00:46:26 Ula Hwang - GEDC: Welcome AAH GED Boot Camp participants! If you are not speaking, please try to mute your lines.
00:55:31 Don Melady - GEDC: Hi everybody!
00:55:49 Kevin Biese - GEDC: Thank you Mary Beth - what a great overview - and could not agree more- Advocate Aurora eating the way
00:56:00 Kevin Biese - GEDC: Opps leading the way!!!!!
00:56:06 Tess Hogan - GEDC: Welcome to the Webinar!
00:56:15 Mary Beth Kingston: I knew what you meant!
01:00:57 jane carmody: Great intro! The John A. Hartford Foundation is excited to attend the virtual bootcamp. We so appreciate the vision of AAH to move forward on Age-Friendly Health System and importance of ED accreditation. Thanks, all
01:01:46 aaron malsch AAH Senior Services: Thank you Jane!
01:02:32 Christianson_karla: Same at Good Shepherd
01:03:57 Timlin_Germaine: Good Shepherd also has unstable internet. I am listening on the phone which is stable.
01:04:05 GSAM ED Group - Steve, Sue, Dave, Amy: sorry about that, we're having technical difficulties on the GSAM end
01:04:26 aaron malsch AAH Senior Services: Steve, should i intro the team?
01:04:28 Kevin Biese - GEDC: Yes, if connection unstable can call in on phone to ensure audio connection
01:04:44 GSAM ED Group - Steve, Sue, Dave, Amy: we're setting up for audio now
01:04:49 Chris Carpenter: If folks are on the phone, should be able to communicate verbally through that line. Just make sure that two audio sources not opened at once at one site (or you'll get an echo).
01:05:02 Lorraine Trecroce - GEDC: Hi GSAM and Good Shepherd folks. Consider dialling in by phone, or sending a little summary in the chat if the audio doesn't come through.
01:06:34 jane carmody: Congrats, Stephanie!
01:08:07 Don Melady - GEDC: Do you have any idea why your >65 population is so high? For most general communities, only about 20% are in that group.
01:08:31 jane carmody: wow! 3X ENA Lantern Awardees!
01:09:39 Lorraine Trecroce - GEDC: One tap mobile
+13126266799,,99658624517#,,1#,846518# US (Chicago)
+19292056099,,99658624517#,,1#,846518# US (New York)

Dial by your location
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Germantown)
+1 346 248 7799 US (Houston)
+1 669 900 6833 US (San Jose)
+1 253 215 8782 US (Tacoma)
Meeting ID: 996 5862 4517
Password: 846518
Find your local number: https://zoom.us/u/abuH2MphD
01:10:22 Lorraine Trecroce - GEDC: If you check your calendar invite that was sent by Chris Rubach, you will find the one tap mobile and dial in numbers. :)

01:10:31 battaglia_maria: Many ALFs in our area
01:10:54 GSAM ED Group - Steve, Sue, Dave, Amy: Ok GSAM up on audio
01:11:01 Chris Rubach - AAH Senior Services: Here is the one-tap mobile number:
01:11:05 Chris Rubach - AAH Senior Services: One tap mobile+13126266799,,99658624517#,,1#,846518# US (Chicago)
01:11:05 Dawn Greeson: Tony Quintanilla is on the phone call and can hear but is not able to speak
01:13:16 Adam Perry GEDC: To Don—The Uneven Aging and Younging of American
01:13:49 Sue Grossinger: I know from Good Shephs area, over the last 20 yrs in the collar counties of Chicago area here in Lake and McHenry Co have seen an increase in older adult population 50-60% as these counties grew in population growth.
01:14:06 Adam Perry GEDC: To Don's Questions consider —The Uneven Aging and Younging of America— to describe the —Youth Decline and Senior Left Behind— demographic trend in nonmetroplitan areas.
01:14:23 Adam Perry GEDC: https://www.brookings.edu/wp-content/uploads/2016/06/0628_census_aging_frey.pdf
01:14:40 Cathy Duchow-Cross: Tony Q is on the call and can hear but is having techno difficulties and we can't hear him.
01:16:56 Pam Martin, NP GEDC: Thanks Adam
01:20:00 jane carmody: 5 consecutive Magnet!
01:21:10 Don Melady - GEDC: You're seeing a LOT of older people!
01:27:48 Chris Carpenter: Guidelines since endorsed by CAEP, AAEM, and ACOEP too!
01:30:14 Chris Carpenter: Link to the GED Guidelines https://www.sciencedirect.com/science/article/pii/S0196064414001188?via%3Dihub
01:34:57 Ula Hwang - GEDC: To access GEDC tools and resources and the GEDC Journal of Geriatric Emergency Medicine website: https://gedcollaborative.com/resources/
01:35:31 Adam Perry GEDC: Adam Perry 717 856 6050
01:35:38 Mary Roesch: Mary Roesch 630-881-5964
01:35:46 Crane_Amy: Amy Crane 815-382-8916
01:35:51 Katie Harper - GSam- ERCM: 6308006776
01:36:05 Timlin_Germaine: Germaine Timlin 847-842-4214 I think
01:36:41 corrigan_megan: 630-275-1055 (megan corrigan)
01:37:26 MOELLER_DAWN: Dawn Moeller / Jim Messerschmidt / Shelley Coleman on 847-842-4296
01:37:27 GSAM ED Group - Steve, Sue, Dave, Amy: Steve and Group @ AGSAM - 773-296-5877
01:38:25 preston_jan: Jan Preston 847-842-4149
01:41:15 Katie Harper - GSam- ERCM: I don't have a break out option
01:41:33 Chris Carpenter: The break out option should pop up momentarily
01:42:05 Jessica Ottow: Jessica Ottow 414-741-2474
01:54:34 Christianson_karla: I can hear words from someone now but the message "you are now in a breakout session, you are muted" is louder than the voices I am hearing in the background. I left the break out session trying to figure this out
01:55:39 Christianson_karla: I am going to leave the whole meeting and try to re-enter ???
02:03:00 Mike Logan, MD - Good Sam: Good Sam group is working to get back online
02:05:44 D. Ann Marson AMCB: Sorry - dont know what happened to my voice

02:09:12 Monique Bushman: for us at ALMC and AMHB we often notice this as ED doc and nurse but feel like our hands are tied. they don't meet admission criteria and the hospitalist give push back. we make internal service to see for follow up. but 1/3 of the time we can't get our patients home let alone figure out how to get them home care, to the pharmacy, etc. a lot of us worry about these patients but don't feel we have the ability to help them get access to everything they need.

02:11:14 aaron malsch AAH Senior Services: Those are excellent points Monique–we should engage hospital, primary care, etc to bridge these gaps

02:11:41 Chris Carpenter: Perfect for transdisciplinary QI project!

02:12:02 battaglia_maria: The home health and the post acute team are great resources

02:12:11 Ula Hwang - GEDC: Reframing solution with importance of interdisciplinary approach to improving care for older adults in the ED

02:13:12 Pam Martin, NP GEDC: After our SSED team has seen the patient in the ED, we get less push back from hospitalists regarding admission as they know we have exhausted every avenue to discharge the patient safely. This TRUST came after working with us for some time

02:15:59 Kevin Biese - GEDC: Great point Pam, Can you tell us what SSED stands for?

02:16:14 Ula Hwang - GEDC: Thanks Pam - great example of change will be slow, but the importance of team work and messaging of programs across disciplines and departments.

02:16:22 Pam Martin, NP GEDC: SSED = Senior Services Emergency Department

02:22:14 Adam Perry GEDC: Time and staffing constraints may be more acute in lower volume EDs serving high proportions of older adults, as staffing is often per nurse/patient ratio without adjustment for amount of time and resources that complex older adults may require.

02:23:00 Tess Hogan - GEDC: missed cognitive impairment is widespread in the ED is there a role for systematic screening here?

02:24:26 Ula Hwang - GEDC: Here, even with limited staff and time, it may be identifying existing resources. Having already existing staff like case managers redirected to focus geriatrics emergency care evaluation.

02:24:47 Chris Carpenter: When speaking with C-suites, time constraints must be weighed against preventable return visits (so more time spent on a different day), patient satisfaction scores, and a financially strapped Medicare system after 2026 when revisits might not be reimbursed. See recent editorial on this topic https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13997

02:25:06 Ula Hwang - GEDC: ED opportunities to screen and identify high risk older aduults

02:26:33 Chris Carpenter: And opportunities to refine the current state of screening tools to predict –vulnerability– in older adults during episode of ED care - the future state https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.16502

02:31:40 Kevin Biese - GEDC: I find a very helpful one question add to my H&P for patients that have fallen to be –How many falls have you (or your loved one if question to a care giver) had in the last three months?– If the answer is –several– the care team immediately recognizes that more interventions are required (med rec, timed get up and go, etc, PT consult) to help avoid next fall

02:31:42 Tess Hogan - GEDC: McFadden GP, Hall SE, Gleason LJ, Herrera O, Hogan TM. Identification of Older Adult Fall Occurrence by Brief Emergency Department Triage

Screen. J Am Geriatr Soc. 2020; 68(2):442,Äì443. doi:10.1111/jgs.16271. https://pubmed.ncbi.nlm.nih.gov/31778217-identification-of-Yoolder-adult-fall-occurrence-by-brief-emergency-department-triage-screen/?from_single_result=Identification+of+Older+Adult+Fall+Occurrence+by+Brief+Emergency+Department+Triage+Screen

02:31:57 Don Melady - GEDC: I'm glad that there was a lot of talk about interdisciplinary assessment - while emergency MDs are skilled and capable people, most older people have problems in multiple domains - not just medical, but social, cognitive, functional etc. - whereas ED MDs and RNs are really good only at the medical part. The Geri ED functions better for the patient if there is an opportunity to routinely screen for high-risk conditions - delirium dementia, falls, medication appropriateness/polypharmacy. That needs to be built into ED workflow. it's also helpful to have access to a physio and O therapist (not necessarily in the ED all the time but available) - and most importantly some kind of case management that can help with the multiple assessments and information gathering that are necessary to better manage these five cases. Also there needs to be someone with an awareness of community resources for follow up - it's unreasonable to think that the ED MD and RN are going to be up to date on all the those things.

02:32:07 Chris Carpenter: If your surgeons are looking at the American College of Surgeon's Geriatric Surgery Verification accreditation, these ACS criteria emphasize fall prevention as well. See https://www.facs.org/-/media/files/quality-programs/geriatric/geriatricsv_standards.ashx

02:33:30 Ula Hwang - GEDC: Think about if there are any current falls programs already in your ED and now modifying for the purposes of improving falls assessment and care pathway.

02:34:02 Ula Hwang - GEDC: Leveraging already existing programs and modifying for GED care.

02:34:47 Pam Martin, NP GEDC: Don, great points. CM/SW could create a binder or digital file of resources for ED nurses/MD to reference when CM/SW is not available

02:35:00 aaron malsch AAH Senior Services: excellent point concerning the ortho VS

02:38:12 jane carmody: Chris, excellent point about the American College of Surgeons GSV quality program. !

02:40:43 Kevin Biese - GEDC: What a fantastic safe mobility program you are describing Julie - truly awesome!

02:42:41 jane carmody: So great!! thank you

02:42:45 Mike Logan, MD - Good Sam: From a FTE hiring standpoint is there data we can use to determine how many more individuals that may need to be hired ie more PTs, more pharmacists, more CM?

02:42:46 Ula Hwang - GEDC: Can AAH programs share these tracking mechanisms for falls implementation with each other?

02:43:33 Ula Hwang - GEDC: Opportunity for AAH hospitals to learn from each other - what a great network already with extensive experience!

02:43:57 jane carmody: next best thing to in person...

02:44:25 kidder_gina: I think Dr. Logan brings up an excellent point If we don't have the resources, the patients will stay in the ED which is in opposition to our short length of stay goals.

02:45:20 Don Melady - GEDC: Re: staffing. It isn't necessarily a question of doing more with less, but sometimes of doing more with the resources that you have - there probably are physics in your hospital -=- is there a way fo making them available for ED assessments?
02:46:12 Tess Hogan - GEDC: the cite from ohio state in the slides discusses costs
02:46:54 Suzie Ryer, PT - AAH Senior Services: There are some really unique opportunities to look at referral times within EPIC and use this to justify when an IP department might be able to house a PT in ED
02:47:02 Ula Hwang - GEDC: Many ED's that implement GED programs increase ED LOS for patients. BUT this is counterbalanced with an averted hospital admission.
02:47:27 Suzie Ryer, PT - AAH Senior Services: Several sites within Wisconsin have been able to place a PT for a portion of day (early pms) to meet majority of needs and then as needed other times of day
02:47:36 Chris Carpenter: Here's the Southerland reference https://onlinelibrary.wiley.com/doi/full/10.1111/acem.13998
02:47:59 Chris Carpenter: From Ohio State
02:51:20 Don Melady - GEDC: https://gedcollaborative.com
02:51:35 Mike Logan, MD - Good Sam: Thanks for the great answers!
02:51:42 Lorraine Trecroce - GEDC: 24-48 hours for resources to be available at https://gedcollaborative.com/aah-boot-camp-06-15-2020/
02:51:42 Tess Hogan - GEDC: Thanks all I am happy to answer questions as you go forward thogan@medicine.bsd.uchicago.edu
02:51:54 Don Melady - GEDC: Well done Aaron and suzie and team
02:52:03 Don Melady - GEDC: and Chris!
02:52:10 Nancy Wexler: Well done!
03:03:41 Ula Hwang - GEDC: Congrats AAH team! I have to drop off now. Thank you for all you do! Aurora and Advocate leading and inspiring the way for GEDs around the country.
03:05:04 Michael Malone - AAH GEDC: Congrats to the entire team who organized this presentation. Thank you. Judy Gardetto and Nan Gardetto would be very pleased.