

Geriatric Boarding Approaches in the Emergency Department

Authors: Kevin Cao and Oscar Monterrosa

Improving boarding in the emergency department (ED) for geriatric patients can have significant effects with more efficient patient care, patient safety, and satisfaction. By implementing key strategies such as geriatric screening tools to identify high risk patients, polypharmacy, abuse, and higher levels of care coordination, providers can expedite often complex and lengthy aspects of care.

Key strategies including more ED-focused delirium precautions, enhanced pre-hospital communications, and earlier frailty screenings for patients requiring functional status evaluations are crucial to shorter hospital stays and preventable readmissions. As ED providers are often inundated with multiple sick patients at a time, streamlined approaches for implementing these strategies will be paramount.

Our quality improvement project aims to provide providers with an order set built into the EMR to be able to identify specific care needs and early interventions while working to minimize iatrogenic conditions such as delirium and falls. Cassarino et al. and Hunold et al. found that implementation of standardized functional geriatric screenings including early occupational and physical therapy evaluations have significantly reduced hospital length of stays and readmissions.

Our plan is to program our EMR to identify geriatric patients boarding in the ED over a pre-set amount of hours. Those who meet such criteria will first be evaluated with geriatric screening tools such as the Clinical Frailty Scale (CFS) and Delirium Risk Assessment Tool. Order sets such as day-night light attenuation, noise and stimuli reduction, and geriatric appropriate medications will then be prompted for providers to select. This in theory will allow them to reduce their cognitive load on and preemptively provide guard rails for high risk patients.