

Supplemental Table 3. Classification of ED intervention strategies and intervention components

Intervention Strategy	Definition
Discharge planning	Discharge planning is time-limited, taking place fully within the ED, and encompassing the process of thinking about and formalizing a plan of care prior to a patient's discharge from the ED. Discharge planning may incorporate 1 or more of the following: geriatric consultation or geriatric assessment in the ED ^a , patient/caregiver education, or a follow-up plan. Although the initial assessment and discharge planning take place within the ED, the responsibility for coordinating and obtaining follow-up care rests with the patient or caregiver.
Case management	Case management takes place over time and across settings, initially beginning within the ED and continuing after discharge, and includes the activities that a physician or other health care professional performs to ensure coordination of medical services needed by the patient ^b . The ultimate goal of case management is to help support successful transition from the ED to post-ED settings. Unlike discharge planning in which the patient or caregiver may be responsible for identifying and securing services, in case management, the major responsibility and coordination rests with 1 or more providers.
Medication safety or management	Interventions that assist patients or caregivers in managing and monitoring drug therapy for older adults with chronic conditions ^c .
Geriatric EDs	EDs designed or guided by the 2014 Geriatric ED Guidelines ^{d,e,f}
Multi-strategy	Two or more intervention strategies (e.g., discharge planning and case management, discharge planning and medication safety)
Intervention Component	Definition
Assessment	A structured and/or targeted assessment performed as a part of the intervention. A structured assessment may include a comprehensive geriatric assessment or biopsychosocial assessment covering common domains including cognitive performance, functional status, social status and living environment, health behaviors, and psychosocial factors. Brief or targeted assessments may include 1 or more specific domains, such as cognitive performance or functional status.
Referral plus follow-up	Referral to 1 or more of the following: primary care provider, specialty provider, or community resource or services plus planned communication or visit(s) with intent of following up on referral.
Bridge	An intervention that takes place across settings, including 1 or more planned contacts before discharge from the ED and again after discharge.

^a The geriatric assessment is a multidimensional, multidisciplinary assessment designed to evaluate an older person's functional ability, physical health, cognition and mental health, and socio-environmental circumstances. It must include a geriatrician or geriatric-trained nurse practitioner or physician assistant and may be a focused assessment that is customized for ED settings.

^b We define case management narrowly to require a non-physician, either onsite in the ED or offsite, who is involved in coordinating follow-up care related to an ED visit. This may include home-based services.

^c Interventions may incorporate a clinical pharmacist or other expert in drug therapy, or computerized interventions if they are conducted in real time (during patients' ED admission).

Interventions may be targeted to the clinician, patient, or family if they focus on the proper selection of medications, reduction in polypharmacy or medication errors, or use of medications. These interventions do not include shared decision-making approaches to choosing 1 treatment versus another.

^d Carpenter CR, Bromley M, Caterino JM, Chun A, Gerson LW, Greenspan J, et al. Optimal older adult emergency care: introducing multidisciplinary geriatric emergency department guidelines from the American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine. *Acad Emerg Med.* 2014;21(7):806-9.

^e Carpenter CR, Bromley M, Caterino JM, Chun A, Gerson LW, Greenspan J, et al. Optimal older adult emergency care: introducing multidisciplinary geriatric emergency department guidelines from the American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine. *Journal of the American Geriatrics Society.* 2014;62(7):1360-3.

^f Carpenter CR, Bromley M, Caterino JM, Chun A, Gerson LW, Greenspan J, et al. Optimal older adult emergency care: Introducing multidisciplinary geriatric emergency department guidelines from the American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine. *Ann Emerg Med.* 2014;63(5):e1-3.

Abbreviation: ED=emergency department