

Geriatric Interest Group

The Role of Geriatric Emergency Care

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Although geriatric patients have been around since the beginning of time, awareness of the unique care required by this patient population seems like a new development in the world of medicine. Geriatric medical care was first mentioned in 1914, barely over a century ago, and geriatric medicine in its modern sense was not recognized until three decades later, when Dr. Marjory Warren started pro-

promoting specific innovations in care and publishing articles on the matter. This new direction was followed by public recognition of the medical and social needs of older adults and the development of specialized medical societies. Recognition of this specialty has been increasing exponentially as the population ages: 61 million baby boomers will become older adults in 2030. With aging, the medical and social needs of vulnerable geriatric patients are intensified, both in magnitude and complexity. Furthermore, with the current changes in health care delivery in the United States, more patients are receiving a greater portion of their care through emergency departments (EDs); older adults constitute more than 15% of the current ED population.

These changes place emergency providers (EPs) in a unique environment that enables us to proactively address elderly patients' needs and to see them when their needs are greatest. All of these factors combined have made it essential to shift gears and address this "Silver Tsunami" head on. An early initiative was the development and adoption of Geriatric Emergency Department Guidelines in 2014 by several societies, which provide a standardized approach "that can effectively improve the care of the geriatric population and which is feasible to implement

in the ED." These guidelines, built on a combination of consensus and research, provided the cornerstone of the most recent development in the geriatric world, the launch of Geriatric Emergency Department Accreditation by the American College of Emergency Physicians in May 2018. This program accredits EDs in a three-tier system, in a manner similar to trauma center designations, according to their level of geriatric-focused education, equipment, policies, and personnel.

What is the role of the American Academy in Emergency Medicine (AAEM) in geriatric emergency care? As champions of emergency medicine, we need to bolster this awareness with widespread, practical education for EPs in all venues of emergency care. We cannot limit safe, evidence-based care to centers that have opted to undergo accreditation. Changing practice can start at the level of the individual EP. This is the mission of AAEM's Geriatric Interest Group: promoting best clinical practice by advocating acknowledgment of specific considerations related to this patient group and providing accessible, evidence-based education for all. These goals can be accomplished with the time and effort of interested, hard-working AAEM members who believe that all individuals should have access to quality emergency care, and we invite you to be one of them. Geriatric emergency medicine might not be as adrenaline-inducing as starting a patient on ECMO, but with your help, we can enable every EP to view it in the important light that it deserves.

At the end of the day, improving the care we deliver to the elderly is necessary, not only because they are our most vulnerable patients but also, as a selfish quest, to lay the groundwork to ensure that we get the care we need when we are checking the "above 65 years" box ourselves. ●

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