

Outcomes and implementation of Geriatric Emergency Management



Geriatric Emergency Management (GEM) is a promising approach to address the needs of older adult populations presenting to the emergency department (ED). The *Supporting Transformation through Research, Evidence, and Action in Mental Health (STREAM) Lab* at the *Waypoint Centre for Mental Health Care* used rapid review methods to conduct a timely, structured search of academic literature on outcomes and implementation of GEM models. Based on 13 studies, we highlight key findings and considerations that may be relevant to decision-makers supporting mental health and substance use systems planning in Ontario.

The included studies explored 8 different GEM or ED-based models for older adults. Per North Simcoe Muskoka Specialized Geriatric Centre and partners (2023), GEM programs in Ontario must meet 5 criteria (outlined in **Table 1**). Below, we highlight which of the 5 criteria the 8 models fulfilled (*please note: to be eligible for inclusion in this review, models were required to meet criteria 1 and 2).

Table 1. Criteria for GEM models in Ontario.

Criteria	Number of models fulfilling the criteria
serve older adults (65+) experiencing frailty, multimorbidity, or complex needs*	8/8
are based within the ED*	8/8
include a multidisciplinary geriatric team or clinician who has specialized gerontology knowledge and skills	8/8
follow geriatric care processes (e.g., geriatric competency training, established protocols)	8/8
include a senior-friendly ED environment (e.g., a designated unit or modifications to existing settings/resources)	5/8

Outcomes

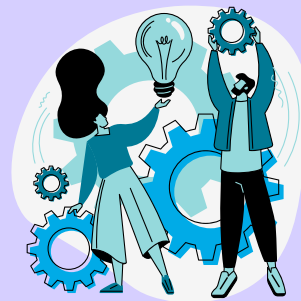


11/13 studies described GEM outcomes. Evidence shows...

- GEM programs/interventions may reduce hospital admissions and costs
- mixed findings for hospital readmissions, ED visits, and length of stay

No studies reported on health outcomes or patient, provider, or caregiver experiences.

Implementation considerations



2/13 studies focused on implementation of GEM. Evidence shows implementation may be influenced by...

- the presence of champions
- staffs' gerontology-specific expertise
- resources and funding, including for accreditation (particularly in rural EDs)

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There are several limitations to the evidence presented:

- We captured limited to no evidence addressing adaptations for equity-denied older adult populations; and health outcomes, experiences, costs, and implementation considerations
- Heterogeneity in GEM model elements and methodological approaches across studies makes direct comparison of findings challenging
- Findings may not be generalizable to socially and geographically diverse older adult populations



Considerations for decision-makers:

Further evaluating GEM to clarify outcomes in the Ontario context.

Consider including broader outcomes (e.g., quality of life, functioning, caregiver wellbeing, experiences).



Further describing the integration of GEM within existing services, beyond the ED.

Consider detailing how GEM services integrate with health and social services in primary and community care, and how local resource and implementation supports can be leveraged.



Developing, implementing, and evaluating adaptations of GEM.

Consider adaptations for diverse populations and care settings, such as cultural safety training and use of remote technologies for rural and/or remote settings.



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About STREAM Lab

Supporting Transformation through Research, Evidence, and Action in Mental Health (STREAM) Lab is dedicated to meeting the evidence needs of mental health and addictions decision-makers in Ontario and beyond. *STREAM* products focus on evidence related to health systems, delivering actionable insights that can inform planning and decision-making. *STREAM* is based at the *Waypoint Centre for Mental Health Care*. The findings in this product should not be taken to represent the views of *Waypoint* or our funders.