



00:28:49 Conor Sullivan: Dear Colleagues,  
Thank you for joining the Geriatric Emergency Department Collaborative's webinar, "Models of Nurse-Led Geriatric Case Management".

Today's webinar is being recorded and a link the recording and the slides will be on the GEDC website event page later today. Link to the webinar recording and slides:  
<https://gedcollaborative.com/event/webinar-nurse-led-case-management/>

Check out essential GED Resources, toolkits and curriculum on the GEDC website  
<https://gedcollaborative.com/resources/>

Many thanks,  
GEDC team

00:29:33 Ula Hwang: Welcome all! Please be sure to set your chat on "All panelists and attendees" so everyone can see your questions and comments.

00:30:12 Conor Sullivan: If you share our vision, your ED can join us, currently for free. Check out GEDCOLLABORATIVE.com Please follow us on Twitter @theGEDC.

Check out GEDCOLLABORATIVE.com  
Please follow us on Twitter @theGEDC  
and Don Melady @geri\_EM

00:31:11 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!

Check out Resources on the GEDC website <https://gedcollaborative.com/resources/>  
The GEDC West Health Toolkit;  
West health Resources Page  
<https://www.westhealth.org/>  
Follow us: @WestHealth

geri-EM.com  
A website for education for doctors and nurses on cognitive impairment in the ED – and five other modules  
<https://geri-em.com>

00:31:50 Conor Sullivan: Reminder: PLEASE USE THE CHAT ICON." For all your questions and comments to be seen, please be sure to have your chat set to "All panelists and attendees"

As we get started, let us know in the chat box:  
"Where you are calling in from?  
Do you have a geri case management program at your place?  
Are you a geri nurse case manager?  
What questions do you have?  
Links to resources or innovative things you're doing at your site?"

00:33:10 John Schumacher: Baltimore, MD USA

00:33:11 Ula Hwang: Yale, New Haven, CT. resurrecting the GEMS nurse that was paused during COVID.

00:33:12 Christian Nickel: Basel, Switzerland. No program (yet!)



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Chat Notes

00:33:13 Crystal Church: Crystal Church from Durham VA Medical Center  
00:33:14 Rose Read: DHMC/Lebanon, NH; Yes  
00:33:14 Diane Becker: Dartmouth Hospital Medical Center Lebanon NH  
00:33:15 Sarah West: Toronto, Ontario- Mary Ann and Sarah -GEM RNs at Mt. Sinai Hospital  
00:33:17 cassandra vonnes: Hello from Tampa FL  
00:33:18 Nadine Benoit: Hackensack University Medical Center USA, New Jersey  
00:33:19 Luna Ragsdale: Durham, NC  
00:33:25 Karen Hicks: I'm calling in from Peterborough, ON, Canada. I am a GEM Nurse.  
00:33:30 Lori Ritter: Durham NC; Duke University Hospital System  
00:33:31 Thomas Hellmich: Mayo Clinic - Rochester, MN GEM in development  
00:33:33 Nikki Webb: Duke Regional Hospital, Durham, NC  
00:33:33 Susan Bower: Mayo Clinic, Rochester, MN  
00:33:35 Kevin Corcoran: Syracuse VA Emergency Department  
00:33:37 Nandini Saxena: Toronto, Canada with RGP Toronto - system coordination supports to NLOT  
00:33:40 Kristine Kim: Ottawa, Canada, GEM present  
00:33:40 Christina Bartholomew: Calling from Osseo, WI USA. Currently working to gain Geri-ED certification.  
00:33:49 Naomi Cheechoo: GEM RN, North Bay, Ontario, Canada  
00:33:50 Amanda Fitzgerald: Geriatric Nurse Consultant Emergency in Adelaide, South Australia  
00:33:50 Marlene Awad: Toronto, Ontario, Canada  
00:33:51 Michael Jorolemon: Syracuse, NY do have Case Managers in the ED 72 hours a week, Plus Social Work to help (24/7/365)  
00:33:54 Chris Rubach - Advocate Aurora Health: Advocate Aurora Health... Wisconsin... some of our larger ED's have RN Case Management, most don't....  
00:33:54 david mason: Crouse ED Syracuse, NY  
00:34:04 kelly walsh: Hackensack university medical center - Hackensack, NJ  
00:34:06 Christine Ekas: Hello from Pittsburgh, PA  
00:34:12 Nyasha Elias: Scarborough ED, Trinidad and Tobago. No program yet.  
00:34:27 Virginia Painter: West Jefferson Medical Center Marrero, LA  
00:34:30 Michelle Manzo: Michelle - Hackensack University Medical Center - Hackensack, NJ. We have a geriatric ER.  
00:34:38 kelly walsh: Hackensack university medical center - Hackensack, NJ  
00:34:49 Margaret McGillivray: Calgary, AB. Emergency Department; currently developing and hiring for a GEM NP role at one of our 4 adult sites.  
00:35:13 Rosa McNamara: Dublin, Ireland. we have advanced nurse practitioner in Frailty in ED  
00:35:14 Joan Reid: Joan Reid William Osler Health System  
00:36:03 cassandra vonnes: Robin Atkins Tampa General Hospital, Tampa FL  
00:37:38 Don Melady: Glad you're here, Margaret!  
00:38:26 Don Melady: Hi Rosa – great to have you here. Please switch to All panelists and attendees  
00:39:01 Divina Pascua: Divina Pascua Hackensack University Medical Center, NJ  
00:39:33 Don Melady: Make sure to get their contacts – they'll be quite helpful as you develop your own programmes  
00:39:41 Vanessa Frazer: Vanessa Frazer & Connie Villaluna  
00:40:08 Conor Sullivan: For all your questions and comments to be seen, please be sure to have your chat set to "All panelists and attendees  
00:41:01 Conor Sullivan: Welcome! For all your questions and comments to be seen, please be sure to have your chat set to "All panelists and attendees  
00:42:39 Vinda Mercado: Vinda Mercado from Hackensack University Medical Center NJ  
00:45:11 Don Melady: Nice to know you're on the call, Tom!



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- 00:45:19 Melanie York: Hello!! From St. Joseph Health Centre-Toronto, ON, Canada (Melanie & Dora)
- 00:46:09 Conor Sullivan: Welcome! For all your questions and comments to be seen, please be sure to have your chat set to "All panelists and attendees"
- 00:46:09 Melanie York: Hi Joan! It's Mel
- 00:46:21 Georgia BrinitStiffler: VA Pittsburgh pa geriatric and extended care NP
- 00:47:54 Don Melady: Is there an expected workload for GEM nurses per day?
- 00:48:19 Don Melady: How do you know if a GEM nurse is being effective?
- 00:48:53 Don Melady: How do you avoid the so-called "social admission"?
- 00:51:12 Conor Sullivan: Dr. David Ryan

#### Some references of interest

Malik, M., Moore, Z., Patton, D., O'Connor, T., Nugent, L.E. (2018) The impact of geriatric focused nurse assessment and intervention in the emergency department: A systematic review, *International Emergency Nursing*, 37, pp. 52-60.

Ryan, D., Splinter-Flynn, D. & Wilding, L. (2017) An overview of Geriatric Emergency Management nursing practices in Ontario. *Perspectives – The Journal of the Canadian Geriatric Nursing Association*, 39 (4), 6-13.

Ryan, D, Liu, B, Awad M & Wong K (2011) Improving the older persons experience in the emergency room: towards the senior friendly emergency room. *Aging Health* 7(6) 901-909

Lee JS, Jonathan B, Ramagnano S, Ryan D. (2008) Interprofessional prevention of Delirium...Working together to prevent delirium. *Canadian Journal of Geriatrics*, 11(1): 50.

Tsang, A., Wong, K., Ryan, D., Awad, M., Liu, B. (2018) Using an Evidence-Informed Framework and a Self-Assessment Tool to Drive Priority Setting and Action toward Senior-Friendly Care

- 00:52:44 Don Melady: Can some of the GEM nurses on the call comment on how you have adapted to the changing COVID situation? Has it provided barriers? What are you doing differently these days from eight months ago?
- 00:54:27 Don Melady: Pam brings up a good point – the GEM role is not "just another clinician" who sees more patients, i.e. an MD replacement. The role is most effective when it expands the assessments being done.
- 00:54:58 Sarah West: During COVID, I have been spending more time on the phone with family members/POA due to the visitor policy in place. Definitely sending more emails to family/POAs
- 00:55:08 Conor Sullivan: Pam Martin, FNP-BC

Fulmer SPICES: An Overall Assessment Tool for Older Adults  
Wallace, Meredith; Fulmer, Terry

AJN *The American Journal of Nursing*, October 2007,107(10):45-46

TRY THIS: ONLINE VIDEO

[https://journals.lww.com/ajnonline/Citation/2007/10000/Fulmer\\_SPICES\\_An\\_Overall\\_Assessment\\_Tool\\_for.28.aspx](https://journals.lww.com/ajnonline/Citation/2007/10000/Fulmer_SPICES_An_Overall_Assessment_Tool_for.28.aspx)



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- 00:55:38 Karen Hicks: With COVID-19 older adults still require programs which are now not available, like adult day programs and exercise classes. Older adults were initially arriving to the ED more ill than they may have had to be due to their period of isolation.
- 00:56:01 Karen Hicks: With COVID-19 older adults still require programs which are now not available, like adult day programs and exercise classes. Older adults were initially arriving to the ED more ill than they may have had to be due to their period of isolation.
- 00:56:47 Don Melady: Do GEM nurses get involved with older patients who are likely going to be admitted?
- 00:57:00 Karen Hicks: in my
- 00:57:01 Ula Hwang: SPICES:S kin integrity  
P roblems eating  
I ncontinence  
C onfusion  
E vidence of falls  
S leep disturbance
- 00:57:39 Ula Hwang: Theme here from David and Pam, work with your staff, consider who is doing what, get their feedback on what will be done
- 00:57:44 Rosa McNamara: really interesting to go through iterations of your service development- feel we might be learning some of the same lessons but a few years behind! 🤔
- 00:58:15 Karen Hicks: In my GEM role, I do see seniors who may be admitted if it seems there needs to be early conversations about frailty and planning for going needs going home post admission.
- 00:59:34 Amanda Fitzgerald: Do you have access to allied health to support hospital avoidance? How are the dynamics between nursing and allied health?
- 00:59:49 Marlene Awad: In the Greater Toronto Area, nurses were doing virtual visits during the 1st wave of pandemic. We are now seeing patients that have de-conditioned and experiencing mental health challenges.
- 00:59:50 Melanie York: In my GEM role, Telephone wellness checks and consults increased since COVID-19. Connecting patients via creative searches for free food delivery, telephone social programs and connecting with family/SDMs. Admitted patients are assessed in addressing frailty/delirium/disposition planning
- 01:00:48 Conor Sullivan: Melanie York - In my GEM role, Telephone wellness checks and consults increased since COVID-19. Connecting patients via creative searches for free food delivery, telephone social programs and connecting with family/SDMs. Admitted patients are assessed in addressing frailty/delirium/disposition planning
- 01:00:58 Don Melady: From Marlene Awad: In the Greater Toronto Area, nurses were doing virtual visits during the 1st wave of pandemic. We are now seeing patients that have de-conditioned and experiencing mental health challenges



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- 01:01:58 David Ryan: GEM nurses see older adults who are to be discharged to the community though they sometimes assess these folks and subsequently advocate for admission d.t. unidentified needs
- 01:02:09 Ula Hwang: At Mount Sinai in NY, the GEDI transitional care nurse targeted patients that were "grey zone" for admission vs. discharge with goal to try and have the patient avert a hospital admission. At Yale, the GEMS nurse does not (did not) discriminate for patients to be admitted or discharge, with an actual goal of facilitating those who are admitted to initiate earlier geriatrics care during their hospitalization. Different models and goals. Theme - align with hospital goals of care
- 01:02:44 cassandra vonnes: An abnormal minicog triggers a pharmacy consult in our community dwelling older adults
- 01:03:00 Nancy Wexler: Pam, GEM nurses! well done!
- 01:03:09 David Ryan: often requests to see older people from long term care become controversial.
- 01:04:07 Don Melady: Sheboygan rocks! From Bootcamp to Accreditation in 40 months!
- 01:04:27 Karen Hicks: controversial but often beneficial when GEM can make linkages with programs like NPSTAT
- 01:04:43 Don Melady: What is NPSTAT?
- 01:04:46 Susan Bower: How do level 1 accredited Geriatric EDs parse out the required 56 hour/week GEM role? (obviously there needs to be more than one RN to manage?)
- 01:05:48 Don Melady: From Judith Keen-Bingham: Regarding whether or not we get involved with patient who are being admitted. At Sunnybrook we try not to since they will be followed up on the floor by the Internal Consult Team. However, we do advocate for admissions if necessary. Otherwise, we try to support patients in the community as much as we can. During COVID, I do make wellness calls more often than I did prior to Covid.
- 01:05:49 Aaron malsch: I wish GEDA had a rate of CM to assist with that question...IE: 1.0 CM FTE for 6000 older adult visits or something like that
- 01:06:59 Marlene Awad: NPSTAT= Nurse Practitioners Supporting Teams Averting Transfers
- 01:07:22 Karen Hicks: Sorry Don, NP LTC assessment team to help avoid ED visits who also work to get clients home without admission after assessment or sooner if admitted.
- 01:07:34 Don Melady: Can someone describe what a "wellness call" means? Is it just a "friendly call"? Or is structured in a particular way? How much phone follow up do you do?
- 01:07:36 Georgia BrintStiffler: screening tool? she uses?
- 01:07:50 Kevin Biese: Level 1 and 2 GEDs 56 hours are often covered by 1 full time person (if they are lucky some one like Pam or Lisa) to cover roughly 40 hours per week, and then, if they cant hire a second GEM nurse, they clearly delineate the many jobs of the GEM nurse and assign those specific jobs to specific others when the GEM nurse is not there



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- 01:08:01 Pamela Martin: We may see patients that are admitted to hospital as we try to screen earlier in the visit and all results may not be in yet. Our notes will reflect our assessments and any recommendations that we had for discharge
- 01:08:31 Aaron malsch: Sheboygan uses the ISAR, which is done by the primary RN in the ED, not the CM
- 01:09:04 Georgia BrinitStiffler: txu
- 01:10:11 Don Melady: Lisa gives some great examples of how capacity development is a big part of the role.
- 01:11:01 Liis-Ann Klein: NPSTAT is an example of a Nurse-Led Outreach Team (NLOT). There are various NLOTs across the province of Ontario. I
- 01:12:37 David Ryan: lisa description of hospital/community integration is wonderful
- 01:12:52 Don Melady: Lisa – who established your Falls Assessment Protocol? How did you decide who would do what?
- 01:13:36 Rose Read: Will be getting this presentation in an email to review with our managers and staff?
- 01:13:37 David Ryan: lisa's concept of team goes beyond interprofessional team and includes interorganizational collaboration in her integrated model
- 01:13:49 Georgia BrinitStiffler: are slides available to us
- 01:13:51 Nancy Wexler: Lisa, great info and outcomes!
- 01:14:05 Pamela Martin: Amanda Fitzgerald, not sure who you would consider allied health partners but we do have SW and PT on our team. Nursing LOVES having both of those to assist with these patients. When we are involved with the patient, we help nursing staff - walking patients to bathroom for urine samples, calling families/facilities to get additional information
- 01:14:12 Ula Hwang: Yes, slides and recording of this session will be made available after this webinar.
- 01:14:35 Georgia BrinitStiffler: tx u
- 01:14:38 Ula Hwang: Will post in a day or so. Please check the GEDCollaborative.com site.
- 01:15:56 Conor Sullivan: Lisa Entringer: Improving Care By improving care processes in the ED and offering needed referrals on a more consistent basis, the Geri ED RN is effective at:
1. Helping older patients obtain the resources and care to remain at home enjoying better quality of life
  2. Decreasing ED & hospital utilization and re-visit rates
  3. Increasing patient and family satisfaction.



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- 01:16:26 Don Melady: Lisa demonstrates the multiplier effect of a GEM nurse – more than just seeing individual patients (though that is important) but also educating, integrating, networking, community outreach.
- 01:17:02 Ula Hwang: Hi panelists - if we have time at end, will ask you each to give 1 quick tip to participants wanting to starting GEMS program for those who do not have.
- 01:17:54 Rose Read: VA: How well does your VA work with outside hospital/providers for following up on community care and/or VA pay resources?
- 01:18:11 Pamela Martin: Lisa discussed some other great roles of GERI CM. Leading interdisciplinary meeting, meeting and establishing relationships with other community agencies that specialize in "aging". Knowing your resources is very important to be able to discharge patients safely from the ED (i.e. avoid the social admit)
- 01:18:44 Georgia BrintStiffler: wonderful -- program -- I would like to mimic at pitts
- 01:19:45 Ula Hwang: Today - We have heard the "GEMS" model presented in MULTIPLE ways (nurses, advanced practice nurse practitioners, case managers (some hospitals use social work too), intermediate care technicians (former military medics) – to fill the 56 hours/week of case manager coverage. The message here is, work with what resources you have locally and identify these staff to function in the GEMS role. "Build on redundancy" and identify shared roles to build your clinical capacity.
- 01:19:53 Don Melady: I think many of us would not believe that a clinician from a different setting – a combat medic – would be able to work so successfully in assessing complex older people. I think this programme is daring and brilliantly executed.
- 01:19:59 Rose Read: We are also asking our DM Educator for pt's with DM and > 65 that may have issues or limitations to diet, Rx, etc.
- 01:20:59 Ula Hwang: Themes from today's session:  
1. GEMS Case manager coverage can come in many forms - transdisciplinary  
2. Work with the staffing and resources available at your hospital. (repurpose staff, reduce redundancy)  
3. Scale based on resources.  
4. Get feedback from staff about what they do as part of their roles to get their buy-in  
5. Give staff feedback how their role and activities make a difference in patient care.  
6. It takes a team, but we all start small and try different things to grow our teams.
- 01:21:02 Pamela Martin: Not sure if your question was for me or someone else but we use the TRST (triage risk screening tool) instead of the ISAR
- 01:22:43 Don Melady: Hackensack also rocks!
- 01:23:47 Don Melady: Quick tip: Baby steps. One step at a time. You can't do it all at once.
- 01:25:44 Susan Bower: was it difficult to get buy in from staff? specifically the RNs doing much of the screenings?



- 01:25:50 Rose Read: What does the patient and family want - not what the hospital or institution wants!
- 01:26:22 Georgia BrintStiffler: how does Cleveland replenish the ICT since the 2012 pilot program corpsman and medic program ended
- 01:27:12 Georgia BrintStiffler: wonderful
- 01:27:27 Conor Sullivan: Dear Colleagues,  
Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on October 19, Models of Nurse-Led Geriatric Case Management.  
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Thank you! GEDC Team  
Follow us: @the GEDC  
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>)
- Thank you so much! Stay tuned for the GEDC's next webinar on December 7, on "Volunteer Programs to support older patients in Geriatric ED" AND Get Ready for...  
The Advocate Aurora National Acute Care of the Elderly conference (Nov. 6)  
<https://gedcollaborative.com/event/ace-2020>
- 01:27:36 Kevin Biese: Great job to all the panelists! Thank you!
- 01:27:51 Pamela Martin: Susie, Yes but I think a mistake that happened prior to me arriving is that bedside staff was not included in the stakeholder meetings which is why we keep having to make changes
- 01:28:03 Nancy Wexler: Excellent presentation, all!
- 01:28:28 Conor Sullivan: Follow us: @the GEDC  
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/>)
- Thank you so much! Stay tuned for the GEDC's next webinar on December 7, on "Volunteer Programs to support older patients in Geriatric ED" AND Get Ready for...  
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- The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!
- 01:28:31 Ula Hwang: Thank you panelists and participants!
- 01:28:36 Rose Read: Can we get an email of this presentation?????
- 01:28:48 Marlene Awad: great panel, thank you
- 01:28:50 Ula Hwang: December 9, 2020 3p est GEDC Webinar on GED Volunteer programs
- 01:28:58 Luna Ragsdale: Thank you panelists!!!



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01:29:03 Christian Nickel: Thank you panelists and speakers  
01:29:07 Nancy Wexler: Thanks, Don!  
01:29:07 Sarah West: Thank you!  
01:29:09 Ula Hwang: For presentation, recording of session, please check [GEDCollaboratory.com](http://GEDCollaboratory.com)  
01:29:12 Pamela Martin: Rose, to get your program up and running you will need to know what the hospital wants and then you can focus on the patient/family needs  
01:29:20 Melanie York: Thank you!  
01:29:29 Kevin Corcoran: Great presentation !!  
01:29:38 Kevin Corcoran: Thank You!!