



GEDC

THE GERIATRIC
EMERGENCY DEPARTMENT
COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

December 7, 2020
Webinar: Implementing an Observation
Unit in the Geriatric ED
Chat Notes

- 00:26:04 Ula Hwang: Welcome attendees to the GEDC webinar on Observation Units in the GED. please set your chat to all panelists and attendees
- 00:26:21 Ula Hwang: This way everyone can see your comments and questions. Thanks!
- 00:27:39 Lauren Southerland: The Do-Not-Discharge-an-87-year-old-to-home-alone-at-3am-Unit
- 00:28:11 Conor Sullivan: f you share our vision, your ED can join us, currently for free. Check out GEDCOLLABORATIVE.com Please follow us on Twitter @theGEDC.
- 00:29:23 Rosa McNamara: Happy Birthday 🎂
- 00:29:25 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!
The GEDC West Health Toolkit;
West health Resources Page
<https://www.westhealth.org>
Follow us: @WestHealth
- 00:30:08 Conor Sullivan: Reminder: PLEASE USE THE CHAT ICON." For all your questions and comments to be seen, please be sure to have your chat set to "All panelists and attendees"
- 00:30:52 jane carmody: The John A. Hartford Foundation is privileged to support the GEDC team and important work!
- 00:30:55 Abhi Chandra: Sacramento, CA, USA Kaiser South Sac and we have an Obs Unit
- 00:30:55 Ula Hwang: Bronx VA, GRECC, no observation unit.
- 00:30:56 Simon Conroy : Leicester, UK - yes to obs unit
- 00:31:02 Fabrice Mowbray: Detroit, Michigan, Yes to obs unit
- 00:31:03 Ronald Hirsch: Illinois- not at a hospital
- 00:31:03 Katrina Gipson: Emory University School of Medicine, Atlanta, GA, we have an observation unit
- 00:31:08 Shan Liu: Shan Liu- Mgh. yes obs unit
- 00:31:12 Sarah Midgley: Derby, UK. No obs unit
- 00:31:14 maaret castren: Finland, Helsinki University Hospital and yes, on paper, ready 2023
- 00:31:15 Jennifer Kristjansson: sacramento, CA. yes to obs unit
- 00:31:19 Aaron malsch: Aaron Malsch, Advocate Aurora, Milwaukee WI, No obs unit
- 00:31:19 UVMHC Hutchins: University of Vermont Medical Center, Vermont - no observation unit
- 00:31:22 Susan Bower: Mayo Clinic Rochester MN- We have an obs unit but not specifically for geriatric patients
- 00:31:23 Ali Maher Hassan: Dubai, U.A.E., I'm a medical graduate starting my first ER elective in January
- 00:31:23 Saket Saxena: Saket Saxena , CCF, yes
- 00:31:25 Katren Tyler: Katren Tyler, UC Davis Sacramento CA. Yes, we have an Observation Unit, opened 18 months ago
- 00:31:26 Kevin Biese: kevin Biese UNC chapel hill our obs unit is run by medicine. - the ED wants our own



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- 00:31:30 Mireia Puig-Campmany: Hospital de la Santa Creu i Sant Pau, Barcelona, Catalonia, Spain. Yes, observation unit
- 00:31:31 Michelle Echevarria: Cleveland Clinic Euclid ED; no OBS unit currently
- 00:31:33 Nam-Ha Brown: cincinnati VA, no obs unit
- 00:31:35 Pieter Heeren: University Hospitals Leuven, Leuven, Belgium. Yes to observation unit.
- 00:31:35 david mason: Crouse ED Syracuse NY. our obs unit is now one of our covid units
- 00:31:42 Christian Nickel: Christian Nickel, Basel, Switzerland. We have an OBS Unit of 15 beds.
- 00:31:48 Pieter Heeren: Leuven = Belgium :-)
- 00:31:52 Mary Ann Hamelin: Mary Ann Hamelin, GEM nurse at Mouont Sinai Hospital (Sinai Health) Toronto, We do have a CDU.
- 00:31:59 karen guzi: Cleveland Ohio. Cleveland Clinic Main Campus. Yes we have a 23 hour observation unit, called CDU clinical Decision Unit
- 00:31:59 Robert Bennett: Highland Hospital Rochester NY 13 bed ED Observation Unit
- 00:32:09 Lauren Southerland: Lauren Southerland, Ohio State University, Ohio USA, 20 bed obs unit
- 00:32:15 Kevin Corcoran: Kevin Corcoran Syracuse NY VA we do not currently have an Observation Unit
- 00:32:25 Rosa McNamara: st vincent's, Dublin, ireland. Clinical decision unit and older persons rapid assessment hub closed & converted to covid ED since March 😞
- 00:32:43 Katrina Gipson: Grady Memory Hospital/Emory, CDU, Atlanta GA
- 00:33:38 Abhi Chandra: Ouch - Don takes a cheap shot
- 00:33:41 Lauren Southerland: oh hi!
- 00:33:49 Conor Sullivan: Stephen Meldon: Simon Conroy:
<https://www.bgs.org.uk/resources/silver-book> Twitter: @GERED_DOC
Jay Banerjee: Twitter: @POBanerjee
Lauren Southerland: Twitter: @LSGeriatricEM
- 00:33:51 Virginia Painter: West Jefferson Medical Center
- 00:34:33 Christopher Carpenter: Chris Carpenter, Washington University in St. Louis: Twitter: @GeriatricEDNews and @SAEMEBM
- 00:34:33 Nikki Webb: Duke Regional Hospital, Durham, NC.
- 00:35:35 Kevin Boreskie: Kevin Boreskie, University of Manitoba, Winnipeg, Manitoba, Canada. MD student
- 00:39:40 Don Melady: The criteria for entrance into the observation unit is sort of a home grown ISAR – did you develop it yourself?
- 00:39:58 Don Melady: Who took responsibility for creating the screening tool?
- 00:41:02 Don Melady: How much case finding does the case manager or other personnel do? I.e. just going around the ED looking for potential candidates?
- 00:41:57 Don Melady: At other sites, how many of those patients would be admitted to the hospital to be “sorted out”.



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- 00:43:30 Aaron malsch: How to do balance placement between GCU and the general ED when there is low census in GCU and overload in ED?
- 00:43:52 Kevin Biese: great data Stephen. are you going to publish the impact of seeing a geriatrician in the ED?
- 00:44:26 Lauren Southerland: it was presented as an ACEP abstract, I don't think he has fully published it yet.
- 00:44:49 Don Melady: Do you think this work needs to be done by a geriatrician or geriatric APN – or is it more the consequence of having an interdisciplinary team involved? At our site, most of these patients are never seen by a geriatrician just PT OT SW and case management after the ED doc has finished with them.
- 00:45:12 Don Melady: Penguin?
- 00:45:30 Christian Nickel: for international listeners: Don, what is SW?
- 00:45:38 Don Melady: social worker
- 00:46:02 Don Melady: SNF = skilled nursing facility = nursing home
- 00:46:25 Conor Sullivan: penguin - seems simple, but part of the GED culture! Makes a difference.
- 00:46:48 Fabrice Mowbray: I think a multi-disciplinary team led by a geriatric APN would be ideal and pragmatic
- 00:46:52 Christopher Carpenter: How is Cleveland Clinic team measuring effectiveness of the ED screening-geriatric consult intervention besides decreased admission rates? For example, are factors such as 30- and 60-day ED returns being evaluated? Cost-effectiveness? Patient satisfaction?
- 00:47:20 Christopher Carpenter: Christian Nickel - SW = Social Work
- 00:48:18 Simon Conroy : hybrid obs unit
- 00:48:35 Lauren Southerland: ED MD runs our unit with APP assistance
- 00:49:07 Mary Ann Hamelin: APN, Allied team, ED physician
- 00:49:11 Christian Nickel: Basel: EM physician, just started with an APN program and are happy with it
- 00:49:15 Robert Bennett: Highland Hospital => ED attending/APP dedicated staff
- 00:49:16 david mason: when ours was open it was run by ED PA or NP supervised by ED doc
- 00:49:26 Katrina Gipson: ED APPs run our (non-Geri)CDU and it is staffed by ED attendings
- 00:49:33 Katren Tyler: Bwahahahahaha
- 00:50:11 Ronald Hirsch: In other countries, do families dump their loved ones in the ED so they can go on vacation the way they do in the US?
- 00:50:23 Rosa McNamara: emergency medicine own governance. GEM doctor or ANP leads miniCGA
- 00:50:46 Katren Tyler: Speaking as an Australian born and trained, and now working in the USA, sadly yes.



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- 00:50:50 Pieter Heeren: Leuven (Belgium): obs unit with EM physician/internal medicine physician and Geriatric APN
- 00:50:55 maaret castren: yes they do, in Finland
- 00:51:44 Abhi Chandra: Humanity and Selfishness and cruelty is universal, unfortunately :(
- 00:52:28 Don Melady: Can you share your playbook? – Hilary, what does your question mean?
- 00:53:26 Don Melady: Marjorie – please select Panelists and Attendees
- 00:53:53 Rosa McNamara: used to happen a bit (before covid) most often a failure of social care system to schedule respite care to coincide with family holiday. generally we have found it to be a marker for carer burnout
- 00:53:56 jane carmody: the stress of family caregiving can be unbearable at times, esp for people living with dementia and complex cares
- 00:54:48 Don Melady: Jane please select Panelists and attendees so that everyone can see your excellent comment.
- 00:54:51 jane carmody: a national response to assist families is needed. usually number #1 request: respite
- 00:55:15 Don Melady: From Rosa McNamara: used to happen a bit (before covid) most often a failure of social care system to schedule respite care to coincide with family holiday. generally we have found it to be a marker for carer burnout
- 00:55:23 jane carmody: the stress of family caregiving can be unbearable at times, esp for people living with dementia and complex cares
- 00:55:36 jane carmody: a national response to assist families is needed. usually number #1 request: respite
- 00:56:18 Martie Botha: how many Australian short stay ED units admit elderly patients?
- 00:56:43 Don Melady: From Martie Botha: how many Australian short stay ED units admit elderly patients?
- 00:57:32 Conor Sullivan: A controlled evaluation of comprehensive geriatric assessment in the emergency department: the 'Emergency Frailty Unit'
<https://pubmed.ncbi.nlm.nih.gov/23880143/>
- 00:58:13 Don Melady: 10% reduction in admissions for >85!
- 00:59:08 Don Melady: Simon, What do you think is the main factor of all the things you're doing the leads to decreased re-visit and re-admit rates?
- 01:02:28 Saket Saxena: How do you define Frailty in ER setting?
- 01:02:59 Conor Sullivan: Saket Saxena: How do you define Frailty in ER setting?
- 01:03:46 Conor Sullivan: Mcloughlin: simon do you think if we are already providing the service in majors-discharging all those appropriate & admitting those that are required to specialise wards then a separate unit in ed is not needed?



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- 01:04:35 Don Melady: Interesting question from Kara McL == why not just move all this work directly to the ED?
- 01:06:19 Conor Sullivan: Lauren Southerland: Twitter: @LSGeriatricEM
Financial Viability of Emergency Department Observation Unit Billing Models
<https://pubmed.ncbi.nlm.nih.gov/29768698>
- 01:06:48 Conor Sullivan: Kara Mcloughlin: forgot to add-we have a therapy service (OT, physio, MSW, dietician, SALT & geri consultant/reg in our ED already)
- 01:08:03 Ula Hwang: possible question you may be asked at the end: Solutions here indicate Obs or frailty units led by Geriatricians are the secret sauce.
- 01:08:43 Ula Hwang: what to do with decreasing number of geriatricians or inability to access geriatricians as collaborators?
- 01:08:55 Rosa McNamara: kara I think advantage is a reduction in pressure. can be challenging to complete full assessment or give a trial of treatment etc within ED targets (even with the generous 6 hours we get on Ireland)
- 01:09:31 Ula Hwang: Another question from audience is why not do this directly in the ED? what factors lead to the decrease in ED revisit rates?
- 01:10:00 Don Melady: To the Ireland team, here in Toronto, we do most of this in the ED (we call it a "virtual" CDU. It's not ideal for the patient but we can them in and out a lot faster.
- 01:11:21 Conor Sullivan: The cost of observation care for commercially insured patients visiting the emergency department [https://www.ajemjournal.com/article/S0735-6757\(18\)30040-8/pdf](https://www.ajemjournal.com/article/S0735-6757(18)30040-8/pdf)
- 01:16:40 Don Melady: Good alternate metrics to track!
- 01:16:43 Robert Bennett: We haven't seen added value of geriatrics input after PT/OT/SW. Usually indicates need for admission/placement.
- 01:18:29 Don Melady: Robert, interesting perspective, would you care to elaborate?
- 01:20:15 Lauren Southerland: West Health has funded the California units, Cleveland Clinic and Beaumont have founded their units with philanthropy. Other's have gotten started up with research funds
- 01:20:27 Robert Bennett: I find that I've had enough experience with triage of frail patients, so the point where I feel I need geriatric or more advanced input, it usually means a need for more time in hospital or higher level of care/placement.
- 01:20:30 Abhi Chandra: Is there any courses that a non-Geriatric MD or APN can take and be trained from acute care evaluation
- 01:20:51 Robert Bennett: Does anyone have experience/opinion regarding various frailty scores?
- 01:21:14 Don Melady: Try www.geri-EM.com for acute geriatric introduction
- 01:21:47 KIm Boon: Lauren - thank you for your presentation. You touched upon the Medicare issue of being admitted or being in observation status. Could you repeat why this is no longer a problem.....
- 01:22:50 Conor Sullivan: Don Melady @geri_EM <https://geri-em.com/> A website for education for doctors and nurses in the ED – CI and five other GED modules



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- 01:23:12 Abhi Chandra: Thank you Don
- 01:23:19 Lauren Southerland: Medicare now makes all hospitals track the hours in obs and give a 24 notice to the patient and staff. So hospitals are better at not leaving people "in observation" for 3-5 days
- 01:23:22 Ronald Hirsch: "admission for nursing home placement" is not allowed! There must be a medical reason to hospitalize them.
- 01:23:29 Lauren Southerland: that was what was giving patients a big bill
- 01:23:45 KIm Boon: Thank you Lauren!
- 01:24:50 Kevin Biese: Ohio and the UK leading the way. thank you!!
- 01:25:10 Conor Sullivan: Dear Colleagues,
Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on December 7, Implementing an Observation Unit Model in the Geriatric ED.
On the GEDC event page, we have added a link to the webinar recording, chat resources and slides that will be available for download later today:
<https://gedcollaborative.com/event/webinar-2020-12-07>
If you share our vision, your ED can join us, currently for free. Please follow us on Twitter @theGEDC.
- URL for the Geriatric Emergency Department's website (<https://gedcollaborative.com>)
Additionally, please review the GEDC Membership Criteria and Application.
<https://gedcollaborative.com/partnership>
Join the GEDC: laura_stabler@med.unc.edu
- Thank you so much! Stay tuned for the GEDC's next webinar "Monday January 11, 2021 on Best Practices in COVID Care in the Geriatric ED: What have we learned? ". GEDC Team
- 01:25:23 Ronald Hirsch: great discussion!
- 01:25:53 jane carmody: Always great GEDC webinars!! Thank you, team. Don, you are a master moderator!
- 01:25:59 Katrina Gipson: Thank you!
- 01:26:02 Robert Bennett: Thanks to everyone. Great webinar!
- 01:26:14 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!
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Please follow us on Twitter @theGEDC
- 01:26:15 Laura Stabler: Thank you everyone!
- 01:26:18 Fabrice Mowbray: thank you all ! A great webinar!
- 01:26:24 Kevin Corcoran: THANK YOU!
- 01:26:29 Christian Nickel: this was very helpful!