



Geriatric Emergency Medicine Section Newsletter - November 2014

Chair Perspectives



Christopher R. Carpenter, MD, MSc, FACEP, AGSF

Grow old along with me!

The best is yet to be,

The last of life,

For which the first was made

Robert Browning (1812-1889)

Thank you to Dr. Joseph Kahn for putting together yet another edition of the ACEP Geriatric Emergency Medicine Section newsletter! I was thrilled to see so many of you in Chicago at ACEP14. This is my last newsletter as Chair of this thriving ACEP Section as I turn leadership over to Dr. Marianna Karounos. Marianna and I expect another industrious year for 2014-2015. After ACEP13 in Seattle, here are the goals that I laid out for the 12-months between October 2013 and September 2014, along with a brief update on our subsequent progress **in bold**:

- Obtain Board of Director approval for the Geriatric Emergency Department (GED) guidelines from ACEP, SAEM, AGS, and ENA before widespread dissemination. **Between October 2013 and February 2014, the GED Guidelines** (<http://pmid.us/24746437> and <http://www.acep.org/geriEDguidelines/>) **were formally approved by the Boards of Directors of all four organizations and published in the peer-reviewed journals for each organization** (see <http://pmid.us/24746436> and <http://pmid.us/24890806> and <http://pmid.us/25117158> and <http://news.nurse.com/article/20140305/ED02/303050039#.VGDQqcmcdE4>). **In addition, the GED Guidelines were presented at SAEM 2014, AGS 2014, CAEP 2014, discussed on SiriusXM Doctor's Radio and Rick Bukata's/Jerry Hoffman's EM Abstracts, published in the October 5 issue of EM Reports, and reviewed in a variety of mass media reports (see New York Times and John A. Hartford Foundation and Fierce Healthcare and AHA News and H&HN, among others).**
- Update our official website (<http://www.acep.org/Content.aspx?id=25112>), including the anticipated addition of a list of all Geriatric EDs in the United States with points of contacts; access to snapshot synopses of practice-changing geriatric EM relevant research with review and commentary by EM clinicians with expertise in that area (AGEM Journal Club); a blog for members to post questions, challenges, policy developments, or cutting edge research for other members' comments and opinions; live feed from the ACEP Geriatric Section Twitter account ([@GeriatricEDNews](https://twitter.com/GeriatricEDNews)) **Live feed from the Twitter account has been added (see image below) and other suggested updates are underway with the assistance of our staff liaison.**

Figure 1

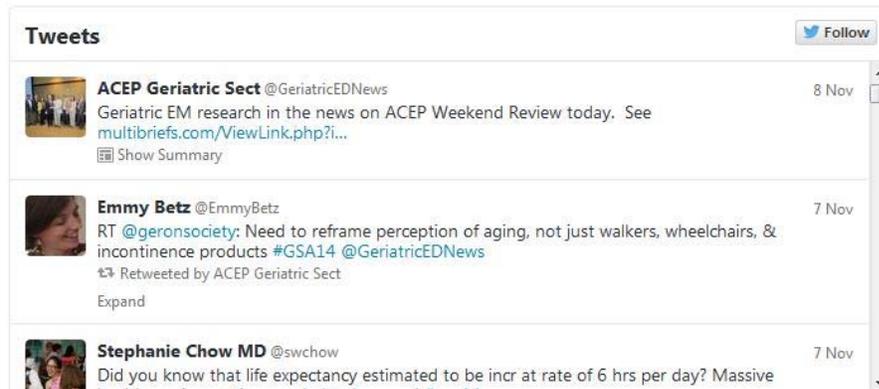
Screenshot of ACEP Geriatric Section Webpage Including Live Tweets November 2014

Geriatric Emergency Medicine

This relatively new section is dedicated to improving the care provided to the elderly patient in the ED. Everyday, you treat people in this fast-growing population. This population has specific needs that you must address in a caring and creative manner.

This section provides a great opportunity for you to become a leader in the section and in the area of geriatrics. Section members have been invited to speak at the American Geriatric Society meetings and have collaborated in writing articles on emergency care and treatment of the elderly.

GEMS members may send an e-mail to all members of this section via the section e-list at geriatric-section@elist.acep.org



- To develop a two-day Geriatric ED “boot camp” to expose emergency medicine clinicians to geriatric care principles, ED-appropriate screening tools, and quality indicator metrics. **Led by Dr. Ula Hwang (ACEP Geriatric Section Chair-Elect – see below), ACEP Geriatric Section members Drs. Kevin Biese, Tess Hogan, Don Melady, and Chris Carpenter (assisted by ACEP’s Cynthia Singh and Kathryn Mensah and SAEMs Melissa McMillian) obtained a John A. Hartford Foundation Geriatric for Specialists Initiative Grant to pilot the GED Boot Camp. After 6-months of planning the GED Boot Camps with pre-event surveys, weekly teleconferences, and curricular development with the host sites, the first (now one-day) GED Boot Camps will occur in Milwaukee and Pittsburgh in December 2014 and January 2015, respectively. The intended audiences include not only emergency medicine nurses, physician extenders, and physicians, but also case managers, social workers, pharmacists, geriatricians, outpatient physicians and providers, patients, and hospital administrators. The anticipated outcomes of this project include (a) to connect like-minded individuals within an organization to implement GED Guideline based older adult emergency care from the pre-hospital setting thru the transitions of care after ED management; (b) identify and support opinion leaders within each hospital system to sustain change; (c) develop one GED guideline-based quality improvement project with outcomes to be assessed 12-months after the local boot camp event. Stay tuned to future newsletters as we report the results of this implementation science experiment.**

It has been my honor to serve as the Chair of this section for the last two-years. My role was only possible because of the energy of our membership and I owe each of you a deep debt for your commitment to older adult emergency care. I offer a heartfelt thank you to Marilyn Bromley, who is retiring from ACEP this year and served as our section’s ACEP Staff Liaison since the Geriatric Section was born. As a small token of our appreciation, we presented Marilyn with a plaque (Figure 2) in honor of her service to the Geriatric Section.

Figure 2
Plaque Honoring Marilyn Bromley Presented at ACEP14 in Chicago



Over the last year, the Twitter feed from our section (@GeriatricEDNews) has grown significantly from 38 followers in October 2013 to 237 followers as of November 10, 2014. Twitter is a social media phenomenon serving as a window to academic medicine and clinical policy development by many individuals, predominantly those of the millennial generation. The @GeriatricEDNews followers include invaluable partners in geriatric care including the American Geriatrics Society, geriatric funding agencies, AARP, the European Delirium Society, the International Federation on Aging, and many others (see Figure 3).

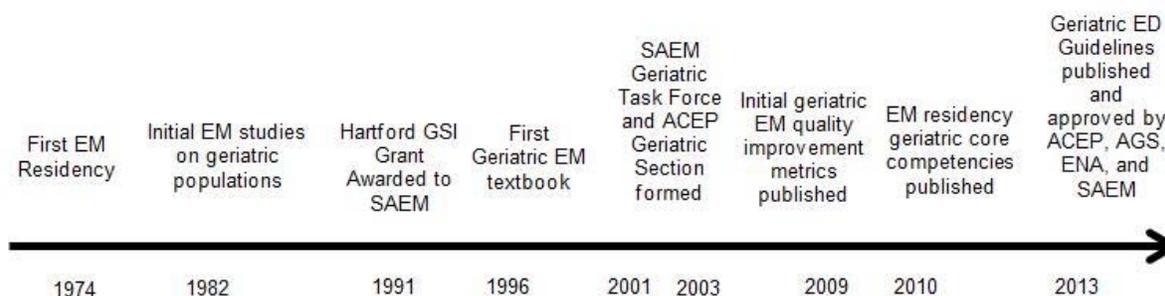
Figure 3
Sampling of ACEP Geriatric Section Twitter Followers November 2014



At the 2014 ACEP Geriatric Section meeting in Chicago, Dr. Ula Hwang of Mt. Sinai Hospital in New York City (<http://www.mountsinai.org/profiles/ula-y-hwang>) was voted Chair-Elect of the ACEP Geriatric Section and she will assume her duties in 2016 succeeding Dr. Karounos. In addition, Drs. Joseph Kahn and Carrie Cregar were elected to serve as co-Editors of this newsletter for the next two years. I am confident that our young section will continue to grow under their leadership and I challenge each of you to find a role within our growing section to help these leaders succeed. Personally, I stand by ready to serve.

Geriatric emergency medicine ideas continue to gain traction in contemporary education, research, guideline development, and policy-making. As represented by the timeline in Figure 4, the growth of Geriatric EM is accelerating, a trend that is palpable with the developments reported in this newsletter: two new Geriatric EM textbooks led by Dr. Kahn and Dr. Peter Rosen; the birth of the International Consortium for Emergency Geriatrics led by Dr. Don Melady in Canada; and the announcement of a Geriatric EM fellowship at Johns Hopkins University.

Figure 4
Timeline of Geriatric EM



In recognition of the accomplishments and activities listed above, the ACEP Geriatric Section was awarded the ACEP 2014 Service to College Award of Distinction. With over 30 ACEP Sections across a broad array of interests, this is a tremendous accomplishment of which you should all be quite proud. The ACEP Geriatric Section consists of 149 members and continues to expand each year. The decades ahead are filled with challenge and opportunity for geriatrics and emergency medicine. My sincere hope is that each of us maintains a course towards improved emergency care for an aging society through our passion, ideas, and commitment. Be well.

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Newsletter Editor Notes

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As co-editor of the GEMS newsletter, I am seeking short essays, ranging from 250 to 500 words, from our members, for future issues of the GEMS newsletter. My goal is to publish the newsletter three times per year, and I would like to include two or three essays in each edition of the newsletter. As older adult opinion leaders within your hospitals and universities, all of you are involved in activities which promote the practice of Geriatric Emergency Medicine through protocol development, education, and/or research, and our members would love to hear about these activities. These newsletter submissions could include (but are not limited to) clinical cases of interest; reports from conferences with relevance to geriatric EM like IAGG, GSA, and AGS; synopses of recent geriatric EM research findings from scientific meetings;

discussion about geriatric medical care policy at the local, state, or federal level; international developments in geriatric emergency care; challenges to disseminate or implement geriatric care principles; novel protocols for geriatric syndrome case-finding, follow-up, or transitions of care; and poems, essays, paintings, or photographs relating to geriatric emergency care. For example, this edition of the newsletter includes excellent essays by Peter Rosen, MD, and Don Melady, MD.

I had the privilege of editing a Geriatric Emergency Medicine textbook (Geriatric Emergency Medicine: Principles and Practice) published recently (2014) by Cambridge University Press (<http://tinyurl.com/GeriEMText>), together with Brendan Magauran, MD, MBA, and Jonathan Olshaker, MD. This textbook consists of four sections: General Principles, Common High-Risk Presentations in the Elderly, Systems, and Special Topics. In this endeavor I had the opportunity to interact with some of the leaders in the field of Geriatric Emergency Medicine. I had also had the opportunity to review chapters outlining the latest trends in Geriatric Emergency Medicine.

I have learned that many of the members of GEMS are on the cutting edge of the practice, teaching, and research of the field of Geriatric Emergency Medicine. I would love to hear your ideas for essays for the next edition of the newsletter. Also, please let me know of any Geriatric Emergency Medicine meetings, resources, conferences, publications, websites, etc., which would be of interest to our members, and I will include them in the newsletter. I am hoping to hear from you.

To submit information to be included in the GEMS Newsletter, please contact the editors:

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International Consortium in Emergency Geriatrics (ICEG)

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Emergency physicians are solitary types. As we work “one-patient-at-a-time,” those of us interested in excellent ED care for older patients often lose sight of the reality that we belong to a much larger community of clinicians – in our city AND around the world – who share our perspective. I want to introduce you to an organization that can allow you all to “keep your head up” and be in contact with like-minded ED folks all over the world.

What is ICEG?

We all recognize that in multiple countries, ED care processes are not optimized to meet the needs of frail older patients. Whether in sophisticated academic American urban centres or low-resource African rural hospitals, outcomes for older patients treated in EDs are often poor. And yet, despite the variety of the settings, older people, their problems, and the clinicians providing care have a lot in common – and a lot to teach and learn from each other. The International Consortium of Emergency Geriatrics (ICEG) is a multi-national organization of clinicians, researchers, and educators in the field of geriatric emergency care dedicated to improving the care and outcomes of older adults treated in emergency departments (EDs) around the globe. We are focused on improving care processes through clinical research in order to define best practices and inter-disciplinary education in order to disseminate evidence-based practices.

The impetus for the formation of ICEG was at the International Conference of Emergency Medicine (ICEM) in Dublin in 2012, which had a strong geriatric EM track. A number of presenters and audience members identified that there really is a significant *international* community of EM folks – MDs, RNs, pre-hospital care providers, researchers, educators – who are actively involved in many aspects of improving care for our older patients. Over the following year, coordinated by Chris Carpenter from the US and Judy Lowthian from Australia, we were able to establish an organization and a web presence and to begin to share resources and develop projects. At this year's ICEM in Hong Kong, we had our first face-to-face meeting and expanded our outreach with clinicians and researchers from Australia, Canada, China, Finland, Iran, Malaysia, Sweden, Trinidad, and the US. One of the great values to such collaboration is the realization that “you are not alone”! While we think of the Silver Boom as a uniquely North American issue, did you know that there will soon be 300 million people (the entire population of the US) over the age of 65 in China alone? And their physicians are facing all the same issues that you do every day on shift!

We are now planning to have a major geriatric presence at ICEM 2016 to be held in Cape Town, South Africa, April 18-21, 2016.

The mission of ICEG is to organize multi-national resources towards the following goals:

Research

- Creation of a central repository of definitions of geriatric conditions
- Identification of consensus instruments to measure geriatric conditions
- Continual re-evaluation of research priorities and quality indicators for geriatric emergency medicine
- Development of a mock study section for peer-review of geriatric EM-pertinent grants

Education

- Development of a peer-reviewed journal for geriatric EM relevant research, reviews, and commentaries
- Identification of model curricula for use in medical schools, graduate medical training programs, and courses for practicing physicians
- Identification of inter-disciplinary curricula for nurses, case managers and other disciplines central to the care of older patients in the ED
- Creation and promotion of geriatric emergency medicine educational courses
- Collaboration with medical education organizations in order to promote the inclusion of geriatric conditions and care considerations in all emergency medicine training curricula

Clinical

- Promotion of best practices by identifying innovative approaches around the globe
- Collaboration towards new models of care for older adults in the ED

Interested in ICEG?

Please visit our website <http://www.iceg.info> with links to members, educational resources, journal club topics, and current research activities. If you are thinking of a new initiative -- research, education, or clinical – please be in touch and consider adding an international collaborator to your activity. And plan to come to ICEM 2016 to be introduced to the whole world of Geriatric EM!

Seeking Inaugural Fellow at Johns Hopkins

The new Geriatric Emergency Fellowship at Johns Hopkins School of Medicine is seeking its inaugural fellow. If interested, email [Ed Bessman, MD, MBA, FACEP](mailto:Ed.Bessman@jhmi.edu), or [Hugh Hill, MD, JD, FACEP](mailto:Hugh.Hill@jhmi.edu) or contact via phone at 410-550-7852.

About the Upcoming Book: Geriatric Emergencies: A Discussion-based Review

Peter Rosen, MD

Senior Lecturer on Emergency Medicine, Harvard Medical School
Visiting Professor Emergency Medicine, University of Arizona Medical School
Professor Emeritus Emergency Medicine, University of California San Diego Medical School

Publisher: John Wiley & Sons, Inc.

Anticipated date of publication: Summer 2015

This is one of the series of Monographs that we have been publishing on Current Problems in Emergency Medicine. This, the third, is being edited by Amal Mattu, MD, FACEP, Professor and Vice Chairman of Department of Emergency Medicine at the University of Maryland. Shamai Grossman, and I served as Associate and Editor in Chief of the Series.

The book is concerned with the problems of management presented by the geriatric patient in today's Emergency Department. There are ever increasing numbers of elderly patients who present with ever increasing frequency. The book is organized on the same principles as were the first two in the series (Cardiovascular Problems in Emergency Medicine: A Discussion-based Review) (Ethical Problems in Emergency Medicine: A Discussion-Based Review). Each chapter begins with a real case presentation from a variety of hospitals around the country. The editors and the authors of the chapter upon which the case is representative have a discussion about the case and its management with particular focus upon the geriatric special needs and considerations. The chapter then expands the discussion along with a citation of the evidence for the current recommendations

We hope that the book will initiate thoughtful discussion of how such problems are to be managed at present as well as in the future, and that the audience, hopefully practicing Emergency Physicians, will reflect upon the special needs of the geriatric patient.

As the book has evolved, it has become abundantly clear that the geriatric patient has special needs above and beyond the care of whatever medical emergency is being presented for acute management. These needs relate not only to the physiologic changes of aging, but to the reality that there are ever increasing sociologic and functional problems in managing even very simple medical problems that would not be under consideration for younger patients.

For example, the patient might have sustained a simple arm fracture from a trip and fall. The medical management of the fracture in the ED, would be quite easy with appropriate follow up with the Orthopedic physician. Yet in an 80 year old patient who is living alone, the everyday tasks that we take for granted, such as getting out of bed, getting dressed, going shopping for the day's groceries, and the preparation of the day's meals may have just become impossible because of the patient's arm being placed in a splint. Furthermore, the patient may now have become immobile because of a need for the use of a walker prior to the fracture.

Not only are such concerns of ever increasing importance in the management of the elderly, but different medical concerns become important as well. Did the patient really have a simple fall, or was it caused by a concomitant medical syncopal episode from a leaking abdominal aneurysm.

The presentations of many medical problems are often atypical in the elderly patients. They experience pain differently, and moreover, because of age physiology and anatomy, may have totally different physical findings than a younger patient. Thus, their workup needs to be more comprehensive, and much broader than would be necessary in a younger patient. This is compounded by whatever alteration from mental function is baseline for the patient, which further complicates the obtaining of an accurate medical history.

We hope to make clear some of the age related problems in both the medical and social management, and to start a dialogue on what might be the optimal methods of solving some of these problems.

Upcoming Geriatric EM Meetings of Interest

1. [International Association for Gerontology and Geriatrics \(IAGG\)-ER 8th Congress](#), Dublin, Ireland, April 23-26 2015
2. [SAEM Annual Meeting](#), May 12-15, 2015, San Diego, CA
3. [American Geriatrics Society Annual Scientific Meeting](#), May 15 – 17, 2015, National Harbor, MD
4. [Canadian Association of Emergency Physicians \(CAEP\) Annual Conference](#), May 30-June 3, 2015, Edmonton, Alberta
5. [American Delirium Society 5th Annual Conference](#), May 31-June 2, 2015, Baltimore, MD
6. [10th Asia / Oceania Congress of Gerontology and Geriatrics 2015](#), October 19-22, 2015, Chiangmai, Thailand
7. [ACEP15](#), October 26-29, 2015, Boston, MA
8. [Gerontological Society of America](#), November 18-22, Orlando, FL
9. [International Conference on Emergency Medicine](#), Cape Town, South Africa, April 18-21, 2016