

We recognized the value of becoming a Geriatric ED Accredited site through ACEP soon after the GEDA Program was announced. The GERI-VET program has been in place for several years providing a solid framework, and accreditation provided a pathway for expanding our Geriatric ED services. Accreditation is a platform to discuss the value of our work with local and national leadership, and to promote momentum and excitement for our program. ACEP has provided incredible guidance and connections through the accreditation process, and its

impact on older veteran ED care is tremendous.

Traditionally, ED and primary care providers have received little formal training in geriatric assessment and management of geriatric syndromes such as cognitive impairment, fall risk, caregiver burden and polypharmacy. As a result, ED visits for older adults may result in treatment of the presenting emergent conditions, and a general referral/instruction to follow-up, but without appreciation of underlying geriatric syndromes or care coordination and follow-through by the ED team.

These traditional ED visits are a missed opportunity to provide the best care for the older patient, recognize the root cause of presentation, prevent further functional decline, and decrease ED revisits or hospital admissions. Since the Geriatric Emergency Department Guidelines were published in 2014, emergency medicine leaders have been working to implement effective Geriatric ED practices.







The VA mission
holds true for the ED:
"To care for him who
shall have borne the
battle and for his
widow and his orphan"
— Abraham Lincoln.

The Cleveland VAMC ED is one center of creative thinking and innovation in this area. In fact, it is the first VA ED to have a comprehensive geriatric ED program incorporating the identification of older adults at high risk of functional decline, screening for geriatric syndromes, and multidisciplinary care coordination to ensure a safe transition back to primary care upon discharge from the ED.

"Too often geriatric patients are seen and treated in the emergency room without assessing overall frailty and caregiver needs. The ED visit presents an opportunity to identify functional decline and enact home and community interventions to change the overall trajectory of older adults' wellbeing. We at the Cleveland VA realized this two years ago and began to develop our GERI-VET program to enhance care for Veterans who present to the emergency department," said Dr. Jill Huded from the Cleveland VA Medical Center. "This program looks at the physical, psychological, and social factors that impact older Veterans' overall health, and works collaboratively to ensure proper measures are in place to treat all Veteran and caregiver needs upon discharge from the ED."

This geriatric-focused care is provided through Geriatric Emergency Room Innovations for Veterans (GERI-VET) which was initiated in December 2016. Dr. Huded, the GERI-VET Medical Director, was immersed first-hand in the Geriatric Emergency Department Innovations through Workforce Informatics, and Structural Enhancements (GEDI WISE) program during her Geriatrics fellowship at Northwestern Memorial Hospital in Chicago. As a fellow, she worked with Northwestern's ED-trained nurses who performed geriatric screens and care coordination. Through this experience, she was introduced to national leaders in geriatric emergency medicine. Several years later, with the support of the Medicine Service and Acute Medicine Section of the Louis Stokes Cleveland VA Medical Center, she built a multidisciplinary team to provide similar ED and post-discharge care through GERI-VET. GERI-VET is now being used as a model of Geriatric Emergency Care for other EDs within the VHA.

Forty percent of all VA ED visits are for veterans 65 years and older, compared to 15% in the private sector. With the estimated 10,000 Baby Boomers turning 65 every day, much consideration has been put into enhancing our ED environment for the older patient while working within the VA healthcare system. Our ED was recently approved to undergo a large system redesign within the next five years, which will significantly improve our ability to serve older Veterans.

Jill M. Huded, MD Louis Stokes Cleveland VA Medical Center





