## ELDER-FRIENDLY EMERGENCY DEPARTMENT (ED) QUALITY SELF-ASSESSMENT TOOL



### **Tool description**

A checklist comprising 13 subscales including 62 items concerning the presence of elements of elder-friendly emergency department (ED) services as well as activities that support elder-friendly care. The tool was developed and validated using data from key informants at a sample of 76 EDs in Quebec, Canada. It is intended to help EDs identify areas where improving services for older patients is desirable.

#### Use

The tool should be completed by a multidisciplinary team of professionals including at least physicians and nurses. The suggested scoring for each item should be by consensus. The number of items in each subscale varies from 2 to 11. Unless specified, each item is scored between 0 (absent) to 1 (present). For example, some items in subscales 9 and 10, half a point (0.5) is given for partial compliance (see footnotes next page).

## Reference to tool development

McCusker J, Vu T.T.M, Veillette N, Cossette S, Vadeboncoeur A, Ciampi A, Cetin-Sahin D, Belzile E. <u>Elder-friendly emergency department: Development and validation of an assessment tool</u>. Journal of American Geriatric Society, 2018; 66(2): 394-400.

### Other references

McCusker J, Vadeboncoeur A, Cossette S, Veillette, N, Ducharme, F, Minh Vu, T. T, Ciampi, A, Cetin-Sahin, D, Belzile, E. <u>Changes in emergency department geriatric services in Quebec and correlates of these changes</u>. Journal of American Geriatric Society. 2017;65(7):1448-1454.

McCusker J, Verdon J, Vadeboncoeur A, Lévesque J-F, Sinha SK, Kim KY, Belzile E. <u>The elder-friendly emergency department assessment tool: development of a quality assessment tool for emergency department-based geriatric care.</u> Journal of American Geriatric Society. 2012;60(8):1534-9.

Cetin-Sahin D, Ducharme F, McCusker J, Magalhaes M, Veillette N, Lachance P-A, Cossette S, Mah R, Vadeboncoeur A, Berthelot S. <u>Key healthcare providers' perspectives on the implementation of elder-friendly emergency department care in Quebec</u>. J Geriatric Emerg Med. 3(3):12p.

Cetin-Sahin D, McCusker J, Ciampi A, Cossette S, Vadeboncoeur, Vu M, Veillette N, Ducharme F, Belzile E, Lachance P-A, Mah R, Berthelot S. <u>Front-line emergency department staff</u> <u>assessments of processes of elder-friendly care for quality improvement.</u> International Emergency Nursing. 51:101049, 2021.

### **Contact for further information**

Dr. Jane McCusker jane.mccusker@mcgill.ca

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1. Two-step screening and assessment (0-3)	8. Linkages between ED and community (0-3)
<ul> <li>□ Use of validated high-risk screening tool</li> <li>□ Screening tool is used at triage</li> <li>□ ED-based assessment of positive screens</li> </ul>	<ul> <li>□ Exchange of patient information between ED and community</li> <li>□ Community homecare coordinator assigned to ED</li> <li>□ Access to the community emergency medical resources</li> </ul>
2. Standardized assessment tools (0-3)	9. Physical environment and design (0-8)
<ul> <li>□ Cognitive status¹</li> <li>□ Physical functional status¹</li> <li>□ Medication reconciliation¹</li> </ul>	☐ Dimmed night lighting³ ☐ Large font signage³ ☐ Ramps where appropriate³
3. ED clinical care protocols/care pathways (0-11	☐ Nightlights in bathrooms <sup>3</sup> ☐ Handrails close to the toilet <sup>3</sup>
<ul> <li>□ Delirium</li> <li>□ Behavioral signs of dementia</li> <li>□ Falls</li> <li>□ Use of restraints</li> </ul>	☐ Designated area for elder care <sup>3</sup> ☐ Designated waiting area for family members <sup>3</sup> ☐ Space for family members at bedside <sup>3</sup>
☐ Hip fracture	10. Furniture and equipment (0-9)
<ul> <li>□ Maintenance of physical function</li> <li>□ Nutritional intake</li> <li>□ Hydration</li> <li>□ Incontinence or urinary retention</li> <li>□ Pressure sores</li> <li>□ Pain management</li> </ul>	☐ Armchairs³ ☐ Height-adjustable tables¹ ☐ Height-adjustable beds/stretchers¹ ☐ Adjustable or geriatric chair¹ ☐ Extra thick/soft mattresses¹ ☐ Walkers, canes¹
4. ED Geriatric team leadership (0-2)	☐ Wheelchairs¹☐ Hearing support devices¹
<ul><li>☐ Clinician responsible for coordinating geriatric services</li><li>☐ Physician practicing geriatric care</li></ul>	☐ Reading glasses¹
5. Multidisciplinary staff availability (0-6)	11. Educational sessions in the past 12 months (0-4)
☐ Geriatric nurse clinician¹ ☐ Social worker¹ ☐ Physiotherapist¹ ☐ Occupational therapist¹	<ul> <li>□ Principles of hospital-based elder-friendly care</li> <li>□ Delirium</li> <li>□ Falls prevention</li> <li>□ Maintenance of physical function</li> </ul>
☐ Pharmacist¹	12. Quality improvement in the past 12 months (0-3)
	☐ Patient/family satisfaction surveys
6. Discharge planning (0-3)	☐ Quality improvement initiatives
<ul> <li>□ Discharge planning protocol</li> <li>□ Form to transmit information to community physicians¹</li> <li>□ Form for information transmission to homecare services¹</li> </ul>	13. Geriatric administrative data monitoring (0-4)
7. Family-centered discharge (0-3)	☐ ED length of stay
□ Personalized written information¹ □ Family members participate in discharge planning¹ □ Post-discharge telephone follow-up²	☐ Hospital admission rates ☐ Planned returned visits ☐ Unplanned returned visits

<sup>&</sup>lt;sup>1</sup>Always or most of the time; <sup>2</sup>At least sometimes; <sup>3</sup>0.5 point given for partial compliance