


Return on Investment of Geriatric Emergency Departments (GEDs)

16% 
REDUCTION
in Risk of hospital admission from
the Emergency Department (ED)

Approximately one out of every 10 hospital admissions is potentially avoidable, and the majority (60%) are for patients 65+¹. Senior-specific protocols in the ED have been linked to reduced likelihood of admission from the ED²⁻⁷ without increasing mortality risk^{5,8-12}.


In one multi-site geriatric ED (GED) study risk of admission decreased by up to 16.5%². Avoiding unnecessary admissions reduces costs and prevents the risk of inpatient complications and reduced functioning.

Interdisciplinary staff associated with **LOWER OVERALL COST**



GEDs leverage interdisciplinary staff to reduce ED revisits and “social” admissions, which results in more efficient use of physicians’ time and reduce costly inpatient care². Early results show older adult patients who visited with a GED social worker or nurse had lower total Medicare expenses, with savings ranging from \$1,872 - \$5,019 per patient at 30 days following an ED visit¹³.

REDUCE OR DELAY ADMISSION of high-risk patients to skilled nursing facilities (SNF) by

70% 

Senior-specific protocols and enhanced transitions of care planning in the ED may reduce or delay SNF admission^{9,12}, enabling seniors to age in place at reduced costs¹². A transitional care program at two EDs lowered SNF admissions for high-risk patients at 120 days (3% vs. 10%) following an ED visit⁹.



TARGETED INTERVENTIONS CAN REDUCE UTILIZATION OF HIGH-COST HEALTHCARE SERVICES

Physical therapy (PT) services in the ED associated with 34% lower likelihood of an ED revisit for a fall



Falls result in over 2.8 million ED visits¹⁵ and \$31.9 billion in direct medical costs to Medicare annually¹⁶. Providing PT services in the ED to seniors who have experienced a fall is associated with a 34% lower likelihood of a fall-related ED revisit within 30 days¹⁷.

Older adults with dementia over twice as likely to revisit the ED¹⁸

Older adults with dementia are twice as likely to revisit the ED within 30 days¹⁹. The ED can connect patients and caregivers to appropriate outpatient services and community resources for improved management of dementia and other comorbidities. Outpatient programs such as the Veterans Affairs’ “Partners in Dementia Care” have improved patient outcomes²⁰ and reduced ED and hospital utilization²¹.

SOURCES

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