Accreditation of a Geriatric ED

March 14, 2022

A GEDC Expert Panel Webinar

Moderated by:
Don Melady, MSc(Ed), MD
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty

Expert Panel

Kevin Biese, MD MAT
Emergency Physician
University of North Carolina
Chair of the ACEP
Geriatric ED Accreditation
Board of Governors

Luna Ragsdale, MD, MPH
Chief, Emergency Department
Geriatric ED
Durham VA Health Care System
Level 2 Geri ED

Mitch Erickson, BSN, MS, DNP
Associate Clinical Professor
GED Advanced Practice Consultant,
UCSF Health
Level 1 Geri ED

Nida Degesys, MD
Medical Director
Age Friendly ED
UCSF Health
Level 1 Geri ED

Aaron Malsch, RN, MSN, GCNS-BC
Advocate Aurora Health
Geri ED Program Manager of 16
Accredited GEDs,
Wisconsin and Illinois
Level 3 Geri EDs

Bridgette Dollhopf, RN, BSN
Nurse Manager
Aurora BayCare Medical Center
Emergency Department and Urgent Care
Level 3 Geri ED

Sharing best practices and promising interventions in Geriatric Emergency Care
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.

Our Vision

A world where all emergency departments provide the highest quality of care for older patients.

gedcollaborative.com

@theGEDC
Join the GEDC
• Become a GEDC Partner
• Access to GEDC community forum
• Share best Geri ED practices
• Access to education, implementation and evaluation resources
Generously supported by
Accreditation of a Geriatric ED

Expert Panel Webinar
The Geriatric Emergency Department Collaborative
March 14, 2022

@theGEDC

What question do you have for our panelists about accreditation?
Meet Your Expert Panel

Kevin Biese, MD MAT  
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Chair, ACEP Geriatric ED Accreditation  
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Level 3 Geri ED
GED Accreditation

- Kevin Biese, MD, MAT
  Chair,
  Geriatric ED Accreditation Program,
  American College of Emergency Physicians
Level 3: Good geriatric ED care

- At least one MD and one RN champion
- Evidence of geriatric-focused education (4 hours)
- Evidence of geriatric focused care initiative and adherence plan
- Mobility Aids
- Food & drink available 24/7
Level 2

- Physician and nurse champions with focus on geriatric ED care
- Geriatric-focused nurse case manager 56 hours/week
- Geriatric assessment team: 2 of PT, OT, SW, or Pharmacy available in ED
- Hospital executive involved with supervision of and support for geriatric ED care
- Geriatric EM education for MDs and RNs
- Demonstrable adherence to at least 10 (of 27) policies and protocols
- QI process for selected policies
- Tracking at least 3 of 11 outcome measures
- Physical supplies and food/ drink
Level 1: Center of excellence in geriatric ED care

- Physician & nurse champions (medical/nurse director) with focus on geriatric EM + patient advisor
- Geriatric-focused nurse case manager 56 hrs/week
- Geriatric assessment team: 4 of PT, OT, SW, or Pharmacy available in ED
- Hospital executive-assigned supervision of and support for geriatric ED resources
- Geriatric EM education for MDs and RNs
- Demonstrable adherence to at least 20 (of 27) policies and protocols
- QI process for selected policies
- Tracking at least 5 of 11 outcome measures
- More physical supplies, space modifications, and food/drink
A practical guide to getting started with lots of personal stories and resources from around the world

$29

Available online through: Amazon and Cambridge University Press
Q & A

Ask your questions in the CHAT

We will try to get to everyone
OUR NEXT GEDC EXPERT PANEL WEBINAR

GEDC Webinar | Delirium and Cognitive Impairment in the Geriatric ED

April 18, 2022 @ 3PM EST

Please register in advance here:

https://us02web.zoom.us/webinar/register/WN_By0V8pAKTAuhUt98JzjNog
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We bring best practice into action.
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The John A. Hartford Foundation

West Health Institute
Patient arrives at triage

GED/AFED Pathway (RN or provider)

If screen positive

Primary RN: AWOLI, NuDESC, ISAR

If screen negative

Age-friendly ED Consult note inclusive of secondary screenings: Mini-Cog, nutrition, EASI, KCSS, IADLs/ADLs, PHQ2, A&P. Relevant findings communicated to ED

ED Provider clinical management and disposition

ALERTS

Signed AFED Consult note sent to coding and revenue

Note is forwarded to the outpatient PCP and available to the Inpatient services. Provides the basis for following inpatient Geriatric Consult services
AGE FRIENDLY Emergency Department Consult Note (Geriatrics)
Assessment and Plan Summary

Your older adult patient was evaluated in the UCSF Parnassus ED by our Age-Friendly ED Pathway geriatric consultant. Below is a summary but details follow in assessment and plan below.

<table>
<thead>
<tr>
<th></th>
<th>Pos or Neg or Unable to assess</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delirium or cognitive impairment risk or mood disorder concerns</td>
<td>{Positive/Negative/Unable to assess:41274}</td>
<td></td>
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<tr>
<td>Function or mobility or sensory impairment concerns</td>
<td>{Positive/Negative/Unable to assess:41274}</td>
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<tr>
<td>Medication concerns</td>
<td>{Positive/Negative/Unable to assess:41274}</td>
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<tr>
<td>Elder abuse/Neglect concerns</td>
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<td>Home safety concerns</td>
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<td>Caregiver Stress/Social Isolation concerns</td>
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<tr>
<td>Nutrition/Food Security</td>
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Feel free to access this resource for deprescribing in older adults.
Resources for Clinicians - US Deprescribing Research Network
## Parnassus Geriatric Emergency Department

### Population Length of Stay

<table>
<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>GED Population</td>
<td>14:06</td>
<td>20:05</td>
<td>01:35</td>
<td>02:51</td>
<td>02:51</td>
<td>10:12</td>
<td>02:08</td>
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<td>Age &gt;= 65 NonGED</td>
<td>06:12</td>
<td>05:29</td>
<td>00:22</td>
<td>01:24</td>
<td>01:31</td>
<td>03:31</td>
<td>01:02</td>
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<td>Age &lt; 65</td>
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<td>21:00</td>
<td>01:32</td>
<td>03:00</td>
<td>09:59</td>
<td>02:19</td>
<td>01:13</td>
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### Population Dispositions, Orders, Return Visits, & Notes

<table>
<thead>
<tr>
<th></th>
<th>Admit</th>
<th>AMN</th>
<th>Discharge</th>
<th>Eval</th>
<th>Exp</th>
<th>IWOS</th>
<th>OR Adm</th>
<th>Transfer</th>
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<tbody>
<tr>
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<td>414</td>
<td>10</td>
<td>463</td>
<td>4</td>
<td>1</td>
<td>23</td>
<td>8</td>
<td>146</td>
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<tr>
<td>Age &gt;= 65 NonGED</td>
<td>8</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Age &lt; 65</td>
<td>409</td>
<td>12</td>
<td>1,414</td>
<td>27</td>
<td>0</td>
<td>139</td>
<td>8</td>
<td>51</td>
</tr>
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</table>

### RETURN VISITS WITHIN 30 DAYS

<table>
<thead>
<tr>
<th></th>
<th>NIH Orders</th>
<th>Palliative Care Consult Orders</th>
<th>Physical Therapy Referral Orders</th>
<th>GED Consult Orders</th>
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<tbody>
<tr>
<td>GED Population</td>
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<td>73</td>
<td>0</td>
<td>45</td>
</tr>
<tr>
<td>Age &gt;= 65 NonGED</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Age &lt; 65</td>
<td>333</td>
<td>106</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### ISAR

- Total At Risk Patients: 212
- % Screened: 35.11%
- % Positive: 53.87%
- Total Screened: 336
- Total Positive: 181

### NuDESC

- % Screened: 47.13%
- % Positive: 11.09%
- Total Screened: 451
- Total Positive: 50

### AWOL

- % Screened: 38.24%
- % Positive: 16.12%
- Total Screened: 366
- Total Positive: 59

### AWOLi (Positive Informant)

- % Screened: 31.77%
- % Positive: 9.87%
- Total Screened: 304
- Total Positive: 30

### STEADI

- % Screened: 34.91%
- % Positive: 78.38%
- Total At Risk Screened: 74
- Total Positive: 58

### STRATIFY

- % Screened: 90.09%
- % Positive: 6.81%
- Total At Risk Screened: 191
- Total Positive: 13

### bCAM

- % Screened: 31.13%
- % Positive: 13.64%
- Total At Risk Screened: 66
- Total Positive: 9

### Elderly Abuse

- % Screened: 7.55%
- % Positive: 16.67%
- Total At Risk Screened: 16
- Total Positive: 4

### minicog

- % Screened: 2.51%
- % Positive: 16.76%
- Total At Risk Screened: 24
- Total Positive: 15

### ad8

- % Screened: 1.99%
- % Positive: 0.00%
- Total At Risk Screened: 19
- Total Positive: 0

### KCSS

- % Screened: 0.63%
- % Positive: 0.00%
- Total At Risk Screened: 52
- Total Positive: 9

### PHQ2

- % Screened: 5.43%
- % Positive: 17.31%
- Total At Risk Screened: 57
- Total Positive: 9