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A survey to define the minimally essential attributes of the geriatric emergency department

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A Survey to Define the Minimally Essential Attributes of the Geriatric Emergency Department

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BACKGROUND

- An aging population challenges emergency department (ED) providers and administrators to adapt infrastructure/management models to provide high-quality geriatric emergency care
- Increasingly, EDs with disparate resources self-label and advertise as a “geriatric ED” (GED), yet the core elements of older adult emergency management remain undefined
- The Society for Academic Emergency Medicine Academy of Geriatric Emergency Medicine (AGEM), American College of Emergency Physician’s (ACEP) Geriatric Section, the Emergency Nurses Associations, and the American Geriatrics Society (AGS) conducted a survey and analyzed the results describing minimally essential GED attributes

OBJECTIVE

- To evaluate the content validity of the AGEM/ACEP/AGS GED document via a survey of representative providers

METHODS

- Attendees at the 2012 ACEP Geriatric Section annual meeting (October 2012) completed a 44-item survey using the Turning Point @audience response system
- The survey included 11 demographic questions and 33 Likert scale questions assessing different domains of the GED document
- General domains of the GED document included staffing, discharge processes, education, quality improvement, and infrastructure
- Descriptive results were generated using SPSS software

Table 1: Descriptives for Survey Participants (n=30)

Descriptor	Value (mean or proportion)
EM physician	90%
Primary Responsibility	
Academic	57%
Clinical	36%
Hospital administration	12%

Table2: Survey Responses (n=30)

	Discharge Comm % (95% CI)	Nurse Staff Educ % (95% CI)	Large Print D/C Instruction % (95% CI)	Geriatric Social Worker, % (95% CI)	Pressure Mattress % (95% CI)	PT Consultants % (95% CI)	Geri-EM Director % (95% CI)	Physician Staff Education % (95% CI)	Geriatric Nurse, % (95% CI)	Geriatrician Consultants % (95% CI)	EMS Education % (95% CI)	Quarterly QI Report to Leadership % (95% CI)
Strongly approve	90 (80-100)	88 (78-99)	84 (71-97)	83 (70-96)	71 (55-87)	68 (52-84)	64 (48-80)	62 (44-80)	55 (37-72)	50 (32-68)	44 (27-31)	27 (11-43)
Moderately Approve	6 (0-14)	13 (1-23)	10 (0-20)	17 (4-30)	26 (11-41)	19 (5-33)	27 (12-42)	31 (14-48)	39 (22-56)	40 (22-57)	22 (8-36)	30 (14-46)
Neutral or Moderately Disapprove	4 (0-11)	0	6 (0-14)	0	3 (0-9)	13 (1-25)	9 (0-19)	6 (0-12)	6 (0-14)	10 (0-20)	19 (5-33)	33 (10-50)

RESULTS

- The ACEP Geriatric Section has 148 members, 32 of whom attended the 2012 annual meeting and 30 completed all of the survey questions (Table 1)
- Most (63%) devote over 20% of their time to the clinical care of older adults

CONCLUSION

- A sampling of the ACEP Geriatric Section membership endorsed most of the domains defining the minimal attributes of a geriatric ED that were put forth by a multidisciplinary collaboration
- A substantial minority do not support EMS education or quarterly QI reports to leadership
- Future research is needed to evaluate the perspectives of community physicians, hospital administrators, and policy makers as the GED document is refined

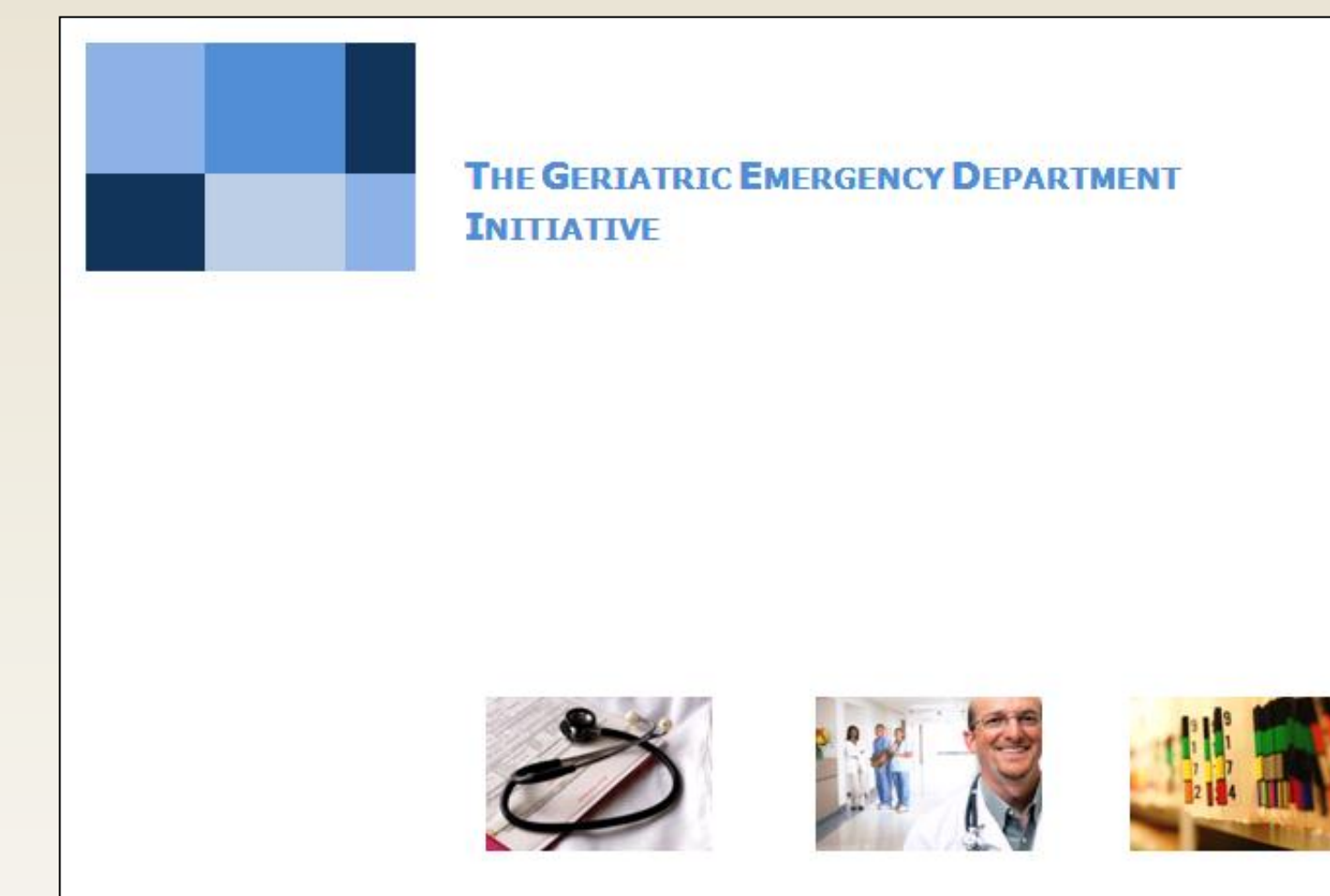


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