





By 2060, America will be home to 95 million adults aged 65 and older, a jump of more than 70 percent from today. And a large share of that population—about 20 percent and growing—lives in rural areas. These shifting demographics require hospitals serving rural areas to adopt best practices for geriatric care, starting with the emergency department, often called the "front porch" of the healthcare system. Best practices in caring for older adults have shown to not only improve patient outcomes and satisfaction rates but reduce length of stay. Emerging evidence also suggests it improves staff morale as teams are empowered with new knowledge and resources.

Dartmouth Health, one of the most rural academic health systems in the U.S., serves patients across northern New England, where the older-adult population is booming. In Maine, New Hampshire, and Vermont, the over-65 set is expected to grow roughly 40 percent by 2030, demanding that healthcare providers take action to prepare for the unique medical and social needs of older patients.

As Dartmouth Health has shown at its flagship hospital, Dartmouth Hitchcock Medical Center in New Hampshire, achieving a Geriatric Emergency Department Accreditation from the American College of Emergency Physicians can have a lasting impact on patient experience. Notably, Dartmouth Hitchcock Medical Center demonstrated significant improvements in older adult patients' "likelihood to recommend" the emergency department at a time when national and regional experience scores were in decline.

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Many older adults have complex healthcare needs that require more resources and support than the average patient. Providing the highest level of care to this growing population, especially in rural areas, requires health systems like ours to make proactive changes—with the emergency department being a top priority.

– Joanne Conroy, MD, CEO and President, Dartmouth Health

Addressing an Urgent Need

Research demonstrates that older adults have higher rates of functional decline and medical complications after an emergency department visit and are more likely to present with social needs and multiple comorbidities, including cognitive issues. Approximately 15 percent of hospitalizations among older adults are considered potentially preventable; among those with dementia, the number is closer to 40 percent. Reducing inpatient admissions is important for providing quality care and improving efficiency, aligning with many health systems' strategic goals.

Healthcare systems that do not adapt to the needs of older adults risk incurring excessive costs, failing to meet patients' care needs, and occupying valuable acute-care beds with patients who don't have an urgent medical need and could be better served at home.

Nationwide, older adults account for 46 percent of all emergency department visits that result in hospitalization.

Providing the **right care at the right time** is crucial.

The Journey to Geriatric Emergency Department Accreditation

In 2021, Dartmouth Hitchcock Medical Center achieved Level 1/Gold Geriatric Emergency Department Accreditation, becoming the only rural academic medical center in the country to earn the highest level of accreditation. The accreditation process requires implementing at least 20 best practices for geriatric care and spells out criteria and goals for emergency clinicians and administrators.



We went into the accreditation process believing it could have a significant impact on a large and vulnerable subset of patients—and the data tells us we were right.

- Scott W. Rodi, MD, MPH, FACEP, Chair of the Department of Emergency Medicine, Dartmouth Health

Transforming Emergency Care for Older Adults

The Geriatric Emergency Department Accreditation is designed to help hospitals elevate the quality of care for one of their most vulnerable populations. The process involves a systematic approach of identifying at-risk older adults and connecting them with the care they need in the emergency department and beyond. The two key components are:

- Geriatric-focused education and interdisciplinary staffing that empowers teams with resources to care for their most vulnerable patients.
- Implementing new care processes aimed at the unique care needs of older adults to identify at-risk patients and reduce unnecessary admissions.

For example, Dartmouth Hitchcock Medical Center increased the number of patients screened for a fall risk by 60 percent and created automated referrals for at-risk patients to its Aging Resource Center.

Our nurse-led transition-of-care phone calls are critically important to ensuring patients understand the recommended follow-up plan and can access the care and resources they need. Patients are blown away that someone cares enough to call and make sure they have what they need—and it shows in our patient satisfaction scores.

Moriah Tidwell, RN, MSN, Director of Emergency Services Nursing,
Dartmouth Hitchcock Medical Center

Facilitating Successful Transitions Home

Rural settings present unique challenges for frail elders transitioning home, leaving them vulnerable to repeat emergency department visits and hospital admissions. Limited transportation options, scarcity of resources such as access to Internet, and workforce constraints can interfere with a safe discharge home and a patient's or caregiver's ability to follow-through with recommended care.

Dartmouth Hitchcock Medical Center adopted a "neighbors care for neighbors" philosophy as part of their Geriatric Emergency Department Accreditation. Through this, nurses make "transition-of-care" phone calls within two to three business days of emergency department discharge for older patients, about 75 percent of them, who don't have evidence in their record of a meaningful contact with their primary care physician's office.

Patient Satisfaction Increases

Patient surveys from before and after Dartmouth Hitchcock Medical Center's Level 1/Gold Geriatric Emergency Department Accreditation show patient satisfaction among patients aged 70+ increasing at a time when hospitals nationwide have seen an unprecedented decline in experience ratings.

90% of geriatric patients feel "respected and cared for"

89% of geriatric patients feel the "care team communicated clearly"

Average ratings for likelihood of recommending the ED to others. Ratings for the later intervention period are statistically higher than pre-intervention ratings



Intervention period

 \Diamond later intervention period statistically higher than pre-intervention period.

Note: No other relevant interventions occurred during this time.

Average ratings for doctor-related questions are high across three periods, and especially for the later intervention.



Intervention period

 \Diamond later intervention period statistically higher than pre-intervention period.



A Beacon for Change

Dartmouth Hitchcock Medical Center began its journey to Geriatric Emergency Department Accreditation in 2019 through an innovative research collaboration with West Health, a family of nonprofit organizations dedicated to successful aging. The partnership, which resulted in the first rural Geriatric Emergency Department in the nation, is now focused on scaling the concept to other rural hospitals throughout the country.

Today, Dartmouth Hitchcock Medical Center is a catalyst for other hospitals and health systems to make the same powerful transformation. Since becoming accredited, its team has worked with neighboring critical access hospitals and numerous organizations in communities to extend and expand best-practice emergency care for older adults. Alice Peck Day Memorial Hospital, Mount Ascutney Hospital and Health Center, Gifford Medical Center, and Valley Regional Hospital have all become GED-accredited with the support of Dartmouth Hitchcock Medical Center.

Learn more at www.dartmouth-health.org/geriatric and www.westhealth.org.



Dartmouth Hitchcock Medical Center GERIATRIC EMERGENCY DEPARTMENT



One of the most important outcomes we achieved, demonstrated through our patient engagement scores, was improving the patient experience for older adults in the emergency department. In the context of the COVID-19 pandemic, when most hospitals, especially in New England, struggled with decreases in patient engagement, this was especially rewarding for our team.

–Ellen Flaherty, Ph.D., APRN, AGSF, Vice President of Dartmouth Health's Geriatric Center of Excellence