What comes to mind when you hear the words “emergency room”? Loud beeping from machines, rushing nurses, and moans from patients needing urgent care. Often, however, it is a place for elderly patients requiring urgent care. “It’s like a war zone,” says physician assistant Emmy Cassagnol. “When it gets packed, it’s overwhelming. Our sickest patients are often our geriatric patients, and they get lost in the shuffle.” But now, at Mount Sinai Hospital, there is an alternative to the hectic traditional ER. A smaller, quieter, geriatric ER is designed specifically with the needs of elderly patients in mind.

Packed emergency rooms can be challenging for anyone, but they’re often particularly perilous for older patients, who frequently enter the hospital with multiple chronic conditions, in addition to the presenting life-threatening crisis that brought them in. “Who is going to suffer the most from these crowded conditions?” asked Ula Hwang about the average ER. Hwang is associate professor in the emergency medicine and geriatrics departments at the Mount Sinai School of Medicine. “It is going to be the older adult ... the poor older patient with dementia lying in the stretcher with a brewing infection that is forgotten about because it’s crazy, chaotic and crowded.”

Geriatric emergency rooms are a response to the realization that older patients have special needs that simply aren’t being met by traditional emergency rooms. Many elderly patients who come to the ER end up getting subjected to needless tests that stress their already weakened systems. They tend to have longer stays, and their diagnoses are less accurate than those of younger patients. Geriatric emergency rooms focus on the specific characteristics of elderly patients, and are able to provide better outcomes overall.

Geriatric ERs also have the potential to lower health costs, by avoiding unnecessary treatments and mistreatments that can lead to further poor health and complications. Geriatric ERs are geared toward doing the important discernment of who would be best served in the hospital, and who would do better with outpatient treatment or in-home care. “Emergency departments are the perfect places to make changes that could help control spending, because they are gateways between home and costly hospitalizations.”

This new form of emergency treatment is growing quickly as hospitals try to keep up with the boom in elderly patients who have complex conditions and are seeking care in traditional ER settings. The geriatric ER varies widely from hospital to hospital. In some, it is merely a special section of the traditional emergency room, while at other hospitals it is a semi-independent facility all to itself, with specially trained staff. “The first geriatric ER opened in New Jersey in 2008, and now there are more than 100 such units nationwide. Several others are being planned, including in California, North Carolina, Connecticut and Texas.” Geriatric emergency rooms are also being spurred by parts of the Affordable Care Act, because hospitals are sanctioned if they have many patients returning to the hospital too soon after treatment.
This form of elder care has the potential to become even more important over time, as the need for specialized care grows. The number of elderly patients treated in emergency rooms has increased from 15.9 million in 2001 to about 20.4 million patients in 2011, according to the most recent national hospital survey conducted by the Centers for Disease Control and Prevention. These numbers are expected to continue growing for the foreseeable future. (CNN)