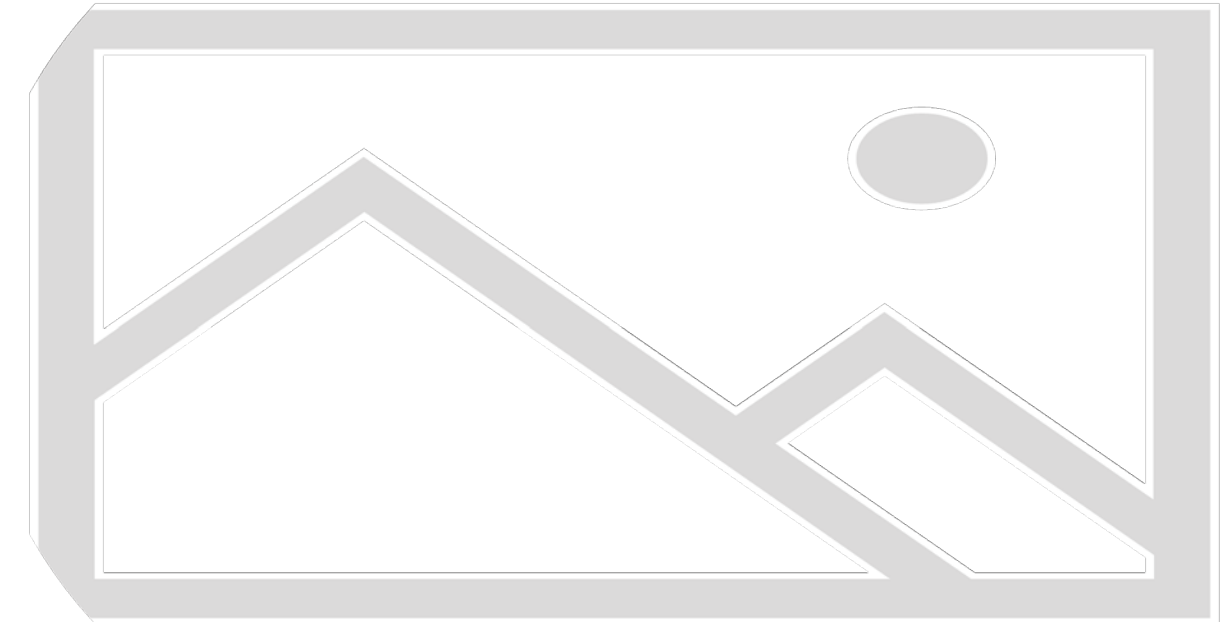
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“My ED was on fire; how could I possibly be thinking about doing more?”

**DR. LYNNE B. MCCULLOUGH, M.D.**  
Vice Chair Operations, Medical Director, UCLA

**UCLA** Health



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Older adults are 25% of the UCLA ED population, with a 50% admission rate. “We’ve got to do something different for this special population” There are important standards of care we need to pay attention to, and the GED model gets you there.

**The path to accreditation is more than a merit badge.**

# EMPOWERING AND SUPPORTING CLINICAL STAFF

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“Caring for our vulnerable older adult patients without the resources is incredibly taxing.”

- **Reducing waste:** The ED provides care to all patients, all acuity levels, regardless of how staffed you are. Care without resources is fragmented leading to waste and risk.
- **Let's not make it worse:** Every moment a patient waits in a waiting room or is trapped in boarding are moments when healing has yet to begin. Without improved processes we are making our patients sicker. Increasing decompensation, increasing overall length of stay.
- **Proactive solutions reduce length of stay:** GED's increase screenings, and prevention for conditions such as delirium that worsen patient's outcomes.



# MAKING AN IMPACT BEYOND THE EMERGENCY DEPARTMENT

The practices learned and processes developed during the GED accreditation journey can make a **lasting impact across health systems.**





**DO YOU KNOW THE %  
OF OLDER ADULTS IN  
YOUR ED?**



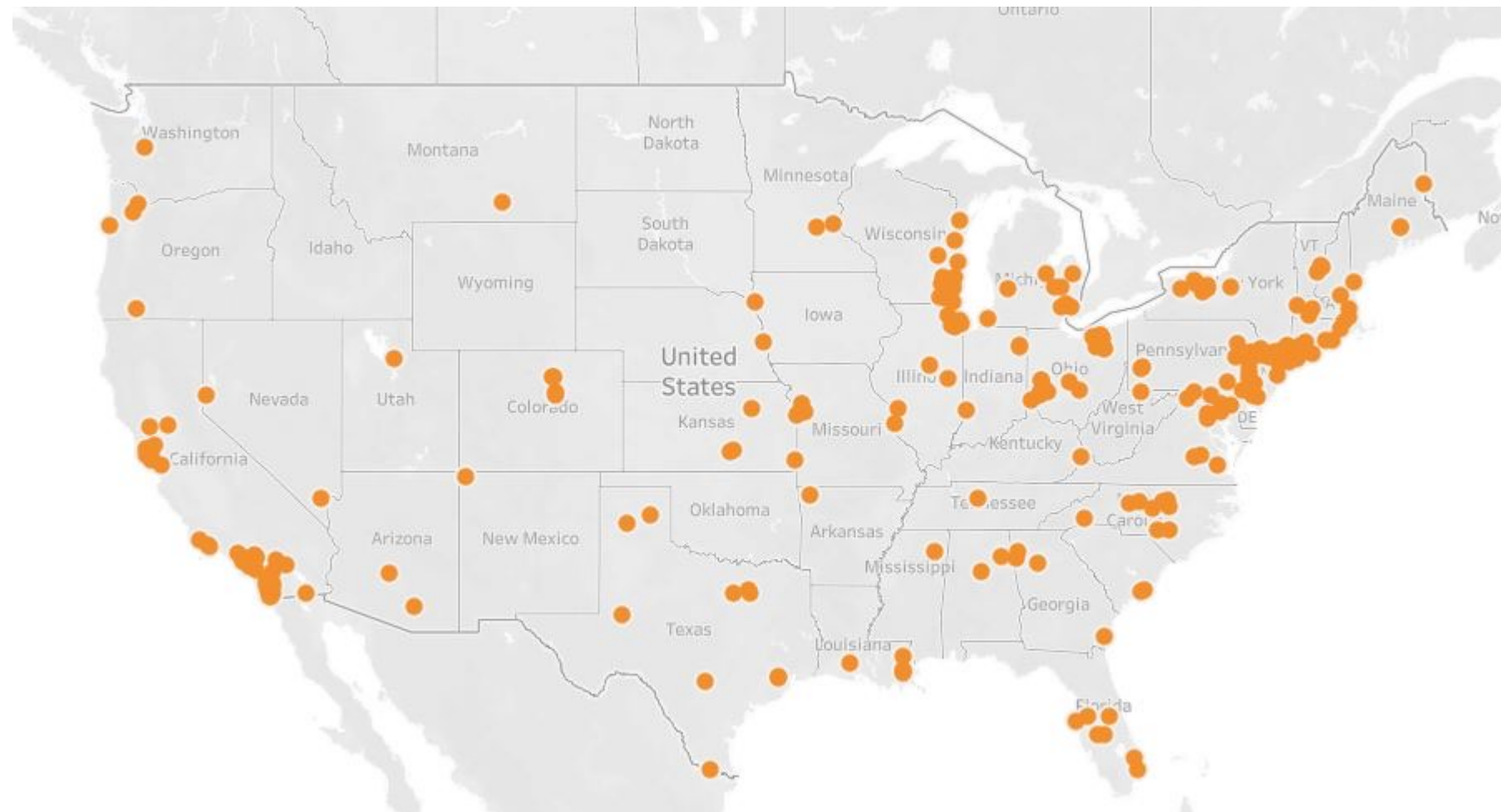
# JOIN THE NATIONAL MOVEMENT

**412** U.S. hospitals now have an accredited Geriatric Emergency Department.



**68** of these are in California.

But...fewer than one in three older Californians live in a city with a Geriatric Emergency Department



HASC 2023 ANNUAL MEETING

# JOIN THE GED MOVEMENT

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Join us for an educational event led by **UC San Diego Health**



For more information, email us at: [GED@westhealth.org](mailto:GED@westhealth.org)



Ask your ED leaders about their biggest pain points related to caring for older adults



Find out if your hospital has a GED accreditation and share what you learned today with your colleagues



HASC 2023 ANNUAL MEETING



# QUESTIONS?