

# 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



**GEDC**

THE GERIATRIC  
EMERGENCY DEPARTMENT  
COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

[gedcollaborative.com](http://gedcollaborative.com)



@theGEDC

## Our Vision

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

## 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.



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## Join the GEDC

- Become a GEDC Partner
- Access to GEDC community forum
- Share best Geri ED practices
- Access to education, implementation and evaluation resources

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# Accreditation of a Geriatric ED

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## 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**  
Emergency Physician  
University of North Carolina  
Chair, ACEP Geriatric ED Accreditation  
Board of Governors



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Aurora BayCare Medical Center,  
Emergency Department and Urgent Care  
Green Bay, Wisconsin  
**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



# Creating a Geriatric Emergency Department

A Practical Guide

John G. Schumacher and Don Melady



CAMBRIDGE Medicine

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

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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

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**April 18, 2022 @ 3PM EST**

Please register in advance here:

[https://us02web.zoom.us/webinar/register/WN\\_By0V8p\\_aKTAuhUt98JzjNog](https://us02web.zoom.us/webinar/register/WN_By0V8p_aKTAuhUt98JzjNog)



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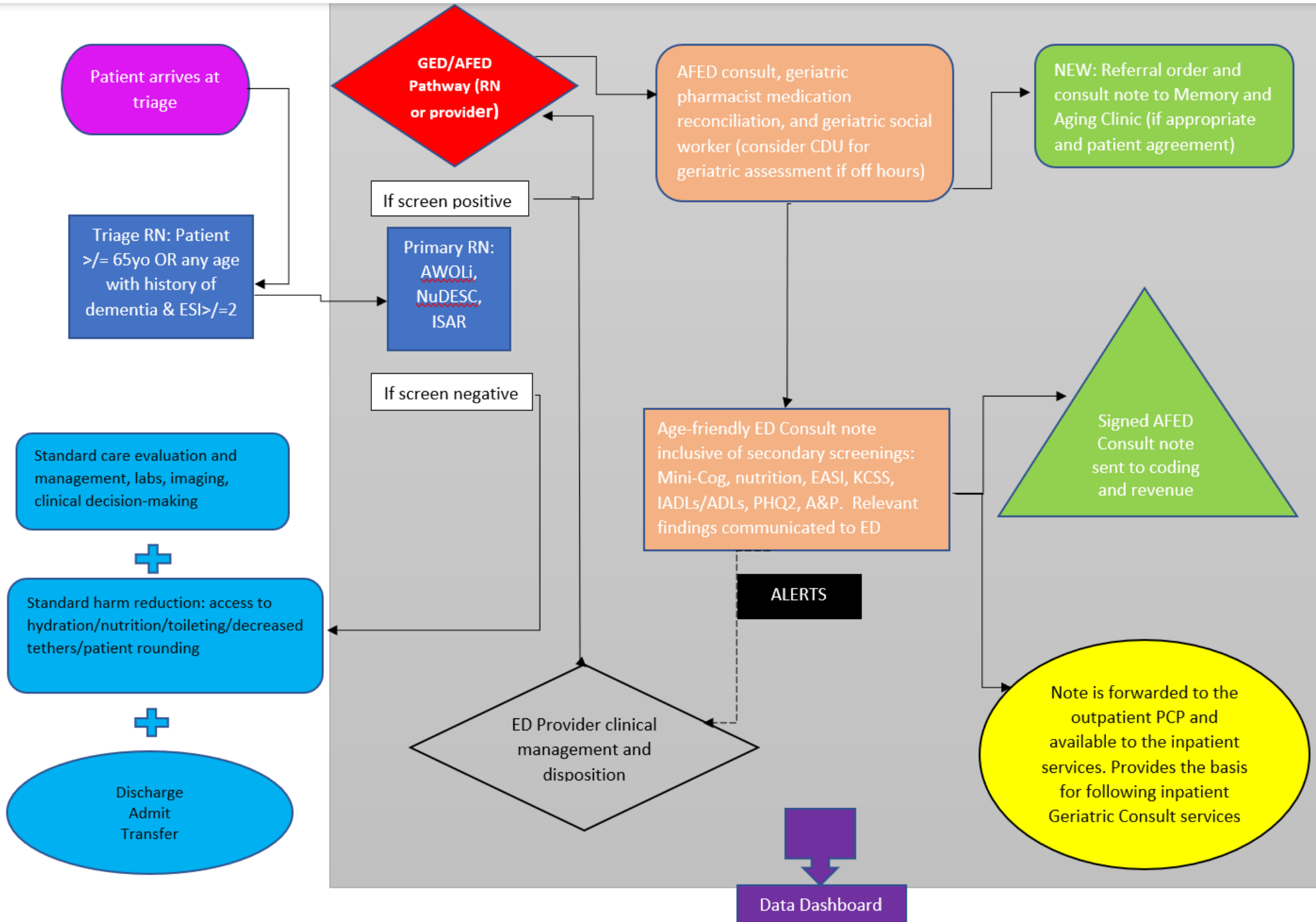


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# APPENDIX







**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.

	<b>Pos or Neg or Unable to assess</b>	<b>Comments</b>
Delirium or cognitive impairment risk or mood disorder concerns	{Positive/Negative/Unable to assess:41274}	
Function or mobility or sensory impairment concerns	{Positive/Negative/Unable to assess:41274}	
Medication concerns	{Positive/Negative/Unable to assess:41274}	
Elder abuse/Neglect concerns	{Positive/Negative/Unable to assess:41274}	
Home safety concerns	{Positive/Negative/Unable to assess:41274}	
Caregiver Stress/Social Isolation concerns	{Caregiver Stress:42183}	
Translation Needed	{Yes or No:22831}	
Advanced Directive	{Positive/Negative/Unable to assess:41274}	
Nutrition/Food Security	{Positive/Negative/Unable to assess:41274}	

**Feel free to access this resource for deprescribing in older adults.**  
[Resources for Clinicians - US Deprescribing Research Network](#)

Start Date: 02/01/2022  
End Date: 02/28/2022

Reporting Period: 2/1/2022 to 2/28/2022

**GED Population**  
957  
32.77%

**Age >= 65 NonGED**  
38  
0.63%

**Age < 65**  
2,060  
67.85%

	Population Length of Stay													
	OVERALL		ADMITS		DISCHARGES		ED DOOR - PROVIDER		ADMITDISP - IP ORDERS		IP ORDERS - BED ASSIGN		BED ASSIGN - ED DEPART	
	AVG	MED	AVG	MED	AVG	MED	AVG	MED	AVG	MED	AVG	MED	AVG	MED
GED Population	14:06	09:41	20:05	17:51	09:10	06:51	01:35	00:51	02:51	01:37	10:12	07:05	02:08	01:18
Age >= 65 NonGED	06:12	03:44	07:19	05:29	15:28	15:28	00:22	00:20	01:24	01:25	03:31	00:41	01:02	01:00
Age < 65	10:02	06:09	21:00	18:31	07:14	05:17	01:32	00:53	03:00	01:19	09:59	06:49	02:19	01:13

	Population Dispositions, Orders, Return Visits, & Notes									
	Admit	AMA	Discharge	Eloped	Expired	LWBS	OR Admit	Transfer		
GED Population	434	10	463	4	1	23	3	19	1	
Age >= 65 NonGED	8	1	2	0	4	4	0	0		
Age < 65	409	12	1,414	27	0	139	8	51		

	RETURN VISITS WITHIN 30 DAYS	CDU ORDERS	PALLIATIVE CARE CONSULT ORDERS	PHYSICAL THERAPY REFERRAL ORDERS	GEDI CONSULT ORDERS	GEDI NOTES	RESTRAINT ORDERS	FALL EVENTS
	GED Population	127	73		0	45		
Age >= 65 NonGED	1	1	0	0	0			
Age < 65	333	106	0	0	0			

**Total At Risk Patients**  
212  
21.31%

**ISAR**

% Screened  
**35.11%**

Total Screened  
336

% Positive  
**53.87%**

Total Positive  
181

**NuDESC**

% Screened  
**47.13%**

Total Screened  
451

% Positive  
**11.09%**

Total Positive  
50

**AWOL**

% Screened  
**38.24%**

Total Screened  
366

% Positive  
**16.12%**

Total Positive  
59

**AWOLi**  
(Positive Informant)

% Screened  
**31.77%**

Total Screened  
304

% Positive  
**9.87%**

Total Positive  
30

**STEADI**

% Screened  
**34.91%**

Total At Risk Screened  
74

% Positive  
**78.38%**

Total Positive  
58

**STRATIFY**

% Screened  
**90.09%**

Total At Risk Screened  
191

% Positive  
**6.81%**

Total Positive  
13

**bCAM**

% Screened  
**31.13%**

Total At Risk Screened  
66

% Positive  
**13.64%**

Total Positive  
9

**Elderly Abuse**

% Screened  
**7.55%**

Total At Risk Screened  
16

% Positive  
**0.00%**

Total Positive  
0

**minicog**

% Screened  
**2.51%**

Total Screened  
24

% Positive  
**16.67%**

Total Positive  
4

**ad8**

% Screened  
**1.99%**

Total Screened  
19

% Positive  
**78.95%**

Total Positive  
15

**KCSS**

% Screened  
**0.63%**

Total Screened  
6

% Positive  
**0.00%**

Total Positive  
0

**PHQ2**

% Screened  
**5.43%**

Total Screened  
52

% Positive  
**17.31%**

Total Positive  
9

**Nutrition**

% Screened  
**5.96%**

Total Screened  
57