GEDC and West Health welcome you to our first

GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

GARY & MARY westhealth™ institute

GED Health Care System Roundtable

Wednesday, August 26, 2020

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GEDC | THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

OUR FACULTY IN ATTENDANCE

Kevin Biese, MD
Emergency Physician
UNC

Ula Hwang, MD
Emergency Physician
Mount Sinai, NYC

Aaron Malsch, RN
Senior Services
Program Coordinator
Advocate Aurora Health

Laura Stabler, MPH
GEDC Program
Director

Michael Malone, MD
Geriatrician
Advocate Aurora Health

Conor Sullivan
GEDC Research
Associate

Our Mission

We bring best practice into action.

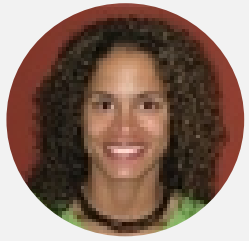
We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

westhealth

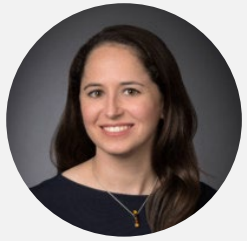
OUR TEAM

Zia Agha, MD
Chief Medical Officer and Executive Vice President

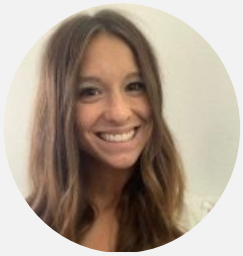
Jon Zifferblatt, MD, MPH, MBA
Executive Vice President, Strategy and Successful Aging



Misti Benson
Program Manager



Adriane Lesser, MS
Principal Investigator



Emily Adams
Program Coordinator

Our Mission

We are dedicated to lowering healthcare costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.

ROUNDTABLE GOALS

Connection

Exchange among Health Care Systems leading the country in Geriatric Emergency Care

Collaboration

Identify ways each of your teams can support the others in their Quality Improvement Initiatives

Dissemination

Explore opportunities to share Roundtable insights with other health systems interested in GEDs

*Direction

Determine the next steps and topics to discuss in future roundtable sessions

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Get The Most Out of This Roundtable

Many Ways to Participate

Use the Zoom Chat Function

Post questions, reply to colleagues, and be active in our discussion.

Share your Experience

We can all learn from one another's unique experiences – from what works, and what doesn't. Don't be shy.

AdvocateAuroraHealth®

26

EMERGENCY DEPARTMENTS

Wisconsin & Illinois

200K

OLDER ADULTS SERVED

Annually

TEAM MEMBERS

- Michael Malone (MD), Medical Director
- Patti Pagel (RN), Director
- Aaron Malsch (RN), Program Manager
- Suzie Ryer (PT), Program Coord.
- Ann Gallo, Program Coord.
- Chris Rubach, Program Coord.

We are interested in:

Strategies to effectively expand the scale, scope, scalability of the AAH GED

-Evaluation, metrics, outcomes

-Protocol Development

-Tiered Geri ED System approach

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Northwell Health

17

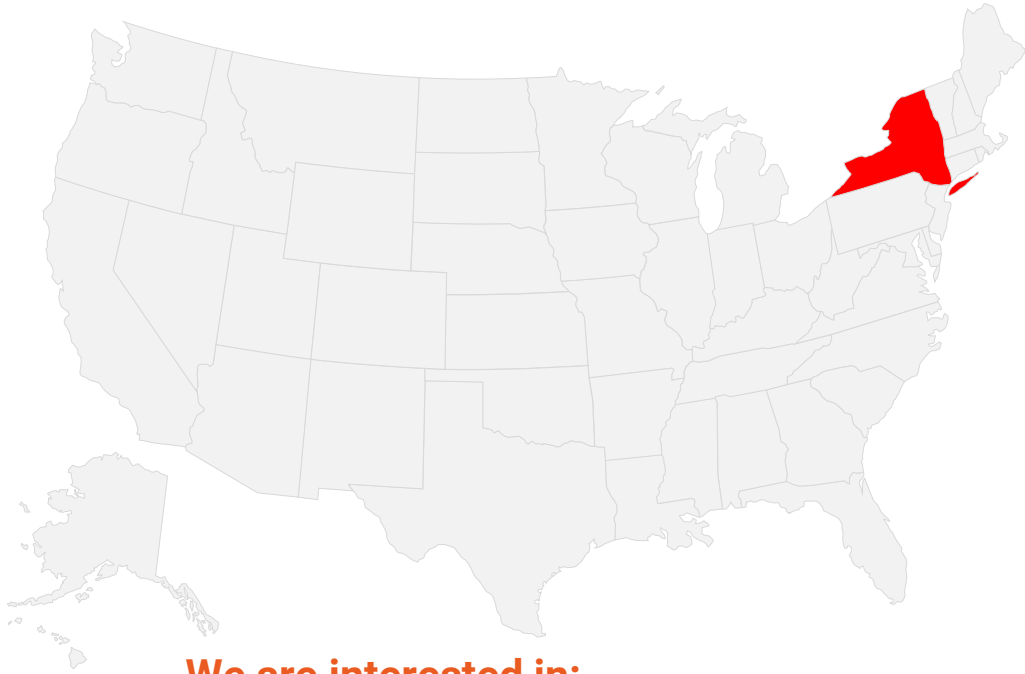
EMERGENCY DEPARTMENTS
Across New York State

218K

OLDER ADULTS SERVED
Annually

TEAM MEMBERS

- Teresa Amato MD, Director Geriatric Emergency Medicine
- Tara Liberman DO, Associate Chief Geriatrics and Palliative Medicine



We are interested in:

Learning about strategies to improve community partnerships with our EDs across a large diverse demographic area

Sharing our journey of system wide Geriatric Emergency Department Accreditation

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Dartmouth Hitchcock Medical Center

1

EMERGENCY DEPARTMENT

Serves 2 states

Supporting 4 rural EDs to become GEDs

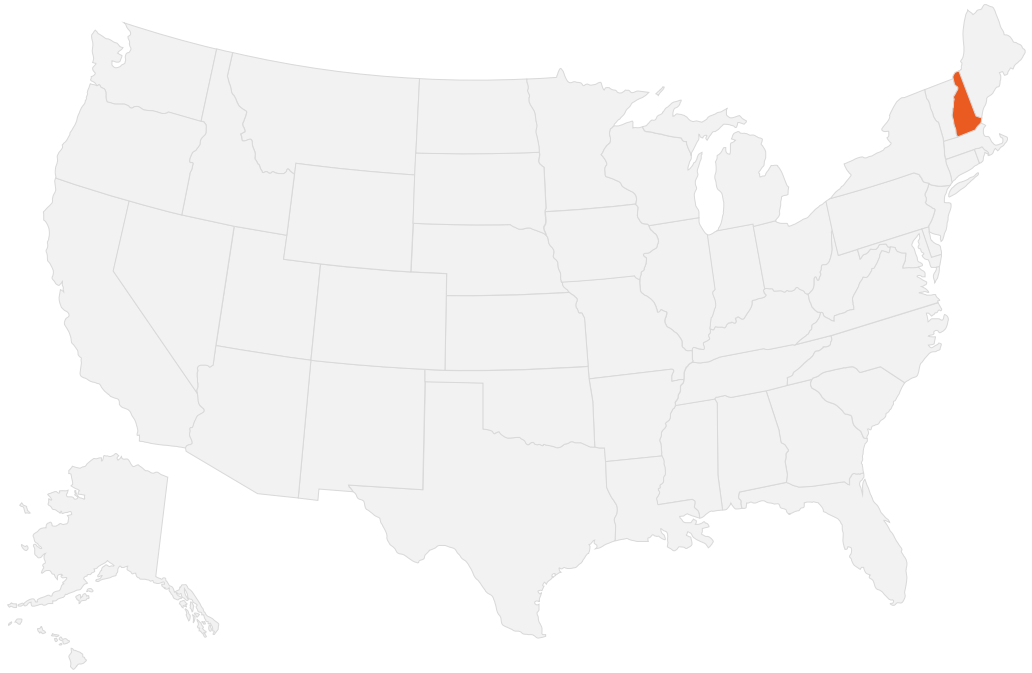
9,800

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Dr Suzy Varga, Geri ED Medical Director
- Hilary Hawkins, Geri ED Nurse Manager
- Kathy Wieliczko, Geri ED Social Worker



We are interested in:

Have any of these organizations initiated projects with respect to What Matters Most (patient goals of care & wishes)?

If so, is anyone doing work in the space of measuring concordance of care with respect to patient goals and wishes?

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University of California Health Systems Initiative

5

EMERGENCY DEPARTMENTS

All UC Medical Center sites represented

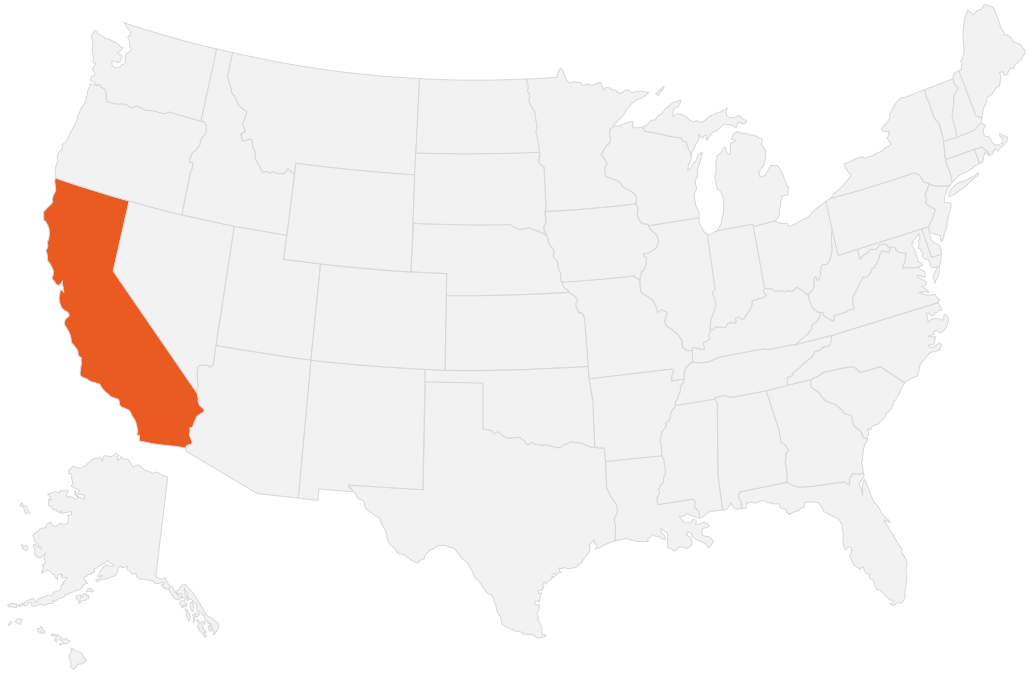
65,000

OLDER ADULTS ED VISITS

Annually across the 5 EDs

LEAD FACULTY

- Vaishal Tolia, MD, MPH - UCSD
- Jen Roh, MD - UCI
- Lynne McCullough, MD - UCLA
- Katren Tyler, MD - UCD
- James Hardy, MD - UCSF



We are interested in:

Supporting other systems/EDs in the region to become GEDs

Establishing the ROI and sustainability planning for our GEDs

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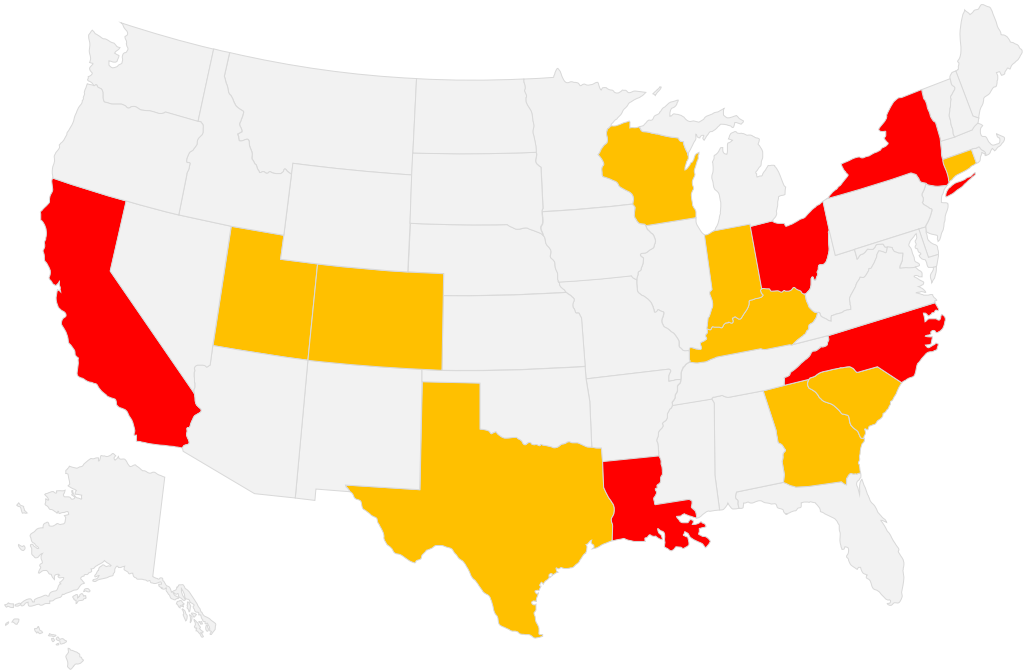
Veterans Health Administration

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

5

EMERGENCY DEPARTMENTS
-Currently Across 5 States
-2 have applied and undergoing review
-13 more to apply by 9/30



200K

OLDER ADULTS SERVED
-20 sites served over 200k last FY
-VHA served over 1 million last FY

TEAM MEMBERS

- Erica Gruber, AGNP Co-Lead GED Advisory
- Luna Ragsdale, Co-Lead GED Advisory
- Ula Hwang, MD Co-Lead GED Advisory
- Jill Huded, MD GRECC Consultant

We are interested in:

1. Creating a national dashboard
2. Building a toolkit for new sites
3. Standardization while maintaining individual autonomy/creativity

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Mayo Clinic Health System (MCHS)

20

EMERGENCY DEPARTMENTS

20 MCHS ED's total

2 ED's in GEDC Rochester & Eau Claire

46K

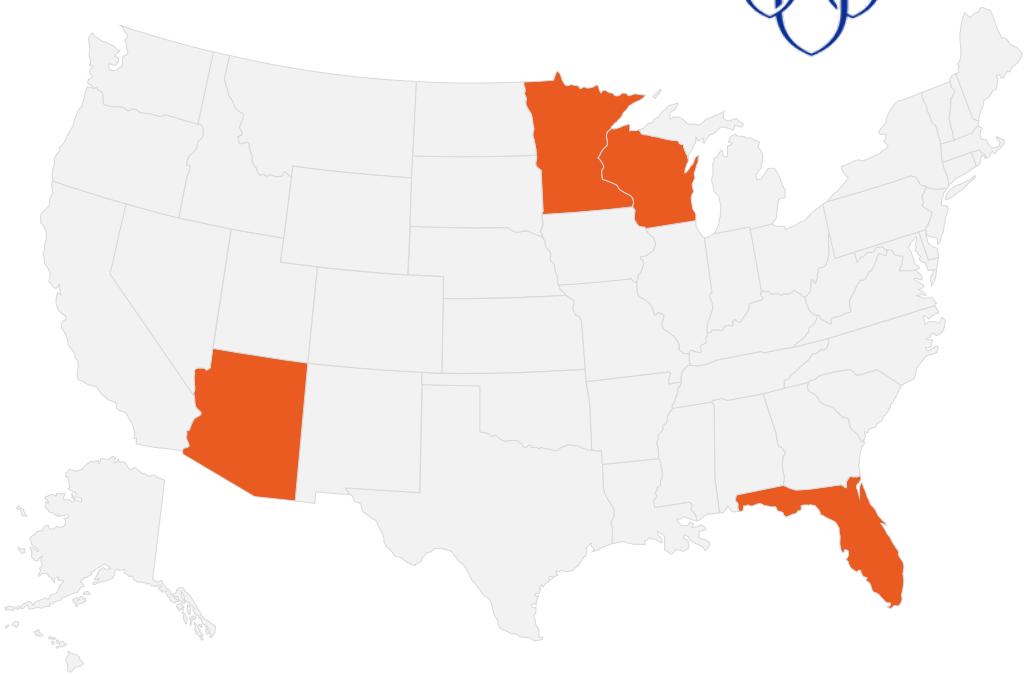
OLDER ADULTS SERVED

Rochester 36,000

Eau Claire 10,000

TEAM MEMBERS

- Susan Bower RN Champion Rochester
- Alex Beuning MD Champion Eau Claire
- Fernanda Bellolio MD Champion Rochester
- Jessica Stanich MD Champion Rochester



We are interested in:

Challenges faced when bringing multiple center on board simultaneously.

Protocol/policy variability depending on site

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How to Evaluate our Practice as we Disseminate the GED:

GEDC Health Care System Roundtable

AAH Geriatric Emergency Department

August 24th , 2020

AdvocateAuroraHealth®

AdvocateAurora By the Numbers

70,000 employees
$12 Billion in revenue
3 million patients
26 Emergency Departments
7 ED Medical Groups
400,000 ED visits all ages (25% admit rate)*
97,000 ED visits ≥65 (44% admit rate)*

*Legacy Aurora data only (multiple x 2)

42,000 ISAR Screenings (2019)
>30% reduction in 30day ED revisits
Pop Health, Ambulatory, and ACO MSSP3

AdvocateAuroraHealth®

AAH's Geri ED Approach

- Improving care in the ED and beyond for older adults
  - Focus on transitions from ED to community.
  - Formalized Evidence Based Clinical Protocols
  - Interprofessional Team
  - Partnership: Pop Health, ACO, Ambulatory
- Standardized & Scalable Program Infrastructure
  - Epic Workflow, Metrics, Outcomes, Reporting
  - Geriatric ED Accreditation
  - Continuous Improvement
- Site led program, supported by system

AAH GED Unique Characteristics:

- Grass roots efforts started in 2014
  - 6month pilot with 3 sites >>>> standardized system approach
- ISAR as foundation (GEDA Level 3)
  - Additional Protocols built off ISAR
- 'Universal' Model: no separate workflow/beds/wings
- Led by AAH Senior Services Team (system geriatrics)
  - Coordinates monthly site meetings, implementation, infrastructure, GEDA
- Bi-annual Boosters

AAH Geri ED Timeline

2015-2018: 3 site pilot, new sites 2016 & 2017

2018: 5 existing Level 3 Geriatric ED Accreditation

2019: 5 new site cohort implemented & accredited

2020: 5 new site cohort & 1 ascending to Level 2

2021: 4-5 new site cohort & 3-4 ascending to Level 2

2022: 4-5 new site cohort & 3-4 ascending to Level 2

2023: Continuous Improvement, 2 ascending to Level 1

Thank you to
Stan Kritzik
and generously supported by
Judy Gardetto

AAH Geriatric ED Vision

24 Accredited Geri ED sites

- Level 3 as a standard of care

- Level 2 as committed to Geriatric excellence
  - 40% (10-12 sites)

- Level 1 as nationally recognized centers of excellence
  - 2-3 sites

- Robust system infrastructure for program development, metrics/outcomes, IT build, standardization

24 sites = 1 Program = 1 Team

AAH Geri ED in 2020

- AAH system wide Geri ED Order Sets
  - Falls/Mobility Order Set
- AAH System wide RN CM & SW Pool (Epic build)
- AAH Age Friendly Health System Planning (4M's)
- County based Falls Coalition
- Partnerships:
  - Ambulatory
  - Pop Health
  - MSSP3 ACO

JGEM | The Journal of Geriatric Emergency Medicine
INFORM IMPROVE DISSEMINATE

MCFPC
Milwaukee County Falls Prevention Coalition
STRONGER TOGETHER

Success in our Geri EDs

Positive Change
- Culture, Teamwork, Accreditation, RN leadership, Momentum

Falls Protocol
- Implementation, EMS, PT collaboration

Process Improvement
- ISAR compliance, Level 2, Comments,
- partnership with Population Health

Outcomes: ED revisits, admits, EDCHAPs, service to orders

Challenges in our Geri EDs

Workflow

- Compliance/Consistency with screening, orders, & intervention
- Data & Tracking
- Lack of validated tools for ED

Competing Priorities

Resource Variability

- Dedicated CM

Staff Turnover

Lessons Learned

- Multi-component, Multi-discipline Protocols can be difficult
  - Site Variability in performance and resources
- Embed & Align & Augment existing processes
- Listen to front line stakeholders
- Develop ‘robust’ system metrics and reports for feedback
- Continuously Improve

Metrics & Reports

AAH GED Dashboard

(PowerBI in SharePoint)

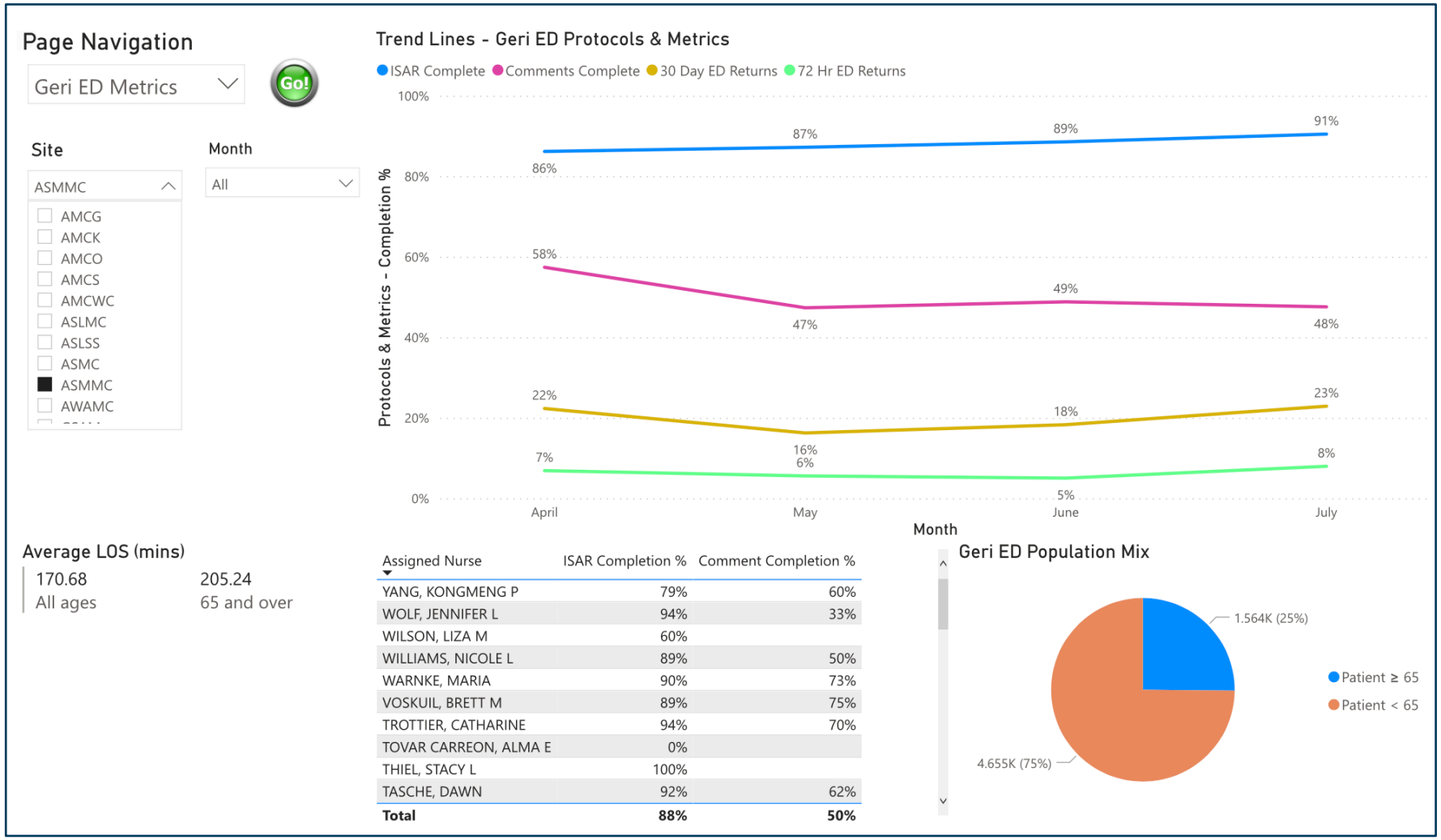
-Easy Access

-Key process & outcomes

-Slice & Dice

-Interdisciplinary

-Multiple page design



Metrics & Reports

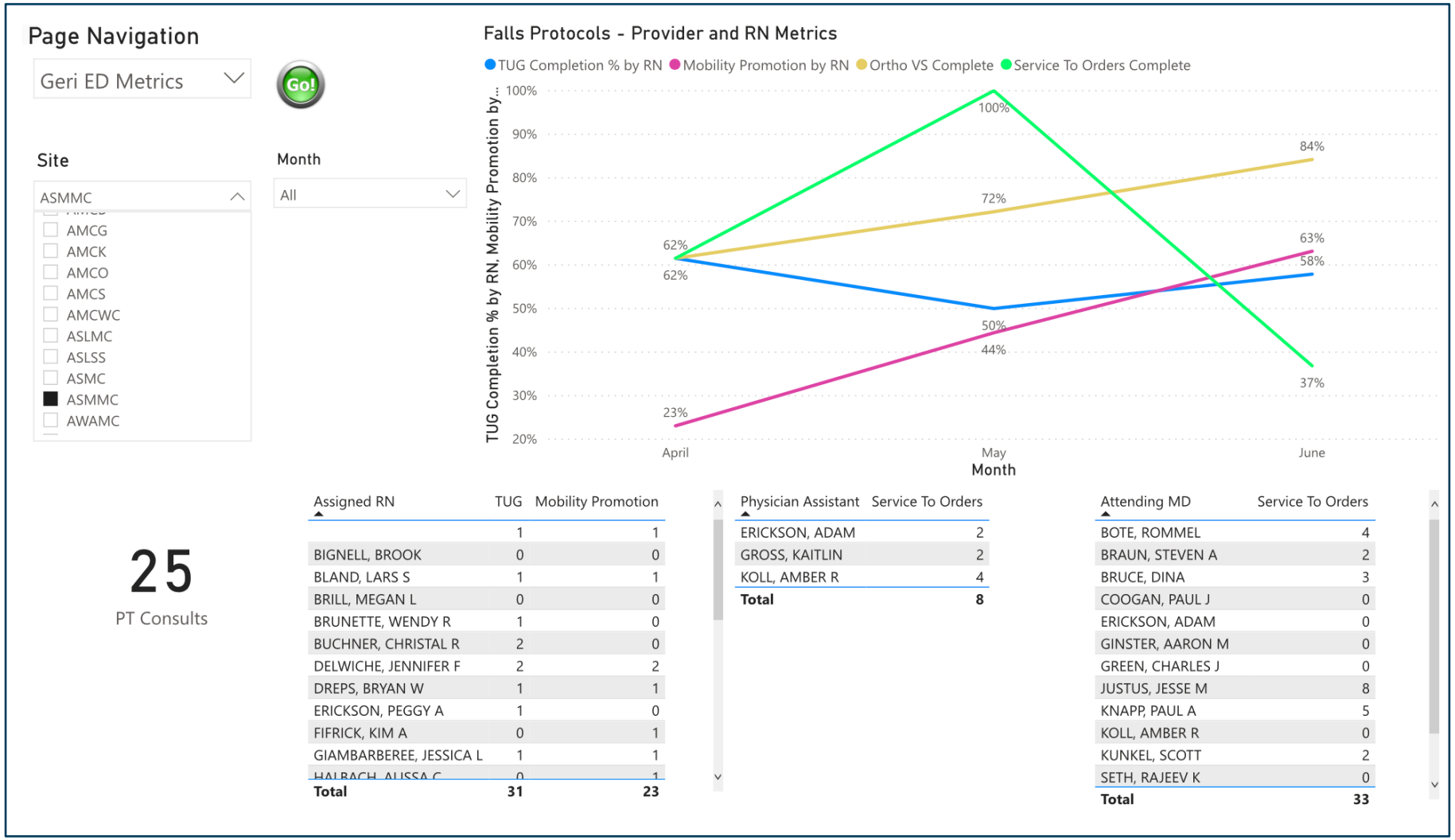
AAH Falls & Mobility Dashboard (PowerBI in SharePoint)

-Easy Access

-Key process & outcomes

-Slice & Dice

-Interdisciplinary

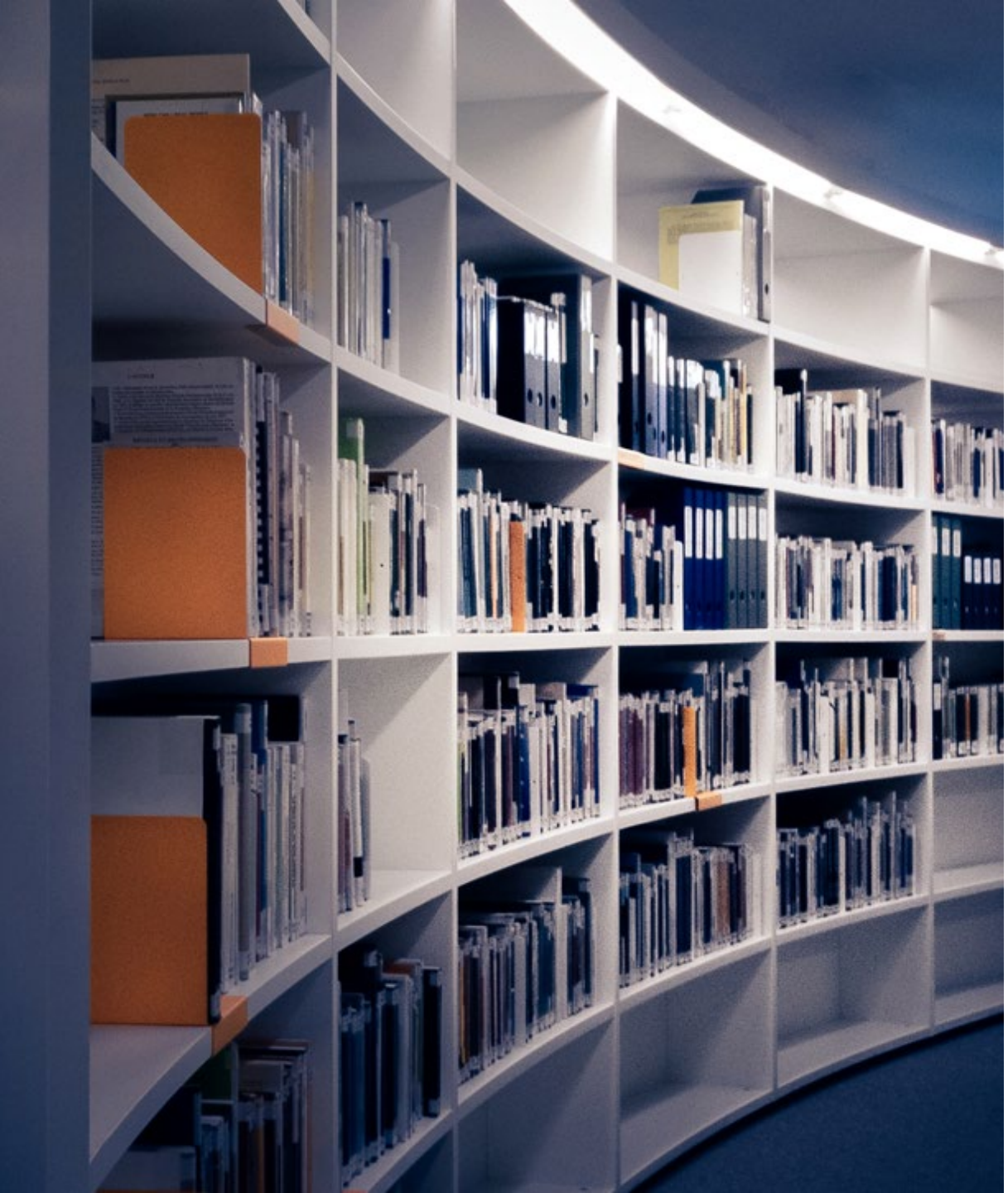


Assigned RN	TUG	Mobility Promotion
	1	1
BIGNELL, BROOK	0	0
BLAND, LARS S	1	1
BRILL, MEGAN L	0	0
BRUNETTE, WENDY R	1	0
BUCHNER, CHRISTAL R	2	0
DELWICHE, JENNIFER F	2	2
DREPS, BRYAN W	1	1
ERICKSON, PEGGY A	1	0
FIFRICK, KIM A	0	1
GIAMBARBEREE, JESSICA L	1	1
HALBACH, ALISSA C	0	1
Total	**31**	**23**

Physician Assistant	Service To Orders
ERICKSON, ADAM	2
GROSS, KAITLIN	2
KOLL, AMBER R	4
Total	**8**

Attending MD	Service To Orders
BOTE, ROMMEL	4
BRAUN, STEVEN A	2
BRUCE, DINA	3
COOGAN, PAUL J	0
ERICKSON, ADAM	0
GINSTER, AARON M	0
GREEN, CHARLES J	0
JUSTUS, JESSE M	8
KNAPP, PAUL A	5
KOLL, AMBER R	0
KUNKEL, SCOTT	2
SETH, RAJEEV K	0
Total	**33**

	Data Source →	ED1048			ED1058					
	Geri ED Sites 2019	**Total visits in ED (all ages)**	**Discharge (all ages)**	**%**	**Total pts >65 in ED**	**%**	**Discharge pts >65 in ED**	**%**	**ISARs Completed**	**%**
Current	**Sheboygan**	23,327	17,244	74%	5,772	25%	3,494	61%	4,678	81%
	West Allis	40,583	29,315	72%	10,685	26%	5,897	55%	7,419	69%
	South Shore	22,584	16,424	73%	6,063	27%	3,275	54%	4,587	76%
	Oshkosh	23,573	18,443	78%	5,200	22%	3,171	61%	3,619	70%
	Sinai	62,431	46,519	75%	5,581	9%	3,264	58%	3,285	59%
	Grafton	19,445	12,961	67%	8,106	42%	4,321	53%	5930	73%
	BayCare	37,082	29,836	80%	7,473	20%	4,684	63%	5,982	80%
	Hartford	8,564	6,581	77%	2,978	35%	1,854	62%	1,383	46%
	Summit	22,854	16,424	72%	5,460	24%	3,464	63%	1,875	34%
	Kenosha	32,402	25,604	79%	8,337	26%	5,536	66%	3,318	40%
	Total	292,845	219,351	75%	65,655	22%	38,960	59%	42,076	64%
Future	**St. Luke's**	79,109	50,139	63%	24,137	31%	11,160	46%	238	1%
	Burlington	14,925	11,108	74%	5,207	35%	3,240	62%	45	1%
	Lakeland	15,367	11,749	76%	4,641	30%	2,816	61%	67	1%
	Manitowoc	14,120	10,657	75%	3,693	26%	2,205	60%	4	0%
	Total	**123,521**	**83,653**	**68%**	**37,678**	**31%**	**19,421**	**52%**	**354**	**1%**
	Grand Total	**416,366**	**303,004**	**73%**	**103,333**	**25%**	**58,381**	**56%**	**42,430**	**41%**



How do you organize your data?

(Site vs System? Cadence? Who has access? How do we automate the process? Single standardized EHR vs site variability, How do we manage important practice variability from site to site)

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How much automation versus manual?

(Automatic reports, degree of grooming data to present on dashboard?)

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What strategies do you deploy to maximize feedback to your teams?

Challenges of system data

GEDC

How do you deal with practice variability between sites?

GEDC

How/when/how often do you send communication data to system leadership?

GEDC

THANK YOU and NEXT STEPS

Determine upcoming roundtable topics from the chat.