

- 00:47:36 Tara Liberman: Does this screen transition to inpatient?
- 00:52:45 Kevin Biese: Patient experience is under measured at GEDA sites. There is older data that patient experience improves in geriatric focused ED programs but limited data since GEDA
- 00:53:41 Kevin Biese: GEDA is about to share tele health resources co-created with west Health to help GEDs who use tele health
- 00:56:16 Kevin Biese: Can you say a few words about ACP and risk sharing in your system?
- 00:56:24 Pamela Martin: Any concern with alarm fatigue with the BPAs?
- 00:57:02 Kevin Biese: Opps connections with ACO and risk based contracts, not ACP
- 01:00:17 Erica Gruber National GED Core Team Lead: 1. Was there a reason you chose 4AT vs DTS, bCAM 2. Did i understand that instead of ISAR or TRST you have you 'E.H.R. work for you'...in the sense that it recognizes certain characteristics? And then flags the patient?
- 01:02:06 Erica Gruber National GED Core Team Lead: YES!!! VA is transitioning to CERNER so i want to know if we have this capability!
- 01:02:21 Pamela Martin: I love having the EMR pulling the data for us and not adding another screen to nursing staff
- 01:08:00 Jane Carmody (JAHF): Agree, Jon !!! great info and great call !
- 01:27:04 Aaron- Advocate Aurora Health: What is the rate of 4AT completion for those patients who are eligible? What is the rate of positive? Do you feel you are getting to those patient that would benefit...we seem to always under recognize
- 01:29:09 Tara Liberman: Who supports this program? Medicine or ED? or is it supported separately from the hospital budget?
- 01:30:44 Michael Malone: Thanks for your work Dr Saxena. Wonderful explanation and care.

- 01:31:00 Pamela Martin: Have you identified any chief complaint trends that for the patients that you see most often in the ED
- 01:33:16 Pamela Martin: When you met with hospital leadership, were there specific metrics that you are trying to effect? such as readmissions, admissions, inpatient LOS?
- 01:33:54 Pamela Martin: What is your geriatric staffing in the ED?
- 01:41:07 Luna Ragsdale: That is amazing!
- 01:41:17 Pamela Martin: That's great
- 01:41:17 Jane Carmody (JAHF): indeed!
- 01:41:25 Luna Ragsdale: How did you address sites that may not have had as much buy in?
- 01:41:59 Tara Liberman: how many patients do you see a day? and are you there 5 days a week?
- 01:42:47 Pamela Martin: Do you follow the patients as inpatients or do you have a separate geriatric consult service that follows?
- 01:45:53 Jeremy Swartzberg: Were there areas in which you needed to dial back from initial ambitions (e.g., nursing screens done, # of patients included in GED population, spread of GEDs throughout region)?
- 01:46:17 Amer Aldeen: As a way to contribute to self-sustenance, can you not look at increased billing from the increased diagnostic codes of "acute delirium" as opposed to "altered mental status"?
- 01:48:45 Jane Carmody (JAHF): Kevin, thank you!!! such a great call. Thank you, West Health, speakers and all !!
- 01:49:53 Pamela Martin: Saket, are you billing observation codes or ED codes for your billing

- 01:50:09 Amer Aldeen: I understand you found a decreased admission rate. In the patients in whom you identified delirium that you did admit, did you find any change in hospital LOS?
- 01:51:08 Erica Gruber National GED Core Team Lead: This was great!!!
- 01:51:11 Jeremy Swartzberg: thank you! great meeting.
- 01:51:16 Tara Liberman: Thank you!!!
- 01:51:17 Erica Gruber National GED Core Team Lead: Got my gears turning :)
- 01:51:17 Emily Weaver: Thanks, everyone!
- 01:51:27 Nancy Wexler- JAHF: Thanks so much to Cleveland Clinic!
- 01:51:37 Amer Aldeen: Thanks-great call!
- 01:51:44 Pamela Martin: This was great. Looking forward to participating in more of these.
- 01:51:47 Steve Meldon: thanks for having us
- 01:51:50 Aaron- Advocate Aurora Health: Thanks so much!!!