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Improving Geriatric Care in the ED

From Care Processes to Accreditation

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Objectives

By the end of this session, you will be able to:

- Describe key gaps in geriatric emergency care delivery, including challenges in screening, documentation, and coordination
- Explain core components of Geriatric Emergency Department (GED) accreditation and their role in improving care for older adults
- Identify strategies used within Advocate Health to improve geriatric care, including workflow design, staff training, and environmental adaptations
- Apply lessons learned from implementing and scaling a GED program to identify practical first steps for advancing geriatric emergency care in your own organization

What do most EDs look like?



Key Statistics

- 155 million ED visits annually in the U.S.
- Adults ≥ 75 have the highest utilization rates
- Nearly 1 in 5 ED visits are from adults ≥ 65
- Aging population is a key driver of increasing ED volume and complexity



Implications

- High overall demand on ED systems
- Older adults drive disproportionately higher ED use
- Significant portion of ED care focused on older adults
- Growing need for tailored geriatric care models

A Tale of Two Ankle Fractures

- Mr. Jones



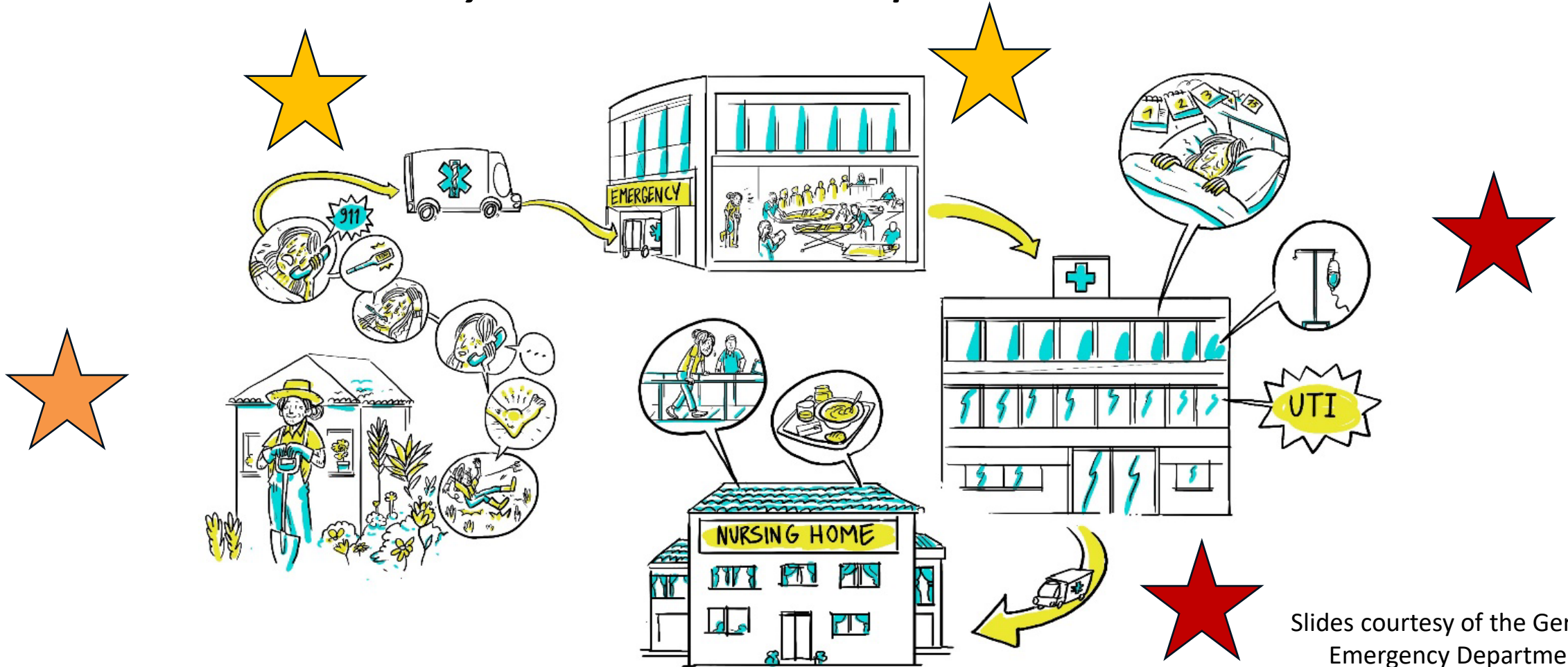
Mr. Smith



Photos from iStock

Usual Emergency Department Care

Is there a better way to deliver care and improve Mrs Miller's outcome?



Slides courtesy of the Geriatric
Emergency Department
Collaborative

Challenges of Caring for Older Adults in the Emergency Department

By 2030 the number of people aged 60 and older will grow by 56% to nearly 1.5 billion

Colby & Ortman, 2015

Throughput metrics limit ability fully address complex medical and psychosocial needs of this population

Seniors make up 43% of all hospitalizations originating in the ED

Aminzadeh & Dalziel, 2002

Older Adults in the ED



20% longer length of stay



50% more imaging and labs



400% more likely to require social services



More likely to be dissatisfied



Vulnerable when transitioned home from ED

Aminzadeh & Dalziel, 2002

Dangers in Care Transitions

2/3 of older adults are discharged after their ED visit.

About 21% are at risk of an adverse health event in the following month.

Risk factors for poor *outcomes*

Where Care Breaks Down

- High-risk older adults are not consistently identified

- Functional, cognitive, and social needs are not well captured

- Disposition decisions made without full clinical + functional picture

- Limited coordination across disciplines in real time

- Discharge planning is reactive, not proactive

Purpose of Geriatric Screening

- Recognize not all older adults presenting to the ED are the same
- Identify those with higher risk for adverse outcomes
- Prioritize resources and interventions to improve outcomes
- Allows prioritization of those needing comprehensive geriatric assessment
- Identify geriatric syndromes prevalent in ED setting

ISAR Screening

- 6 question screen for all patients 65+ in ED
- Score of 2 or greater identifies frail older adults with 94% sensitivity and 63% specificity

ISAR	Yes	No
1) Before the illness or injury that brought you to the Emergency, did you need someone to help you on a regular basis?	1	0
2) Since the illness or injury that brought you to the Emergency, have you needed more help than usual to take care of yourself?	1	0
3) Have you been hospitalized for one or more nights during the past six months (excluding a stay in the Emergency Department)?	1	0
4) In general, is your sight good?	0	1
5) In general, do you have serious problems with your memory?	1	0
6) Do you take more than three different medications every day?	1	0

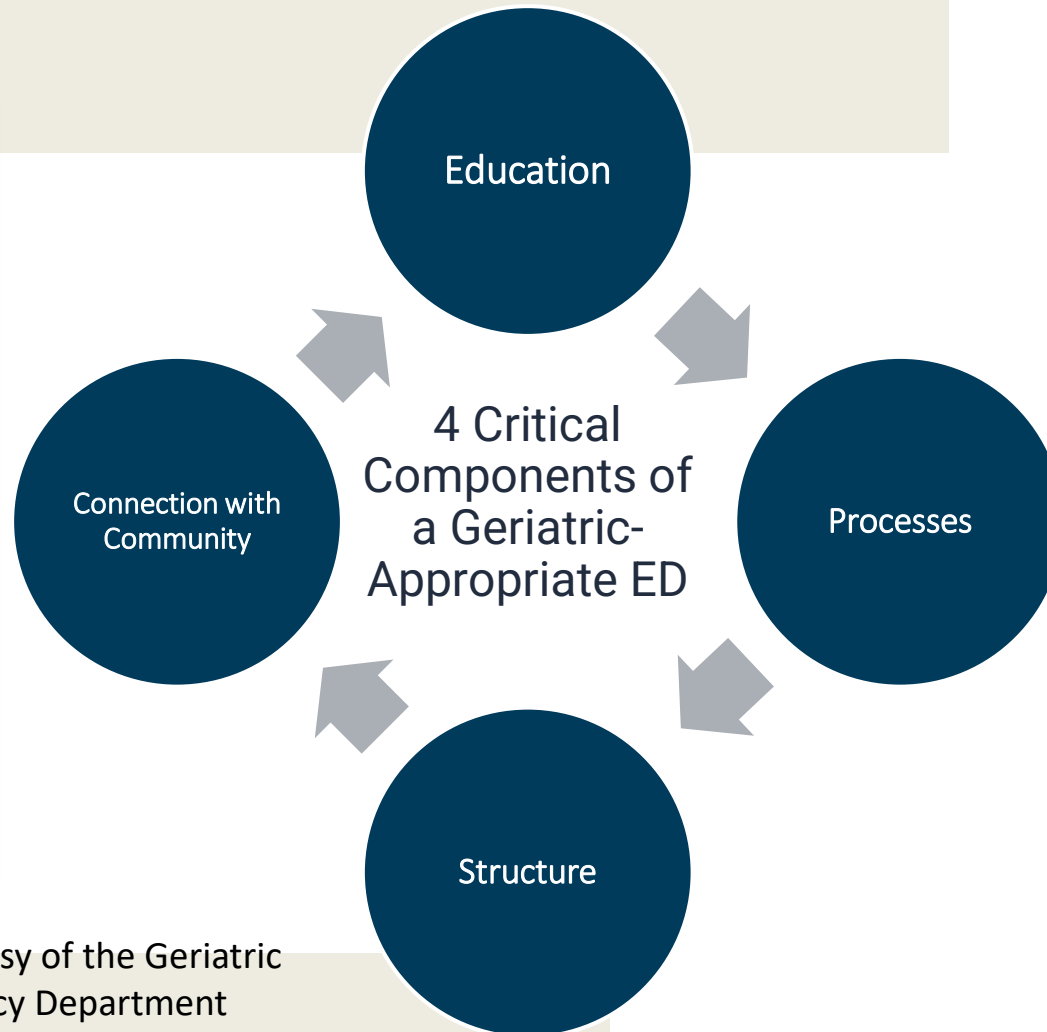
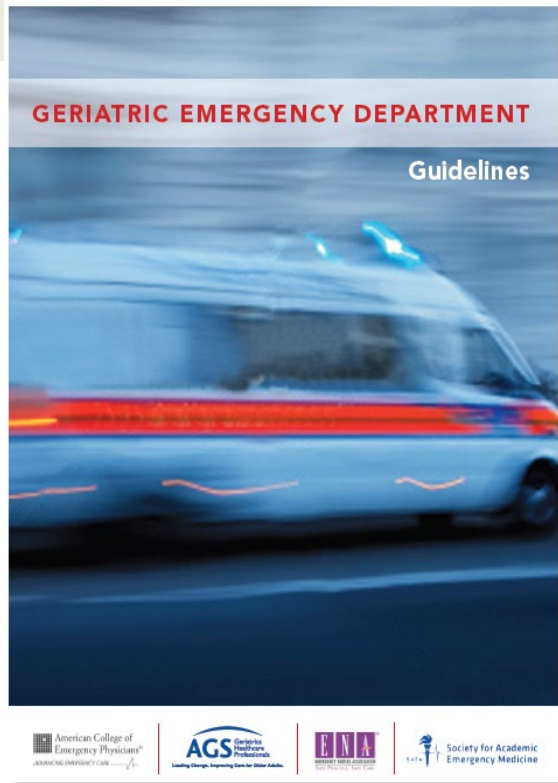
Warburton et al, 2004

What Happens Next

- RN communicates risk to provider and case management
- Triggers interdisciplinary evaluation (PT, CM, SW, pharmacy)
- Guides service-to orders and discharge planning
- Supports safe transitions to home and community



Geriatric ED Guidelines



Train the interdisciplinary workforce on geriatric principles to optimize care

Provide standardized care approaches for common geriatrics syndromes and issues

Promote a geriatric-focused approach to enhancing and maintaining physical environment and supplies

Optimize transitions of care from ED to other settings, particularly the community

Geriatric ED Guidelines 2014

Slides courtesy of the Geriatric Emergency Department Collaborative

What is a “Geriatric” Emergency Department



Integrate best practices to meet the unique needs of older adults through

- Geriatric-focused education
- Interdisciplinary staffing
- Improved transitions from ED to Home

Components of Accreditation Levels



Level 3 – Bronze

- 1 MD and 1 RN geriatric champion
- Access to mobility aides and nutrition
- **1** geriatric care process 3 baseline standards



Level 2 – Silver

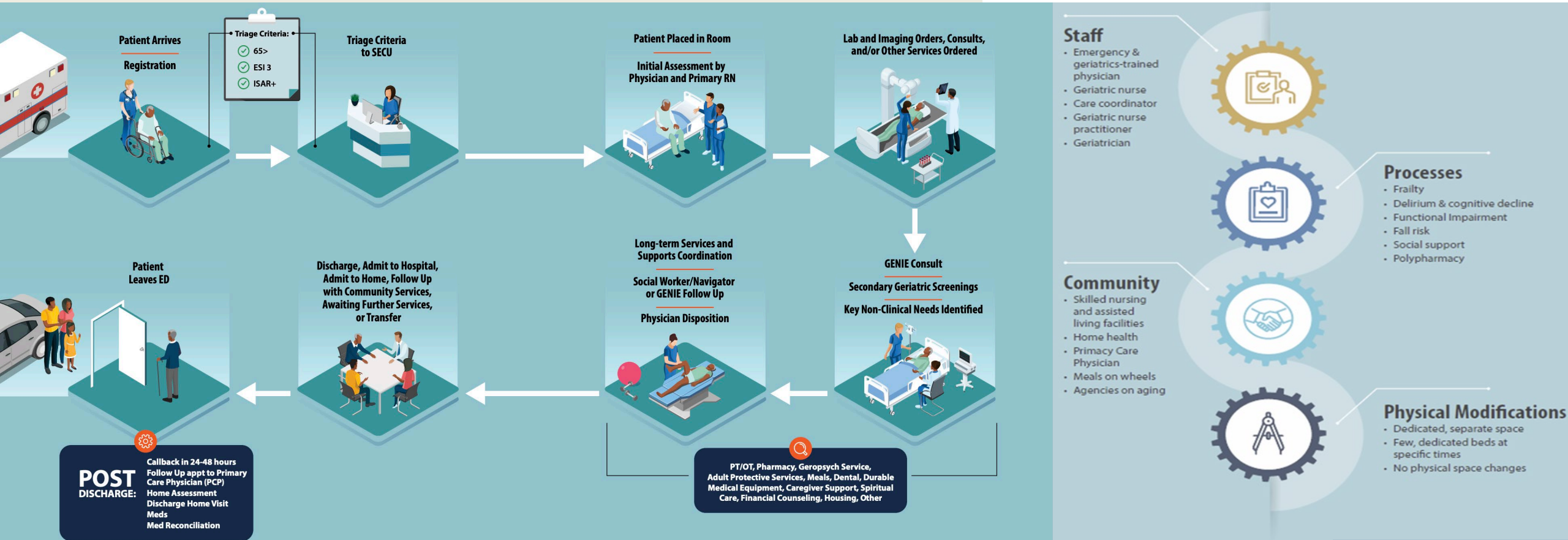
- 1 MD and 1 RN geriatric champion
- 56 hrs/wk case manager
- Interdisciplinary team (2)
- **7** geriatric care process 3 baseline standards



Level 1 – Gold

- 1 MD and 1 RN geriatric champion
- >56 hrs/wk case manager
- Interdisciplinary team (4)
- **17** geriatric care process plus 3 baseline standards of care processes
- Geriatric friendly environment

GEDs Provide Standardized and Integrated Care



Slides courtesy of the Geriatric
Emergency Department
Collaborative

What can a Geriatric Emergency Department do for my hospital?



Decrease readmissions

*Recent update from SE US site:
13 Estimated Readmissions Prevented over first 3 months*



Decrease ED revisits in high-risk pops

*Midwest GED site: 9% decrease in ED revisits
JAGS article: PT in the ED associated with reduced 30 & 60 day revisits*



Increase market share

Actual case: Urban safety net hospital seeking more Medicare patients



Better census management

CFO of academic system in NE: "I am tired of seeing the air-ambulance fly over us because we are on diversion. This can help us put our beds to better use."



Increase staff & patient satisfaction

Result seen at multiple health systems across all levels of accreditation

Slides courtesy of the Geriatric
Emergency Department
Collaborative

Outcomes of Geriatric ED

Reduction in hospital admission from ED

- 16.5% reduction in admissions in a multi-site GED study
- Avoidance of unnecessary admissions reduces costs and prevents complications

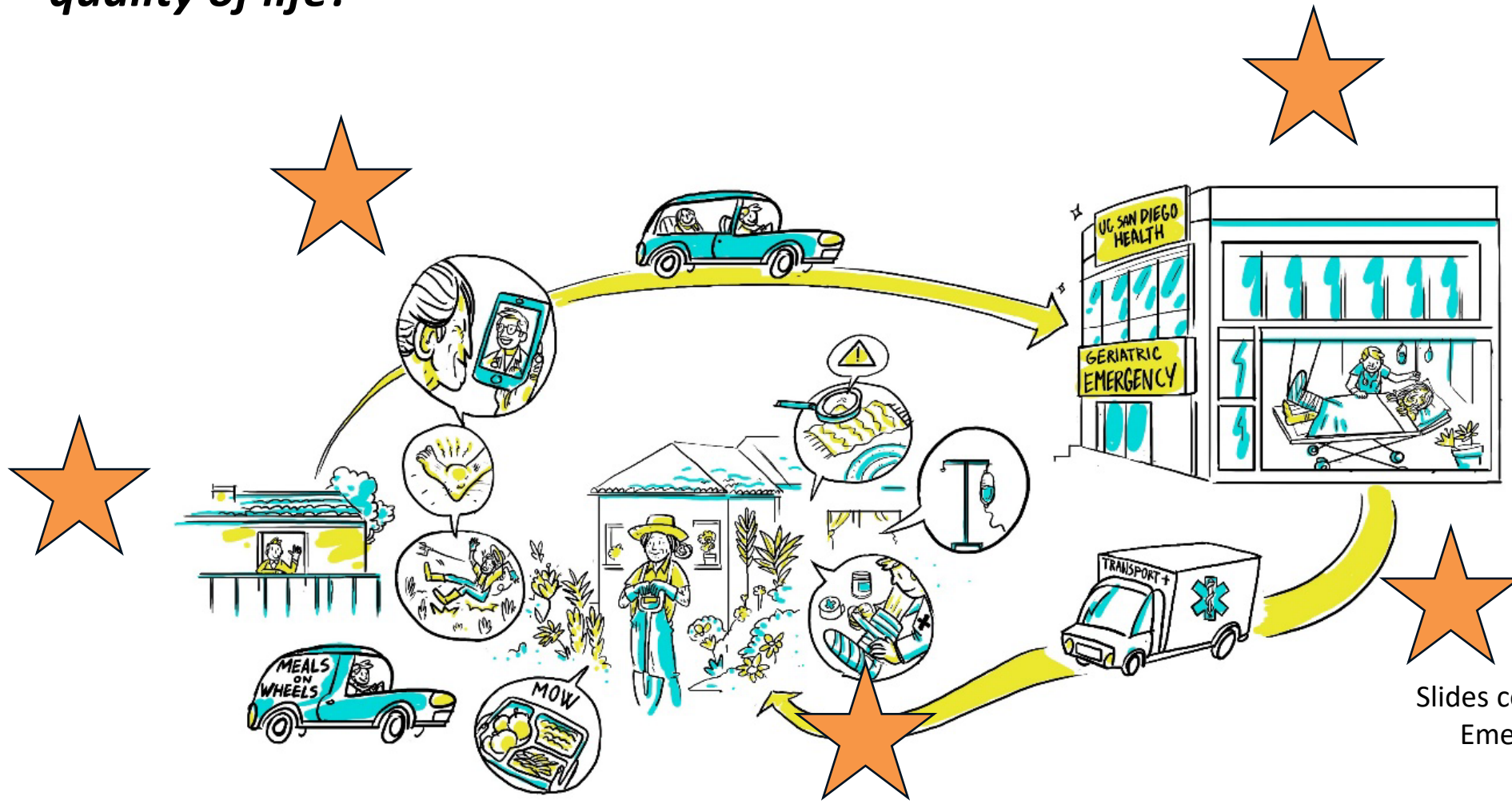
Improved staff efficiency and lower cost of care

- Savings of \$1800-\$5000 for patients visiting a GED
- Leveraging interdisciplinary team increases ED provider efficiency

Hwang et al, 2021

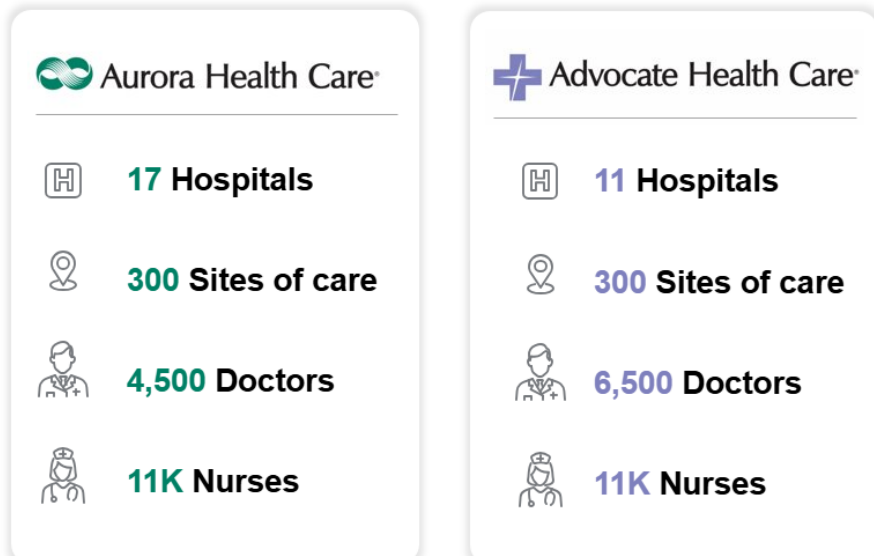
Optimized care in a Geriatric Emergency Department

How has specialized geriatric care in the ED improved Mrs. Miller's quality of life?



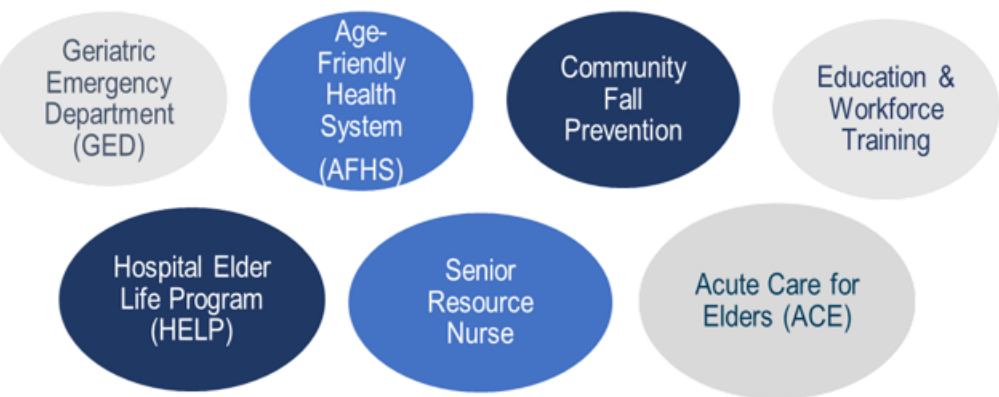
Slides courtesy of the Geriatric
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Collaborative

Advocate Health - Overview



- 3rd Largest Health System in country
- Growth of our footprint through series of merges over the past 10 years
- Large footprint over 4 states including multiple trauma centers, tertiary access, and community hospitals
- Leadership of geriatric models of care through team of clinical experts and programmatic leaders

Senior Services: Programs and Team



Senior Services is a subspecialty reporting through the Primary Care Service Line in Wisconsin and Illinois divisions.

Senior Services Leadership
Medical Director: Jonny Macias Tejada, MD, AGSF
Director: Suzie Ryer, PT, DPT, GCS

GED in Wisconsin and Illinois



Implementation at Scale

- 25 Implemented and Accredited EDs
- 7 ED Level 2 Accreditation
- >168,000 ISAR Screenings (2025)

Interdisciplinary Collaboration

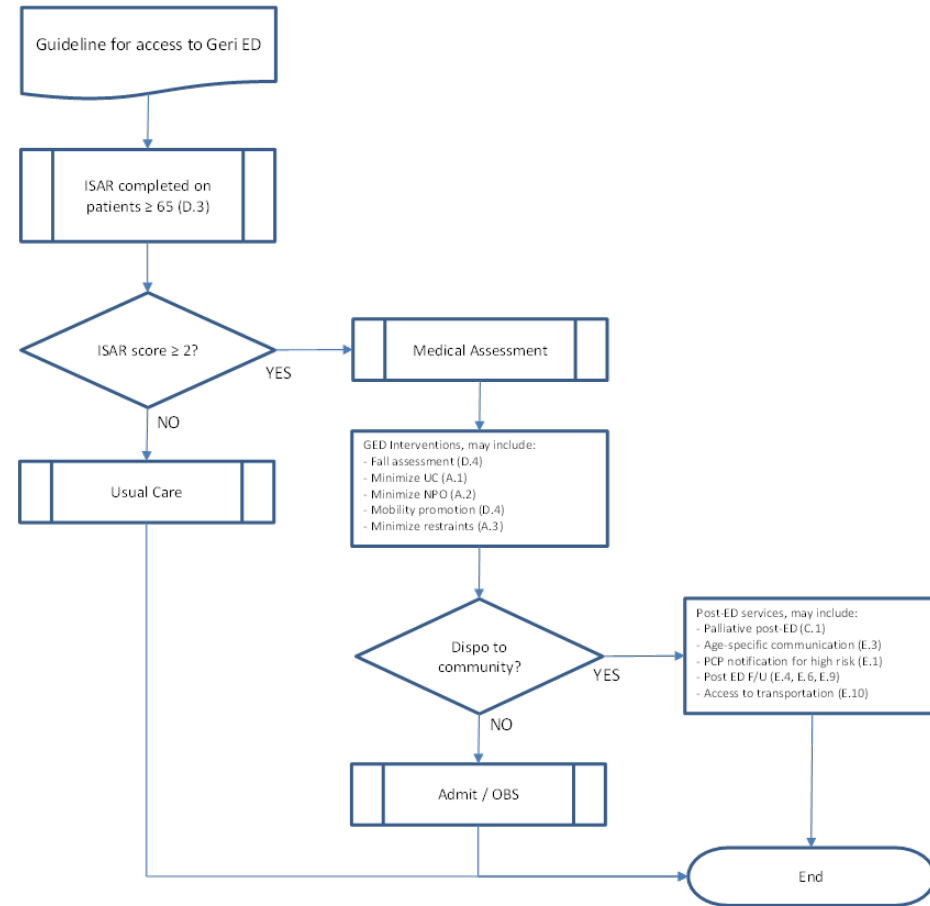
- Rehab Services Integration
- Care Management
- Population Health

Nationally Recognized Geriatric Care:

- 3rd largest health system spread in nation
- 1st Level 2 Geri EDs in WI & IL (2020)

Implementation Approach

- Initial accreditation in 2018 through “cohort model”
- Led by implementation team with site-based interprofessional teams
- Standardized evidence-based clinical workflows
- Maximize EHR to improve efficiency and support data collection
- Use a cycle of continuous improvement along with accreditation



Site led program supported by system

Implementation Approach in WI/IL

- Identify unique challenges encountered by older adults in the ED setting (EBP protocols)

Screening, Assessment, Intervention in ED

RN performing ISAR & Communicates risk to MD and RN CM



- Coordinate post-ED care transitions and follow up care for vulnerable older adults

Promote Post-ED Service-to Orders (STO)

MD orders post-ED services & RN CM executes orders



- Promote best outcomes for patients including avoiding unnecessary admissions and reduce revisits

Reduce ED revisit & Hospital Admissions

Patients are more successful in their homes & Cost Reduction to AAH



GED Outcomes WI/IL

- **9%** absolute risk reduction in Geri ED revisits, resulting in **\$1,539,180** and **3,078 visits** saved in 2 years.
- **11,453** new outpatient referrals (Service To orders) and increased appointment attendance
- **\$1,074,757** in additional physical therapy revenue resulting from **8,572** new visits in and beyond ED for patients >65 y/o
- **GED vs. non-GED sites:**
 - **6.9%** higher Patient Experience
 - **9.7%** higher discharge rate
 - **43-minute** shorter LOS



What has worked to scale and sustain GED

- Early engagement of key stakeholders
- Senior leadership support
- ED Champions
- Staff education
- ED dashboard of metrics
- Alignment with strategic priorities
 - Rehab expansion
 - Magnet
 - ED throughput
 - Age-Friendly



Policies, Protocols, Guidelines, and Procedures as a Component of ACEP Geriatric ED Accreditation Criteria



	What Matters	Medication	Mentation	Mobility
Meet the requirements of the GEDA What Matters Care Process.	X			
A standardized delirium screening guideline (examples: DTS, CAM, 4AT, other) with appropriate follow-up			X	
A guideline for standardized fall assessment (including mobility assessment, e.g., TUG or other) with appropriate follow-up				X
A guideline to minimize the use of potentially inappropriate medications (Beers' list, or other hospital-specific strategy, access to an ED-based pharmacist)		X		
Development and implementation of at least three order sets for common geriatric ED presentations developed with particular attention to geriatric-appropriate medications and dosing and management plans (e.g., delirium, hip fracture, sepsis, stroke, ACS)		X		
A guideline to promote mobility				X

Lessons Learned:

Build relationships with the providers in the Emergency department.

Identify unmet needs of older patients.

Teach effectively in multiple settings of the ED.

Understand the vulnerabilities of older persons in the emergency department.

Work upstream from the emergency department.



Key takeaway

- The Geriatric Emergency Department offers a chance to implement geriatric principles at an earlier stage.
- Recognizing vulnerabilities and quickly addressing unmet needs in the geriatric population is central to the Geriatric Emergency Department.
- Interdisciplinary teams drive effective geriatric care within the emergency department.
- It is important to develop strategies that link services following patient evaluation in the Geriatric Emergency Department.

Resources to “Geriatricize” Your ED



www.gedcollaborative.com



<https://institutionalrepository.aah.org/jgem>



<https://www.acep.org/geda>



[Google](#)

[Apple](#)

Questions:

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