



FREQUENTLY ASKED QUESTIONS ON THE GERIATRIC EMERGENCY MANAGEMENT PROGRAM

1) What does GEM stand for?

GEM stands for Geriatric Emergency Management. GEM is focused on specialized frailty focused nursing services in Emergency Departments.

2) Why do we need GEM?

Seniors represent as many as 30% of the patients seen in Emergency Departments, more than any other age group. Illness complexity, hospital admission rates, lengths of stay and risk of functional decline are also highest for seniors. Indeed, emergency department visits are often sentinel events for seniors, threatening loss of independence, health and well-being. By providing specialized frailty friendly services in Emergency Departments, decline and loss of independence can often be prevented or postponed and repeat ED visits can be minimized.

3) Where are the GEM nurses located?

There are now 125 GEM nurses across the province. A map of GEM service locations is available at the following website: <http://gem.rgp.toronto.on.ca/>

4) How do GEM nurses differ from other ED nurses?

Emergency departments are developing specialized services to meet unique population needs such trauma, mental health, sexual assault and domestic violence. The needs of frail seniors are similarly unique and the presence of a specialized GEM nurse can help EDs manage frail seniors more effectively. GEM nurses bring with them knowledge of aging, understanding of the common geriatric syndromes and atypical presentation patterns, as well as intervention and prevention strategies that will help seniors maintain their level of independence and well-being. As a specialized role, GEM nurses focus on clinical consultation with patients and ED staff, education of patients/families and ED staff and in capacity building initiatives within their community and through provincial liaison.

5) Do GEM nurses always work inside the ED?

When new GEM positions are developed it is important that, in addition to working with frail seniors in the ED, GEM nurses also work to build capacity at a systemic level in their communities through the provision of educational support and service planning with key stakeholders in long-term, primary care and home care.

6) Do all seniors who go to an ED need to see a GEM nurse?

Not all seniors who go to the ED need to see a GEM nurse. GEM nurses focus their attention on seniors with complex medical, functional and/or psychosocial problems who are frail and most at risk of losing independence.

Typically, these frail seniors are aged 75 years or older and their problems might include one or more of the geriatric syndromes - falls, delirium, dementia, depression, elder abuse, pressure ulcers, incontinence, malnutrition and functional decline. The expertise of the GEM nurse can assist in the assessment of atypical presentations of acute medical conditions.

7) How are referrals made to GEM nurses?

We encourage the use of a routine standardized risk screen for all seniors who come to emergency. Scores on the risk screen completed during primary assessment will indicate the need for a referral to the GEM nurse.

Paramedic and ED staff can also ask GEM nurses to see seniors when they have an intuition or “gut feeling” that the GEM nurse could help even if the seniors risk screen score is not high. Seniors and their family members might also ask for the GEM nurse to become involved.

8) What happens when seniors see a GEM nurse?

The GEM nurse completes a holistic, yet brief and focused, assessment of the senior experiencing a medical emergency. Based on findings during the assessment, the GEM nurse will prepare a plan in collaboration with the senior and any care-givers/family members. Recommendations may include further assessment/interventions within the ED or inpatient unit and will always provide suggestions for post discharge linkage to services. The senior’s primary health care practitioner is frequently contacted.

9) Will family or friends be allowed to be with seniors when they see the GEM nurse?

With the permission of the senior, family and other support persons will be encouraged to be part of the GEM service though because of emergency department concerns for privacy, infection control and safety, they may not be able to be at the bedside.

10) How will GEM nurses respond to seniors in need who go to Emergency Departments when the GEM nurse isn't available?

For frail seniors at high risk who go to the Emergency Department when GEM nurses are unavailable, time permitting, the GEM nurse will respond to requests for telephone follow-up or assistance.

11) Will seeing a GEM nurse increase the time that seniors spend in the Emergency Department?

Our recent surveys indicate that seeing a GEM nurse does not increased ED wait times

12) Who can I call to find out more about the GEM initiative in Ontario?

Please contact Ms. Kerri Fisher at the Regional Geriatric Program of Toronto, at 416-480-5881 (Email: kerri.fisher@sunnybrook.ca) for more information on current provincial GEM initiatives or contact your local Regional Geriatric Program (<http://rgps.on.ca>).