

Carpenter strives to change ER experience

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Chris Carpenter, MD, left, explains a device that tests grip strength to patient Susan Brown in the Charles F. Knight Emergency & Trauma Center. Carpenter is researching how to make emergency departments friendlier for aging adults and wants to improve how physicians and staff diagnose and treat these patients. (RAY MARKLIN)

Emergency physician Chris Carpenter, MD, wishes his grandfather, a sprinter who once competed against the legendary Jesse Owens, had received different care when he visited the emergency department for bumps and scrapes in his final years.

Although his grandfather had Alzheimer's disease, physicians allowed him to give his own medical history and then sent him home without further testing or follow-up treatment.

In addition to falls and accidents, Carpenter's grandfather often forgot the time of day and if he'd eaten meals. Carpenter's grandmother struggled to take care of him. She died six months after her husband.

Watching his grandparents struggle at the end of their long, productive lives affected the direction Carpenter wanted to go as a physician.

"I wanted to find a better way to take care of aging adults, who are the majority of the patients that we see at Barnes-Jewish Hospital," says Carpenter, assistant professor of emergency medicine. "I think it's important to make emergency departments friendlier for these patients and for physicians and staff to understand how to diagnose and treat aging adults."

That's why Carpenter is conducting a study of patients in the emergency room who are older than 65 and at increased risk of having dementia. He wants to determine if referring suspected Alzheimer's patients to an outreach agency will reduce frequent returns to the [emergency department](#) and help them remain independent longer.

He has worked with John Morris, MD, the Harvey A. and Dorismae Hacker Friedman Distinguished Professor of Neurology and director of the Alzheimer's Disease Research Center, to develop effective models of care for dementia patients.

For the study, Washington University's Memory and Aging Project Satellite (MAPS) sends a geriatric nurse and social worker to the patient's home to conduct cognitive and safety assessments. The project staff then can set up appointments and provide transportation to various clinical services around the city at minimal or no expense to the patient and caregivers.

In one arm of the study, patients are contacted by MAPS after their

release from the hospital. In the other arm, patients are given contact information for MAPS when they're sent home from the hospital so they can make initial contact.

Carpenter's ideas follow a national trend among academic medical emergency departments in the United States. About 12 of these departments, he says, are designating or building areas specifically to treat aging adults.

Carpenter also thinks emergency departments should hire doctors and nurses with geriatric expertise, stock extra hearing and visual aids and limit the number of medications prescribed.

As for his own family, Carpenter says they understand why his work in helping aging adults is so important to him.

“They know how frustrated I was with my grandfather's care and appreciate that someone is making an effort to change how these [patients](#) are treated,” he says. “We hope other families might have a different experience.”

Provided by Washington University School of Medicine in St. Louis

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