



CA Prime Healthcare Accreditation: Education & 'How to Apply' Bootcamp

January 13, 2022

Connecting with interdisciplinary colleagues from across your health system.



- Centinela Hospital Medical Center
- Desert Valley Hospital
- Encino Hospital Medical Center
- La Palma Intercommunity Hospital
- Paradise Valley Hospital
- Shasta Regional Medical Center
- Sherman Oaks Hospital
- West Anaheim Medical Center

Sharing best practices and promising interventions in Geriatric Emergency Care

TODAY'S SPEAKERS



Kevin Biese, MD
Emergency Physician
UNC
GEDC Core Faculty



Aaron Malsch, RN
Senior Services Program Coordinator
Aurora Health Care
GEDC Core Faculty



Nicole Tidwell
Senior Accreditation Manager
ACEP GEDA



Anne Xenos
Corporate Director of Senior Care
Prime Healthcare



Emily Weaver
Principal Investigator
West Health Institute



GEDC

THE GERIATRIC
EMERGENCY DEPARTMENT
COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

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.

THE GEDC TEAM



Kevin Biese, MD
Emergency Physician
University of North Carolina



Michael Malone, MD
Geriatrician
Advocate Aurora Health



Laura Stabler, MPH
GEDC Program Director



Chris Carpenter, MD
Emergency Physician
Washington University



Aaron Malsch, RN
Senior Services Program
Coordinator
Advocate Aurora Health



Conor Sullivan
GEDC Program Coordinator



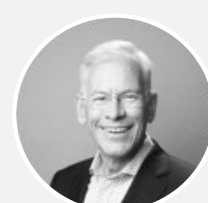
Teresita Hogan, MD
Emergency Physician
University of Chicago



Pamela Martin, APRN
Geriatric Emergency Medicine
Yale University



Ula Hwang, MD
Emergency Physician
Yale University



Don Melady, MD
Emergency Physician
Mt. Sinai Hospital in
Toronto



OUR TEAM



Zia Agha, MD
Chief Medical Officer and Executive Vice President



Jon Zifferblatt, MD, MPH, MBA
Executive Vice President, Strategy and Successful Aging



Emily Weaver
Principal Investigator

Our Mission

We are dedicated to lowering healthcare costs to enable seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life and independence.



Anne Xenos

Corporate Director of Senior Care
Prime Healthcare

Welcome



Prime Healthcare

- Centinela Hospital Medical Center
- Desert Valley Hospital
- Encino Hospital Medical Center
- La Palma Intercommunity Hospital
- Paradise Valley Hospital
- Shasta Regional Medical Center
- Sherman Oaks Hospital
- West Anaheim Medical Center

Prime Health Care Geri ED Initiative

Virtual Geri ED Bootcamp

Jan 13, 2022
9:30-11:00 PST

AGENDA

9:30-9:40 (10mins)	Welcome and Introductions: GEDC Team West Health (Master Plan on Aging) Anne Xenos (CA Prime Site Introduction)
9:40-9:55 (15mins)	Background on Geriatric EDs and Accreditation - The Why
9:55-10:25 (30mins)	GEDA Level 3 Accreditation Nuts and Bolts
10:25-10:45 (20mins)	Introduction to GED Implementation - GEDC QI Resources
10:45-10:55 (10mins)	Question and Answer Session Moderated by GEDC Faculty
10:55-11:00 (5mins)	Wrap-up and Next Steps



Bootcamp Goals

- Prepare participating sites for Level 3 Geriatric ED Accreditation by January 31, 2022
- Enhance models of care for older people in Prime Healthcare
- Foster a sense of community among Prime Healthcare EDs around care of older patients

Learning Objectives

By the end of this activity, you should be able to:

- Describe the Level 3 components of a geriatric ED based on the GED Guidelines
- List the components of a successful application for Level 3 ACEP Geriatric ED accreditation
- Demonstrate familiarity with the GEDC Geri ED implementation resources available to Prime Healthcare
- Recognize geriatric focused care initiative and adherence plan to implement in your ED





Geriatric EDs: The Why?

Kevin Biese
MD, MAT



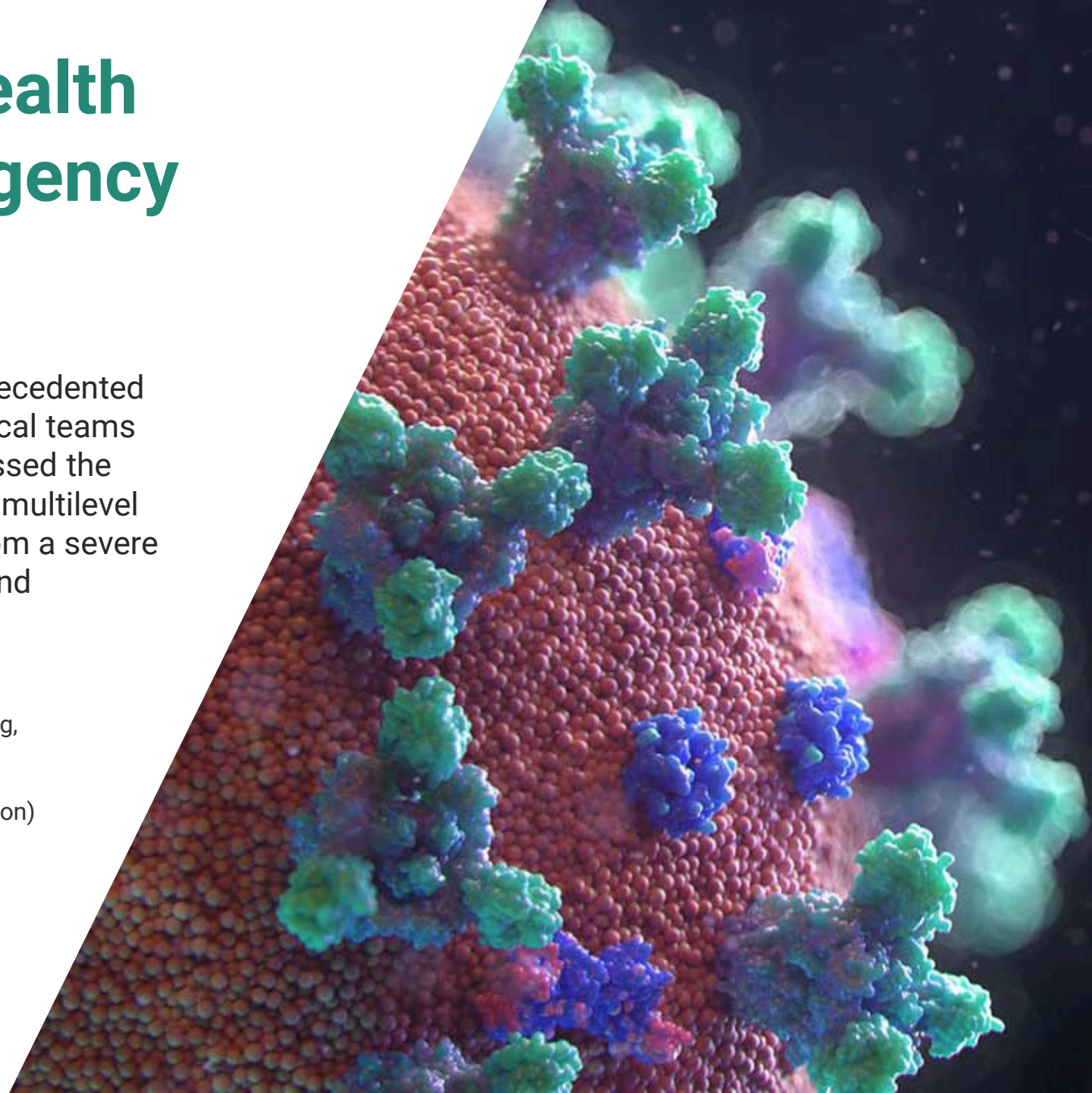
Geriatric Emergency Department
Collaborative Implementation PI

Chair, Geriatric Emergency
Department Accreditation

COVID-19 Stressing Health Systems and the Emergency Department Safety Net

Emergency Departments (ED) are experiencing unprecedented levels of stress and our vulnerable patients and clinical teams are suffering. In the last few months, we have witnessed the clash of increasing patient volumes and acuity, with multilevel decreasing resources. ED staff are stretched thin from a severe national nursing shortage, unprecedented tension, and significant PTSD.

- COVID-19 is a geriatric emergency
- Exacerbation of ED challenges (communication, delirium, crowding, etc.)
- Goals of care conversations / palliative care (esp. around ventilation)
- High risk of delirium for older adults during COVID
- Care transitions and support between EDs and “home” (including SNFs)

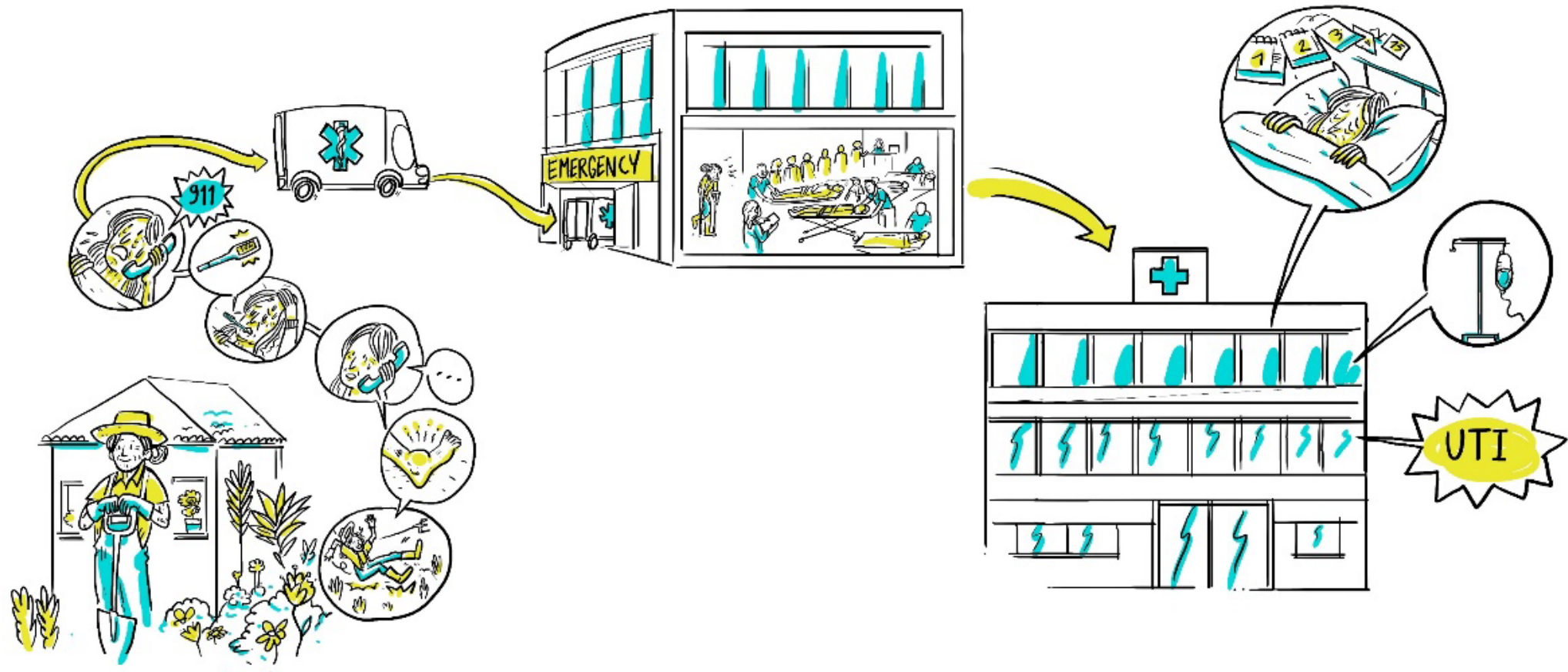


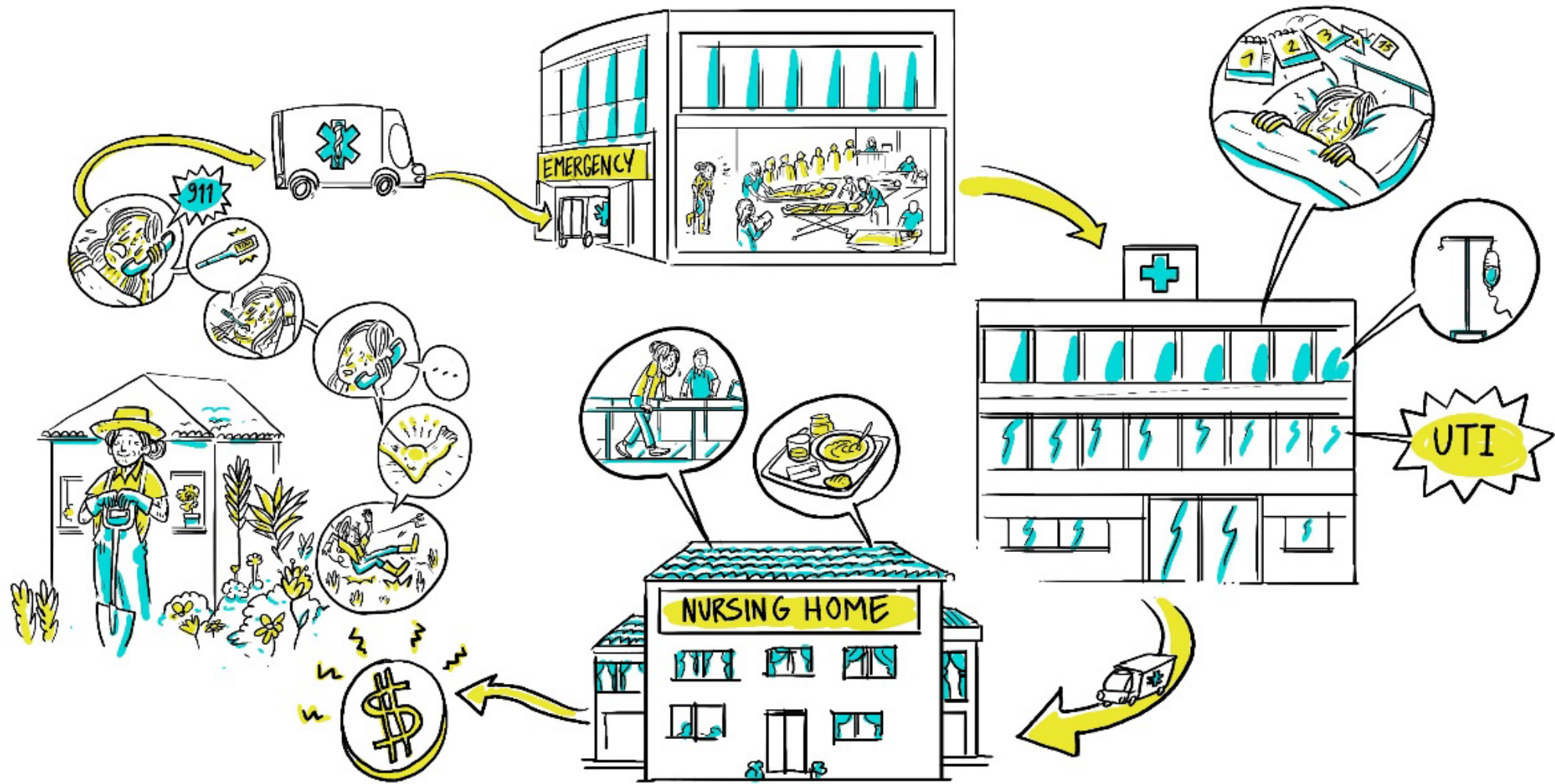








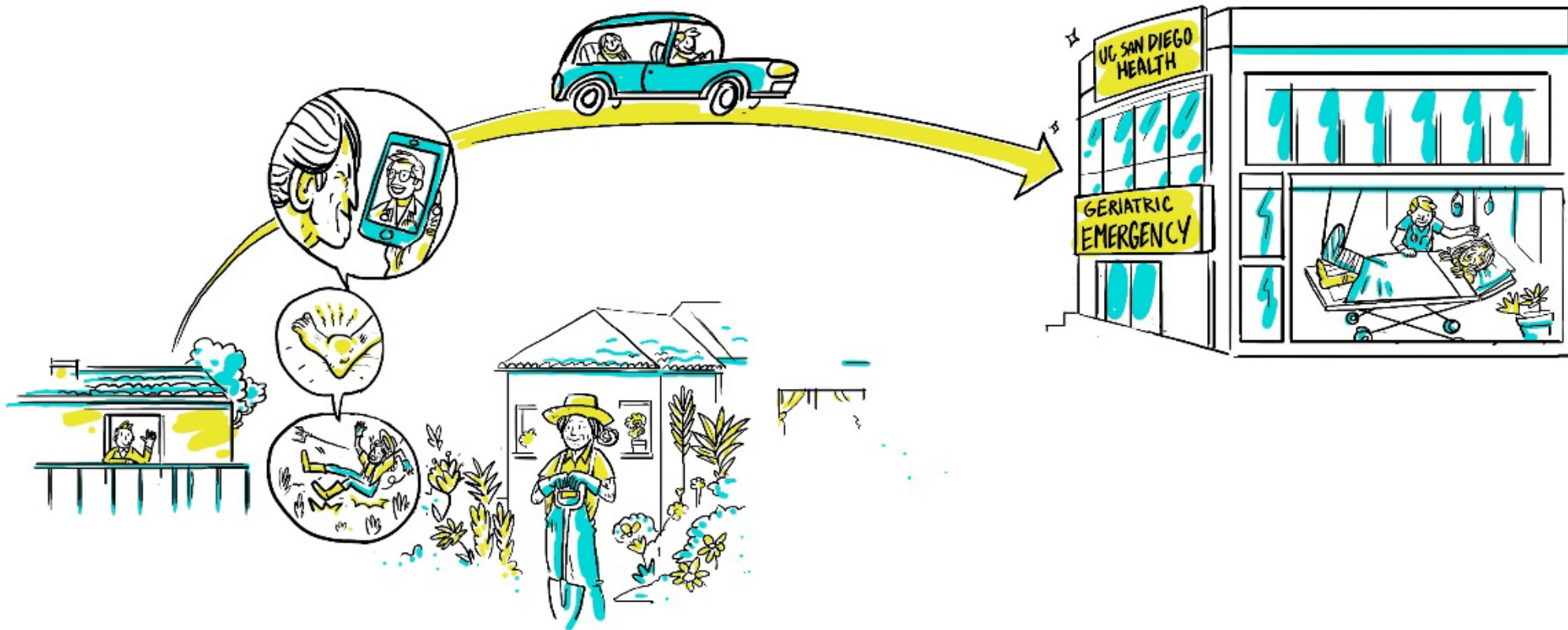


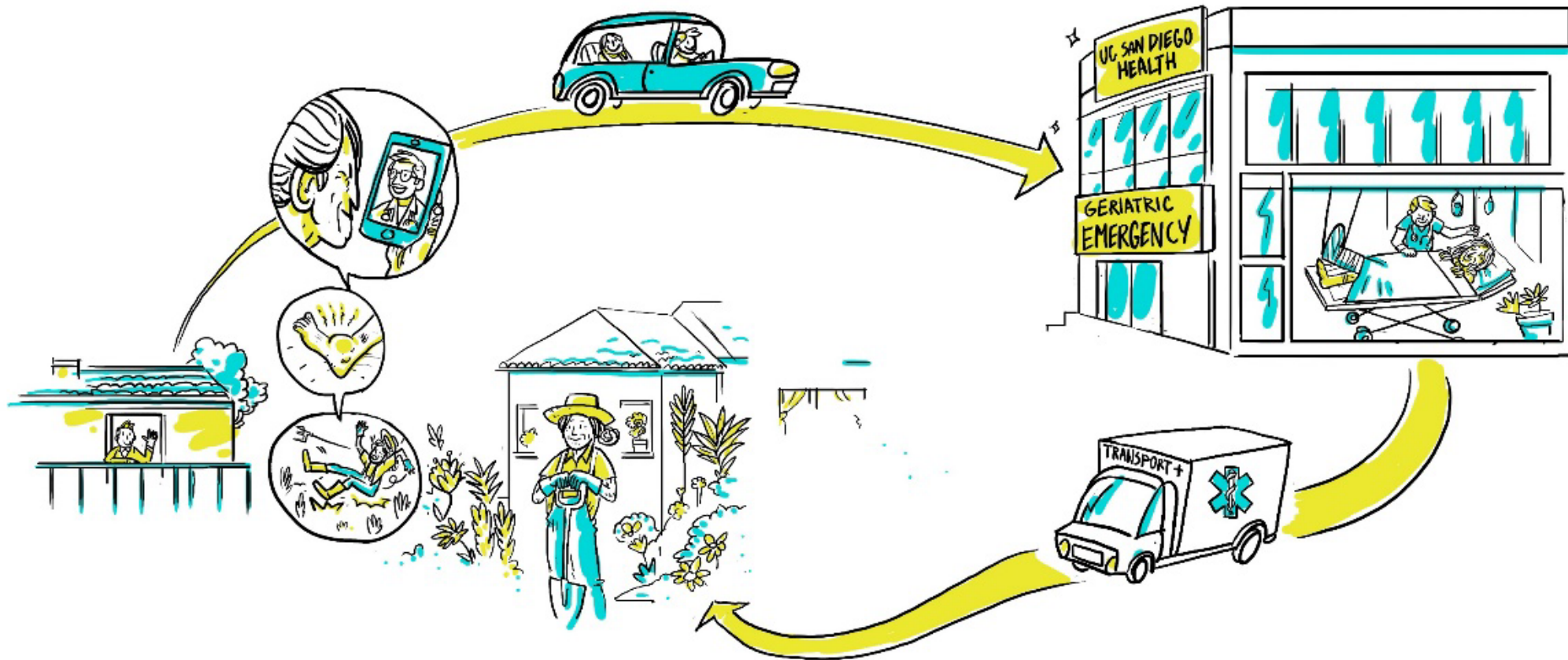


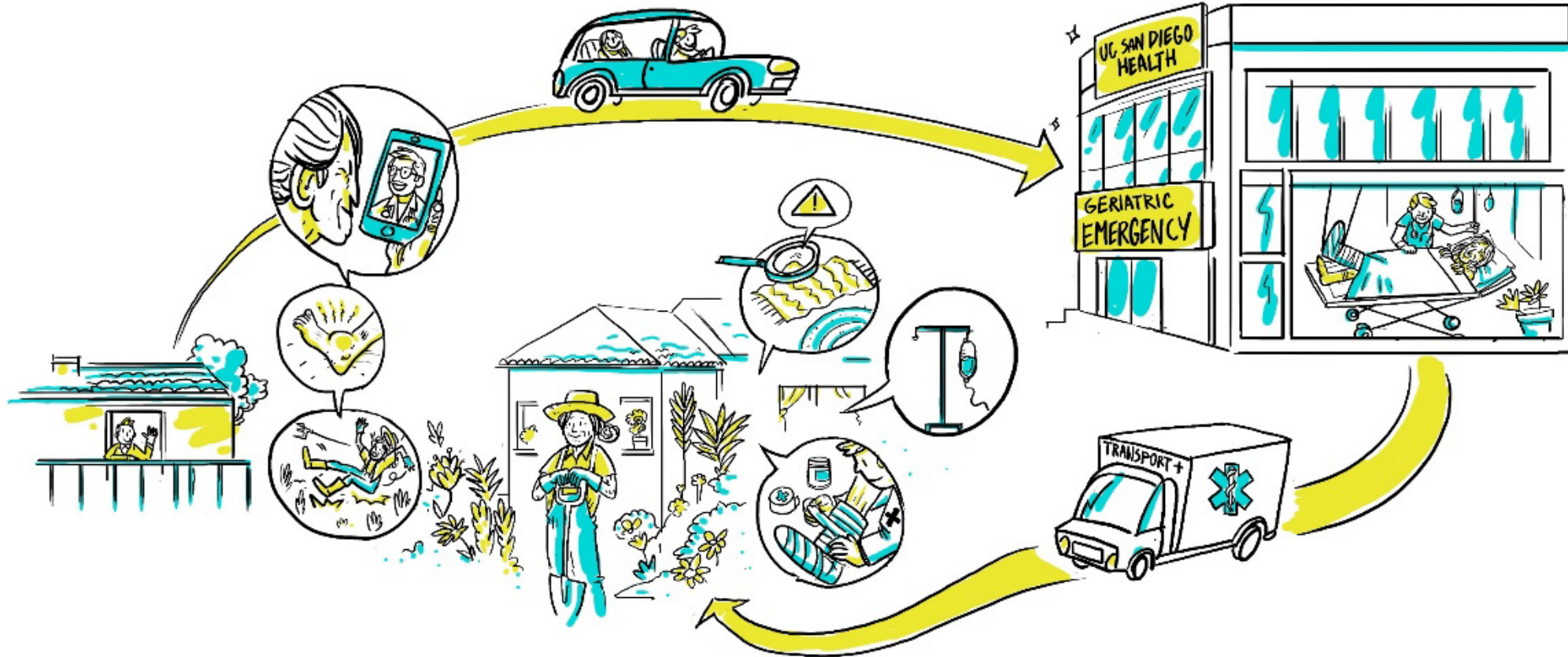


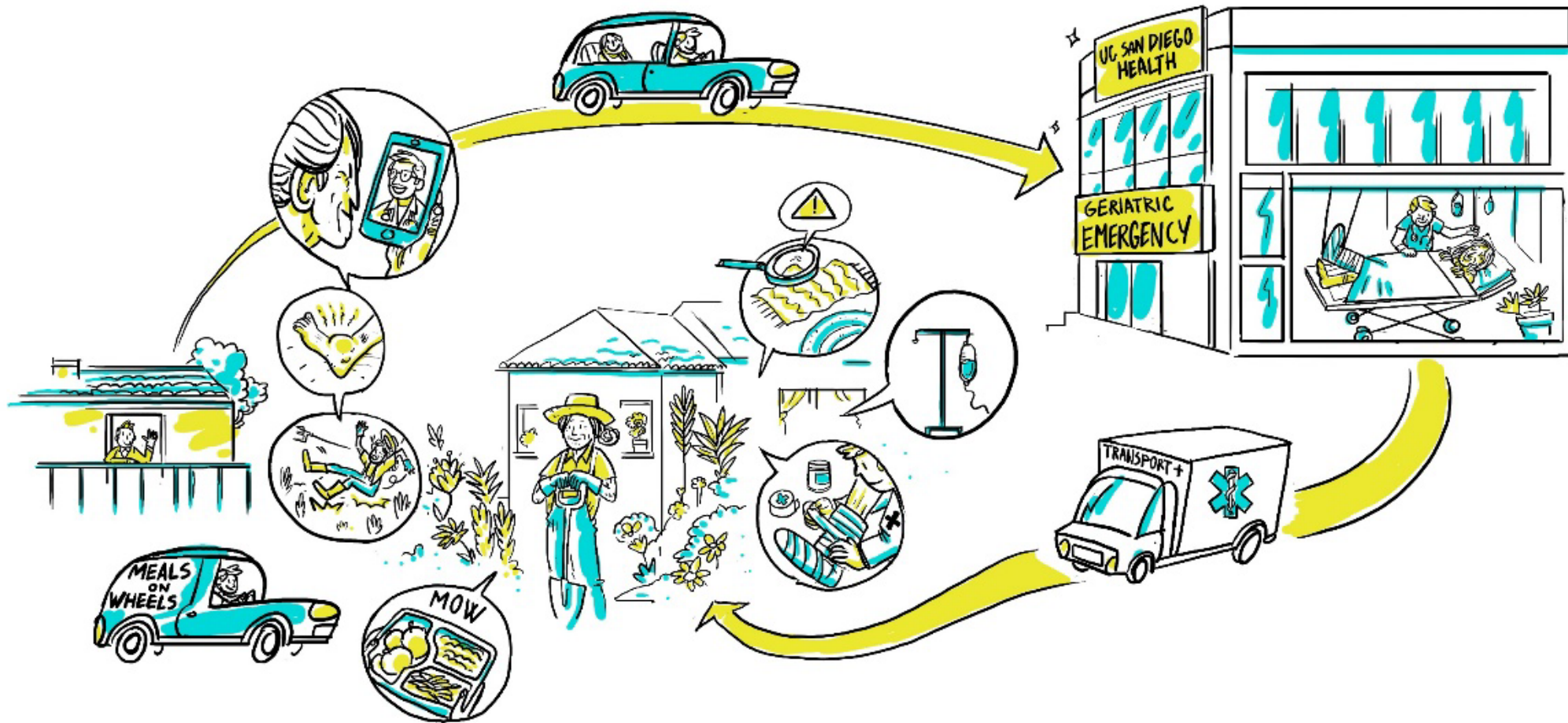






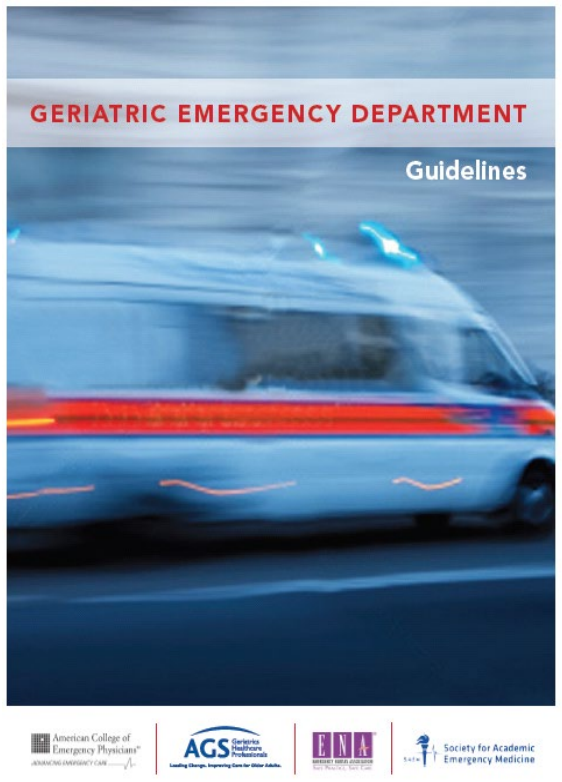




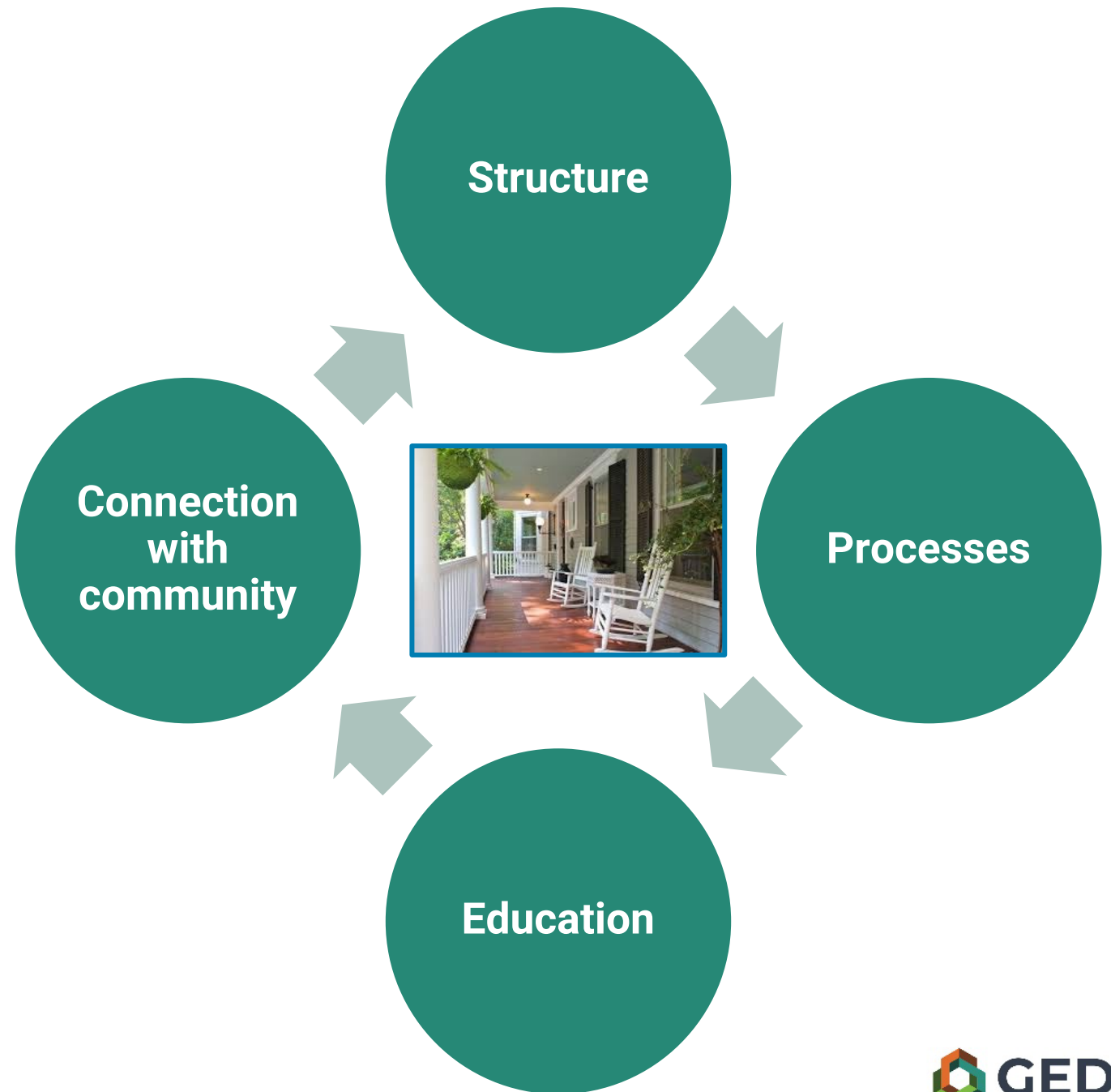


Geriatric ED Guidelines

Four Critical Components of a Geriatric-Appropriate ED

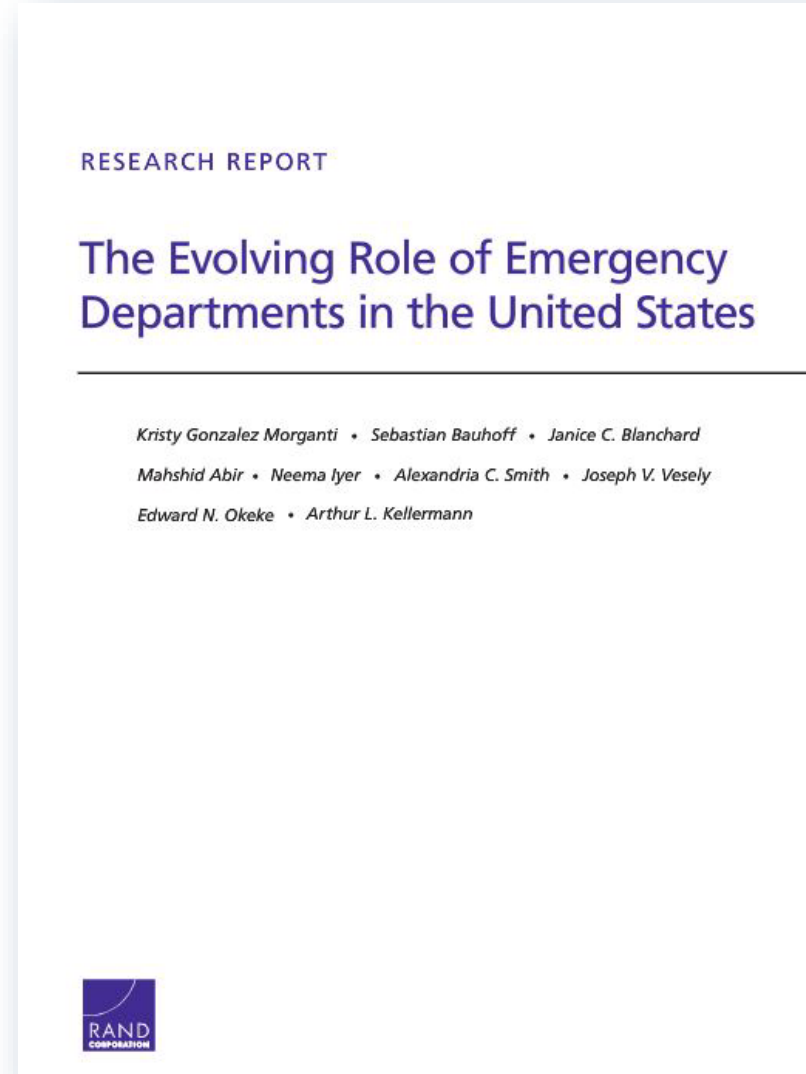


Geriatric ED Guidelines 2014



Critical Role of ED in Cost and Care Trajectory

- 60% of older adults **admitted** to hospital come **through** the ED
- The ED itself is not the huge cost center of US Health Care, however ...
- ED makes decisions with tremendous cost implications (admit vs. discharge)
 - *Average admission >\$22,000*
- ED makes decisions with tremendous care implications
- Can the ED identify and intervene upon underlying social needs and integrate medical care to improve the care and cost trajectory?



A growing body of literature supports Geriatric EDs as a solution

Health Affairs

TOPICS JOURNAL BLOG

HEALTH AFFAIRS BLOG DIFFUSION OF INNOVATION

The Journey of Geriatric Emergency Medicine: Acceleration, Diffusion, and Collaboration As Keys To Continued Growth

Kelly Ko, Adriane Lesser, Kevin Biese, Ula Hwang, Christopher Carpenter

September 12, 2017

10.1377/hlta20170912.061810



Geriatric Emergency Department Innovations: Transitional Care Nurses and Hospital Use

Ula Hwang, MD, MPH,^{1,2} Scott M. Dresner, MD, MS,³ Mark S. Rosenberg, MD,³ Melissa M. Carrillo, PhD,³ Qing George Luo, MPA, MPH, DPH,³ Jeremy S. Et, BGS, MD,³ David R. Gravenor, MBA,⁴ D. Mark Crutchen, MD,⁵ Raymond Kang, MA,⁶ Carolyn Vargas-Torres, MA,⁶ Corita R. Gaudin, MD, MS,⁷ and Lynne D. Richardson, PhD,⁸ Investigators

OBJECTIVE: To determine whether providing physical therapy (PT) services in the emergency department (ED) improves outcomes for older adults who fall. **DESIGN:** We used Medicare claims data to examine differences in 30-day functional ED revisit rates for older adults who presented to the ED for a ground level fall and whether they received PT services in the ED. Our highest regression model controlled for age, sex, Medicaid eligibility, acute injury, and certain known chronic comorbidities associated with risk of falls. **SETTING:** We analyzed national 2012-13 Medicare claims data for individuals aged 65 and older. **PARTICIPANTS:** This was a cross-sectional analysis. We defined an index visit as any ED visit that included an International Classification of Diseases, Ninth Revision, Clinical Modification (ICM) indicating a ground level fall. Visits resulting in admissions were excluded, as were claims associated with an individual who died during follow-up. 17,275 of the 560,277 claim for eligible out-patient index visits included revenue center codes for PT services. **MEASUREMENTS AND MAIN RESULTS:** We calculated the proportion of MEASUREMENTS: We calculated the proportion of individuals who received PT in the ED and follow-up discharge. *J Am Geriatr Soc 2018.*

KEY WORDS: fall, emergency department, physical therapy, older adults, Medicare, Medicare claims data

INTRODUCTION

According to the 2010 Census, more than 40 million Americans were over the age of 65, which was "more people than in any previous census." In addition, "between 2000 and 2010, the population 65 years and over increased at a faster rate than the total U.S. population." The census data also demonstrated that the population 85 and older is growing at a rate almost three times the general population. The subsequent increased need for health care for this burgeoning geriatric population represents an unprecedented and overwhelming challenge to the American health care system as a whole and in emergency departments (EDs) specifically.¹⁻⁴ Geriatric EDs began appearing in the United States in 2008 and have been increasing constantly.⁵ The ED is uniquely positioned to play a role in improving care to the geriatric population. As an accessible access point for medical care, the ED sits at a crossroads between inpatient and outpatient care (Figure 1).⁶ Specifically, the ED represents 57% of hospital admissions in the United States, of which almost 70% receive a non-surgical diagnosis.⁷ The expertise within an ED staff can bring to an encounter with a geriatric patient can meaningfully impact not only a patient's condition, but can also impact the decision to utilize relatively expensive inpatient medication, or to expensive outpatient treatment.^{8,9} Emergency medicine experts recognize similar challenges around the world.¹⁰ Geriatric ED care principles have been described in the United Kingdom.¹¹ Furthermore, as the initial site of care for both inpatient and outpatient events, the care provided in the ED has the opportunity to "set the stage" for subsequent care provided. More accurate diagnoses and improved therapeutic measures can not only expedite and improve inpatient care and outcomes, but can effectively guide the allocation of resources toward a patient population that, in general, utilizes significantly more resources per event than younger populations.¹² Geriatric ED patients

represent 43% of admissions, including 48% admitted to the intensive care unit (ICU).¹³ On average, the geriatric patient has an ED length of stay that is 20% longer and they use 50% more lab/imaging services than younger patients.^{14,15} In addition, geriatric ED patients are 40% more likely to require social services. Despite the focus on geriatric acute care in the ED manifests by disproportionate use of resources, these patients frequently leave the ED dissatisfied and optimal outcomes are not consistently attained.^{16,17} Despite the fact that the geriatric patient population accounts for a large and ever increasing proportion of ED visits, the contemporary emergency medicine management model may not be adequate for geriatric adults.¹⁸ A number of challenges face emergency medicine to effectively and reliably improve post-ED geriatric adult outcomes.^{19,20} Multiple studies demonstrate emergency physicians' perceptions about inadequate geriatric emergency care model training.^{21,22} Many common geriatric ED problems remain under-researched leaving uncertainty in optimal management strategies.^{23,24} In addition, quality indicators for geriatric EDs are limited and geriatric ED care continues to evolve.²⁵ Older adults with multiple medical co-morbidities, often multiple medications, and complex physiologic changes present even greater challenges.²⁶ Programs specifically designed to address these concerns are a realistic opportunity to improve care.

Similar programs designed for other age groups (pediatrics) or directed toward specific diseases (STEMI, stroke, and trauma) have improved care both in individual EDs and systems-wide, resulting in better, more cost effective care and ultimately better patient outcomes.^{27,28}

GERIATRIC ED-PURPOSE

The purpose of these Geriatric Emergency Department Guidelines is to provide a standardized set of guidelines that can effectively improve the care of the geriatric population and which is feasible to implement in the ED. These guidelines create a template for staffing, equipment, education, policies and procedures, follow-up care, and performance improvement measures. When implemented collectively, a geriatric ED can expect to see improvements in patient care, customer service, and staff satisfaction.²⁹ Improved attention to the needs of this challenging population has the opportunity to more effectively allocate health care resources, optimize admission and readmission rates, while simultaneously decreasing unnecessary complications and the resultant increased length of stay and decreased reimbursement.

MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT AND PROGRAM DISSEMINATION

A Geriatric Emergency Service for Acutely Ill Elderly Patients: Pattern of Use and Comparison with a Conventional Emergency Department in Italy

Fabio Salvi, MD,¹ Valeria Morichi, MD,² Annalisa Grilli, MD,³ Raffaella Giorgi, MD,⁴ Lucia Spazzolini, MD,⁵ Stefano Palonara, MD,⁶ Giuseppe De Tommaso, MD,⁷ Alessandro Rappelli, MD,⁸ and Paolo Dess-Fulgheri, MD,⁹

OBJECTIVE: To determine whether providing physical therapy (PT) services in the emergency department (ED) improves outcomes for older adults who fall. **DESIGN:** We used Medicare claims data to examine differences in 30-day functional ED revisit rates for older adults who presented to the ED for a ground level fall and whether they received PT services in the ED. Our highest regression model controlled for age, sex, Medicaid eligibility, acute injury, and certain known chronic comorbidities associated with risk of falls. **SETTING:** We analyzed national 2012-13 Medicare claims data for individuals aged 65 and older. **PARTICIPANTS:** This was a cross-sectional analysis. We defined an index visit as any ED visit that included an International Classification of Diseases, Ninth Revision, Clinical Modification (ICM) indicating a ground level fall. Visits resulting in admissions were excluded, as were claims associated with an individual who died during follow-up. 17,275 of the 560,277 claim for eligible out-patient index visits included revenue center codes for PT services. **MEASUREMENTS AND MAIN RESULTS:** We calculated the proportion of individuals who received PT in the ED and follow-up discharge. *J Am Geriatr Soc 2018.*

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MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT, AND PROGRAM DISSEMINATION

Association Between Physical Therapy in the Emergency Department and Emergency Department Revisits for Older Adult Fallers: A Nationally Representative Analysis

Adriane Lesser, MS, John Ison, MS, Tyler Kent, and Kelly J. Ko, PhD

OBJECTIVE: To determine whether providing physical therapy (PT) services in the emergency department (ED) improves outcomes for older adults who fall. **DESIGN:** We used Medicare claims data to examine differences in 30-day functional ED revisit rates for older adults who presented to the ED for a ground level fall and whether they received PT services in the ED. Our highest regression model controlled for age, sex, Medicaid eligibility, acute injury, and certain known chronic comorbidities associated with risk of falls. **SETTING:** We analyzed national 2012-13 Medicare claims data for individuals aged 65 and older. **PARTICIPANTS:** This was a cross-sectional analysis. We defined an index visit as any ED visit that included an International Classification of Diseases, Ninth Revision, Clinical Modification (ICM) indicating a ground level fall. Visits resulting in admissions were excluded, as were claims associated with an individual who died during follow-up. 17,275 of the 560,277 claim for eligible out-patient index visits included revenue center codes for PT services. **MEASUREMENTS AND MAIN RESULTS:** We calculated the proportion of individuals who received PT in the ED and follow-up discharge. *J Am Geriatr Soc 2018.*

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Optimal Older Adult Emergency Care: Introducing Multidisciplinary Geriatric Emergency Department Guidelines From the American College of Emergency Physicians, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine

Christopher R. Carpenter, MD, MSc,¹ Marilyn Bromberg, BSN, Jeffrey M. Callaway, MD, MPH,² Ashley Chou, MD, Lowell W. Green, PhD,³ Janet Greenberg, MD,⁴ Ula Hwang, MD, MPH,⁵ David P. Jahn, MD, William L. Lewis, MD, Timothy J. Plantinga, MD, MS,⁶ Barry Morrison, PhD, Luca Ruggiero, MD, MPH,⁷ Marc Rosenberg, DO, MBA,⁸ Scott W. Witte, MD, MPH,⁹ for the ACEP Geriatric Emergency Medicine Section, American Geriatrics Society, Emergency Nurses Association, and Society for Academic Emergency Medicine

OBJECTIVE: To determine whether providing physical therapy (PT) services in the emergency department (ED) improves outcomes for older adults who fall. **DESIGN:** We used Medicare claims data to examine differences in 30-day functional ED revisit rates for older adults who presented to the ED for a ground level fall and whether they received PT services in the ED. Our highest regression model controlled for age, sex, Medicaid eligibility, acute injury, and certain known chronic comorbidities associated with risk of falls. **SETTING:** We analyzed national 2012-13 Medicare claims data for individuals aged 65 and older. **PARTICIPANTS:** This was a cross-sectional analysis. We defined an index visit as any ED visit that included an International Classification of Diseases, Ninth Revision, Clinical Modification (ICM) indicating a ground level fall. Visits resulting in admissions were excluded, as were claims associated with an individual who died during follow-up. 17,275 of the 560,277 claim for eligible out-patient index visits included revenue center codes for PT services. **MEASUREMENTS AND MAIN RESULTS:** We calculated the proportion of individuals who received PT in the ED and follow-up discharge. *J Am Geriatr Soc 2018.*

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Clinics Review Articles
Clinics in Geriatric Medicine

CARE FOR THE OLDER ADULT IN THE EMERGENCY DEPARTMENT

EDITORS
**MICHAEL L. MALONE
KEVIN BIESE**

August 2018

August 2018
Volume 34, Issue 3

ELSEVIER



Developing Solutions



The Gary and Mary West Senior Emergency Care Unit at UC San Diego Health



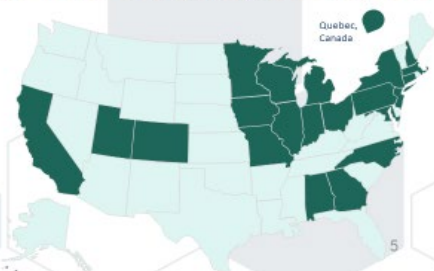
Geriatric EDs Are Expanding Along With GEDC Partnership

The Geriatric Emergency Department Collaborative

- DECREASE READMISSIONS**
Recent update from SE US site:
13 Estimated Readmissions Prevented over first 3 months
- DECREASE ED REVISITS IN HIGH-RISK POPS.**
Midwest GED site: 9% decrease in ED revisits
JAGS article: PT in the ED associated with reduced 30- and 60-day revisits (p<0.001).
- INCREASE MARKET SHARE**
Actual case: Urban safety net hospital seeking more Medicare patients.
- INCREASE PATIENT AND STAFF SATISFACTION**
Result seen at multiple health systems across all levels of accreditation
- BETTER CONSENSUS MANAGEMENT**
CFO of academic system in NE: "I am tired of seeing the air-ambulance fly over us because we are on diversion. This can help us put our beds to better use."

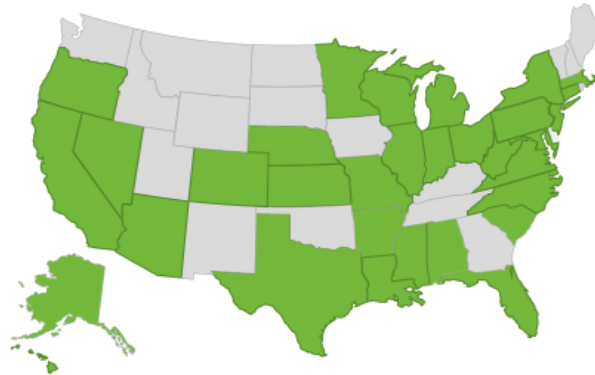
GEDC Resources page:
<https://gedcollaborative.com/resources/>
Blog articles:
<https://gedcollaborative.com/resources/blog/>
JGEM articles:
<https://gedcollaborative.com/jgem/>
Toolkits:
<https://gedcollaborative.com/resources/implementation-toolkits/>

61 GEDC Member Sites



284 Accredited Sites

Nationally: 284 across 41 states



4 International Sites



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Greater than 90% of Accredited GEDs launched without external funding

INITIAL OUTCOMES AT A GLANCE



GREATER

Patient
Satisfaction



**LOWER
COSTS**

Leveraging
interdisciplinary
team



16.5%

Reduced risk of
hospital
readmission



**LOWER
RISK**

Of 30-day fall-
related ED
revisits

GEDC Health Care System Roundtable Members



Connection

Exchange among Health Care Systems leading the country in Geriatric Emergency Care

Collaboration

Identify ways each of your teams can support the others in their Quality Improvement Initiatives

Dissemination

Explore opportunities to share Roundtable insights with other health systems interested in GEDs

Direction

Identify major trends and topics to help lead change across health systems



GEDC

THE GERIATRIC
EMERGENCY DEPARTMENT
COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

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We bring best practice into action.

Contact us or
connect with
us to learn
more!



Prime Healthcare

GED Accreditation

Nicole Tidwell

Senior Accreditation Program Manager

January 13, 2022





Kevin Biese, MD, FACEP, MAT
Chairman of the BoG



Nicole Tidwell
Senior Accreditation Manager



Amber Hartman
Project Administrator

Added
Cost/
Investment

Hospital Costs:

- Modifications to space
- Staffing
- Training
- Equipment, supplies

Benefit to Patients and Caregivers:

- Provide a trusted & reliable connection to community-based resources
- Improve patient outcomes
- Reduce iatrogenic complications

Hospital Benefits:

- Reduce ED bounce backs and hospital readmissions
- Reduce readmission penalties
- Reduce penalties for preventable errors
- Increase CMI
- Increase market share
- Differential reimbursement
- Increase satisfaction scores

Avoided
Costs

Qualitative
Benefits

Added
Revenue/
Gain

Level III

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
- Free food & drink 24/7



“Getting Started”



Application Assets

- ACEP.org/GEDA
 - Comparison overview
 - GEDA Criteria
 - Sample documents

Criteria by accreditation level:



CRITERIA	LEVEL 3	LEVEL 2	LEVEL 1
a) Staffing			
1 MD or DO with evidence of focused education for geriatric EM	⊗	⊗	⊗
1 RN with evidence of focused education for geriatric EM	⊗	⊗	⊗
Physician champion/Medical director		⊗	⊗
Nurse case manager/transitional care nurse present > 56 hrs/week		⊗	⊗
Interdisciplinary geriatric assessment team includes > 2 roles		⊗	
Interdisciplinary geriatric assessment team includes > 4 roles			⊗
> 1 executive/administrative sponsor supervising GED program		⊗	⊗
Patient advisor/patient council			⊗
b) Education			
Staff physician education (hours) related to 8 domains of GEM	4	6	8
Nursing education in geriatric emergency care > 1 hour	⊗	⊗	⊗
c) Policies/protocols guidelines & procedures			
Evidence of a geriatric emergency care initiative	⊗	⊗	⊗
> 10 items as part of the ED model of care for patients >65yrs		⊗	
> 20 items as part of the ED model of care for of patients >65yrs			⊗
d) Quality improvement			
Adherence to 10 of 27 policies/protocols, guidelines & procedures		⊗	
Adherence to 20 of 27 policies/protocols, guidelines & procedures			⊗
e) Outcome measures			
Track > 3 process and outcome metrics for eligible patients		⊗	
Track > 5 process and outcome metrics for eligible patients			⊗
f) Equipment and supplies			
Access to mobility aids (canes, walkers)	⊗	⊗	⊗
Access to > 5 supplies (including mobility aids)		⊗	
Access to > 10 supplies (including mobility aids)			⊗
g) Physical environment			
Easy access to food/drink, 24/7	⊗	⊗	⊗
2 chairs per patient bed		⊗	⊗
Large analog clock		⊗	⊗
Enhanced lighting			⊗
Efforts at noise reduction			⊗
Non-slip floors			⊗

Starting an Application

- ACEP.org/GEDA
- Click “Apply Today”
 - ACEP Members log in with credentials
 - Non-members create a new account
- Click the “New Application” button



TIP!

Use Chrome!

ATES



ion Program

to ensure that our

APPLY TODAY

Select Level

Application Portal

Accreditation Levels

Geriatric Emergency Department Accreditation (GEDA) program is an ACEP governed national accreditation program which strives to improve the care of older adults presenting to the ED. This accreditation system promotes patient safety and education; geriatric focused policies and protocols including transitions of care; quality improvement and outcomes; and optimal preparation of the physical environment.

The program offers three levels of accreditation with increasing requirements. Level 3 is designed to be within reach of every hospital, and Levels 2 and 1 are designed to reflect an increasing commitment to senior specific care. Institutions are encouraged to select the level most appropriate for their institution given current resources and strive to reach higher levels of accreditation over time. To help determine which level is most appropriate for your institution see [FAQs](#). See a list of accredited sites [here](#).

Level 3

Level 3 accreditation is an entry level accreditation; represented by an ED with one or more geriatric specific initiatives that are reasonably expected to elevate the level of elder care in the emergency department. Physician and nurse personnel are identified and trained to implement these efforts.

Level 3 Accreditation

Level 2

Level 2 accreditation identifies sites that have integrated and sustained older adult care initiatives into daily operations. They demonstrate interdisciplinary cooperation for delivery of senior friendly services and have an established supervisor or director coordinating staff tasked with the daily performance of these services.

Level 2 Accreditation

Level 1

Level 1 accreditation identifies sites that have established a geriatric care coordinator and a system of care that elevates ED operations. The geriatric care coordinator is coordinated for the institution and the physical plant enhanced to support geriatric care.


Level 1 Accreditation



The online GEDA application fees are listed below:

Terms & Conditions

- Read the terms & conditions

Terms & Conditions



 American College of
Emergency Physicians®
ADVANCING EMERGENCY CARE 

Geriatric Emergency Department Accredited
Terms and Conditions

I. Program Overview:
The Geriatric Emergency Department Accreditation (GEDA) Program is for emergency department institutions that aspire to provide excellent care to older adults, using the American College of Emergency Physicians' (ACEP) Policy Statement "Guidelines for Geriatric Emergency Department Guidelines" as approved by the ACEP Board in October 2000. These guidelines have been developed by consensus among experts in the field of geriatric emergency medicine.

PAGE 1 OF 5

By checking this box you are agreeing to the Terms and Conditions

Checklist

- Application fields
- Checklist

American College of
Emergency Physicians® | ACEP Geriatric
Emergency Department Accreditation

My Applications Hi Jana

Applicant Information

My Information

Full Name
Thompson, Jana

Position

Phone

Phone Type

Email
jthomps03@jpshealth.org

Level 3 Checklist

- Applicant Information
- Program Information
- Staffing
- Policies and Procedures
- Physical Environment
- Sign and Submit

ED Site Information

ED Site Name
JPS Health Network



TIP!

You must complete the
“Applicant Information” tab
entirely to navigate to additional
tabs

Sign and Submit

- Once each tab is complete,
 1. Click “Sign and Submit”
 2. Sign the app
 3. Click “Checkout”

Security Implementation	✓
Outcomes Measures	✓
Equipment and Supplies	✓
Physical Environment	✓
Sign and Submit	

Richard L. Roudebush VA Medical Center
Emergency Department

Sign and Submit

I agree to work with the site reviewer to arrange the upcoming site visit and pay for all associated costs incurred due to the site visit, (i.e. airfare, hotel.)

By signing this form, I attest that the information in this application is true and correct to the best of my knowledge.

Full Name
Erica Anne Gruber

If you need a invoice to begin your purchase order process, please download from the link below.

ACEP Geriatric Emergency Department
Accreditation Level 1 Invoice



Once you have your PO number, please return to the checkout page and enter your PO number to complete your transaction.

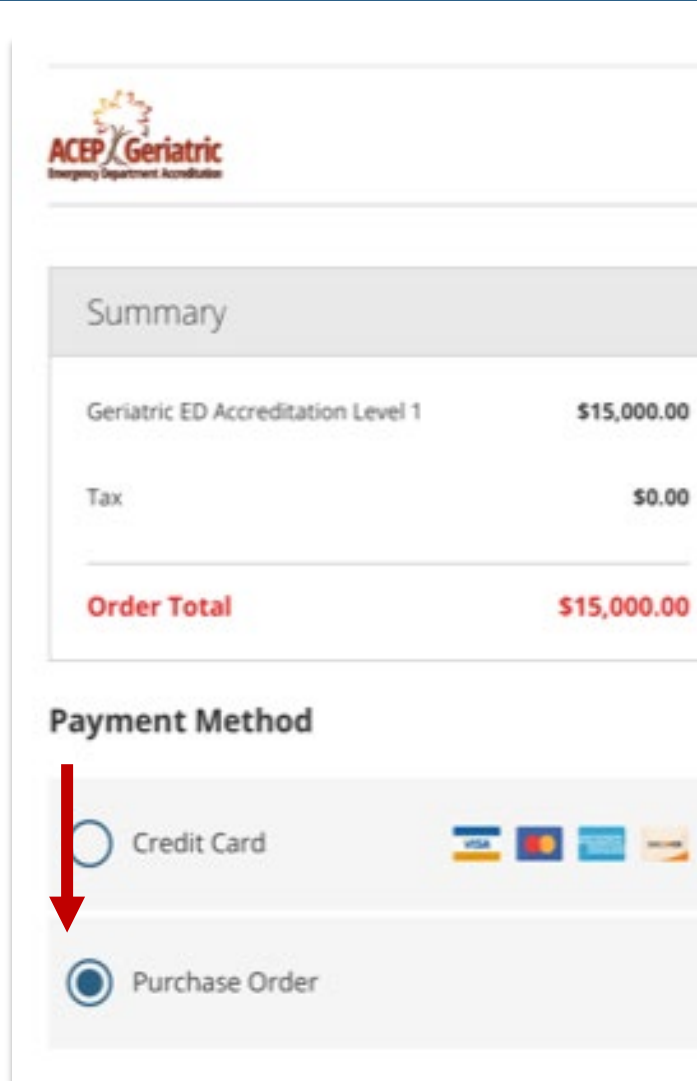
Checkout

Checkout

(1) Select “PO“

(2) Then apply for credit

- Fill out form
- Will receive automated response that credit app received




ACEP Geriatric
Emergency Department Accreditation

Summary

Geriatric ED Accreditation Level 1	\$15,000.00
Tax	\$0.00
Order Total	\$15,000.00

Payment Method

Credit Card 

Purchase Order

Application for Credit

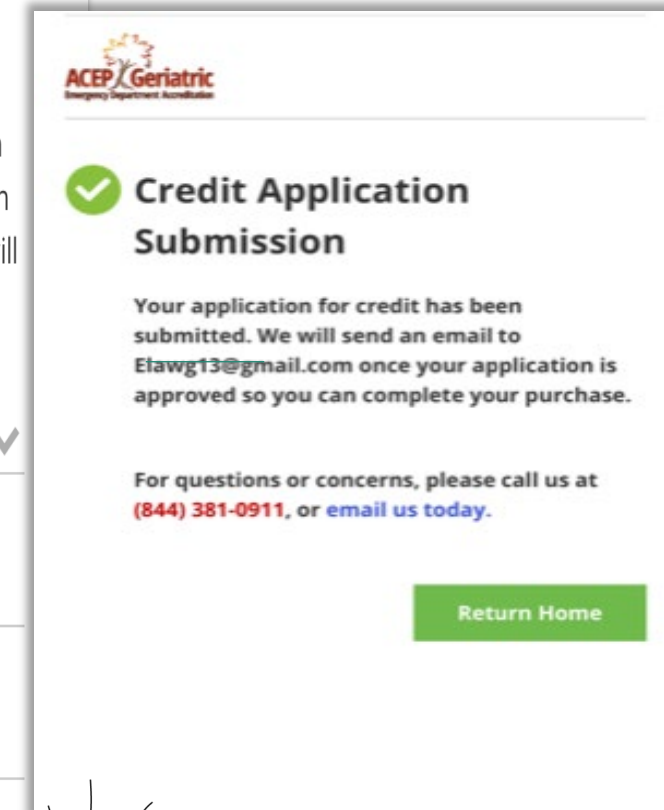
Credit terms have not been approved for this account. Please provide the following information to apply for credit. After your application has been approved, you will be notified by email and you will need to return to complete the checkout process.

Country
United States

Address 1
1481 west 10th st

Address 2

City
Indianapolis



ACEP Geriatric
Emergency Department Accreditation

✔ **Credit Application Submission**

Your application for credit has been submitted. We will send an email to Elawg13@gmail.com once your application is approved so you can complete your purchase.

For questions or concerns, please call us at **(844) 381-0911**, or [email us today](#).

[Return Home](#)



TIP!

You're almost finished!

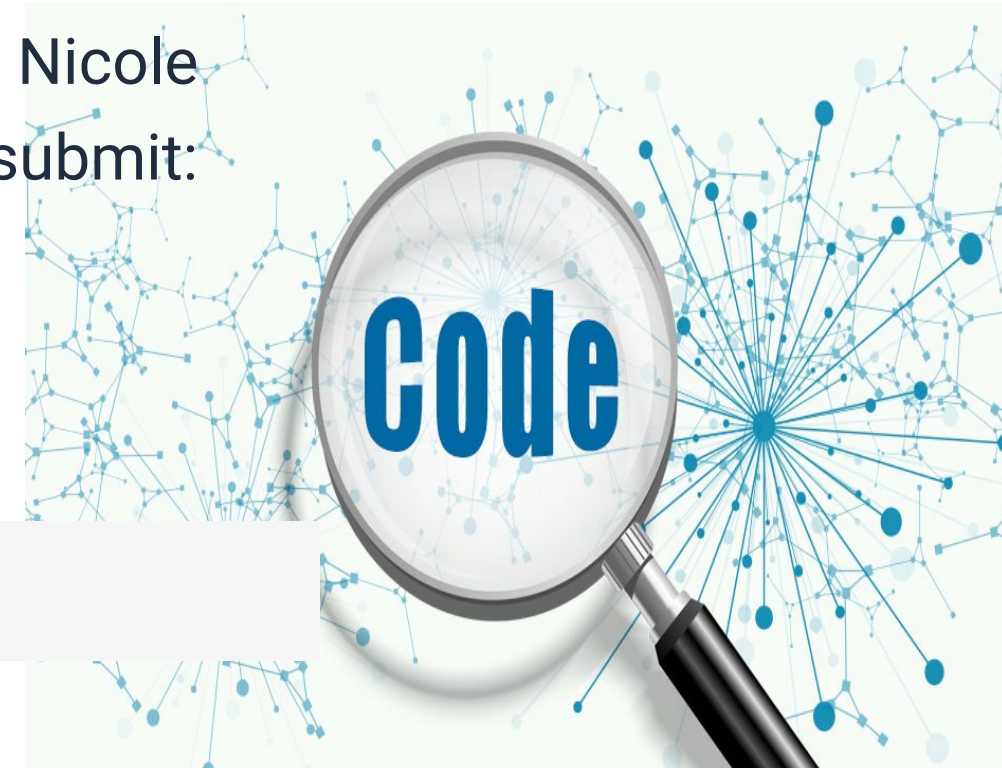
Enter Your Unique Code

- Within 48 hours, you will receive an email from Nicole with instructions on how to enter your code and submit:

1. Log back into your application
2. Re-click “Sign and Submit”
3. Put code provided into PO area



4. Click “Submit” button



Submission

- Once you enter your application Prime code and submit, ACEP will send an automated confirmation email similar to this →
- Review process is approx. 18-22 weeks.



Your application for Geriatric ED Accreditation level 2 was received.

Thank you for submitting Rochester General Hospital application for Geriatric ED Accreditation! The application can take up to 14 weeks to make its way through the entire accreditation process. Once payment has cleared, your application will be reviewed by ACEP's staff and assigned to two expert panelists. In the case that the reviewers have questions with your application, they will communicate with you via the Comments section of your application. The Geriatric Board of Governors holds the authority on the final review and vote.

If you wish to check the status of your application at any time, please visit the [Application Detail](#) page. You can also contact us via the Comments section within the online application.

Kind Regards,
Nicole Tidwell

“Review Process”



Review Process

- Pre-determined submission dates

Applications reviewed in stages and take into account initial application review notes.

1. Admin Review
2. First Clinical Review
 - one geriatric EM nurse or physician
3. Second Clinical Review
 - two panel reviewers
 - vote to approve or ask for revisions
4. GEDA Board Review and Vote

Important Application Information

Due to high demand, the GEDA accreditation process is currently four months. **Please note price increases went into effect on July 1, 2019.**

Application due dates (cut-off) cycles:

January 31, 2022

March 28, 2022

May 22, 2022

Award Details

- **Award Granted:**
 - ▶ Applicant notified via portal and email
 - ▶ Marketing assets accompany email
 - ▶ Formal letter & certificate mailed to Leadership



Questions?

Nicole: ntidwell@acep.org

Amber: ahartmen@acep.org





Geriatric EDs: Implementation Tips, & QI resources

Aaron Malsch
MSN, RN, GCNC-BC



Geriatric Emergency Department
Collaborative Implementation

Geriatric Emergency Department
Accreditation

Key Application Criteria: Level 3 Accreditation

1

Physician/RN Champion

- Education
- Job Description

2

Protocol and QI

- Existing policy vs. GED protocol
- Metrics
- Adherence

3

Mobility and Nutrition

4

General Tips for Success Pre-Peri-Post Application

Key Application Criteria: Physician & RN Champion

Job Description

- Describe Role & Responsibilities
 - Document for each discipline
 - Similar R&R, Teamwork
- How they support Program, ED, Site, & Staff
 - Q? meetings, review metrics, provide feedback, report to ED & Hospital, educate staff, etc.
- Different than HR documents, CVs, etc
- Minimum is RN & MD Champ
 - Multiple is helpful to provide feedback on different perspectives and shifts

Education

- Must be Geriatric Specific!
- **Physician:** 4 CME
 - <https://geri-em.com>
 - <https://gedcollaborative.com/clinical-curriculum/>
- **Nurse:** No minimum
 - ENA GENE courses 1-3
 - Beginner-Expert
 - <https://enau.ena.org/Public/Catalog/Main.aspx?Criteria=19>

Key Application Criteria: Protocol

Existing Policy vs. GED Protocol

- Build upon what is existing
 - IE: Don't wait for new EHR tool
 - IE: Its ok to use paper...for a while
- Clearly Defines WHAT is different for Older Adults
 - IE: Urinary Cath Policy as a start, but what is the new screening, assessment, interventions, metrics, staff education, etc

Transition Beyond the ED

- Process for improving transitions
 - IE: Falls protocol- Referrals to out-patient PT and/or PCP for fallen pts

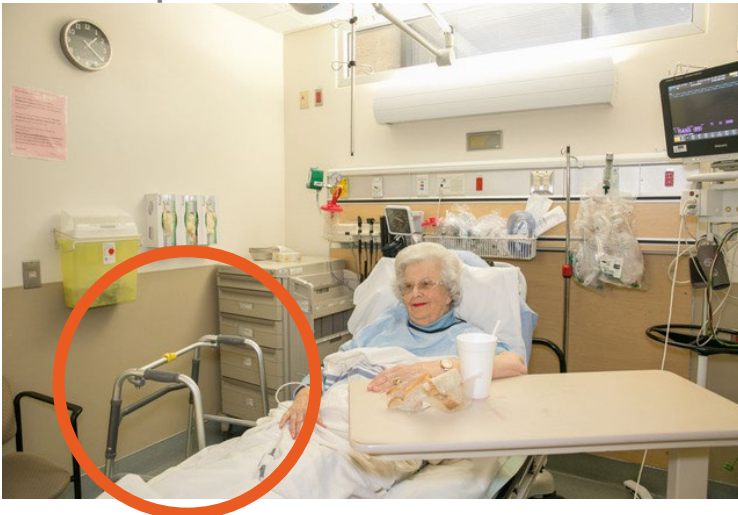
Evaluation

- Clearly describe who, what, when, & frequency of reviewing the metrics
 - Bake in Metrics into process
 - Process Measures VS Patient Outcomes
- IE: RN complete ISAR on all older adults, >3 scores are referred to CM & MD for discharge. The Geri ED champs presents data monthly, team reviews & make changes to decrease rate of 72hr & 30day ED revisits.
 - RN ISAR % (Process)
 - % + pts with post ED services (Process)
 - 30day ED revisit (Patient Outcomes)

Key Application Criteria: Mobility & Nutrition

Access to Mobility Devices

- Patient use in the ED (*not DME)
- Hospital approved devices
- Describe: who uses them, where are they located, how to access them, How is staff educated
- Take a picture!



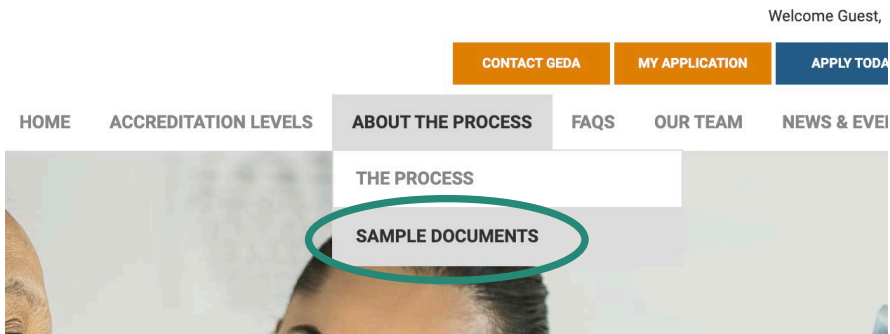
Access to Nutrition

- 24/7 Access
- Range of choices, not just apple sauce
- Describe: Regular tray service AND how you provide nutrition afterhours
- Take a picture!



<https://gedcollaborative.com/jgem/vol2-is1-sup3-clinical-aspects-of-providing-a-meal-of-an-older-patient-in-the-ed/>

Sample Documents



Welcome Guest, [Log In](#)

[CONTACT GEDA](#) [MY APPLICATION](#) [APPLY TODAY](#)

[HOME](#) [ACCREDITATION LEVELS](#) [ABOUT THE PROCESS](#) [FAQS](#) [OUR TEAM](#) [NEWS & EVENTS](#)

Sample Documents

To facilitate the application process, we recommend that you gather the appropriate documentation before beginning the application. Below is a checklist of some of the documents needed to complete the application. Sample documents for these items have been provided below. Documents must be uploaded in PDF format.



	Level 3	Level 2	Level 1
Staffing	↓	↓	↓
Education	↓	↓	↓
Policies / Protocols Guidelines & Procedures	↓	↓	↓
Quality Improvement		↓	↓
Outcome Measures		↓	↓
Equipment & Supplies		↓	↓
Physical Environment	↓	↓	↓

General Tips for Success



It's a **JOURNEY** not a destination

It's not going to be perfect at the start
...Ongoing, continuous improvement.



Interprofessional

Empower all disciplines at all levels



Economies of Scale at Prime:

- Multiple Sites & 1 Goal
- Organize multi-site work teams
- Leverage teams for Protocol development, Metrics, Job descriptions, Charter



Align with Existing Resources

- Shared governance
- Quality
- ACO's

Level 3 Accreditation

1

Champion Education

- Role of the Delirium Champion
- Screening Tools & Workflows
- Caregiver Handouts

2

Mobility and Nutrition

3

Protocol

- Existing policy vs. GED protocol
- Additional overlay with existing
- Evaluation: Clear describe who, what, frequency of metrics
- Process Measures & Patient Outcomes

4

General Tips for Success Pre-Peri-Post Application

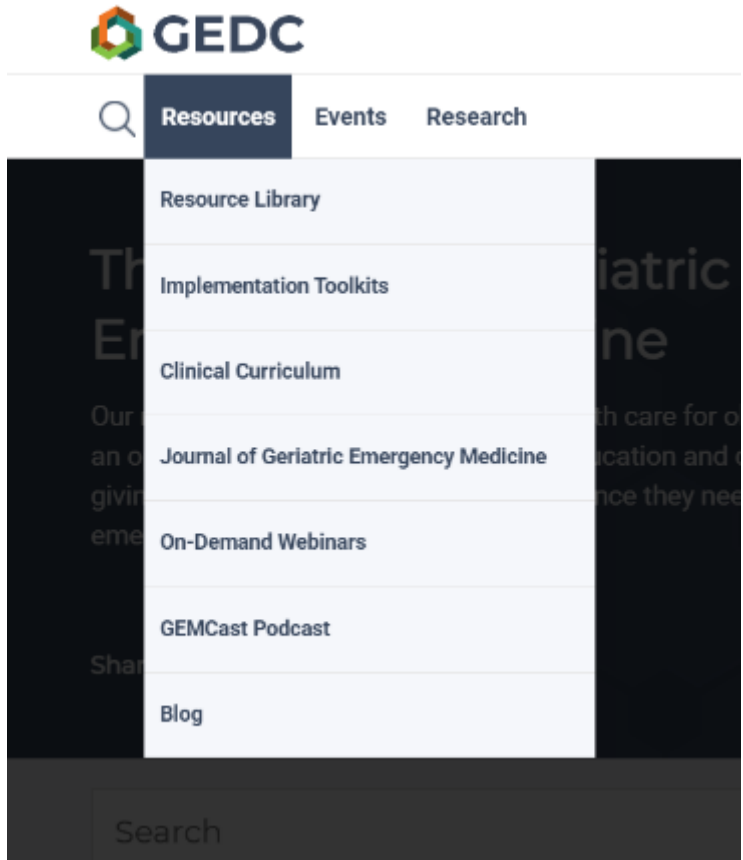
- Multiple Sites & 1 Goal
- Economies of Scale: Protocol development, metrics, Job descriptions, charter
- Interprofessional: Empower all disciplines, define roles & expectations
- Journey, not a destination...continuous improvement...Not going to be perfect at the start
- Align with Existing Resources: Shared Governance



GEDCollaborative.com

Resources

- Implementation Toolkits
- Clinical Curriculum
- Journal of Geriatric Emergency Medicine*
- On-Demand Webinars
- Blog
- Webinars
- Office Hours
- Tailored, unsearchable resource pages for partners
- Tailored Team Training
- Skills Fair (coming soon)
- Geri-EM (coming soon)
- GEMCAST Podcast



GEDC WEBINARS

Expert Panel Webinars

Healthcare providers & participants from across the nation and world

UK, Germany, Mexico, India, Austria, Ireland, Australia, Canada, China...

GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

Dementia in the Geriatric Emergency Department

September 16, 2020
A GEDC Expert Panel Webinar

Moderated by:
Don Melady, MD
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty

GEDC EXPERT PANEL

- Alan Perry, MD**
Emergency Physician, Geriatrics
Thomas Jefferson University, Philadelphia
- Michelle Melnick, MD, DNP**
Program Director, Geriatric ED
St. Mary Mercy Hospital, Michigan
- Ulla Schwab, PhD, MPA, EdS**
Associate Professor, Geriatric Collaborative Research Center
- Farida Malik, MD, MPH**
Program Director, Geriatric ED
Baylor Scott & White Medical Center, Dallas, TX
- Erin Cappelle, MD**
Emergency Physician
Washington University School of Medicine, St. Louis, MO
- Morgan Owens**
Nurse Practitioner
Health by Design, St. Louis, MO

A Warm Welcome To Our Special Guest

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GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

Nurse-led Case Management: the Front Line of the Geri ED

Monday, March 23, 2020
3-4 Eastern, 2-3 Central, 12-1 Pacific

Moderated by:
Don Melady, MD
GEDC Faculty

EXPERT PANEL

- David Parks, PhD, D. PsyD**
Associate Professor, Geriatric Emergency Training
University of Michigan / Senior Director of Education and Quality Improvement, Michigan Program on Aging
- Lisa Dringer, RN**
ED Case Management Manager
Ohio State Hospital, Medical Center of Ohio
Nursing Case Management
- Farida Malik, MD, MPH**
Program Director, Geriatric ED
Baylor Scott & White Medical Center, Dallas, TX
- Tom O'Rourke, MD**
Chief of Geriatric Medicine
The Geriatric Institute of Chicago

JOIN
PC, Mac, iOS or Android device
By phone

Please click the link below:
<https://gedcollab.com/event/2020-03-23>

Use #GED2020 on Twitter
Webinar #GEM2020
Webinar and numbers available at:
<https://gedcollab.com/event/2020-03-23>

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GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

Best Practices in COVID Care in the Geriatric ED: What have we learned?

Expert Panel Webinar
Monday, January 11, 2021
3:00-4:00 EST

Moderated by:
Don Melady, MD, MEd
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty

EXPERT PANEL

- James Kinney, MD**
Medical Director, Geriatric Emergency Department
New York Presbyterian - Columbia, New York City
- Maura Kennedy, MD, MPH**
Chief, Division of Geriatric Emergency Medicine
Massachusetts General Hospital, Boston
- Ravi Bhanu, MD, MEd**
Academic Vice-Chair
Director, Division of Geriatric Emergency Medicine
University of North Carolina
- Ravi-Mehal, MD, MPH**
Medical Director of Community Palliative Medicine
Columbia School of Medicine, Mount Sinai, New York City

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GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

Observation Units in the Geriatric ED

Expert Panel Webinar
Monday, December 7, 2020
3:00-4:00 EST

Moderated by:
Don Melady, MD
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty

EXPERT PANEL

- Simon Cooney, MD**
Professor of Geriatric Medicine
University of Liverpool, United Kingdom
Chief of Geriatric Medicine, Clinical Quality Network, NHS
- Stephen Malton, MD, FACEP**
Co-Director GED, Geriatric Care
Emergency Services, Ball State Cleveland Clinic
- Ally Warriner, MD**
Consultant in Geriatric Emergency Medicine
University Hospital of Leicester
Professor in Charge, Geriatric Unit
University of Leicester, United Kingdom
- Laura Weller, MD, MEd**
Emergency Medicine Physician
The Ohio State University Wexner Medical Center

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GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

The Geriatric ED: Making the Case for its Financial Impact

EXPERT PANEL WEBINAR
Monday, May 17, 2021 | 3:00pm Eastern, 2:00pm CT, 12:00 Noon Pacific

Moderated by:
Don Melady, MD, MEd
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty

EXPERT PANEL

- Scott Wilber, MD, MPH**
Chief Medical Officer,
Mount Carmel Health System,
Columbus, Ohio
- Ulla Hwang, MD, MPH**
GEDC Evaluation PI
Yale School of Medicine
Professor of Emergency Medicine, Vice Chair for Research, Emergency Medicine
- Kevin Biese, MD, MAT**
GEDC Implementation PI
UNC School of Medicine
Director of the Division of Geriatric Emergency Medicine

JOIN
PC, Mac, iOS or Android
For more details please visit:
<https://gedcollab.com/>

Please click this URL to Register:
<https://gedcollab.com/event/2021-05-17/>

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GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

SAN DIEGO COUNTY SENIOR EMERGENCY CARE INITIATIVE

Quality Improvement Session:
Managing Falls and Mobility in the ED

MONDAY, AUGUST 24, 2020
1:00-2:00 PM PCT

SUPPORTED BY
The County of San Diego
West Health Institute

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EDUCATE IMPLEMENT EVALUATE

Clinical Tips from the Interdisciplinary Team in the Geriatric Emergency Department

Monday, March 23, 2020 | 3:00pm Eastern, 2:00pm CT, 12:00 Noon Pacific

Moderated by:
Don Melady, MD

EXPERT PANEL

- Kara Nil, MD, PhD, MEd**
ED Case Management Occupational Therapist, Geriatric Medicine, The Geriatric Institute of Chicago
- Paula Ryan, MEd, GEd, GEdAA**
Geriatric Clinical Specialist at Geriatric Program Coordinator, Academic Affairs Health Services, Michigan
- Maria Gonzalez, MDW**
Social Worker, Geriatric ED,
Mount Sinai Hospital, New York
- Michelle Melnick, MD, DNP, MPH**
Program Director, Geriatric ED,
St. Mary Mercy Hospital, Michigan, USA

JOIN
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For more details please visit:
<https://gedcollab.com/>

Please click the link to Register:
<https://gedcollab.com/event/2020-03-23/>

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Implementation Toolkits

Toolkits to assist in starting quality geriatric-focused improvement initiatives in your emergency department

Share on [Facebook](#) [Twitter](#) [LinkedIn](#)

TOOLKIT

ED-DEL Change Package and Toolkit

May 10, 2021

This Change Package and Toolkit is designed to provide a structured approach, change strategies, resources, and a step-by-step guide to help you set up a Delirium Program in your ED.

TOOLKIT

Dementia Implementation Toolkit

May 20, 2020

A dementia quality improvement implementation

TOOLKIT

Falls and Mobility Implementation Toolkit

May 20, 2020

This toolkit offers resources that are designed to allow you to create sustainable quality improvement in the care of older adults who have fallen or are at risk of falling.

TOOLKIT

COVID-19 Resource Toolkit

November 25, 2020

This toolkit contains a curated collection of

TOOLKIT

Delirium Management Implementation Toolkit

May 18, 2020

An adaptable resource for implementing the best standards of care of older adults in the Emergency Department.

The Journal of Geriatric Emergency Medicine (JGEM)

About JGEM

A peer-reviewed publication that works in partnership with the Geriatric Emergency Department Collaborative (GEDC).

<https://gedcollaborative.com/resources/journal-of-geriatric-emergency-medicine/>

Mission

To improve emergency health care for older adults by providing an open access, peer-reviewed, quality education and dissemination platform giving providers in all disciplines the evidence they need to enhance emergency care for older adults.

JOURNAL OF GERIATRIC EMERGENCY MEDICINE

September 27, 2021 Volume 2 , Issue 11, Review Article

GEDC **JGEM** | The Journal of Geriatric Emergency Medicine

Can an Emergency Department Adequately Address an Older Adult who has Complex Needs?

Rami Tarabay, MD, Adam Perry, MD, Riwa Al Aridi, PharmD, Michael Malone, MD

INTRODUCTION

The Emergency Department (ED) is a critical component of the geriatric continuum of care. Older adults comprise up to 25% of ED attendance and 38% of patients transported by emergency medical services (EMS).^{3,4} Despite this, the traditional rapid linear ED treatment framework remains ill-equipped to meet the complex care needs of many vulnerable older adults.⁵⁻⁸ Upon discharge, the ED-to-home transition is a high-risk time for older adults. About one third of older adults will suffer an adverse result including ED revisit, eventual hospital referral, admission to a long-term care institution, or death within 3 months of the ED visit.⁹ Moreover, extended or frequent ED visits and repeated hospitalizations are costly. It



Teresita Hogan
MD



Michael Malone
MD



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Questions & Next Steps

Thank you for your dedication to improving the quality of care for older adults your Emergency Departments



Prime Healthcare



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@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.

**Generously
supported by**



The
John A. Hartford
Foundation



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institute