



00:32:46     Conor Sullivan:     Dear Colleagues,

Thank you for joining us at the Geriatric Emergency Department Collaborative's, Transforming Dementia Care in San Francisco EDs Virtual Booster Conference September 2nd, 2020.

Today's conference is being recorded and a link to the recording and the slides will be on the GEDC website's Bootcamp Resource Center – SF Dementia-Friendly Bootcamp.

<https://gedcollaborative.com/san-francisco-bootcamp/>

Additionally, you can find today's Booster Conference Course Packet, information on continuing professional development (CPD) and other Bootcamp Resources.

<https://gedcollaborative.com/san-francisco-bootcamp/>

Lastly, I will upload the Booster Conference course packet file below.

Many thanks,

GEDC team

00:33:58     Don Melady:     Hello everyone from Toronto Canada!  
00:34:02     Trang Quynh Contreras:     Hi all,  
00:34:11     Nida Degesys- UCSF:     Nida Degesys, UCSF, EM, how we can cross pollinate better!  
00:34:12     Will Wood:     Hello-  
00:34:21     Trang Quynh Contreras:     Trang from Kaiser San Francisco ED  
00:34:22     robin clark:     Hi all,  
00:34:26     Tess Hogan:     Tess University of Chicago  
00:34:28     Mitchel Erickson:     Mitchel Erickson, NP UCSF Emergency Medicine  
00:34:29     Stephanie Rogers:     Stephanie Rogers, UCSF, Geriatrics  
00:34:30     Meher Singh:     Meher Singh, LCSW (Social Work) from UCSF  
00:34:32     Marlena Tang:     Morning, this is Marlena from Kaiser SF  
00:34:32     Zlatan Coralic:     Zlatan, UCSF - San Francisco, Pharmacy  
00:34:35     Claire Bohman (She/Her or They/Them):     Rev Claire Bohman, Spiritual Care at SF General Hospital and Trauma Center  
00:34:36     Mary Geda:     Hi everyone! I'm here from Yale working with Ula as part of the Program on Aging and here to observe!  
00:34:38     Sarah Archenbronn:     Sarah Archenbronn, UCSF, ED, FNP  
00:34:40     Alexa Araw:     Alexa Araw, Director Care Without Delay, Kaiser Permanente  
00:34:42     Don Melady:     I'm an MD in Toronto and part of the GEDC Faculty. I'm looking forward to all the things that SF colleagues are developing.  
00:34:43     Will Wood:     I'm Will Wood from UCSF. PA  
00:34:49     robin clark:     Robin Clark PA-C UCSF Emergency medicine  
00:34:49     Pam Martin:     Pam Martin, GEDC faculty I'm excited to hear/see the dashboard information  
00:34:50     Kevin Biese:     Kevin Biese, UNC and West Health, Emergency Physician, I am most excited to learn of the progress your 3 hospitals are making!  
00:34:51     Chris Carpenter:     Chris Carpenter, Wash U St. Louis, EM/IM, understand barriers to dementia-friendly care across healthcare systems to benefit patients & families  
00:34:51     Rory Caygill-Walsh:     good morning everyone. my name is Rory, NP at SFGH ED.  
00:34:55     John Fazio:     John Fazio, ZSFG, RN, Best delirium tool  
00:35:01     Jeremy Swartzberg:     Jeremy Swartzberg, KP, EM physician – would love to see what the other hospitals are doing and get feedback from experts



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San Francisco Dementia Care  
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- 00:35:03 Ryan Wilber: Ryan Wilber, Business Consultant with Kaiser, and looking forward to learning from the other sites
- 00:35:08 Sasha Binford (she/her/hers): Hi! Sasha Binford, Geriatrics CNS at UCSF
- 00:35:09 Jennifer Wong: Kaiser Emergency Department. Jennifer Wong, RN. Stuart Fung, Pharmacist, Patty Delworth, Charge RN, Catherine Kuhn, Clinical Educator
- 00:35:13 David Roth: David Roth, emergency medicine Kaiser. Hoping to learn more about GED for ACEP GEDA.
- 00:35:16 Maria Raven: Hi all-Maria Raven from UCSF—looking forward to learning about what all the sites are doing to improve care and how we can collaborate and learn from each other!
- 00:35:16 Todd James UCSF: Todd James UCSF Geriatric Medicine; tips for faculty / staff training
- 00:35:20 Eric Isaacs: Hello! I am Eric Isaacs, ZSFG EM GED Director. Hoping to learn more best practices and how to operationalize in our chaotic environment.
- 00:35:22 James Hardy: Jim Hardy, UCSF Emergency Medicine. Hope to learn about work at the 3 hospitals and to hear about other shark tank projects.
- 00:35:29 michelle moccia: Hello. Michelle Moccia from St. Mary Mercy Hospital in Livonia, MI.
- 00:35:30 Lisette Paz: Lisette Paz UCSF EM physician assistant
- 00:35:31 Nick Bott: Nick Bott, Neuropsychologist, Stanford, developing the evidence base and value proposition for GEDS!
- 00:35:42 Lesley Peters: Lesley Peters, RN, Kaiser ED, excited to learn more about tools
- 00:35:56 Tiffany Lam: Tiffany Lam, Kaiser San Francisco, Inpatient Pharmacy, I am looking forward to learning from other colleagues at other hospitals to see what other opportunities there are for us to improve care for our GED population
- 00:36:13 Daniel Cheng: Daniel Cheng Emergency MD  
Queen's Medical Center Honolulu  
Dementia physical layout in ED
- 00:36:13 Aaron Malsch: Aaron Malsch, RN GCNS-BC @ AdvocateAurora Health in WI and IL. My interest are scalable implementation and dementia protocol development
- 00:36:30 Niels Tangherlini: Niels Tangherlini, Section Chief for EMS Operations San Francisco Fire Department. I want to further explore how we can collaborate with GEDs.
- 00:36:50 Mona Mejia: Mona Mejia here from SGH ER medical Assistant
- 00:37:02 malini singh: Malini Singh from ZSFG! Looking forward to learning from everybody!!
- 00:54:19 David Roth: We are happy to have Brenda join the KP team!
- 00:54:24 Ula Hwang: Welcome Eric!!
- 00:54:30 Ula Hwang: Welcome back Brenda!
- 00:57:18 James Hardy: Thanks Malini!
- 00:57:27 Don Melady: It might be interesting to even interrogate the term "bedded". Getting an older person "into a bed" (especially someone with dementia) may not be in anyone's best interest! Often, thinking differently about a process can solve problems (e.g. the person with dementia who becomes agitated when required to do something she doesn't want to do.)
- 00:58:59 malini singh: Thanks Don! Would love to learn more about this.
- 01:00:15 Chris Carpenter: As alternative to MD, RN, or APPs others have evaluated volunteers or "Geriatric Technicians" to implement some of the GED work with good acceptance by nurses and physicians: <https://escholarship.org/uc/item/90m9w87w>
- 01:01:25 Kevin Biese: A comment: A GED is a great response to COVID. If anything requires upping our ED game for older adults - it is COVID, both for the patients that have COVID and for all the other older adults that are scared to come to the ED because of COVID. Care transitions, delirium interventions, focus on older adults with dementia and identifying cognitive impairment, communications with SNFs, medication management



(all parts of the GED) are all a critical part of system COVID response. The GED is a COVID response and we have to remind our hospital leadership of this!

01:02:28 Marlena Tang: I like it, Kevin! Great talking points ty

01:02:37 Don Melady: Yes, and the VA has had great success with redeployed military techs developing geriatric-specific skills who function as a version of your GEDI. I guess the main point is that geriatric-focussed care is not "owned" by any discipline and that interdisciplinary care provides endless opportunities.

01:04:34 Marlena Tang: Nida and Jim would love to walk through your navigator build!!!! Is it EPIC?

01:04:50 Mitchel Erickson: Yes it is

01:05:41 Benjamin Tanner: Marlena - I'd be happy to do a demo for you and others at Kaiser of our epic build. Let's set a date soon!

01:06:19 Will Wood: Well done Nida!

01:11:31 Marlena Tang: One of the ideas about the front porch of the ED (thanks Kevin) has extended to the back porch of the ED as well for us....so important to make sure patient and caregiver understand plan and feel supported at home

01:12:10 Zlatan Coralic: If you need help with starting an ED pharmacist service, happy to discuss.

01:12:47 Nida Degesys- UCSF: Yes, @Jeremy and @marlena, Zlatan is an amazing ED pharmacist and great resource!

01:12:49 Tiffany Lam: Thanks Zlatan! I may be reaching out to you soon! =)

01:12:53 Marlena Tang: Thanks Zlatan!

01:12:58 Alexa Araw: If you need ideas or want to get to know more about Care Without Delay, I'll be happy to discuss. Thanks!

01:17:10 Nida Degesys- UCSF: Good bc I'm "hungry" for ged tips!

01:17:14 James Hardy: topics tapas!

02:32:05 Chris Carpenter: Third, my Wash U colleague Brian Carpenter has assessed patient responses to dementia diagnosis in 2008  
<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2007.01600.x> We need to replicate this in ED settings.

02:32:27 Chris Carpenter: Good luck to all of the Guppy-Shark Tank participants!

02:42:21 Nick Bott: Per the Southerland 2020 article a GED pharmacist is self-sustaining at 7.7 medication reconciliation consultations per workday

02:49:42 Ula Hwang: <https://pubmed.ncbi.nlm.nih.gov/32338422/>

02:52:26 Marlena Tang: WE are building our cognitive pathway screen for GED that has not been implemented yet, for now with our pilot, we used RN judgement as a proxy for those who did not make the ISAR/fall inclusion criteria

02:52:33 Marlena Tang: Great Job Jen and Stuart!!!!

02:55:51 Zlatan Coralic: (Sorry no mic here). Each medication intervention is documented via the iVent system at UCSF. Reports can be generated based on severity of documentation and reported.

02:56:16 Chris Carpenter: Two somewhat divergent editorials accompanied Southerland cost impact analysis.

02:56:35 Zlatan Coralic: Trickiest part is an economical model where the prevention event is tied to a \$ amount.

02:56:48 Jeremy Swartzberg: KP pharmacists use the iVent as well

02:57:22 Ula Hwang: Great first pitch KP!

02:58:13 Alexa Araw: Great job Jen & Stuart!

02:58:33 Malini K Singh: Nice job KP team!!

02:59:41 Jennifer Wong: Thanks, everyone!

03:03:14 Marlena Tang: Eric- that's awesome!



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- 03:04:10 Nida Degesys- UCSF, EM, MD: And high homeless population probably the age is even lower
- 03:05:53 Marlena Tang: I love how innovatively you found the way around the firewall
- 03:13:37 Nida Degesys- UCSF, EM, MD: Yes we are scheduling a 3 sister site meeting asap. It was last week but on call shifts got derailed.!
- 03:14:46 Marlena Tang: That's a challenge for all of us :)
- 03:15:06 Aaron Malsch: Excellent! 3 sister approach is perfect, especially as EMS, ADRC, etc are involved.
- 03:18:51 Ula Hwang: Inspiring second pitch, ZSFG!
- 03:19:03 Chris Carpenter: Agree with Don! ED dementia screening is not diagnosing dementia.
- 03:19:37 Marlena Tang: Nice job, SFGH!!
- 03:21:00 Mona Mejia: You did a great job Dr. Isaacs. I will help you with the MEA's . My Dad & Grandfather both had dementia. I took care of my Dad for years. I am so glad we all are doing this. Thank you
- 03:28:17 Malini K Singh: Great job Neils and UCSF!!!
- 03:29:10 Tess Hogan: awesome project!
- 03:29:41 michelle moccia: This program is so beneficial. When we opened our Senior ER we visited the EMS agencies and told them what we were doing and how they could help assist us in identifying unmet needs, self-neglect, poor lighting, trip hazards, food? grab bars in bathroom etc. We told them they are also their senses. We also gave them resources to give out too. Thank you for expanding this outreach to include our awesome pre-hospital providers.
- 03:30:27 Benjamin Tanner: How does SFFD bill for community paramedic visits if they don't transport to an ED?
- 03:31:13 Lesley Peters, RN, Kaiser: Are EMTs/medics open/interested to this?
- 03:32:33 Ula Hwang: Terrific third pitch Niels! Great pragmatic questions by audience in terms of scale and scope, sustainability with consideration of how future services would be covered.
- 03:33:44 Alexa Araw: Great job UCSF! Looking forward to collaborating with you on this endeavor.
- 03:36:10 michelle moccia: I totally agree with Niels - our paramedics said thank you when we told them what we were doing and we welcomed their support. We worked with them during COVID-19 to help test for COVID in older adults in congregate settings and help secure PPE for facilities and go into facilities to see what they need.
- 03:36:18 Manish Shah: Lesley you ask in interesting question--my experience has been that this is variable. It will be interesting to hear what Neils says.
- 03:37:46 Nida Degesys- UCSF, EM, MD: Spread the GED to all ed in SF
- 03:37:51 Nida Degesys- UCSF, EM, MD: lke how SD is trying to do
- 03:38:13 Jennie Chin Hansen: A backdrop is the number of older persons (age 50+) is that this group is now about a half of the newly homeless (we have Dr. Margot Kuschel at UCSF who is a national expert). Any other thoughts from this group about addressing this phenomenon both local and national?
- 03:38:44 Nida Degesys- UCSF, EM, MD: Yes the homeless geri population has a HUGE need
- 03:39:42 Pam Martin: Lesley, I did education with our first responders and they were very engaged. These patients can be frustrating especially after multiple calls and the elder continues to refuse treatment. So were excited to have options.
- 03:40:31 Alexa Araw: Re: addressing Geri homeless, it is really a challenge and I hope our projects will help this population. We should strengthen our partnerships with community partners. We need them and they need us. Through collaboration, these community resources can get the funding they need, especially at these times.
- 03:40:35 Lesley Peters, RN, Kaiser: Pam, I see the reduction of multiple calls would be very motivating!



- 03:40:54 Eric Isaacs - ZSFG: Margot Kushel's first clinical home is here at ZSFG. We are partnering with our Social Medicine group to focus on directing their knowledge and expertise to transitions for our GED patients at ZSFG.
- 03:41:33 Ashley Dixon: What are your criteria for refusal of service?
- 03:41:42 Jennie Chin Hansen: Thanks for sharing that info, Eric!
- 03:42:12 michelle moccia: Have the EMS personnel meet the person in the ED or in the hospital before they leave or video chat with them if unable to come in. Set the stage.
- 03:42:37 Maria Raven: Jennie-in our UCSF ED we have many formal connections to organizations that provide housing and homeless services and also embedded staff who are used to linking patients to any and all available resources (there are not enough). I do a lot of research with Margot and am also on the advisory board for the UCSF Benioff Housing and Homelessness Initiative (UCSF BHHI) so we could engage this organization as well, since they realize this current issue of older homeless individuals is a growing one.
- 03:44:23 Marlena Tang: Such a great topic, and a huge topic. Thank you, Niels. Food for thought moving forward.
- 03:44:45 Alexa Araw: @Maria Raven : I would like to connect with you. We are also looking at some initiatives in serving homeless population better. Thanks!
- 03:44:45 Maria Raven: Margot is also the director of BHHI (should have mentioned!). You may already know this, Jennie.
- 03:45:12 Nida Degesys- UCSF, EM, MD: Thank you Niels and all our SF sister sites for collaborating with us, we want to make this take off city wide!
- 03:45:13 Maria Raven: @Alexa for sure—email me at [Maria.raven@ucsf.edu](mailto:Maria.raven@ucsf.edu)
- 03:46:14 Jennie Chin Hansen: Thank you, Maria! The Northern California Grantmakers had an informational webinar on the topic yesterday. Thanks to Allison, we had access to hearing from Margot and other community leader colleagues who work with her.
- 03:47:32 Maria Raven: Oh great! She is really an expert and we are so lucky to have her to work with and learn from.
- 03:47:46 Niels Tangherlini: Thanks everyone.
- 03:48:12 Ashley Dixon: Thank you Niels
- 03:53:07 Conor Sullivan:  
Tapas from SF Booster Conference "chat discussion"  
• As alternative to MD, RN, or APPs others have evaluated volunteers or "Geriatric Technicians" to implement some of the GED work with good acceptance by nurses and physicians: <https://escholarship.org/uc/item/90m9w87w>  
  
• Zlatan Coralic : If you need help with starting an ED pharmacist service, happy to discuss.  
  
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- 03:53:24 Conor Sullivan: • Geriatric EDs in the time of COVID  
A GED is a great response to COVID. If anything requires upping our ED game for older adults - it is COVID, both for the patients that have COVID and for all the other older adults that are scared to come to the ED because of COVID. Care transitions, delirium interventions, focus on older adults with dementia and identifying cognitive impairment, communications with SNFs, medication management (all parts of the GED) are all a critical part of system COVID response. The GED is a COVID response and we have to remind our hospital leadership of this!  
  
• One of the ideas about the front porch of the ED (thanks Kevin) has extended to the



back porch of the ED as well for us....so important to make sure patient and caregiver understand plan and feel supported at home

03:53:46

Conor Sullivan: • michelle moccia [michelle.moccia@stjoeshealth.org](mailto:michelle.moccia@stjoeshealth.org)  
In our ER we had support from leadership the senior assessment was a priority. We could not advertise to the public we were performing all these screenings and not to do this. We did a lot of coaching, reward/recognition, story telling etc. to help. Some of the nurses became very seasoned and helped the others come along. We have a daily report that shows all the 65 and older and the completion rate of the assessments. Nurses receive high five for their assessments and also a gentle reminder if one is missed or incomplete.

• Daniel Cheng  
Thanks and feel free to reach out if you have questions [dacheng@Queens.org](mailto:dacheng@Queens.org)

• Chris Carpenter  
“Dementia Screening Instruments” Download Patient information sheet developed in Wash U ED dementia screening study from Booster conference Resource page.  
<https://gedcollaborative.com/san-francisco-bootcamp/>

03:54:11

Conor Sullivan: Third, my Wash U colleague Brian Carpenter has assessed patient responses to dementia diagnosis in 2008  
<https://onlinelibrary.wiley.com/doi/full/10.1111/j.1532-5415.2007.01600.x> We need to replicate this in ED settings.

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• Alexa Araw  
Re: addressing Geri homeless, it is really a challenge and I hope our projects will help this population. We should strengthen our partnerships with community partners. We need them and they need us. Through collaboration, these community resources can get the funding they need, especially at these times.

•

GEMS - Niels Tangherlini [niels.tangherlini@gmail.com](mailto:niels.tangherlini@gmail.com)

03:58:43

Chris Carpenter: Somebody should have told the San Francisco 49ers in the 1980's that there shouldn't be winners and losers - a bunch of AFC teams would have appreciated that!!! :)

04:03:26

Tess Hogan: congratulations for these fantastic ideas! All will improve geriatric emergency care for our most vulnerable patients!

04:04:03

Ula Hwang: Thank you SF hospitals and the GROUND BREAKING work you are doing. All Winners! The rest of San Francisco, the Bay Area, California, and the US will be looking to you for your expertise and experience in transforming emergency care for persons with dementia!!!

04:04:51

Conor Sullivan: Dementia in the Geriatric Emergency Department  
Register now for the GEDC's next



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GEDC Booster Chat Notes

webinar on September 14th, 2020

Dementia in the Geriatric Emergency

Department  
Expert Panel Webinar  
3:00 PM - 4:00 PM EST  
Monday, September 14, 2020

<https://gedcollaborative.com/event/webinar-the-dementia-friendly-ed/>

04:05:31 Chris Carpenter: Congratulations everyone! I learned much listening to your innovations - so much to think about!

04:05:42 Eric Isaacs - ZSFG: Thank you for your support and enthusiasm!!

04:05:48 Conor Sullivan: Dear Colleagues,  
Thank you for participating in the Geriatric Emergency Department Collaborative's Transforming Dementia Care in San Francisco EDs Virtual Booster Conference, September 2nd, 2020.

Thank you! GEDC Team  
Follow us: @theGEDC  
Join the GEDC: [laura\\_stabler@med.unc.edu](mailto:laura_stabler@med.unc.edu)  
URL for the Geriatric Emergency Department's website (<https://gedcollaborative.com/>)

"Still Hungry" for some GeriED Leftovers?!  
Check out SF Booster Conference Resources on the GEDC website  
<https://gedcollaborative.com/san-francisco-bootcamp/>

04:05:52 Will Wood PA, UCSF: Thank you for a great conference!

04:05:53 Malini K Singh: Thank-you GEDC for this wonderful format!!

04:05:54 Aaron Malsch: Great work KPSF, ZSFG, and UCSF!!!!

04:06:03 Pam Martin: Great job everyone. Excited to see these ideas come to fruition

04:06:07 Christine Dimaano, Kaiser SF RN: Thank you, that was really great!

04:06:08 Alexa Araw: Thanks you & great job everyone!!!

04:06:19 Jennifer Wong: Thank you, everyone. Great work and inspiring!

04:06:20 Marlena Tang: Thank you all so much!!!

04:06:20 Lesley Peters, RN, Kaiser: Thank you for all of this new information!!

04:06:24 Conor Sullivan: Ausgezeichnet!!!!

04:06:29 Tiffany Lam: Thanks everyone! This was a great experience and LOTS of information shared!

04:06:56 Ilze Pleisa-Musaev: Thank you! Impressive and inspiring!

04:07:00 Mona Mejia: THANK YOU!!!!

04:07:38 Ashley Dixon: Thank you everyone!