

- 00:31:57 guest: Dear Colleagues,  
Welcome to the Geriatric Emergency Department Collaborative's webinar, November 21st, "What Matters to Older Adults in the Geriatric ED"  
Today's webinar is being recorded and a link the recording and the slides will be on the GEDC website event page by the end of the week. Link to the webinar recording and slides:  
<https://gedcollaborative.com/events/on-demand-webinars/>  
Additionally, check out essential GED Resources on the GEDC website  
<https://gedcollaborative.com/resources/>  
Many thanks,  
GEDC team
- 00:33:37 guest: Today's webinar moderated by:  
Don Melady, MD, MSc(Ed)  
Emergency Physician  
Mount Sinai Hospital, Toronto, Canada  
GEDC Faculty  
Follow me: @geri\_EM  
A website for education for doctors and nurses in the ED  
<https://geri-em.com/>
- 00:36:16 guest: Slide2  
If you share our vision, your ED can join us, currently for free. Check out GEDCOLLABORATIVE.com  
Follow us: @theGEDC.  
Additionally, please review the GEDC Membership Criteria and Application.  
<https://gedcollaborative.com/partnership/>
- 00:37:17 Aaron Malsch: Aaron Malsch, RN- Advocate Aurora Health Geri ED Program Manager
- 00:37:26 guest: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!  
The John A. Hartford Foundation  
<https://www.johnahartford.org/>  
Follow us: @johnahartford  
  
The 4Ms framework and Joining the Age Friendly Health System group  
<http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>  
  
West health Resources Page

<https://www.westhealth.org/>

Follow us: @WestHealth

West's specific work around GEDs here:

<https://www.westhealth.org/geriatric-emergency-care/>

- 00:38:45 Payal Sud, Northwell Health: Payal Sud, MD, Interim Chair of Emergency Medicine, Glen Cove Hospital Northwell Health, NY
- 00:39:21 guest: Dear Colleagues,  
Thank you for your participation!  
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<https://gedcollaborative.com/events/on-demand-webinars/>
- 00:39:34 guest: Payal Sud, MD, Interim Chair of Emergency Medicine, Glen Cove Hospital Northwell Health, NY
- 00:40:02 Pamela Martin: Pam Martin, NP Yale
- 00:40:03 guest: Aaron Malsch, RN- Advocate Aurora Health Geri ED Program Manager
- 00:40:22 Kevin Corcoran: Kevin Corcoran GED Director, Syracuse VA
- 00:40:25 RuthAnn Craven: RuthAnn Craven, MS, PCMH CCE - HANYS - Program Manager, Age-Friendly Health Systems & Geriatric Emergency Department Accreditation
- 00:40:27 Christian Nickel: Christian Nickel, EM physician in Basel, Switzerland
- 00:40:35 Kara Keedy: Kara Keedy, RN. UAB highlands emergency department. Geriatric nurse coordinator
- 00:40:36 Cameron Gettel: Cameron Gettel, Yale Dept. of EM physician/researcher
- 00:40:51 guest: Kara Keedy, RN. UAB highlands emergency department. Geriatric nurse coordinator
- 00:41:01 James van Oppen: James van Oppen - GEM, UK
- 00:41:07 RuthAnn Craven: Congratulations @Northwell Health / Glen Cove Hospital!
- 00:41:14 Colleen McQuown: Colleen McQuown, MD; Louis Stokes Cleveland VAMC
- 00:41:20 Jessica Fleischer-Black: Jessica Fleischer-Black, MD Director of Geriatric and Palliative Medicine, Mount Sinai Beth Israel
- 00:41:23 Kaylee Knowles: Kaylee Knowles, Program and Partnerships Manager, West Health Institute
- 00:41:48 Virginia "Ginny" Painter: Ginny Painter, MPH, MSW, RN
- 00:42:03 Joan Michelle Moccia: Michelle Moccia, DNP, Independent Consultant, Retrieve GED
- 00:43:00 Jane Carmody: Jane Carmody, DNP, RN: The John A. Hartford Foundation

- 00:43:08 guest: <https://escholarship.org/uc/item/07j9h1sw>  
A Qualitative Study of "What Matters" to Older Adults in the Emergency Department  
2022  
Gettel, Cameron;Venkatesh, Arjun;Dowd, Hollie;Hwang, Ula;Ferrigno, Rockman;Reid, Eleanor;Tinetti, Mary
- 00:47:21 Joan Michelle Moccia: What are you most afraid of today?
- 00:47:26 Don Melady: What is the RIGHT question if you only can ask one?
- 00:47:44 Ula Hwang: What is the most important thing you want to happen from today's ED visit?
- 00:48:16 Ula Hwang: Gettel et.al. study - What Matters to Older adults - A Qualitative Study of "What Matters" to Older Adults in the Emergency Department:  
  1. Preservation of current status
  2. Diagnoses
  3. resolving symptoms
  4. Maintaining self care
  5. back to being themselves
- 00:49:39 Aaron Malsch: I agree with Ula's question...Is this question for Physicians/APP? RNs? Case Managers? All of the above?
- 00:52:00 Aaron Malsch: We have been focusing on the discharged patients because that is within our ability to impact, but there is value if able to share along the continuum for those admitted
- 00:52:29 Joan Michelle Moccia: This is a website that talks about the importance of messaging. <https://seriousillnessmessaging.org/steal-this-message/> In the ED we also may need to discuss serious illness. It has valuable "messages" that one can use when having a talk about ACP, palliative care and or hospice.
- 00:52:33 Ula Hwang: Yale GEMS service (lead by APRN) initiated What Matters QI initiatives and asking the What Matters questions as part of their GEMS assessments.  
  - Feasible and doable and incorporating into routine ED care and workflow
  - Only takes a few minutes to ask and discuss
  - Patients and family members appreciative of these questions and provide valuable information for ED care
- 00:55:11 Joan Michelle Moccia: Love this "whole health" care plan - letting people know they have a say in their care.
- 00:55:29 guest: Colleen McQuown, MD  
Director Geriatric EM Program,  
Louis Stokes Cleveland VA Medical Center  
Ohio

<https://www.va.gov/WHOLEHEALTH/index.asp>

<https://www.va.gov/WHOLEHEALTH/docs/PHI-long-May22-fillable-508.pdf>

Outstanding VA!

00:56:18 Ula Hwang: VA is largest integrated healthcare system. 69 of 111 EDS are incorporating Geriatric ED care.

Some sites have Intermediate Care Technicians that deliver GED care. Some sites ask about whole health questions about all aspects of what they care about.

Cleveland VA has Patient Advisors who have guided questions to ask older ED patients. "What do you need to be able to do what you would like to do?"

00:57:02 Aaron Malsch: How much training and support did you have to do for staff so they feel comfortable with asking these questions and how to execute those goals?

00:58:34 Jessica Fleischer-Black: How are you communicating the findings of the conversations to the rest of the care team?

00:58:35 Joan Michelle Moccia: Great question Aaron. Role playing?

01:00:48 Colleen McQuown: Our GED nurses and ICTs have narrated power points on how to do GED screens, we do case based discussions, and shadowing of trained screeners. National foundational ICT training for EM that has just gone live includes a dementia sensory immersion experience, skills lab with mobility and sensory aids, plus sim cases to practice screens

01:01:06 RuthAnn Craven: Additional resources about What Matters can be found on pg. 9-10 of IHI's Age-Friendly Health Systems "Guide to Geriatric Emergency Department Accredited Sites", April 2022

[https://www.acep.org/globalassets/sites/geda/documnets/guide-to-recognition-for-\\_\\_\\_\\_\\_.geda-sites\\_final.pdf](https://www.acep.org/globalassets/sites/geda/documnets/guide-to-recognition-for-_____.geda-sites_final.pdf)

01:02:28 Colleen McQuown: Additional information on ICTs as a workforce in GEDs  
<https://institutionalrepository.aah.org/jgem/vol2/iss12/2/>

01:02:41 Ula Hwang: Prime Health, another large healthcare system, 22 out of 45 ED are GED.

They ask patients if they have a primary care physician, how are they following up after the ED visit, are they living in an independent setting and able to stay there, do they have equipment to do this, and navigating this care after the ED.

Success by simply asking these questions. Gives the patients the appreciation they are being heard and cared for while in the ED

01:03:54 Ula Hwang: no audio

01:06:49 Thomas Dreher-Hummel: <https://pubmed.ncbi.nlm.nih.gov/34011321/>

01:06:58 Thomas Dreher-Hummel: Understanding what matters most to patients in acute care in seven countries,

using the flash mob study design

- 01:07:42 Colleen McQuown: Cleveland VA Emergency Department: What matters questions (screener picks one to ask based on flow of the interview)
1. Is there anything else you want or need to be able to do? (From our patient advisor)
  2. What activities would you be like to be able to do?
  3. What challenges have you had that impact your health or wellbeing?
  4. What do you need to be healthy for? The screener
- 01:09:47 Joan Michelle Moccia: Love the statement "See the person behind the patient" Reminds me of the patient is more than a chief complaint.
- 01:09:56 Ula Hwang: Dreher-Hummel / Nickels ED in Basel, Switzerland
- 33% of patients older adults, 40% with clinical frailty (>5)
  - RN and SW see patients 65+ with frailty are seen for the 5Ms
1. "What matters most to you?" Asked by nursing team and document in ED chart.
  2. Follow-up question of "why does this matter most to you?"
- This last question may open aspects of the patients care not apparent with the ED presentation...
- 01:11:06 Anja Hermann: Great story, Thomas! Thanks to your assessments and sensible questions, we can actively prevent complications and establish a more personcentred care in our Hospital.
- 01:13:26 Joan Michelle Moccia: Will the chat be available after the webinar?
- 01:13:50 Don Melady: Yes chat will be posted on GEDC site in a couple days.
- 01:15:11 Don Melady: Thanks for the reminder about the importance of making it EASY to do the right thing.
- 01:18:55 Ula Hwang: Northwell Health
- 1M Visits annually. First health system with all ED accredited as Level 3. Now has a level 1 GED at one of their community hospitals (Glen Cove)
  - "golden hour" - 1st hour when goals of care conversation and "what matters" is critical.
  - GOC (Goals of Care) templated note in the chart.
    - o More than just advanced directives, there is a section to document discussion.
    - o Documentation of treatment choices, discussion with patient / family / spouse, etc.
    - o Can bill for this documentation and how much time spent on advance care planning.

- Glen Cove has a dashboard demonstrating 61% of patients having GOC conversation in the ED during first hour of ED visit.

THIS IS DOABLE in the ED!!

- 01:20:41 Jessica Fleischer-Black: That dashboard is amazing
- 01:21:51 Kevin Biese: I believe that Northwell data also suggests association between asking What Matters in the first hour of the ED and decreasing admission patterns
- 01:22:01 Ula Hwang: Templated notes for GOC allows for hospitalists to track when the conversations happen, and what was discussed. TEMPLATED and STANDARDIZED documentation can facilitate things like dashboard for tracking, but improve communication with other clinicians.
- 01:22:07 Joan Michelle Moccia: That is so important to ensure information is forwarded during transitions of care.
- 01:22:43 Payal Sud, Northwell Health: Yes - early GOC conversations are correlated with decreased inpatient LOS as well as a trend towards reduced 30 day readmissions
- 01:22:58 Ula Hwang: Billing and Press Ganey opportunities with What Matters documentation.
- 01:23:08 Aaron Malsch: I love the connection/collaboration for what matters between the ED and Inpt team...as well as have the documentation available for future encounters
- 01:23:22 RuthAnn Craven: @Jessica Fleischer-Black - Northwell Health's EHR is Allscripts Sunrise that they used for this dashboard.
- 01:23:48 Laura Stabler, GEDC: Presentation/slides and chat will be available on the GEDC website in the next week
- 01:23:54 Kevin Biese: This is fantastic. My question for everyone on the line: What would most help you and your team to ask What Matters in the ED? Scripts, EHR, studies about how long it takes? What will most help?
- 01:25:26 Kevin Biese: @ Payal early GOC conversations associated with decreased inpatient LOS and trend toward decreased readmissions so important - we need to get that data out there (please let us know how we can help publish etc)
- 01:25:41 Don Melady: Panelists – if you're able to stay on the call for ten minutes after the hour for a debrief, that would be great.
- 01:27:12 Joan Michelle Moccia: I think it is all helpful. Include storytelling "stories" of how this action/activity impacted patient care. Having these conversations can be considered "Sacred moments".
- 01:29:24 Joan Michelle Moccia: This is also a guide Dr. Tinetti recently shared on the AGS Forum [https://patientprioritiescare.org/wp-content/uploads/2022/09/PPC-Patient-conversation-guide\\_published-9-27-2022.pdf](https://patientprioritiescare.org/wp-content/uploads/2022/09/PPC-Patient-conversation-guide_published-9-27-2022.pdf)
- 01:29:49 Don Melady: "Getting to know your patient" is challenging in the ED – short exposure, hostile environment. But our presenters have demonstrated that it is POSSIBLE if we make an effort.

- 01:32:29 Don Melady: Dr. Tinetti's observation reinforces Thomas' comment about moving from "What" to "Why?"
- 01:32:48 Joan Michelle Moccia: Vital talk is another website and there is also an app to help with discussing this topic.
- 01:32:50 Ula Hwang: Mary Tinetti:
- "What Matters" comes from shared-decision making. Preferences for treatment options more important than outcomes
  - Universal in appeal and applicability, but most relevant to older adults and patients.
  - 4M's now rolling out with the IHI:
    1. Mentation (delirium, dementia, depression)
    2. Mobility (safe mobility and function)
    3. Medications (poly-pharmacy)
    4. What Matters
  - 3 Key steps:
    - o Must occur as part of ED inflow care (golden hour at the beginning)
    - o Person asking the question should be able to take information and do something with the information (actionable item)
    - o Information here can influence disposition.
- 01:33:02 Ula Hwang: KEY TAKE AWAYS with What Matters discussions:
- Simply asking the question and having the discussion can improve care
  - Doable in the ED
  - Communicating and documenting this information (templates / accessibility)
  - Information from these discussion can changes direction of your care, will Improve patient and care partner satisfaction
- 01:33:02 Jane Carmody: Again, GEDC team! great webinar
- 01:33:21 Jane Carmody: Thank you, all and certainly Dr. Tinetti
- 01:33:24 Joan Michelle Moccia: <https://www.vitaltalk.org/> Is another resource that can be used. There is an app.
- 01:33:54 guest: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!
- Thank you, Panelists!!!!!!
- Dear Colleagues,
- Thank you for your participation!
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