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Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health

Title

GEDI - Geriatric service in the ED. Feel the Force

Permalink

<https://escholarship.org/uc/item/1144v6rs>

Journal

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 27(5)

ISSN

1936-900X

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Publication Date

2026-09-25

DOI

10.5811/westjem.66628

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boarding varied by sociodemographic factors in a hospital with a standardized bed prioritization process.

Methods: This single-center cohort study included all adult ED patients boarding after admission to the non-intensive care inpatient medicine service between February 2020 to February 2023 at an urban academic tertiary hospital with >110,000 annual ED visits. Primary outcome was time from admission order to inpatient bed transport. Patient demographics (age, sex, race/ethnicity, language, insurance, and housing status), visit characteristics (emergency severity index, time, and day), and bed request features (telemetry, sitter need, and active isolation precaution) were obtained via the medical record. We assessed bivariate relationships between boarding time and demographics with descriptive statistics and analysis of variance (ANOVA) using both adjusted and unadjusted regression analyses with generalized estimating equations (GEE) to account for patient level correlation.

Results: A total of 22,291 encounters were included. Average age was 64 (SD $\pm$ 19) years and 47% were female. Approximately 12% identified as Hispanic, 70% as non-Hispanic White, and 10% as non-Hispanic Black. Non-Hispanic Black-identifying patients boarded 19 minutes longer (95% CI -27.66, 65.26) and non-English primary language speakers boarded 20 minutes longer (95% CI -12.43, 51.82) than Hispanic-identifying patients and English primary language speakers respectively, although these findings were not statistically significant. Patients aged 65-years waited 46 minutes longer than younger patients (95% CI 19.05, 72.64, $p=0.001$), and those with Medicaid insurance waited an additional 52 minutes compared to those with commercial coverage (95% CI 18.14, 85.55, $p=0.003$).

Conclusion: Among adult patients admitted to medicine, advanced age and Medicaid insurance were significantly associated with longer ED boarding, whereas race/ethnicity and primary language were not. Further study should determine whether these findings are replicated in other settings, how this impacts patients, and if targeted intervention can reduce inequities.

4 GEDI - Geriatric service in the ED. Feel the Force

George Braitberg, Abdi Osman, Cilla Haywood

Background: Older adults account for a high proportion of Emergency Department (ED) presentations due to complex health needs. In 2023–24, people aged 65 and over represented 23% of all ED visits in Australia despite comprising only 16% of the population.

Methods: To address this demand, we introduced the Geriatric Emergency Department Innovation (GEDI) service in our tertiary ED (95,000 annual visits). GEDI provides

dedicated geriatric care, with a geriatrician present Monday to Friday (0900–1600) and weekends (0900–1230). From January 2023 to December 2024, GEDI assessed 3,232 patients (134 per month). Of these, 24.2% were admitted to an acute inpatient bed, 27.6% were discharged home or to their aged care facility, and 53.2% were admitted directly to geriatric or rehabilitation wards.

Results: To measure the impact of the service, we conducted an interrupted time series analysis using data from 1st August 2019 to 30th September 2023, covering pre- and post-GEDI periods. Our primary outcome was a reduction in acute inpatient admissions. Secondary outcomes included ED length of stay (EDLOS), admission rates, re-presentation rates, and Short Stay Unit (SSU) use. We analysed 53,020 pre-GEDI and 12,173 post-GEDI records. Overall, demographic characteristics were similar between the two time periods. Poisson and linear regression showed an increased monthly change in non-admissions post-GEDI (1.012; 95% CI: 1.004, 1.020) compared to pre-GEDI (1.001; 95% CI: 0.999, 1.002), with a median EDLOS reduction of -0.207 hours (95% CI: -0.344, -0.069).

Conclusion: The GEDI service reduced acute inpatient admissions and EDLOS. Future analyses will explore staff perceptions and cost-effectiveness.

5 Does Sharing Data On The Rate At Which Clinicians Work Alter Their Practice? A Study In A UK ED

Alexander Russell, Mark Harrison

Objectives: To assess whether sharing the number of patient's a clinician sees on average per shift with the clinicians in question increases the number of patient's they see per shift (hereafter called 'activity data') within a UK Emergency Department (ED).

To assess clinician perspectives on the sharing of such data.

Background: Several UK EDs are already sharing staff activity data with staff in an effort to drive up the rate at which clinicians see patients, but there is no published evidence that this is effective or of the impact of this upon clinicians.

Methods: A prospective quantitative and qualitative study looking at the number of patients seen per shift pre and post activity data being shared. Study took place from December 2024 to April 2025.

Quantitative analysis was done by weekly data supplied by the hospital's clinical information services on the number of patient's a clinician sees per shift – this was recorded by clinicians placing their name in the "seen by" column against a patient's name on the hospital electronic patient record system 'nervcentre'.

A 4-month period in which the same clinicians would be