

00:35:52 Kevin Biese: This is Kevin biese I am listening in, thank you

00:36:01 Don Melady: Welcome Hussein. You have five minutes after the initial instructions are done.

00:36:30 Hussein Elamin: Sounds great, I'll keep it short and sweet. Thank you for having me!

00:38:42 Trina Northardt: Syracuse New York.

00:39:01 Pamela Teaster:Blacksburg, Virginia

00:39:11 Rebekah Malloy: Manhattan Beach, California.

00:39:24 Jen Raymond: Lebanon, New Hampshire

00:39:47 Todd James: San Francisco, CA

00:40:06 Chris Carpenter: Rochester Minnesota

00:40:07 Jen Crane: St. John's, Newfoundland and Labrador, Canada

00:40:27 Lee Morissette: Lee Morissette Mt Ascutney Hospital Windsor Vermont

00:41:54 Heather Wojtarowicz | GEDC: <https://gedcollaborative.com/>

00:42:12 rose nolan: Orillia, Ontario, GEM in ED

00:42:16 Cortney Starace: Plattsburgh, NY - Social Work

00:42:16 Carolyn Kazdan: QIO Senior Director, Health Care Quality Improvement

00:42:17 Katie Forbes: Owen Sound, Ontario, Geriatric Resource Nurse

00:42:18 Heather Wojtarowicz | GEDC: GEDC application:
<https://gedcollaborative.com/membership/>

00:42:19 Jordan Kensinger: Lewiston, NY. Older adult specialist

00:42:19 Suzie Ryer: Advocate Health Midwest, Senior Services Project Coordinator, Milwaukee, WI

00:42:20 Emer Gaitte: Antioch, California

00:42:20 Jen Crane: GEM in ED

00:42:23 Maria Armstrong: sligo, Ireland

00:42:23 Cheryl Cowie: Aurora Medical Center Hartford, WI Social Worker in both the in pt setting and the ED

00:42:24 Lance San Souci: Project Manager

00:42:25 sylvia naughton: Simcoe County Ontario, NSM SGS Manager Geriatric Medicine

- 00:42:31 Lee Morissette: ED Associate Medical Director, Rural CAH
- 00:42:34 Jen Raymond: Project Manager
- 00:42:35 JENNIFER MAYNARD: Patient Care Manger, Elizabethtown NC/CFVHS
- 00:42:37 Heather Wojtarowicz | GEDC: GEDC application:
<https://gedcollaborative.com/membership/>
- 00:42:38 Rusty Douglas: Community Asset Builders -Jefferson City Missouri I am a Community Health Worker that works with Caregivers of people with Dementia
- 00:42:40 Nancy Wexler: Program Officer, The John A. Hartford Foundation
- 00:42:43 Marisol Carrizoza: Phoenix, AZ Geriatric Emergency Room Coordinator
- 00:42:47 Emer Gaite: Antioch California GED lead
- 00:42:47 Lu Ann Jensen: Lu Ann Jensen, LCSW, State of Idaho Alzheimer's Disease and Related Dementias Program.
- 00:43:01 Rebekah Malloy: Working for Compassion and Choices as the Director for Clinical Engagement, promoting Palliative Care in the Emergency Department.
- 00:43:05 Margaret Hernandez: Davenport, FL Case Investigtor/Contact Tracer for MDHHS in Michigan
- 00:43:16 Richard Marasa: Dr. Rick Marasa, ED Medical Director at Mt. Ascutney Hospital (25 bed Critical Access Hospital) in Windsor Vermont.
- 00:43:17 Michele Young: Gateway Centre of Excellence in Rural Health, Ontario Canada
- 00:43:20 Lauren Delaney: Lauren Delaney, RN Case Manager Cleveland, Ohio
- 00:43:27 Amy Sturgeon: Goderich, Ontario, Canada - researcher at Gateway Centre of Excellence in Rural Health
- 00:44:02 jane carmody: Senior Program Officer at The John A. Hartford Foundation, New York City. I was born and raised in Iowa and Nebraska from a long line of farmers. I served as a nurse leader in Iowa, Nebraska and have provided direct care/service in many rural communities including Amish communities in IN and OH. Thank you for having this rural-focused webinar
- 00:44:11 Sara McCumber: Sara McCumber GNP Essentia health Duluth, MN
- 00:44:23 MICHELLE STEWARDSON: GEM NURSE, Geriatric Emergency Management Nurse, Bluewater Health Hospital, Sarnia, Ontario, Canada
- 00:44:24 Pamela Teaster:gerontologist, bioethicist, volunteer EMT
- 00:44:57 Tara Powell: Medicine Hat, Southern Alberta. Geriatrician

- 00:45:02 Susan Bower: Susan Bower- Mayo Clinic Rochester, MN
- 00:45:30 Lee Morissette: Can we have a link for the recording sent to the email of those registered for the session today
- 00:45:31 Heather Wojtarowicz | GEDC: <https://www.westhealth.org/>
- 00:45:51 Richard Marasa: Dr Rick Marasa, ED Medical Director at Mt. Ascutney Hospital. A 25 bed Critical Access Hospital in Windsor VT
- 00:46:19 Chris Carpenter: Question: Thus far, the ACEP Rural EM Section has not gained momentum to focus on Geriatric EM issues with everything else challenging rural emergency care delivery in 2023. That section's activities included developing and supporting the Journal of Rural EM <https://www.acep.org/rural> which has explored older adult emergency care in rural settings. How does this panel believe or advise that Geriatric EM advocates can catalyze more interest & activity within the ACEP Rural EM Section?
- 00:46:44 jane carmody: room to grow GEDC and GEDA sites!
- 00:46:59 Jen Raymond: This is awesome! Will these maps be on the GEDC website?
- 00:47:34 Joey Angelina: Joey M Angelina Upstate University Hospital Syracuse NY ... Director of triage center that makes the follow up calls to patients over 65 years of age that make a visit to one of our ED's. These are in an attempt to reduce re-admissions, decrease ED utilization's and improve follow up appointment adherence
- 00:47:42 Don Melady: Rural Urban Commuter Areas
- 00:48:41 Don Melady: Is there anyone on the call who is from an "isolated small rural town"?
- 00:48:53 Chris Carpenter: More details from the Journal of Rural Emergency Medicine about how "rurality" is defined by various stakeholders:
<https://www.acep.org/siteassets/sites/rural/media/documents/journal-of-rural-em/jrem-issuetwo/defining-rural.pdf>
- 00:50:02 Kevin Biese: We have lots of opportunity to better serve rural areas!!
- 00:50:57 Heather Wojtarowicz | GEDC: Is there anyone on the call who is from an "isolated small rural town"?
- 00:51:02 Rusty Douglas: yes
- 00:51:19 Rusty Douglas: I am from a small Rural town in Missouri
- 00:52:04 Kina White: Office Director for Community Health Improvement, MS State Dept of Health, also Age-Friendly Public Health Systems State Lead supporting collaborations for Age-Friendly Health Systems and GEAD.

- 00:52:10 Don Melady: Is there anyone on the call who is from an “isolated small rural town”?
- 00:52:17 Aaron Malsch: 33 Rural GEDA sites from approx 400 total GEDA sites...I am was expecting a lower number. Glad to see almost 8% of rural sites achieving accreditation
- 00:52:58 jane carmody: Dr. Kina White! making MS age-friendly...and the 80% of the state that is rural.
- 00:54:15 Dannica Switzer: Hi Jolene (geriatrics RN) and I are in Wawa, ON, 225km from Sault Ste Marie, We have 8 beds, 4 bed ER, and connected 18 bed LTC. No CT, no specialists.
- 00:54:26 Don Melady: From one of our guests: Can we have a link for the recording sent to the email of those registered for the session today? Yes — the whole webinar will be available “on-demand” (free) on the GEDC website in a few days.
- 00:54:41 suzanne lamour: HELLO
- 00:55:22 suzanne lamour: I AM SITUATED IN BLIND RIVER. RIGHT BETWEEN SAULT STE MARIE AND SUDBURY. WE HAVE 16 BEDS WITH A VERY SMALL ER
- 00:56:12 suzanne lamour: sault and Sudbury located in Ontario canada
- 00:56:37 Don Melady: Is having enough staff a major problem in your rural site?
- 00:57:40 Aaron Malsch: At our norther Wisconsin site on the boarder with Michigan’s upper peninsula...staff is a major issue...RNs, MD, Primary Care, speciality,
- 00:58:28 Dannica Switzer: Yes - we lost 5 nurses this spring so have only 3 full time RNs. Rely on agency nurses. Also doctor shortage and will only have 2 come Sept. No OT in town. No HomeCare RNs for >2yrs.
- 00:58:49 Don Melady: How are you dealing with “Grow your own” in your site?
- 00:58:55 Jen Raymond: Yes: having enough staff is an issue and having consistent, permanent staff is a related issue.
- 00:59:05 Dannica Switzer: We rely on access to specialists via Telehealth, but GeriPsych for an admitted pt is >1mos wait.
- 00:59:12 Nancy Wexler: The John A. Hartford Foundation has a new planning grant partnership with the National Rural Health Association to bring more age-friendly care to rural older adult populations: <https://www.johnahartford.org/grants-strategy/national-rural-age-friendly-initiative-planning-grant>
- 00:59:23 Don Melady: Community Apgar — a way of assessing the health of your services, identifying barriers to recruitment.
- 00:59:37 Don Melady: What are barriers in your community?

- 01:00:15 Don Melady: Link is on its way!
- 01:01:05 Brittany Carmo: There's also the "Learn & Stay" grant offered in Ontario to try to drive people to needed areas. However, not all universities included in these areas are accepting out of catchment students (ie., Laurentian University).
- 01:01:59 Don Melady: Is your work force "satisfied"? What are you doing to improve staff satisfaction?
- 01:02:12 Chris Carpenter: It sounds like securing nurse, physician, and home health staffing for all patients is the first problem to address in some rural settings. In Canada, HealthForceOntario <https://www.healthforceontario.ca/en/Home> has been one approach to close those staffing gaps. Has HealthForceOntario been successful in rural settings to ensure adequate nursing & physician staffing? If so, is there any equivalent to HealthForceOntario in the United States?
- 01:02:42 Brittany Carmo: There's also the "Learn & Stay" grant offered in Ontario to try to drive people to needed areas. However, not all universities included in these areas are accepting out of catchment students (ie., Laurentian University).
- 01:04:26 Don Melady: @chris carpenter — HealthForceOntario, a provincial initiative to supplement rural staffing, has been great at filling gaps — but doesn't address the bigger problem of what those gaps exist.
- 01:04:41 Colleen McQuown: One of the best experience I had as a resident was spending a month at an Alaskan Native Hospital in Alaska-learned so much about working in a rural area and thinking about limited resources. The system used the rotation as a recruiting tool as well.
- 01:04:56 Lance San Souci: I know of a few healthcare orgs that use the Project ECHO model to increase capacity in rural areas
- 01:05:17 Don Melady: @Lance — please tell us more about Project ECHO.
- 01:07:27 Don Melady: Benefit: an awareness of who your patients are and of what is available in the community for support their patients.
- 01:08:32 Dannica Switzer: Rural Benefit: knowing pts homes, their families and friends. Collateral info is easy to get. Generally we are able to make a bed for someone who needs it. Can facilitate direct admissions when needed.
- 01:09:00 Don Melady: Areas of focus for improvement: improving communication with nursing homes and finding ways to support their institutions — provides better care to older people and avoids unnecessary visits to EDs.
- 01:09:22 Brittany Carmo: GEM nurses build capacity in rural EDs!

- 01:09:22 Carolyn Kazdan: Great recommendation to develop strong relationships with nursing homes. That will be welcomed by the nursing homes and the CMS funded QIOs help build those partnerships!
- 01:09:26 Dannica Switzer: Rural benefit: LTC attached to hospital. No need to transfer.
- 01:09:30 Heather Wojtarowicz | GEDC: IHI Age-Friendly Health Systems: <https://www.ih.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>
- 01:09:48 Aaron Malsch: Project ECHO is a framework to tackle any given difficult situation...we use it for dementia care. This is the link to the New Mexico's that developed and disseminates the model. <https://hsc.unm.edu/echo/>
- 01:09:49 jane carmody: yes, 4Ms care!!
- 01:10:02 Heather Wojtarowicz | GEDC: <https://www.ih.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/Resources.aspx>
- 01:10:13 Don Melady: Areas of focus for improvement: organizing care around a model e.g. IHI's 4 M model — medication, mobility, medications and what matters most. EDs including rural ones need to address all of them.
- 01:10:35 Lance San Souci: Project ECHO: <https://hsc.unm.edu/echo/what-we-do/about-the-echo-model.html>
- 01:11:35 jane carmody: Don, that was outstanding!
- 01:11:43 Heather Wojtarowicz | GEDC: Panelists, cameras on please!
- 01:12:56 Don Melady: interRAI ED screener app on the phone
- 01:13:02 Heather Wojtarowicz | GEDC: InterRAI ED Screener: <https://interrai.org/wp-content/uploads/2020/07/interrai-ed-a4.pdf>
- 01:13:56 Kevin Biese: Three great tips - thank you Kevin !
- 01:15:22 jane carmody: adding reframing aging if helpful. <https://www.reframingaging.org/>
- 01:16:26 Don Melady: System integration.
- 01:18:11 Don Melady: Screening needs to lead to links to community practice.
- 01:20:13 Don Melady: Use a quality improvement approach to any change you're making.
- 01:21:21 Don Melady: Engaging patients and caregivers in any changes you're making
- 01:21:48 Don Melady: Make sure you identify the problem that you're trying to solve. Then use small tests of change.

- 01:23:08 Kevin Wasko: Test the different options and solicit feedback from the users of the tool (ED RNs)!
- 01:24:44 jane carmody: Kristie, wow! congrats on your work and results... love the kindness centering!
- 01:24:55 Don Melady: Does everyone on the call know the mission and vision statement for they ED or hospital? You can often leverage that commitment that your hospital has made to improve geriatric care.
- 01:25:12 Aaron Malsch: As a RN, that is music to my ears Kevin! Collaborative approaches are important for these complex issues
- 01:25:38 Lance San Souci: Great idea to leverage the vision statement - I'm sure that increases c-suite buy-in!
- 01:26:56 Don Melady: 1. Fall prevention program with yellow socks! 2. Delirium prevention programme: TAKE CARE kit
- 01:27:34 Kevin Wasko: love the yellow socks idea!
- 01:28:21 Don Melady: TAKE CARE kit — among others: cards, toys, and a baby doll — creates a distraction but also addresses the patient’s personhood.
- 01:28:32 Kevin Biese: Love the take care kit!!!
- 01:29:02 Jen Raymond: Kristie: you're a rock star--such great care to your patients and staff. your culture of kindness and caring shines!
- 01:29:14 Don Melady: PCP notification programme. — a way to ensure followup.
- 01:29:57 Don Melady: Good example of developing a programme from the ground up — ask the people who are going to be using it what they need and what will help them.
- 01:30:56 Kevin Biese: Love the call back program!!!!
- 01:31:07 Don Melady: Clearly addresses “what matters most” — just knowing that someone cares about their outcome.
- 01:32:20 Kevin Biese: Thank you Kristie Kevin and Colleen!!!!
- 01:32:24 Lance San Souci: Amazing work Kristie!
- 01:33:12 Heather Wojtarowicz | GEDC: ICTs as a geriatric EM workforce:
<https://doi.org/10.17294/2694-4715.1014>
- 01:33:40 Don Melady: This programme is a great lead in to our next webinar on community paramedicine!
- 01:33:48 Carolyn Kazdan:Care planning for unmet needs!!

- 01:34:19 Jen Raymond: That is a great way to integrate telehealth into community based practice. Do you have issues with connectivity?
- 01:35:28 jane carmody: so true!
- 01:35:39 Heather Wojtarowicz | GEDC: SCOUTS pilot paper: <https://doi.org/10.1111/1475-6773.14058>
- 01:35:45 Colleen McQuown: <https://doi.org/10.17294/2694-4715.1014> (ICTs as a geriatric EM workforce)
- 01:35:53 Lu Ann Jensen: Is this program in VISN 20 yet?
- 01:35:55 Marisol Carrizoza: Kristie - when doing audits for your call back program - what are looking for is it just that the phone call was done?
- 01:36:15 Heather Wojtarowicz | GEDC: • Community Apgar Scoring:
<https://www.boisestate.edu/chp/news/community-apgar-program/>
<https://ruralhealth.und.edu/projects/community-apgar-project>
- 01:36:24 Lance San Souci: Wish we had more time. Great ideas presented today
- 01:36:27 Colleen McQuown: send me an email colleen.mcquown@va.gov
- 01:37:09 Kevin Biese: What an awesome webinar!!! Thank you all
- 01:37:17 Heather Wojtarowicz | GEDC: ACEP Journal of Rural EM
<https://www.acep.org/rural/resources>
- 01:37:18 Kristie Foster: Hi,
- 01:37:31 Nancy Wexler: So great, thanks! Will you have all the links in the chat as well ?
- 01:37:44 Michele Young: Great to hear such useful approaches from presenters
- 01:37:51 Heather Wojtarowicz | GEDC: Yes, chat links are included online with the on-demand webinar later this week
- 01:37:53 Heather Wojtarowicz | GEDC: AARP Videos:
<https://gedcollaborative.com/article/brain-health-in-the-ed-videos/>
- 01:38:01 Sule Yilmaz: Great webinar. Thank you all!
- 01:38:02 Kristie Foster: I look for a follow up appointment or touch base. if it hasn't happened. I will initiate the call.
- 01:38:06 Kina White: Great information shared today!
- 01:38:15 Chris Carpenter: Thank you to Don and all of the speakers!

- 01:38:15 Heather Wojtarowicz | GEDC: November webinar
<https://gedcollaborative.com/event/community-paramedicine-and-geriatric-eds/>
- 01:38:26 Lee Morissette: Great presentation by all, thank you !
- 01:38:30 Jen Raymond: Awesome webinar--thanks GEDC, Don, Colleen, Kristie and Kevin! 😊
- 01:38:31 Nancy Wexler: 👍
- 01:38:43 Stephen Meldon: agree- well done!
- 01:38:43 Lance San Souci: Thank you!
- 01:38:46 Aaron Malsch: Thank you all for such vigorous discussion, links, resources, and thoughts about how to tackle this important issue
- 01:38:57 Lauren Delaney: Great webinar! Please consider addressing substance abuse and mental health in future.
- 01:38:59 Amber Hartman: Great webinar!
- 01:39:10 Jen Crane: Thank you to all the panelists! Very helpful as someone starting to build the first Geri ED in our rural province