



# GERIATRIC BEST PRACTICES

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# PREPARING OLDER ADULTS TO MINIMIZE FREQUENT ER VISITS AND EMS TRANSPORTS

## STATISTICS

Take a look at what the statistics tell us about older adults visiting the ER, including via ambulance

## SOLUTIONS

Consider possible solutions to bridge the gap with perpetual ER visits

## CAUSES

Explore what commonly leads older adults to frequent the ER

## FINAL THOUGHTS

Wrap up everything we've learned and discussed to make action plans moving forward

# INITIAL THOUGHTS

## CARE

Remember, all of us from the EMR to the doctors got into this because we genuinely enjoy our craft and helping others

## FOCUS

Instead of focusing on every single issue, focus our energy on what we can change - control what you can control

## RESPONSIBILITY

Instead of pointing the finger, we need to take ownership and lead in taking steps in the right direction



# STATISTICS

According to EMSA in Tulsa and OKC in 2024, nearly 38% of our 911 transports to the ER were 65+ years old... over 1 in every 3 people.



# COMMON CAUSES

## EDUCATION

- What percentage of patients know and understand every one of their diagnoses? 42%... (according to Mayo Clinic Proceedings)... let that sink in. 58% of people are in the dark.
- How many times can we hear, “I don’t have high blood pressure. I take medicine for it”? \*As you see Metoprolol, Amlodipine, and Lisinopril on their side table or in their chart.
- What percentage of patients know and understand every one of their medications, including why they take it? Again, according to Mayo Clinic Proceedings:
  - 28% could list all their medications
  - 37% knew the purpose of all their medications
  - 14% could state the common side effects
- According to BMJ Journals, 59.9% of patients are able to accurately state their diagnosis and ongoing management after discharge.



# COMMON CAUSES

## FINANCES

- Are finances getting in the way of respecting their health? Does a lack of financial flexibility lead to them skipping PT, not getting their medication, not being able to afford transportation, etc.?



## LIVING CONDITIONS

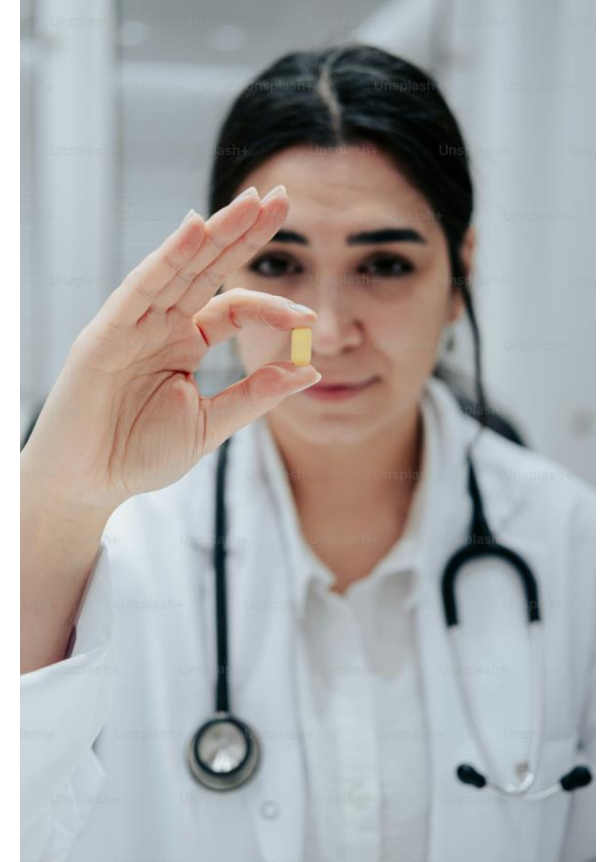
- Is their home environment encouraging bad health/injuries? Mold? Infections? Fall hazards (rugs, furniture legs, lack of safety grab bars)? Running water? Heating/air? Access to non-spoiled food/drink?

## TRANSPORTATION

- Like finances, is a lack of transportation, such as a car, leading them to skip doctor's appointments, not going to a workout/rehab facility, not picking up their medications, etc.?

## EDUCATION

- Are prescribing providers educating our patients on their health conditions and medications?
- Are you preparing them when they have problems, such as educating them how to care for themselves at home and when to consider the different options of scheduling a PCP appointment, Telehealth appointment, urgent care visit, ER visit, etc.?
- Are we empowering our staff, including those in training, to operate this way?



## EDUCATION

- Are those "out in the field", such as CNAs, LPNs, EMTs, paramedics, RNs, physical/occupational therapists, etc. providing insight, clarification, and direction for our uneducated and uninformed patients regarding their health conditions, medications, and action plans?
- Are we even asking deeper questions or identifying these inadequacies, such as a lack of diagnosis/medication knowledge?
- Are we helping our patients get setup with a primary care physician?
- Are we empowering our staff to operate at this level of excellence and preparing those in training?





## FINANCES/TRANSPORTATION

- Do we ask our patients if a lack of finances or transportation is leading them to sacrifice their health?
  - Have we given them additional medication options, such as GoodRx, Mark Cuban's Cost Plus Drugs, generics, or even alternatives?
  - Is your patient skipping physical/occupational therapy due to living on a fixed income, such as social security? Have we explored other options with them, or did we just order PT and move on with our day?



- Did we check if our patient has transportation to make it to the doctor's appointment, therapy, pick up their medications, etc.? If they don't, did we go over alternatives with them, such as an Uber, taxi, bus, or specialized services in our areas?

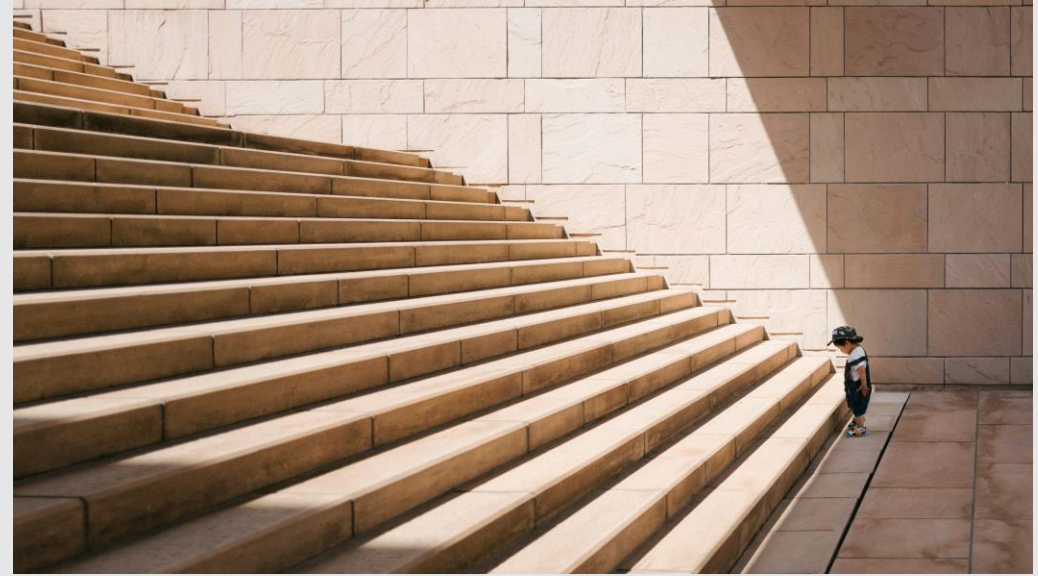
## LIVING CONDITIONS

- Are those of us “out in the field”, such as home health, EMTs, paramedics, fire fighters, police department, etc. identifying certain issues that sacrifice the patient’s health?
  - Did you notice a filthy environment that could encourage infection and/or frequent falls? Did you come up with any ideas to potentially resolve this? Maybe a local service that helps in these instances?
  - Are we encouraging the banishment of rugs and the existence of grip materials to avoid falls. Have we considered safety grab bars?
  - Do they have access to running water, heating/air, and/or non-spoiled food/drink? Is this an APS case or an area where we can immediately help or provide a resource/connection.
  - Are we willing to have the hard conversation of recommending an assisted living facility, nursing home, etc.?
  - In-hospital providers aren’t off the hook. You don’t have to see in order to ask.



# ULTIMATELY

- Here is where we challenge ourselves! It may seem like a daunting task to address such a prominent issue facing our health care system. However, if we all working together, we can create a system that prepares geriatric patients to minimize frequent ER visits and ambulance transports.



- I still have dreams for community paramedicine. In the meantime, I'll educate my patients to ensure they know their diagnoses and medications. I'll ask the hard questions to see if finances, transportation, and/or living conditions are negatively affecting their health, and I'll work on coming up with solutions and making connections. If my patient doesn't have a PCP, we will schedule one together. And when I fall off the wagon, I'll get right back on so I can truly advocate for my patients.
  - What's your response going to be? You can't always control what happens, but you can control how you respond.

# MY CONTACT INFO

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# CITES

- EMSA 2024 Statistics
- Mayo Clinic Proceedings
  - [https://www.mayoclinicproceedings.org/article/S0025-6196\(11\)61577-2/fulltext](https://www.mayoclinicproceedings.org/article/S0025-6196(11)61577-2/fulltext)
- BMJ Journals
  - <https://bmjopenquality.bmj.com/content/6/1/u207103.w3042>
- Pictures Included
  - [Beautiful Free Images & Pictures | Unsplash](#)