

- 00:32:32 Conor Sullivan - GEDC: Today's webinar moderated by:
Don Melady, MD, MSc(Ed)
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty
Follow me: @geri_EM
- 00:33:10 Heather Wojtarowicz, GEDC: Link to the webinar recording and slides:
<https://gedcollaborative.com/events/on-demand-webinars/>
- 00:36:39 Heather Wojtarowicz, GEDC:
The John A. Hartford Foundation <https://www.johnahartford.org/>
West Health <https://www.westhealth.org/geriatric-emergency-care/>
- 00:37:58 Conor Sullivan - GEDC: <https://gedcollaborative.com/events/on-demand-webinars/>
- 00:43:35 Conor Sullivan - GEDC: Please set your chat to "Everyone" so we can all see your
comments and questions. Thanks!
Add comments and questions for our panelists into the CHAT.
- 00:45:15 Cynthia Malins: I have a question. Any discussion on whether the GEM Role should be a
NP role and how can the role be changed to be a NP role from a RN Role?
- 00:45:29 Aoife Dillon: Absolutely Nana - case finding is how we continue to work day to day,
along with accepting referrals
- 00:46:27 Michael Malone: Nana: Do you focus on the patients who are going to go home
specifically or on all the older patients?
- 00:47:16 Susan Bower: Do you have a consultation GEM tab in the EMR so staff can contact
you?
- 00:47:21 Eirona Johansen: I need to develop a scope of practice to move from Advance
Practice Nurse to NP, does anyone out there have a precedent for nerve blocks for
#NOF's or #ribs, as opposed to sticking with "minors", gluing stitching etc.
- 00:47:30 Eirona Johansen: In Australia
- 00:48:06 Heather Wojtarowicz, GEDC: Educational material developed by the European Task
Force for Geriatric Emergency Medicine <https://posters.geriemeurope.eu/>

- 00:48:17 Thomas Dreher-Hummel: We use the Clinical Frailty Scale for Case finding, Stich is really helpful
- 00:48:26 Michelle Moccia: Certainly the role can be NP. Look at how you could build your services. I was able to bill for my services when I performed comprehensive geriatric assessments after discharge.
- 00:48:27 Heather Wojtarowicz, GEDC: Silver Book II: Holistic assessment of older people. A good practice guide developed by the British Geriatrics Society
<https://www.bgs.org.uk/resources/silver-book-ii-holistic-assessment-of-older-people>
- 00:48:32 Nana Asomaning: we focused on any patients that met our broad criteria to see i.e. high risk frail elders. Most went home; but some ended up admitted and our engagement acted as a flag for the inpatient world where we could identify concerns early and build a plan for discharge planning even if admission is part of their stay.
- 00:49:12 Eirona Johansen: Cheers!
- 00:49:25 Nana Asomaning: Contacting us - referrals by word of mouth; a flag on our electronic board; via ext.
- 00:49:51 Susan Bower: Do you have a documentation template that is comprehensive but not too lengthy for patients you assess? What do you document?
- 00:49:52 Tess Hogan: Different institutions define NP and APN scope of practice by their site specific specifications.
- 00:50:07 Caitriona Shortt: Aoife, do you screen every patient over 70 and what assessment tool do you use to prioritise patients
- 00:50:13 Lauri McCoy: Eva. So you are avoiding admit when patient in ED?
- 00:50:29 Renee Oinonen: For the panelists- how did you get started? Did you follow any particular standards of care? Connect with other GEM nurses first? Or was this building the role from the ground up?
- 00:50:39 Alison Denton: How many older adults is it reasonable for a GEM nurse to assess in a day - i.e are you doing a mini CGA or a full?
- 00:51:15 Heather Wojtarowicz, GEDC: Clinical Frailty Scale <https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html>
- 00:51:22 Conor Sullivan - GEDC: Susan Bower: Do you have a documentation template that is comprehensive but not too lengthy for patients you assess? What do you document?
- 00:51:41 Juliet D'Costa: How do you manage the workload with case-finding and incoming consults when you don't work in a 2+ person team? In our hospital, the GEM nurses work mostly independently unless we ask for PT or SW to see a patient with us. But the

PT and SW are not only geriatric focused and see other patients of all ages so we try not to consult their help unless absolutely necessary

- 00:51:51 Alison Denton: great Q - documentation template!
- 00:52:25 Alison Denton: do any of you have OT/PT inn the ED with you?
- 00:52:46 Aoife Dillon: Caitriona: we screen everyone over 70 depending on Manchester triage score - category 3/4 get proactive screening and assessment from us. Category 2 we wait for some medical work up depending on presenting complaint
- 00:54:06 Nana Asomaning: Getting started - shadow other GEM RNs; take a course on geriatric buckets (GeriEM); start with one case at a time and build from there. As a nurse, you already have many of the tools necessary to do the work; it's the lens and focus you need to shift through education and experience
- 00:54:08 Julie Rossie: I think also an opportunity for Geriatric CNS to function as GEM nurse.
- 00:54:25 Conor Sullivan - GEDC: Susan Bower: Aoife, Do you have a consultation GEM tab in the EMR so staff can contact you?
- 00:54:28 Aoife Dillon: we use the clinical frailty scale when assessing patients but we prioritise patients based on the conversation we have with them and their family/carers. Complexity tends to need more urgent input from us to facilitate discharge
- 00:54:58 Eirona Johansen: Exactly!!
- 00:55:21 marlena tang: Are you able to staff 24/7 or just business hours in the Ed's you work in?
- 00:55:31 Eirona Johansen: I have to tell people I'm a maxi-nurse not a mini doctor
- 00:55:31 Aoife Dillon: Susan: we spend all of our time in the ED so all referrals from ED staff are face to face
- 00:55:34 Laura Stabler, GEDC: Hi Everyone and thanks for attending today. Please chat your name, healthcare role and where you practice.
- 00:56:02 suzanne lamour: just starting out - in the infancy stages of becoming a GEM nurse - work in northern Ontario Canada and would welcome any help on how I begin this new role, care plans, assessments - anything!
- 00:56:17 Heather Wojtarowicz, GEDC: GENE (Geriatric Emergency Nursing Education) Level I - Introduction to Geriatrics

<https://enau.ena.org/Listing/GENE-Geriatric-Emergency-Nursing-Education-Level-I-Introduction-to-Geriatrics-893>

- 00:56:35 Lauri McCoy: Lauri McCoy MSN, RN Business Development, Catholic Health, Buffalo, New York
- 00:56:41 Don Melady: Not everyone knew the ISAR 15 years ago!
- 00:56:49 Conor Sullivan - GEDC: Marlena Tang: Are you able to staff 24/7 or just business hours in the Ed's you work in?
- 00:57:08 Pam Martin: We did not staff 24/7. We looked at the peak times of arrivals for our older adults and the times that community agencies were open to facilitate discharge. Our hours were 9-5
- 00:57:08 Heather Wojtarowicz, GEDC: Screening Tools for Older Adults in the Emergency Care Setting Topic Brief
<https://enau.ena.org/Public/Catalog/Details.aspx?id=u8LHJc8FXOPjt5nlef0IHA%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3du8LHJc8FXOPjt5nlef0IHA%253d%253d>
- 00:57:50 Aoife Dillon: Marlena: only 4 of us on the team so can only staff core hours Monday to Friday.
- 00:57:50 Conor Sullivan - GEDC: Lauri McCoy MSN, RN Business Development, Catholic Health, Buffalo, New York
- 00:58:01 Eirona Johansen: Eirona Johansen - Older Persons Nurse Consultant, Flinders Medical Centre, Adelaide, South Australia
- 00:58:10 Thomas Dreher-Hummel: Thomas Dreher, I am a GEM Nurse in the ED of the University Hospital in Basel, Switzerland
- 00:58:56 Heather Wojtarowicz, GEDC: Michelle Moccia Full list of resources:
https://gedcollaborative.com/wp-content/uploads/2023/03/RESOURCES_GEM.pdf
- 00:59:05 Pam Martin: At both hospitals that I've worked we've had consults placed in EMR as well screening tools
- 00:59:08 Katie Hester: Katie Hester - ED Licensed Clinical Social Worker and core member of our "Geri-Vet" Team - Rocky Mountain Regional VA Medical Center, Colorado USA
- 00:59:09 Conor Sullivan - GEDC: Pam Martin: We did not staff 24/7. We looked at the peak times of arrivals for our older adults and the times that community agencies were open to facilitate discharge. Our hours were 9-5
- 00:59:36 Courtney Hall: Courtney Hall, Program Development Manager for the Geriatric ED at UAB Hospital - Highlands Campus. Former GEM nurse

- 00:59:52 Kevin Biese: Some great chat! A comment in response to the question posed about Nurse Practitioner - several sites do use nurse practitioner as a geriatric nurse - often based in the division of geriatrics as the consult is then reimbursable by CMS in the US
- 00:59:53 Jennifer Clay: What geriatric questions do all of the nurses ask ?
Can you share?
- 00:59:54 Conor Sullivan - GEDC: Pam Martin: At both hospitals that I've worked we've had consults placed in EMR as well screening tools
- 01:00:00 andrea russo: andrea russo geriatric physician ED of the Catholic university Hospital in Rome
- 01:00:24 Caitriona Shortt: Cathy Shortt, Clinical Nurse Manager, Frailty at the Front Door, Galway Ireland
- 01:00:29 Don Melady: Benevenuto!
- 01:00:33 Katherine Reilly: Kat Reilly, Quality and Safety Nurse Coordinator.
- 01:00:41 Conor Sullivan - GEDC: Jennifer Clay: What geriatric questions do all of the nurses ask ?
Can you share?
- 01:00:49 Amie Isaac: Our ER doctors will keep patients overnight for GEM to assess in the am, or we will make follow up calls
- 01:00:58 Eirona Johansen: Jennifer:
- 01:00:59 Margeaux Van Horn: Margeaux Van Horn, Geriatric Clinical Nurse Specialist (CNS) at Kaiser San Francisco ED
- 01:01:11 Don Melady: From Amie Isaac: Our ER doctors will keep patients overnight for GEM to assess in the am, or we will make follow up calls
- 01:01:17 Conor Sullivan - GEDC: Please set your chat to "Everyone" so we can all see your comments and questions. Thanks!

Add comments and questions for our panelists into the CHAT.
- 01:01:25 Kevin Biese: Also would love to hear thoughts about non nurses (social workers) for example doing the GEM nurse role - many sites exploring this due to nursing shortage
- 01:01:25 Rosa McNamara: Rosa McNamara, EM consultant St Vincent's University Hospital, Dublin, Ireland
- 01:01:44 Alison Denton: Is the rationale for not having 24/7 to do with funding?

- 01:01:48 Eirona Johansen: Sorry; Jennifer, Mobility, Cognition, Function, Frailty, Risk, Discharge Goals
- 01:01:51 judith keen-bingham: We do not have 24/7 coverage. We at Sunnybrook have developed a team approach called the ED 1 team. This consists of GEM, SW, OT, Physio and a member of Community Care . We also follow up after hours, sometimes by phone calls.
- 01:02:15 Jennifer Clay: Jennifer Clay UC San Diego Health ER La Jolla
Lead Geriatric Emergency Nurse Initiative Expert aka “ GENIE”
- 01:02:16 Conor Sullivan - GEDC: Andra L. : Our ER doctors will keep patients overnight for GEM to assess in the am, or we will make follow up calls
- 01:02:21 Michelle Stewardson: Wondering if there is a GEM platform to collaborate and share contact info?
- 01:02:48 Don Melady: From Michelle Stewardson: Wondering if there is a GEM platform to collaborate and share contact info?
- 01:02:56 judith keen-bingham: We also can keep patients overnight to see seen by the ED 1 team in the morning. many times these patients are for the GEM
- 01:03:01 Conor Sullivan - GEDC: Jennifer Clay UC San Diego Health ER La Jolla
Lead Geriatric Emergency Nurse Initiative Expert aka “ GENIE”
- 01:03:57 judith keen-bingham: There is also the NLOT nurse who will go into the community and nursing homes to tend to patients. This would thus keep seniors out of the ED.
- 01:03:58 Conor Sullivan - GEDC: Michelle S. : Wondering if there is a GEM platform to collaborate and share contact info?
- 01:04:05 Eirona Johansen: GENIE, love it.
- 01:04:19 Heather Wojtarowicz, GEDC: Michelle, joining the GEDC is a great way to connect with others to collaborate with others and even do consulting services with us to further your own projects! <https://gedcollaborative.com/membership/application/>
- 01:05:21 judith keen-bingham: In Canada (Ontario) we also have a GEM registry and pre Covid, had GEM conferences in October.
- 01:05:43 Anja Hermann: Anja Hermann (Deputy Director of Nursing and proud to have a GEM - Team in Basel University Hospital, Switzerland): Do you have any Outcome measures of ED with GEM (-teams) and without GEM?

- 01:08:34 Kevin Biese: @aaron, I am so sorry my reception cut out for a minute - did I miss any thoughts on professionals other than nurses doing the gem nurse role
- 01:08:45 Anja Hermann: Great, thank you!!! Very interested in any studies that show the differences!
- 01:08:49 Virginia Painter: Any benchmarks on completion of senior assessment AD8, CAM and/or 30 day re-admissions, 48 hour bounce back...
- 01:10:09 Debra Tomasino: Pam, even though no decrease in LOS, isn't that a positive finding....older, more frail patients are being GEM-evaluated, treated, and having a LOS similar to all other patients?
- 01:10:10 Kevin Biese: As re data on gem nurses - the gediwise data by Ula Hwang and scott Dresden showing decreased admissions and re-admissions and cost saving were based on the intervention of a gem nurse
- 01:11:07 Cromwell Acosta RN: Can we access best practice toolkits ?
- 01:11:45 Don Melady: From Cromwell Acosta: Can we access best practice toolkits?
- 01:11:57 Heather Wojtarowicz, GEDC: We have gotten 3 hospital membership applications since the start of this webinar!
- 01:12:13 Don Melady: Cromwell — I'd suggest poking around on the GEDC website. I think you'll find a lot of valuable resources.
- 01:12:20 Conor Sullivan - GEDC: 😊
- 01:12:29 Heather Wojtarowicz, GEDC: GEDC Falls Prevention:
<https://gedcollaborative.com/course/interventions-for-falls-prevention/>
- GEDC Functional Assessment: <https://gedcollaborative.com/course/functional-assessment-and-transitions-of-care/>
- 01:12:35 judith keen-bingham: I agree with you. A senior should never be discharged in the middle of the night.
- 01:13:58 Cromwell Acosta RN: I like the idea of a cab checklists. Can we see a sample. Or can you describe the checklist?
- 01:14:17 Stefanie Rocheleau: With staffing struggles in the ED, our GEM nurse is often pulled out of the role to take an assignment in the ED, leading to many days without a GEM nurse... any thoughts on how to prevent this? And also, who would we advocate our need for a team to in the organization?? currently 1 GEM nurse on with no team.

- 01:14:17 Jennifer Clay: Cab checklist? I love this idea to prevent inappropriate discharges overnight. Can you share?
- 01:14:29 judith keen-bingham: We have a team at Sunnybrook called the ED1 team. We have been featured on CBC in 2019.
- 01:14:34 Susan Bower: Do you have organized transportation services for pts discharged after hours and on the weekend?
- 01:14:49 Aaron Malsch RN, GCNS-BC: ENA Geriatric ED Readiness Toolkit:
<https://enau.ena.org/Public/Catalog/Details.aspx?id=Y1VMTSCe2ZVpCUWZzJ%2fipQ%3d%3d&returnurl=%2fUsers%2fUserOnlineCourse.aspx%3fLearningActivityID%3dY1VMTSCe2ZVpCUWZzJ%252fipQ%253d%253d>
- 01:14:59 Michelle Moccia: Cerrtainly I would love to share this. Lets ask our moderator how this can be done.
- 01:14:59 Kayla Furlong: We are developing a GEM nurse role currently. Is there any specific education/training for a new nurse in a GEM role? We do not have any GEM nurses in our province thus far so we are not familiar with the training and education piece.
- 01:15:00 Aaron Malsch RN, GCNS-BC: That is free for ENA members
- 01:15:14 Eirona Johansen: There are many frailty scales, my favorite is Rookwood, it has pictures for the patients to point at, does anyone, have a resilience scale, as a determinate of d/c success?
- 01:15:38 judith keen-bingham: Rockwood
- 01:16:38 Michelle Moccia: There is a Geriatric Resource Nurse role that was developed by NICHE and also UCLA. These links are in the resources I believe that was shared earlier.
- 01:16:56 Conor Sullivan - GEDC: Susan Bower: Do you have organized transportation services for pts discharged after hours and on the weekend?
- 01:17:09 Nazek Abdelmutti: Its wonderful to see the data showing reduction in admissions with the GEM role.
- A question for Michelle and others who may have GEM roles within a geri-specific department/program....have you encountered any concerns from administration that your geri-specific ED would attract a higher volume of older adults and in turn increase admissions? If yes, how did you manage this?
- 01:17:18 Heather Wojtarowicz, GEDC: Our last webinar featured Dr. Rockwood speaking on Frailty. Watch the on-demand recording: <https://gedcollaborative.com/event/frailty-in-the-geriatric-ed/>

- 01:17:36 Tess Hogan: Can people please tell us what you do with the frailty score once it is calculated?
- 01:17:51 Eirona Johansen: Thanks!
- 01:18:26 Conor Sullivan - GEDC: J. Clay: Cab checklist? I love this idea to prevent inappropriate discharges overnight. Can you share?
- 01:18:59 Michelle Moccia: The goal of the Senior ER was to improve case finding and meet their unmet needs. Improve patient satisfaction. Yes, volume did increase when we started the program.
- 01:19:37 Renee Oinonen: Michelle- did you see any improvement in patient satisfaction in the cohort you are supporting?
- 01:19:52 Conor Sullivan - GEDC: Stefanie R. : With staffing struggles in the ED, our GEM nurse is often pulled out of the role to take an assignment in the ED, leading to many days without a GEM nurse... any thoughts on how to prevent this? And also, who would we advocate our need for a team to in the organization?? currently 1 GEM nurse on with no team.
- 01:21:00 judith keen-bingham: Stefanie R where are you?
- 01:21:16 Stefanie Rocheleau: I am in Sudbury, Ontario CA
- 01:21:43 Conor Sullivan - GEDC: Stefanie R. : I am in Sudbury, Ontario CA
- 01:22:00 Eirona Johansen: Did the tuck in program, prove to be beneficial for reducing readmits, I can't get one secondary to funding
- 01:22:03 Heather Wojtarowicz, GEDC: Reminder of time: 10 minutes :) Great job everyone!
- 01:22:04 Michelle Moccia: I love that. It is really finding out what matters to them.
- 01:22:09 judith keen-bingham: That is so unethical.
- 01:22:13 Juliet D'Costa: How do you handle elder abuse cases that can come up in the ED or during virtual follow-ups?
- 01:22:17 Alison Denton: Are you transferring through a direct admission process to inpatient geriatric rehab programs
- 01:22:34 Michelle Stewardson: Our ED has a program with Redcross who assist pts home from ED along with 1 hour home visit/assistance with iadl's once weekly for 4-5 weeks, no charge.
- 01:22:35 Michelle Moccia: That is one of the M's in the Age-Friendly Health System.

- 01:23:54 Conor Sullivan - GEDC: Michelle S. : Our ED has a program with Redcross who assist pts home from ED along with 1 hour home visit/assistance with iadl's once weekly for 4-5 weeks, no charge.
- 01:23:55 Kevin Biese: As re patient satisfaction - Dartmouth writing for publication data on Press Ganey results and another internal tracking method showing improved patient satisfaction during COVID! So important.
- 01:25:42 judith keen-bingham: ROCKWOOD. It is in my notes and used in our assessment of the client
- 01:26:21 Don Melady: Judith, HOW do you use it your assessment?
- 01:26:41 Heather Wojtarowicz, GEDC: <https://gedcollaborative.com/toolkit/elder-mistreatment-emergency-department-toolkit/>
- 01:26:47 Don Melady: Probably what Aoife is saying.
- 01:27:28 judith keen-bingham: It would help to decide if they need admission or to assess if they need help in the community
- 01:27:28 Aaron Malsch RN, GCNS-BC: CFS resource: <https://www.dal.ca/sites/gmr/our-tools/clinical-frailty-scale.html>
- 01:28:03 Renee Oinonen: There has been some decent early evidence that GED's with GEM nurses improve patient experience in the 65+ population. Its eye opening to look into pre and post your role results
- 01:28:23 Stephen Meldon: this is great. need Part two!
- 01:28:36 Don Melady: Stephen, THIS was Part two!
- 01:29:09 Aaron Malsch RN, GCNS-BC: We need part three!
- 01:29:26 Ava Lester: Thank you to all - Host & Panelists! Very informative.
- 01:29:48 Pam Martin: Maybe an office hours for GEMS
- 01:30:03 Michelle Moccia: I agree Part 3 so we can share tools.
- 01:30:38 Stephen Meldon: yeah, Part Three!
- 01:30:44 Renee Oinonen: This was so fantastic. What incredibly important care you all are providing. Thank you for sharing! Proud to be a nurse :)
- 01:31:12 Heather Wojtarowicz, GEDC: Joining the GEDC to connect with others, collaborate and even do consulting services with us to further your own GED projects!
<https://gedcollaborative.com/membership/application/>

- 01:31:22 Alison Denton: Brilliant!!!!
- 01:31:34 Tess Hogan: What great information from experts who care for older adults every day!
- 01:32:20 Eirona Johansen: This has been very affirming, thanks to all
- 01:32:54 Kayla Furlong: part 3 for education and training for those of us starting new roles!
- 01:33:07 Don Melady: Thanks for the idea, Kayla!
- 01:33:11 Alison Denton: absolutely fantastic presentation - please do more of this.
- 01:33:21 Aaron Malsch RN, GCNS-BC: I agree Kayla!
- 01:34:04 Michelle Stewardson: Excellent presentation, thankyou!
- 01:34:17 paula williams: great info; thank you!
- 01:34:22 Katherine Reilly: Thank you all so much! Excellent presentation and work!
- 01:34:25 Heather Wojtarowicz, GEDC: GEDC Falls Prevention:
<https://gedcollaborative.com/course/interventions-for-falls-prevention/>
- GEDC Functional Assessment: <https://gedcollaborative.com/course/functional-assessment-and-transitions-of-care/>
- GEDC Podcast: <https://gedcollaborative.com/podcast/geriatric-transitional-care-nurses-and-how-they-could-help-your-ed/>
- 01:34:34 robbie douglas: GO GEM..... thanks so much for the presentation
- 01:34:35 Anja Hermann: 🙌 Great Webinar! Thank's to you all! Greetings from Switzerland
- 01:34:53 suzanne lamour: thanks from Ontario Canada such good into
- 01:34:55 Michelle Moccia: Thank you everyone for joining us today. We appreciate you for your interest.
- 01:34:58 Kayla Furlong: Thank you Don and panelists!
- 01:35:01 Nancy Wexler: Fantastic session! Thank you, GEM nurses!
- 01:35:12 Heather Wojtarowicz, GEDC: Join the GEDC:
<https://gedcollaborative.com/membership/application/>
- 01:35:40 Michelle Moccia: Yes please join. There are toolkits and videos.

- 01:35:56 Thomas Dreher-Hummel: Great webinar, thank you
- 01:36:06 Margeaux Van Horn: Thank you all for your time and expertise!
- 01:36:16 judith keen-bingham: Thank you
- 01:36:46 judith keen-bingham: How do we get a book on Reframing the GEM role/