

- 00:32:37      Conor Sullivan: Dear Colleagues,  
  
Welcome to the Geriatric Emergency Department Collaborative’s webinar, March 14th,  
“Accreditation of a 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 mid-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
- 00:32:48      Todd James:     Just heard from our SNF colleague that they love seeing our Age-  
Friendly ED notes and getting all the great information in the note
- 00:33:03      Conor Sullivan: 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/>
- 00:34:11      Conor Sullivan: Please set your chat to "Everyone" so we can all see your comments and  
questions. Thanks!
- 00:34:35      Katrina Rusaw: My volume is up all the way and I can barely hear him
- 00:34:59      Allyson Moe:     Roper St. Francis Healthcare in Charleston SC
- 00:35:00      Michael Froeberg:     Sharp Coronado Hospital - San Diego. Clinical Nurse Specialist.
- 00:35:04      Chelsea Manzullo:     ECC Manager at Covenant Healthcare in Saginaw, MI
- 00:35:07      Janine Brys:     New Brunswick NJ
- 00:35:11      Jeremy Swartzberg:     Oakland, CA. Emergency Physician
- 00:35:20      Karen Carlisle: Karen Carlisle

- 00:35:20 Allison Angell: Summa Health Akron, OH, Current Level 3 accredited. RN educator for ED.
- 00:35:22 Tania Sadoun: Oakland, CA
- 00:35:24 neil sun rhodes: Blackfeet Community Hospital, Billings Area Indian Health Service, Quality
- 00:35:24 Zachary Robinson: Cleveland Clinic Akron General, ED physician, Geriatric liaison
- 00:35:25 Jennifer Harris: From Upper Valley Medical Center, ED Nurse Supervisor/Educator
- 00:35:26 Janine Brys: ER Nurse Manager
- 00:35:27 Alexandra Piatkowski: Project Manager, Geriatric Emergency Medicine, University Health Network, Toronto, Ontario, Canada
- 00:35:29 Nanette Asio: Kaiser Vacaville ED, Staff Nurse IV
- 00:35:32 Tracy Broce: Oakland, CA. Regional ED Director for Nor Cal Kaiser
- 00:35:33 Catherine Norbutas: Sacramento, Ca. Emergency Physician
- 00:35:34 Ruben Rodriguez: Las Vegas, NV, ER Nurse Manager
- 00:35:35 Aaron Malsch: Geri ED Program Manager at Advocate Aurora Health in WI and IL & GEDC Core Faculty member
- 00:35:35 Virginia "Ginny" Painter: Geriatri Patient Nvigator
- 00:35:38 Conor Sullivan: 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/>
- 00:35:40 Debra Goodrum: Debra Goodrum, RN Outreach Program manager Dartmouth Hitchcock Medical center
- 00:35:40 Frederick Nagel: Chief of Service, North Central Bronx ED
- 00:35:41 Stacey Helton: hello....I am the Manager of the GVR FED. we are a freestanding ER within UHS. My name is Stacey Helton
- 00:35:42 Karen Carlisle: CFVMC- HOKE Raeford nc
- 00:35:47 Carol Fuste: Carol Fuste, Director of Emergency Services, Moreno Valley Medical Center, Riverside Service Area

- 00:35:47 Charles Stephens: Alexandria, La BCC Chaplain
- 00:35:49 Omede Minoeee: Laura Robinson RN/Director of ED/San Dimas Community Hospital.
- 00:35:51 Nicole Zito: Kaiser Woodland Hills, CA Assistant Clinical Director (ED)
- 00:35:52 Ananya Jordan: Kaiser Permanente Woodland Hills Emergency Dept. Assistant Clinical Director
- 00:35:59 Conor Sullivan: If you share our vision, your ED can join us, currently for free. Check out GEDCOLLABORATIVE.com
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- 00:36:01 Laurie Angle: Cameron Jones and Laurie Angle, Niagara Health
- 00:36:03 pamelia quilliam: Kaiser Permanente California Educator in the ER and Assistant Clinical Director
- 00:36:03 Rebecca Schonnop: Alberta, Canada - Emergency Physician, past GEM Fellow
- 00:36:09 Heidi McCann: Quality Data Analyst/Bluewater Health; Houlton Regional Hospital, Maine
- 00:36:10 Katrina Rusaw: Katrina Rusaw RN ED Geriatric Case Manager. Syracuse VA.
- 00:36:15 Muriel Ho: Muriel Ho, ED Nurse/Advanced Clinician/Geriatric Nurse. Sharp Coronado Hospital
- 00:36:25 Jay Brenner: Medical Director, SUNY-Upstate Community Hospital ED, Syracuse, NY. Would like to hear suggestion on how to attain GEDA accreditation in spite of the nursing staffing crisis.
- 00:36:28 Ting Pun: Ting Pun: Patient Partner, Stanford Healthcare
- 00:36:30 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!
- 00:36:30 Thomas Dreher-Hummel: Hi, I am Thomas, I am from Swiss and I am an Advanced Practice Nurse
- 00:36:39 Todd James: Todd James UCSF Geriatrician & Clinician Educator
- 00:36:39 Jay Frankera: ED Director, Kaiser Permanente, SSF, CA
- 00:36:44 Conor Sullivan: The John A. Hartford Foundation

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

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The 4Ms framework and Joining the Age Friendly Health System group

00:36:49 Rachel Arthur: Assistant Nurse Manager - Allenmore Emergency Department - Tacoma, Washington

00:36:55 Pamela Martin: GEDC faculty and Yale New Haven Health

00:37:09 Conor Sullivan: The 4Ms framework and Joining the Age Friendly Health System group

<http://www.ih.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

00:37:13 Neal Cohen: North shore university hospital Long Island

00:37:21 Bruce Finke: Bruce Finke, MD, Indian Health Service

00:37:25 Conor Sullivan: West health Resources Page

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

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West's specific work around GEDs here: <https://www.westhealth.org/geriatric-emergency-care/>

00:37:49 MARIET DUPORTE-ARTHURTON: Mariet Duporte-Arthurton- North Central Bronx  
H ospital -ED Nurse Educator

00:38:03 Chinyere Anyaogu: Chinyere Anyaogu

00:38:37 Amanda Lewis: Amanda Lewis, Hoke Hospital ED Supervisor, Raeford, NC

00:39:46 Conor Sullivan: Kevin Biese, MD MAT

Emergency Physician

University of North Carolina

Chair of the ACEP

Geriatric ED Accreditation Board of Governors

00:39:53 Jessica Wright: Jessica Wright PA-C in geriatrics at OHSU, Portland Oregon

00:39:55 Nida Degesys, MD, UCSF, she/her: Please ask q in the chat! We will try to answer as many questions as we can!

- 00:40:17 Chinyere Anyaogu: NYC Health + Hospitals NYC- North Central Bronx NY
- 00:40:26 Christian Nickel: Christian Nickel, EM physician, Basel, Switzerland
- 00:40:45 Chinyere Anyaogu: Question- Does the certification result in increase in reimbursement subsequently?
- 00:42:17 Nida Degesys, MD, UCSF, she/her: @chinyere it depends on how you set up your because of the accreditation. Our site will talk about that.
- 00:43:11 Nida Degesys, MD, UCSF, she/her: For us certification was a way to demonstrate to our community that we are providing high level of care to our vulnerable patient population, those older than 65
- 00:46:30 Nida Degesys, MD, UCSF, she/her: Its like trauma levels...
- 00:48:00 Darin Wejsawan: When the hospital is certified Level 3  
Is re-certification required?
- 00:48:21 Aaron Malsch RN, GEDC: Yes, you renew certification every 3 years
- 00:49:12 Ula Hwang: Use accreditation to leverage for resources to care for older ED patients. Use this to support existing care programs and resources in your hospital FOR the ED
- 00:49:47 Ula Hwang: A good example of a geriatric-focused education initiative with Level 3 hospitals:  
Fall prevention for AFTER their ED visit (not preventing falls while in the ED)
- 00:51:02 Chinyere Anyaogu: What is the # of geriatric patients average to be a good baseline.
- 00:51:34 Mitchell Erickson: UCSF uses 4 geri assessment tools by primary nurses and then the consults use an additional 9 assessments as appropriate with comprehensive A/P.
- 00:51:39 Conor Sullivan: Need more info on accreditation?  
Geriatric Emergency Department Accreditation Program  
<https://www.acep.org/geda/>
- 00:52:02 Chinyere Anyaogu: What is the education level of a Geriatric focused nurse case manager?
- 00:52:03 Ula Hwang: Level 2 tip:  
A significant step up from Level 3, important distinction is tracking of performance and outcomes.
- 00:52:05 Nida Degesys, MD, UCSF, she/her: about 1/3 of our patients are 65+

00:52:30      Conor Sullivan: Level 3 Geri ED

Bridgette Dollhopf, RN, BSN  
Nurse Manager  
Aurora BayCare Medical Center  
Emergency Department and  
Urgent Care  
Level 3 Geri ED

AND

Aaron Malsch, RN, MSN, GCNS-BC  
Advocate Aurora Health  
Geri ED Program Manager of 16 Accredited GEDs,  
Wisconsin and Illinois  
Level 3 Geri EDs

00:53:45      Kevin Biese:      What is the education level of a Geriatric focused nurse case manager?  
- generally nurse or social worker, She programs use APP and VA uses an innovative  
program of returning military medics - the key is the job they are doing even more than  
the specific degrees they have

00:53:47      Ula Hwang:      @Chinyere There is no set number for % of geriatric patients that  
would make an ED qualify. It is all about the care that any older adult receives in your  
ED.

00:54:36      Ula Hwang:      On average, 20% of EDs have patients 65+, but some can have over  
50%, depending on their location and patient population.

00:54:53      Kevin Biese:      What is the # of geriatric patients average to be a good baseline. - no  
specific number, I think every ED other than pediatric ED has enough older adults to  
explore improved care for vulnerable older adults

00:55:17      Ting Pun:      Are there any work done on "What Matters" for elderly patients visiting  
ED?

- 00:55:32 jane carmody: I will add, I love Don Melady's new book and the chapter on "Overcoming resistance" find it very helpful to the "why" of doing.
- 00:56:34 Luna Ragsdale: ISAR = Identification for Seniors at Risk
- 00:56:38 Ula Hwang: @Ting - Your question about "What matters" references the 4M's of Age friendly Healthcare systems. what Matters, Mobility, Medication, and Mentation.
- 00:57:01 Ula Hwang: The 4Ms are applied and featured as part of many GED initiatives that qualify for GED Accreditation.
- 00:57:14 Conor Sullivan: The 4Ms framework and Joining the Age Friendly Health System group <http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>
- 00:57:24 Mitchell Erickson: We have considered 4Ms in our documentation but it challenges coding as they are more familiar with ICD-10 codes.
- 00:58:04 Laura Stabler: Hi Todd, yes, thx for being here
- 00:58:15 Kevin Biese: Does the certification result in increase in reimbursement subsequently? - currently no, the ROI to hospitals is likely 3 fold
- 1) community awareness of the excellent care you provide,
  - 2) optimizing disposition for complicated older adults - especially if hospital full not admitting patients who do not need acute interventions is good for the hospital to save space for patients that need to be there - with better DRG
  - 3) as a bridge to providing higher value care and better performance in risk based contracting
- 00:59:33 Ula Hwang: Common 4M GED initiatives:
1. Mentation - Delirium and dementia screening
  2. Medication - review of potentially inappropriate medication prescribing, pharmacy medication reconciliation of older adults with polypharmacy
  3. Mobility - falls prevention after an ED visit
  4. Matters - care transitions and ED discharge planning, advanced care discussions
- 5th M of Mistreatment (elder abuse)
- 01:00:35 Kevin Biese: 30% reduction in 30 day revisits! Wow!!
- 01:00:48 Ting Pun: Thanks! I mean the patients expectation for the ED visits. Yes, it is part of the 'What Matters' of the 4M

- 01:01:21      Natalie Elder:    Can you give examples of physical space enhancements needed for level 1?
- 01:01:43      John Schumacher:      A GED Return on Investment calculator available at [https://surfcovid19.shinyapps.io/ged\\_calc/](https://surfcovid19.shinyapps.io/ged_calc/)
- 01:01:49      Conor Sullivan: Level 2 Geri ED  
Luna Ragsdale, MD, MPH  
Chief, Emergency Department  
Geriatric ED  
Durham VA Health Care System  
Level 2 Geri ED
- 01:04:08      Laura Stabler:    Hi Neil, thx for attending today, looking forward to working w/you on creating your Level 3 Geri ED
- 01:04:52      Aaron Malsch RN, GEDC:      Data/Metrics/Dashboard is essential for effective functioning. During this last Covid Surge, we would identify the significant and rapid increase in ED boarding and share that with Senior leaders. Although there is no quick fixes, it quantifies and qualifies the impact this has on care and resulted in sustained focus on boarding beyond covid.
- 01:05:04      Bridgette Dollhopf:      Do the 56 hours need to be specific days or times?
- 01:05:21      Jay Brenner:      I certainly appreciate the 4 M's and the 5th M. I have always been curious though why there is not a 6th M for MOLST. I know that palliative care consultation is one of the 27 policies, but why not add advanced care planning and confirmation of code status into the expectations of Geriatric EDs?
- 01:05:32      Nida Degesys, MD, UCSF, she/her:      @Natalie most Eds already have many of the enhancements for level 1, however a full list is on the website: <https://www.acep.org/geda/gold-level-1/>
- 01:05:44      Allyson Moe:    Internally staff knows what we are doing for GED; what types of things can we do so that we "look" like a GED to the patient who enters our facility?
- 01:05:51      Nida Degesys, MD, UCSF, she/her:      56hrs per week, no specific dates/times.
- 01:06:17      Bridgette Dollhopf:      Post your certification in your lobby
- 01:06:38      Ula Hwang:      @ Natalie: GED level 1 physical space enhancements:  
1. Ideally a dedicated space (not always feasible to have separate space), that prioritizes quiet, non-glare, non-slip floors with ambulation assist rails, indirect but enhanced lighting. Read - not hallway beds.



2. Large signage, clocks
3. Seating for family members / caregivers-care partners
4. Raised toilet seats/commodes.

- 01:06:52 Aaron Malsch RN, GEDC: @Jay. I agree, but we have included MOLST/Palliative into our "What Matters" initiatives in the Geri ED.
- 01:07:05 Nida Degesys, MD, UCSF, she/her: I recommend looking at the highest volume of geri patients that come to your ED and tailoring your 56hours to meet those needs
- 01:07:16 Laura Stabler: Hi Frederick, thx for joining us today!
- 01:07:38 Karyl Dupée: How come social workers are not included in the accreditation process?
- 01:08:05 Mitchell Erickson: We have a dedicated geriatric social worker 40 hours per week
- 01:08:11 Ula Hwang: Social workers are key and essential for GED accreditation at many hospitals. Key to the interdisciplinary GED teams.
- 01:08:22 Kevin Biese: Internally staff knows what we are doing for GED; what types of things can we do so that we "look" like a GED to the patient who enters our facility? - one of the most impactful best practices on this front is training up your volunteers to better take care of older adult - C.A.R.E.S program is great at this and having a cart of tools to help meet needs of older adults <https://gedcollaborative.com/article/volunteers-in-the-geriatric-ed/>
- 01:08:26 Aaron Malsch RN, GEDC: ...and the patterns of when they are coming in. Typically CM were working 8-4pm, but our older adults were coming in 11-7pm. we are adjusting their shifts
- 01:12:16 Frederick Nagel: @Laura - thanks for the invitation- very interesting!
- 01:13:53 Nida Degesys, MD, UCSF, she/her: UCSF is an Age Friendly Health System
- 01:14:07 Laura Stabler: Hi Bruce, thanks for attending today
- 01:14:10 Nida Degesys, MD, UCSF, she/her: We are very interested in cognition impairment (dementia)
- 01:14:36 Nida Degesys, MD, UCSF, she/her: EMPOWER the nurses!
- 01:15:02 Conor Sullivan: Level 1 Geri ED

Mitch Erickson, BSN MS, DNP  
Associate Clinical Professor

GED Advanced Practice Consultant, UCSF Health

Level 1 Geri ED

AND

Nida Degesys, MD

Medical Director

Age Friendly ED

UCSF Health

Level 1 Geri ED

- 01:15:06 Aaron Malsch RN, GEDC: What a beautiful approach! The RNs know!
- 01:15:19 Don Melady: I think there's a theme here of matching resources to the time and day of older person visits. I wonder how many people know the pattern of older person visits in their Ed?
- 01:15:27 Bruce Finke: Hello Laura. I'm glad it worked out that I could join.
- 01:18:48 jane carmody: yes, sounds like a wonderful resource !
- 01:18:53 Ting Pun: Great comments! Nida and Michell. Thanks.
- 01:19:48 Ula Hwang: GGreat example of what matters by Nida about creating a patient advocate (what matters) recommended handout to give to older ED patients of what to expect with their ED visits. etting
- 01:20:33 Luna Ragsdale: The Olders American Act established Area Agencies of Aging in every county that typically keep a list of local resources
- 01:21:13 Ula Hwang: Themes today - connect and learn about what resources are at your own hospitals and leverage working with these to give a geriatric-focused connection as part of your GED care.
- 01:21:26 Bridgette Dollhopf: Our case manager had put together a resource binder of what the resources in the community are for the frontline team to have and to share with these patients.
- 01:22:34 jane carmody: ElderCare Locator (ACL funds) a national hot line that might find local services through its National Call Center (800.677.1116), and website ([www.eldercare.acl.gov](http://www.eldercare.acl.gov) ),

- 01:23:27 Aaron Malsch RN, GEDC: We have engaged with county level falls coalition and the county Aging and disability Resource Centers
- 01:24:04 Ula Hwang: GED Generating revenue (sustainability).
- Shifting from an ED-based model to one that is a consulting service (with Geriatrics).
  - Create documentation that ties with the service that provides the consulting care to the ED.
  - Billing for the GED Care from this consulting services (instead of the ED clinicians providing the care).
- 01:26:10 Mitchell Erickson: We have been able to prevent admissions in several situations and improve transitions in care in general.
- 01:26:19 Ula Hwang: Other considerations for making the case for a GED:
- Market share with geriatric ED care
  - Admitting the "right" patient (instead of avoidable hospitalizations). Optimal case-mix
  - CMS focus on value-based care with patient admissions will shift from fee-for-service care.
- 01:26:49 Muriel Ho: will this webinar available to view later?
- 01:26:55 Conor Sullivan: Interested in learning more about Creating a Geriatric ED?
- Consider ordering the new book from Cambridge University Press on this topic (co-author Dr. Melady and John Schumacher)
- Creating a GED - A Practical Guide <https://www.cambridge.org/core/books/creating-a-geriatric-emergency-department/8A860CD9BADB4E1C1509BDB49B814159#>
- 01:27:17 Ula Hwang: All GEDC webinars are available on gedcollaborative.com
- 01:27:26 Muriel Ho: Thanks
- 01:27:48 Kevin Biese: Awesome book also available amazon
- <https://www.amazon.com/Creating-Geriatric-Emergency-Department-Practical-ebook/dp/B09NRPJR9H>
- 01:28:36 Pamela Martin: Mitchell, on average how many patients are the APPs seeing a shift?
- 01:28:54 Arianne Johnson: are there research requirements/scholarly activity to becoming a GEDC?
- 01:29:02 Kevin Biese: And the cover of the book has a very stunning looking doctor on it! 😊

- 01:29:03 Mitchell Erickson: We are working towards a goal of 6 per 8 hour shift but dependent on the complexity of the case
- 01:29:40 Kevin Biese: are there research requirements/scholarly activity to becoming a GEDC? No research requirements but level 2 and level 1 need to track implementation and outcomes along some markers - in a QI like fashion
- 01:29:44 jane carmody: Book is so good ! sent on to our surgery team in their work on Amer College of Surgeons for their geriatrics surgery program. same principle, getting beyond "yeah but..."
- 01:30:03 Pamela Martin: Mitchell, thanks. 6 sounds reasonable. Could we chat off line?
- 01:30:13 Mitchell Erickson: And Australia as saw Hobart
- 01:30:15 Arianne Johnson: thank you kevin
- 01:30:19 jane carmody: Outstanding webinar!
- 01:30:38 Mitchell Erickson: Spiritual services as a very important partner
- 01:30:50 Conor Sullivan: OUR NEXT GEDC
- EXPERT PANEL WEBINAR
- GEDC Webinar | Delirium and Cognitive Impairment in the Geriatric ED
- April 18, 2022 @ 3PM EST
- Please register in advance here:
- [https://us02web.zoom.us/webinar/register/WN\\_By0V8paKTAuhUt98JzjNog](https://us02web.zoom.us/webinar/register/WN_By0V8paKTAuhUt98JzjNog)
- 01:30:57 Darin Wejsawan: Thank you
- 01:30:57 Kevin Corcoran: THANK YOU!!
- 01:31:09 Bridgette Dollhopf: Thank you!!
- 01:31:17 Pamela Martin: Using Patient Priorities of Care questions for ED is a quick way to ask What Matters
- 01:31:21 Ting Pun: Thank you, all!!.
- 01:31:56 Charles Stephens: Thank you all and be Blessed!
- 01:32:04 MARIET DUPORTE-ARTHURTON: thanks for the information.
- 01:32:08 Muriel Ho: Bye, thank you!
- 01:32:13 Jay Brenner: Thanks!
- 01:32:20 Karyl Dupée: Thanks a lot