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# Patient Experience After Geriatric Emergency Medicine Assessment

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## ABSTRACT

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| **Introduction** | The geriatric population is increasing in size and is expected to represent 20% of the United States population by 2030 per US census data estimates, with an expectant increase in geriatric emergency department (ED) visits.[1] Prior research has demonstrated older adults evaluated in the ED are more likely to have an increased length of stay, more diagnostic tests, and higher overall costs than their younger counterparts, but despite consuming greater resources and staff time, older adults are still more likely to be dissatisfied with their treatment outcomes and less likely to feel that their presenting complaint has been resolved.[2,4] In 2013 the American Academy of Emergency Physicians began a formal accrediting process for Geriatric Emergency Departments,[3] and the Beaumont Royal Oak ED implemented a Geriatric Assessment Team (GAT) while in the process of obtaining this accreditation. The primary objective of this qualitative study was to assess the older patient's experience and perception of the care they received in the emergency department after evaluation by the Geriatric Assessment Team and determine if patients would recommend the continuation of this program. |
| **Methods** | Patients aged 65 and older that do not live in a nursing home and presented to the ED from the community Monday through Friday between 9 AM to 5 PM were screened using the Identifying Seniors at Risk Questionnaire. Those who scored 2 or higher underwent additional testing to further assess cognition, fall risk, risk of polypharmacy. Patients who screened positive on any of these tests received additional care coordination including physical and occupational therapy evaluations, home care, and medical equipment. When workup was completed, a 6-question survey was administered to assess satisfaction with the program elements on a scale from 1 (very dissatisfied) to 5 (very satisfied), with opportunity to provide additional comments. |
| **Results** | From November 2020 through May 2021, 258 surveys were collected. The average age of responders was 79 and 40% of responders identified as male. 46.1% of surveyed patients were discharged, 34% admitted, 18% placed in the observation unit, 1.6% were discharged directly to a subacute rehab facility, and 1 left AMA. Respondents on average rated the program overall 4.59, between satisfied (4) and very satisfied (5). The average rating of satisfaction with the information provided about the program was 4.6, the average satisfaction with the explanation of the patient's evaluation results was 4.5, and the average rating of follow up instructions was 4.5. 87% of patients responded when asked if the program should be continued, with 99.5% of those indicating that they recommend the program be continued. |
| **Conclusion** | In this study, patients who underwent assessment by the Geriatric Assessment Team reported appreciation of the care they received with a majority recommending the program be continued. Developing an understanding of the experience of this growing and unique patient population is essential to improve satisfaction and quality of care provided in the ED as older adults become an increasing proportion of the patient population. |

## INTRODUCTION

The number of older adults is rising worldwide and, in the United States (US), is growing at a faster rate than even the general population[1] and is expected to represent 20% of the total population by 2030. Furthermore, the Emergency Department (ED) visit rate for older adults has increased faster than the visit rate for any other demographic, suggesting that ED utilization among older adults is outpacing population growth.[2,3] These sheer numbers are an anticipated challenge, but the unique needs of older adults further complicate the issue. Prior research has demonstrated that older adults evaluated in the ED are more likely to have an increased length of stay, more diagnostic tests, and higher overall costs than their younger counterparts, but despite consuming greater resources and staff time, older adults are still more likely to be dissatisfied with their treatment outcomes and less likely to feel that their presenting complaint has been resolved.[6,9]

The ED is a critical initial point of contact with the healthcare system and has the unique opportunity to improve care for older adults by bridging between inpatient and outpatient settings.[4,7] Previous studies have identified measurable outcomes from the utilization of comprehensive geriatric assessment teams and protocols in the ED, such as decreased rates of admission, ED return visits, and mortality.[4] In the process of obtaining accreditation by the American College of Emergency Physicians as a Geriatric Emergency Department, our busy suburban Level 1 Trauma Center implemented a Geriatric Emergency Medical Assessment (GEMA) team comprised of an advanced practice provider, physical therapist, occupational therapist, and social nurse care manager.

The objective of our study was to capture older patients' experience with GEMA evaluation, obtaining same-day data on satisfaction and understanding. We hoped to measure the impact of GEMA evaluation on patient perception of care, as well as assess areas of improvement and barriers to follow-up after ED discharge.

## METHODS

Community-dwelling patients aged 65 years of age and older who presented to the ED Monday through Friday from 8 am – 5 pm were screened using the Identifying Seniors at Risk questionnaire. Patients who score 2 or higher have a higher risk of adverse outcomes such as functional decline, hospitalization, readmission, or death. These patients then underwent additional evaluation including the Short Blessed Test to screen for cognitive dysfunction, Brief Confusion Assessment Method (B-CAM) to assess for delirium, Timed Up and Go (TUG) test to assess for fall risk, Katz Activities of Daily Living to determine functional independence, and medication reconciliation. After the GEMA evaluation was complete, patients were provided with a 6-question written survey, independent of their disposition (admission, observation, discharge), which was collected prior to the patient leaving the ED. The survey

**Figure 1.** Survey Presented to Screened and Eligible Patients in the Emergency Center

**Marvin and Betty Danto Family Comprehensive Geriatric Emergency Medicine Program**

**Name**: _____ **Date**: _____

**Physician Assistant (PA)**: _____

Please circle how you would rate the following:

| | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
|---|---|---|---|---|---|
| Information provided regarding the program and assessments | 1 | 2 | 3 | 4 | 5 |
| Explanation of results from the assessments performed | 1 | 2 | 3 | 4 | 5 |
| Instructions for follow up care | 1 | 2 | 3 | 4 | 5 |
| Overall rating of the Geriatric Emergency Medicine Program | 1 | 2 | 3 | 4 | 5 |
| Would you recommend that this program continue at Beaumont Royal Oak? | | Yes/No | | | |

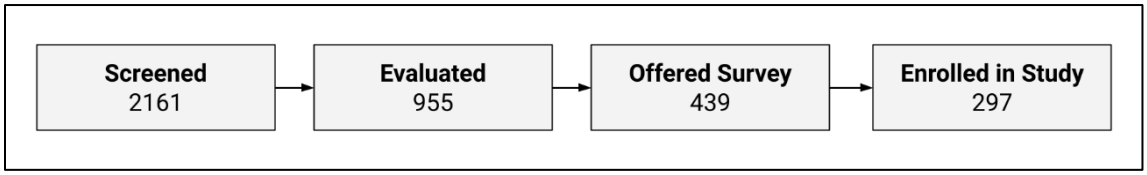
**Comments**:

covered patient satisfaction with each aspect of the evaluation, and choices were presented as a 5-step Likert-type response scale from 1 (very dissatisfied) to 5 (very satisfied.) Patients were also provided with an opportunity to include additional free-response comments. The survey results were anonymous. Anonymity was ensured by collection via closed envelopes that were opened only by the research team.

Diversity, equity, and inclusion data such as ethnicity, race, sexual orientation, and gender identity were not collected in this study. We acknowledge this would be important and helpful to evaluate and will include these data points in future studies.

## RESULTS

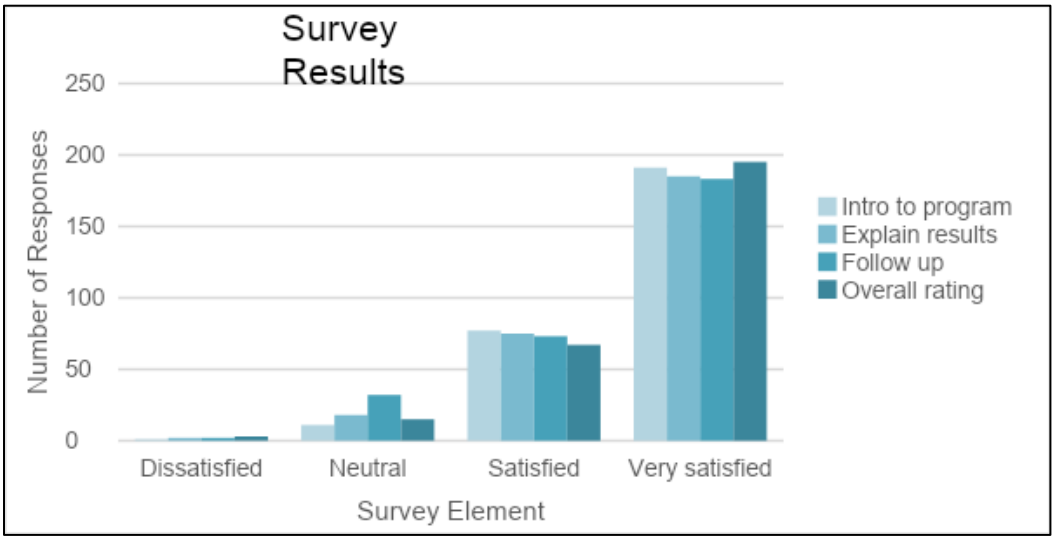
**Figure 2.** Number of patients screened, evaluated, offered surveys, and enrolled in the study




**Of the patients evaluated, 46% were given surveys. There was an 86.8% return rate for surveys.*

A total of 2,161 patients were screened, of which 955 met the eligibility criteria. Given time and staffing constraints, only 439 patients of the 955 were ultimately offered surveys. Of these, 297 agreed to enroll and complete the survey. Of these, 258 surveys were returned between November 2020 and May 2021. The mean age of respondents was 79. Males made up 39% of respondents. Of those surveyed, 46.1% of patients were discharged, 34% were admitted, 18% were placed in the observation unit, 1.6% were discharged directly to a subacute rehab facility, and 1 left against medical advice (AMA.) On average, respondents gave the program an overall rating of 4.59, between satisfied (4) and very satisfied (5). No question on the survey had fewer than half of the responses very satisfied (**Figure 3**.) Finally, when asked if the program should be continued, 87% of patients provided input, with 98.83% of those indicating they would recommend the program be continued.

**Figure 3.** Survey Presented to Screened and Eligible Patients in the Emergency Center.




**Variables rated by survey participants included introduction to the specialized geriatrics program, explanation of results of the assessments performed by the GEMA, instructions for follow up care, and overall program rating.*

Surveys were given to patients, however, based on qualitative responses it was made apparent that several were assisted and/or completed by family and/or caregivers. It is unclear how many of these were completed with family and/or caregiver assistance as this field was not included in the survey. Free-form response section comments did indicate in some cases that the survey was filled out by family or caregivers. In the future, this would be an included field for the survey response.

In general, the free-form feedback was overwhelmingly encouraging; a sample of these responses is reproduced below. The positive feedback was sorted into two main themes: the care and knowledge of

the staff, and the impression of the program. Overall, patients took readily to the GEMA process and considered it a thorough and important part of their care.

Neutral and negative responses, while fewer in number, were identified and categorized as well. Some patients and family members were concerned the assessment was not relevant to their emergency department experience. One response identified they were suffering from dementia and already had home care in place, limiting the utility of any resource recommendations. Another notable concern was that patients in pain or distress, a commonality in the ED, could not perform the assessment accurately or at all. This information helped us provide feedback to providers, emphasizing a focus on pain control and comfort measures prior to assessment. Finally, there were frustrations with the timing of GEMA in the ED course, noting frequent interruptions by multiple team members.

**Table 1. Free Text Responses from Patients, Family, and Caregivers**

| | |
|---|---|
| **Positive - Team Interactions** | "The PA was very helpful and informative."<br>"The staff were wonderful kind and very calming. My husband was very nervous coming in as we are going up in age."<br>"They gave me a lot of information that was very knowledgeable."<br>"All personnel were most pleasant, allowed enough time for questions, and were professional." |
| **Positive - Program Feedback** | "Very good and thorough to make a good plan for home or home care!!!"<br>"Wonderful way to identify potential safety risks and prevent future injury!!"<br>"Program provides valuable information for individuals as well as groups"<br>"This is especially important for older people who may not hear instructions well, or may not have a companion with them. It also could help older people who live alone and need help but do not know it or refuse to ask for it. I am glad that [this hospital] is taking steps to help its elderly vulnerable patients." |
| **Negative - Accuracy/ Appropriateness** | "For a dementia patient under care, this program is redundant[sic]."<br>“Patients who are not feeling well may be less able to answer the questions than they would be well or at home.”<br>"This program in an emergency situation is not ideal or accurate. Asking questions to someone who is in pain and/or scared does not provide a true picture. Causes more stress/anxiety if can't answer. In a different setting, could be beneficial.” |
| **Negative - Timeliness/ Confusion** | “Do it faster.”<br>"More information is needed - everything is happening too fast!" |

## DISCUSSION

Specialized geriatrics teams have previously demonstrated measurable improvements in the rate of re-presentation, length of hospital stay, and patient mortality,[4] and were ranked as one of the most effective departmental intervention strategies regarding patient experience.[8] However, little research has assessed patient perception of and satisfaction with these teams.

This study sought to explore the experience of the patient undergoing GEMA and found that most patients responded with positive feedback. These results build on existing evidence that older adults are better served by specialized care in the ED. The unique needs of this expanding population require the application of novel and focused strategies, such as a dedicated GEMA team to improve patient outcomes and mitigate downstream effects on the healthcare system in general. An understanding of the patient experience is essential to further improve patient satisfaction and perceived quality of care.

This study has several limitations. First, this population was restricted to a single-center suburban Level 1 Trauma Center in the Midwestern United States, which may limit the generalizability of the results. Patients seen in smaller, or more urban or rural settings may require different

management strategies with particular consideration to local demographics and staffing limitations. Because GEMA availability was limited to 8 am-5 pm weekdays, the survey captured patients who presented during a narrow timeframe and did not address overnight or weekend needs or experiences. This study did not compare perceptions of care by the GEMA team to the standard ED treatment team, nor were there questions related to patient follow-up after discharge, which are areas worthy of further investigation. Additional studies may be performed to analyze long-term outcomes associated with the GEMA after patient discharge including transitions of care and ease of follow-up.

## CONCLUSION

In this study, patients who underwent assessment by the GEMA team responded with positive feedback regarding the care they received, with a majority recommending the program be continued. This contrasts with the previously identified trends of dissatisfaction among older adult patients evaluated in unspecialized Emergency Departments. This study sought to address the experience of older adults when evaluated by an intradisciplinary team while in the ED. To improve satisfaction and quality of care provided in the ED, it is essential to understand the experience of older adults. The patient feedback we obtained regarding the newly implemented and specialized care was valuable for both our team and the hospital administration and was used to support the continuation and expansion of our program.


## KEYWORDS

Emergency Department; Geriatric Emergency Department; GED; Geriatric Assessment; Older Adults



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## CONFLICTS OF INTEREST

The authors have no conflicts of interest to report.


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