GEDC
THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE
EDUCATE IMPLEMENT EVALUATE

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

January 13, 2022

Connecting with interdisciplinary colleagues from across your health system.

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

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

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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

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EDUCATE IMPLEMENT EVALUATE

Kevin Biese, MD
Emergency Physician
University of North Carolina

Chris Carpenter, MD
Emergency Physician
Washington University

Teresita Hogan, MD
Emergency Physician
University of Chicago

Ula Hwang, MD
Emergency Physician
Yale University

Michael Malone, MD
Geriatrician
Advocate Aurora Health

Aaron Malsch, RN
Senior Services Program Coordinator
Advocate Aurora Health

Pamela Martin, APRN
Geriatric Emergency Medicine
Yale University

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

Laura Stabler, MPH
GEDC Program Director

Conor Sullivan
GEDC Program Coordinator

westhealth

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
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- Paradise Valley Hospital
- Shasta Regional Medical Center
- Sherman Oaks Hospital
- West Anaheim Medical Center

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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

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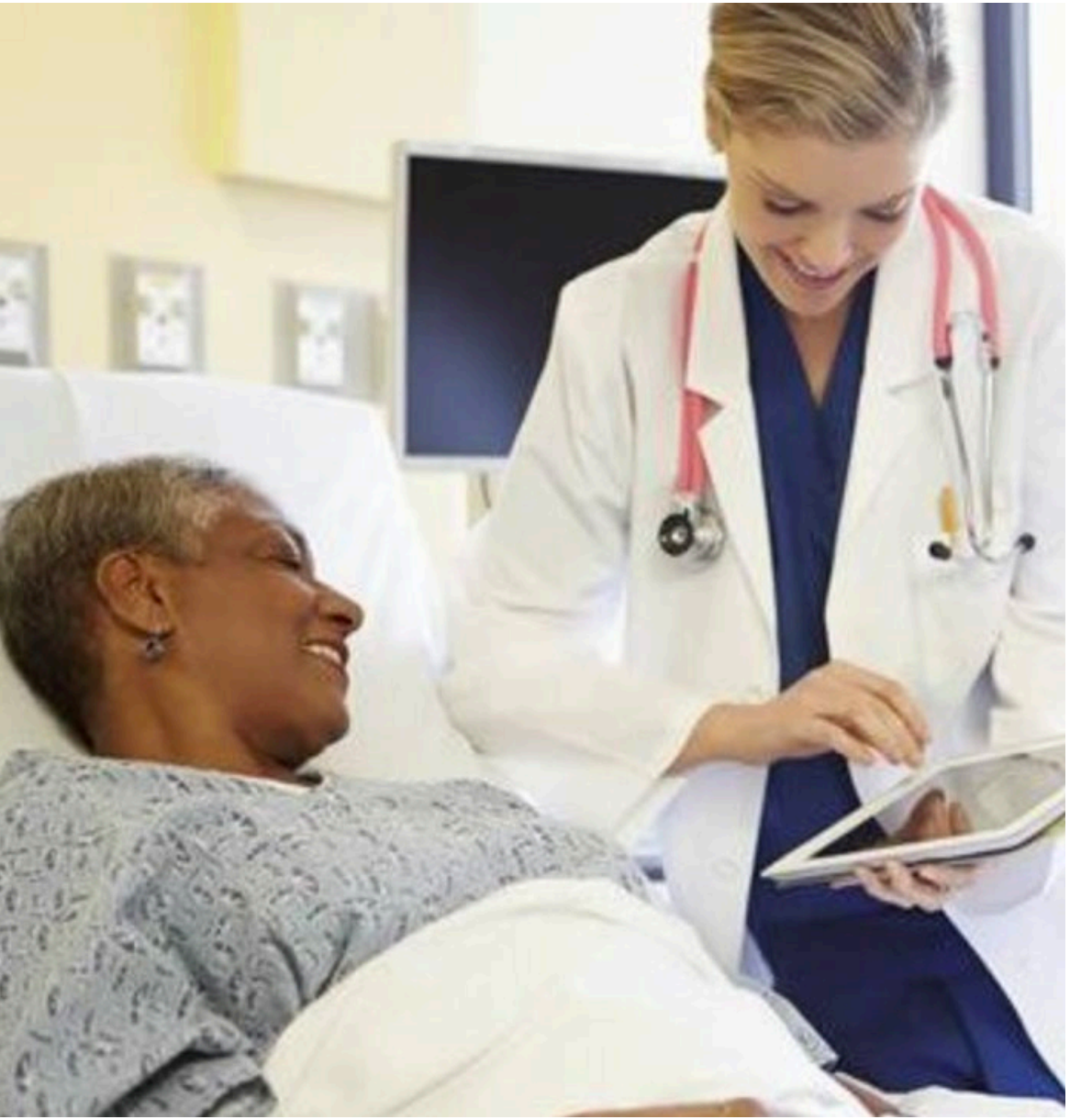

Bootcamp Goals

- 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

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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

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Geriatric EDs: The Why?

Kevin Biese
MD, MAT

Geriatric Emergency Department Collaborative Implementation PI

Chair, Geriatric Emergency Department Accreditation

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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)

GEDC https://gedcollaborative.com/resources/

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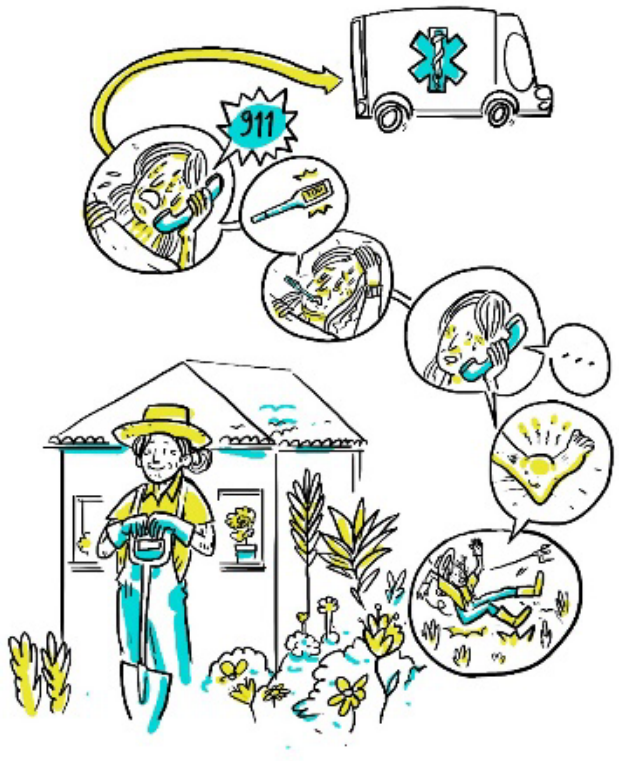

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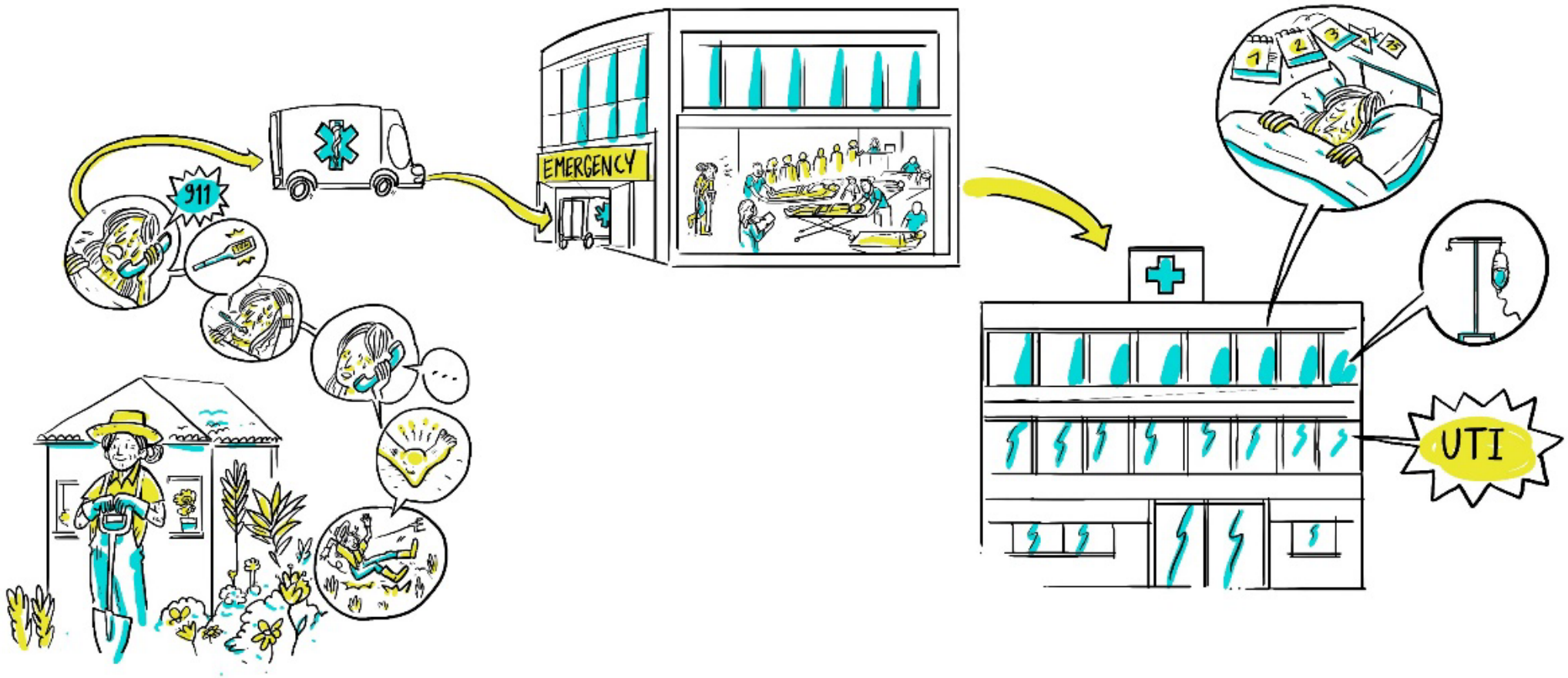

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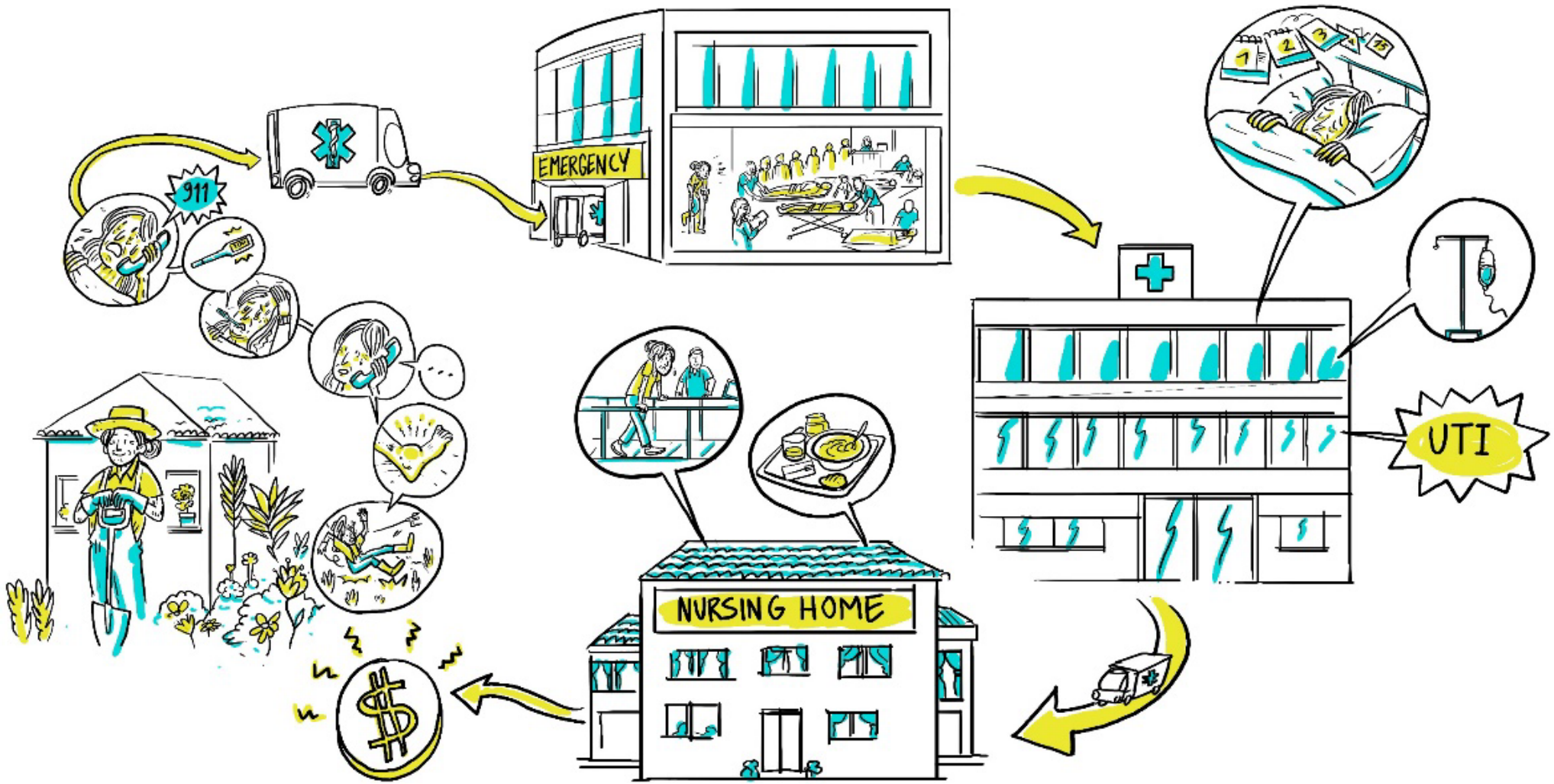

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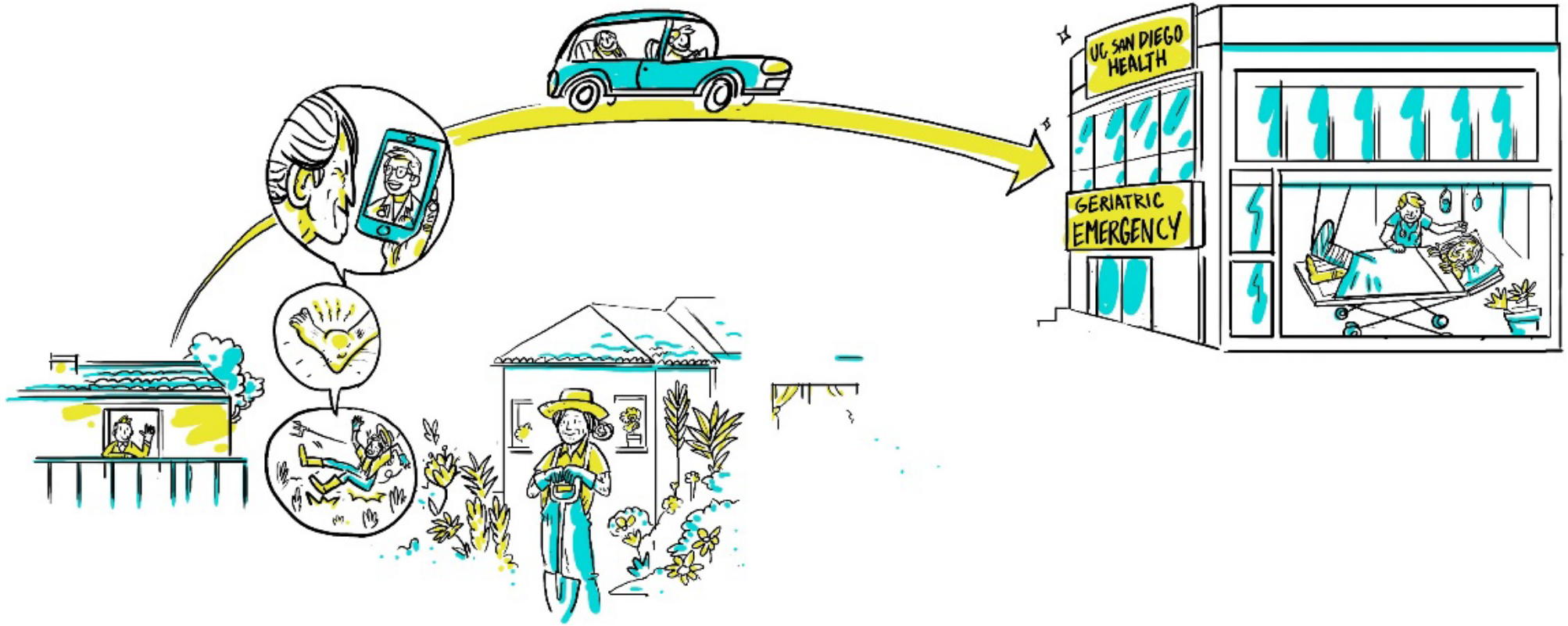

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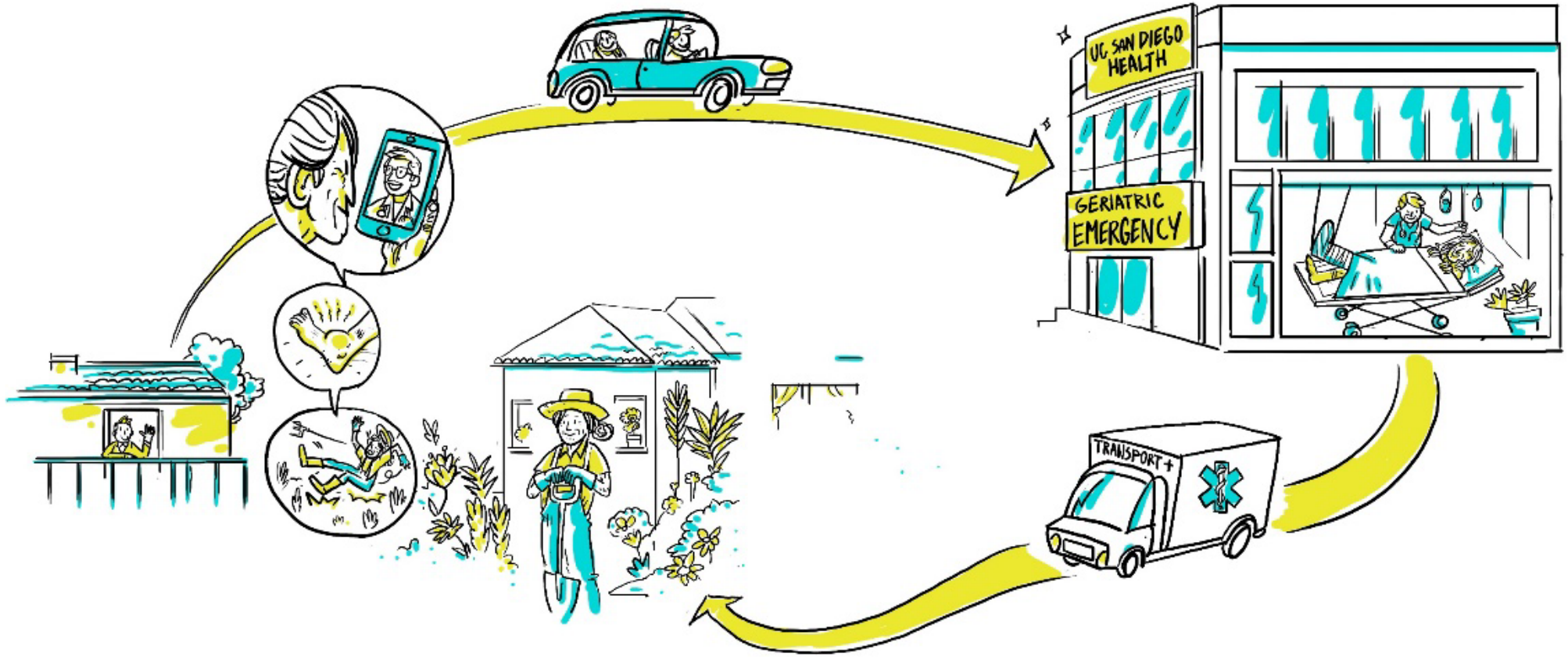

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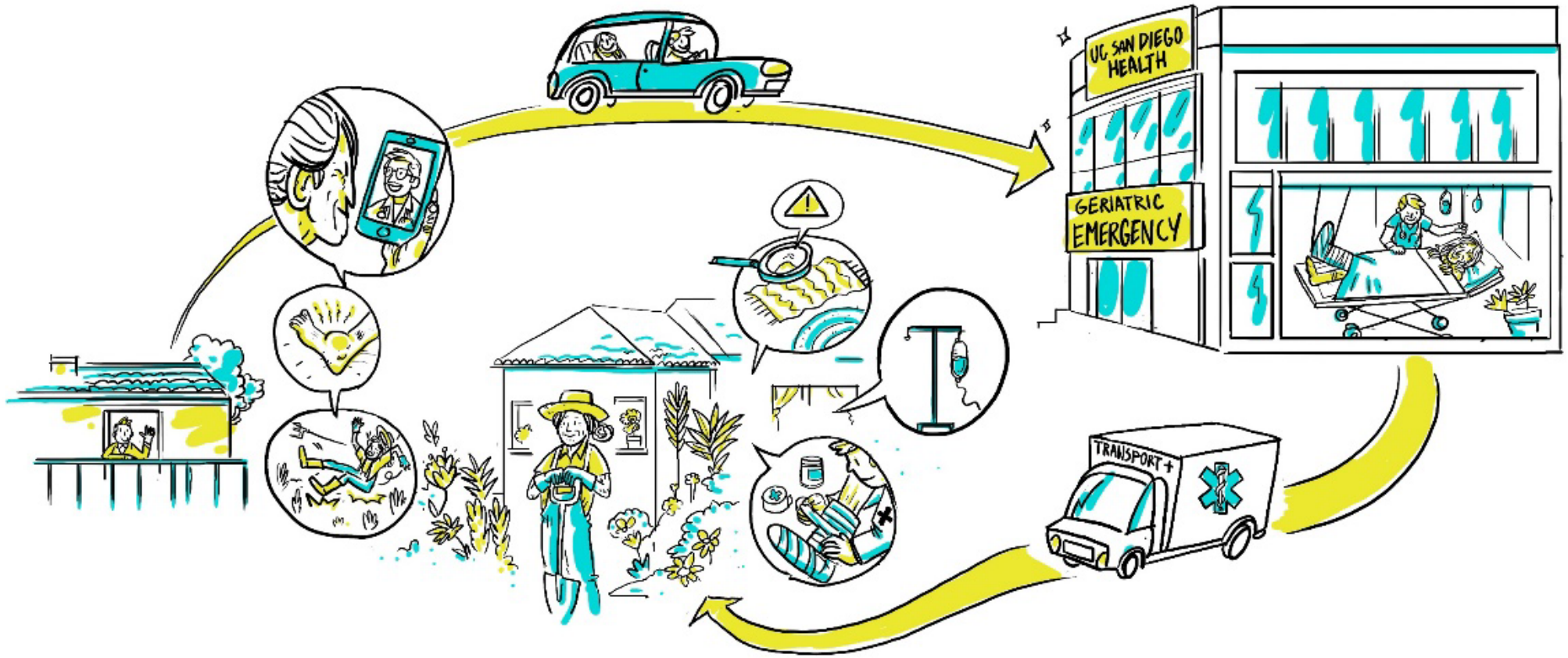

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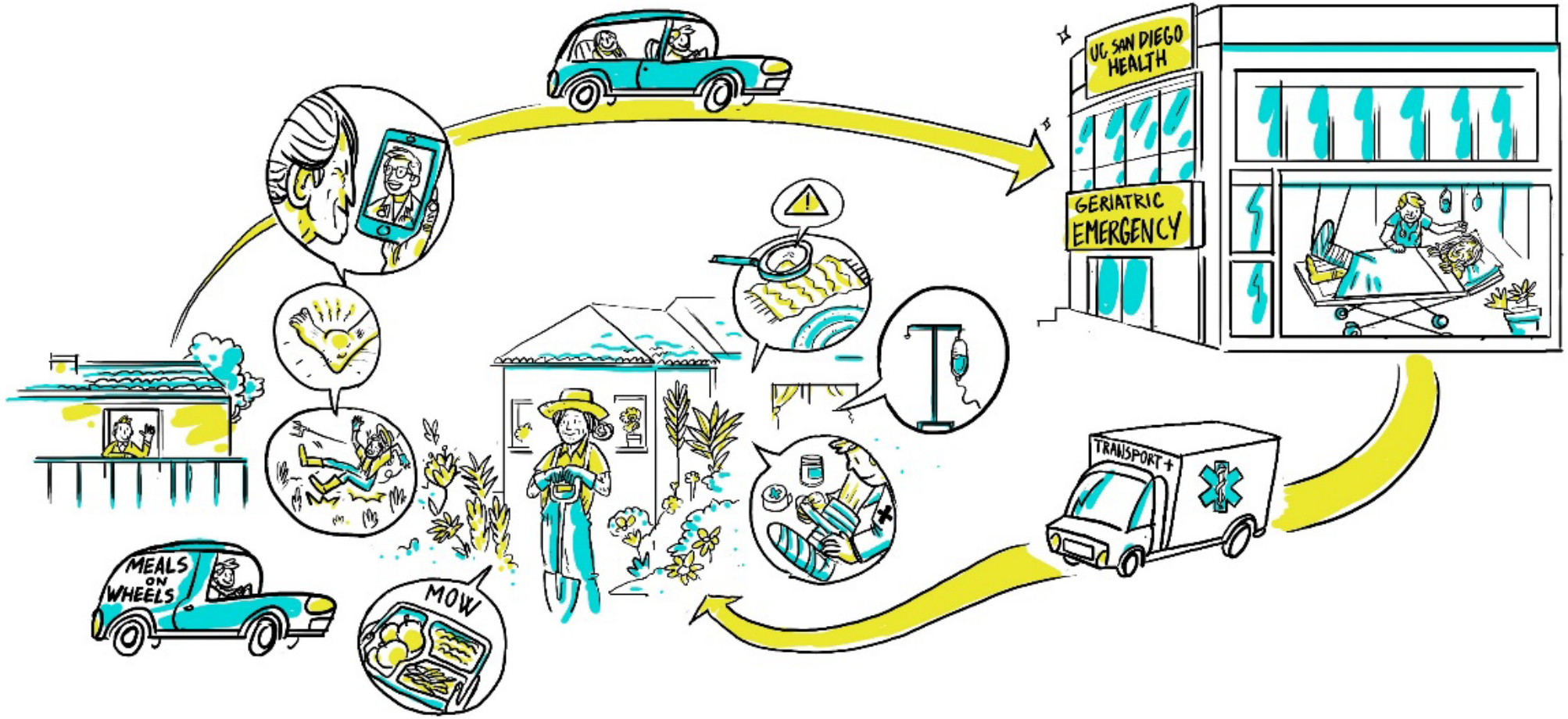

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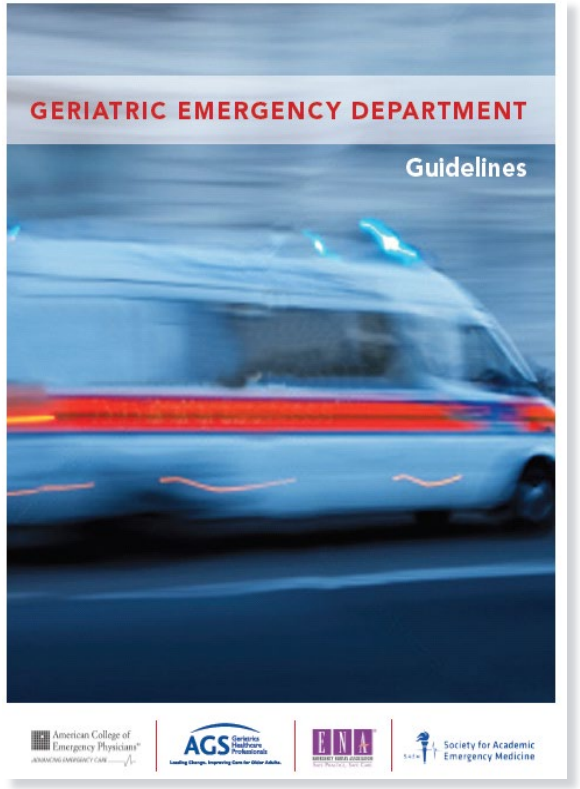
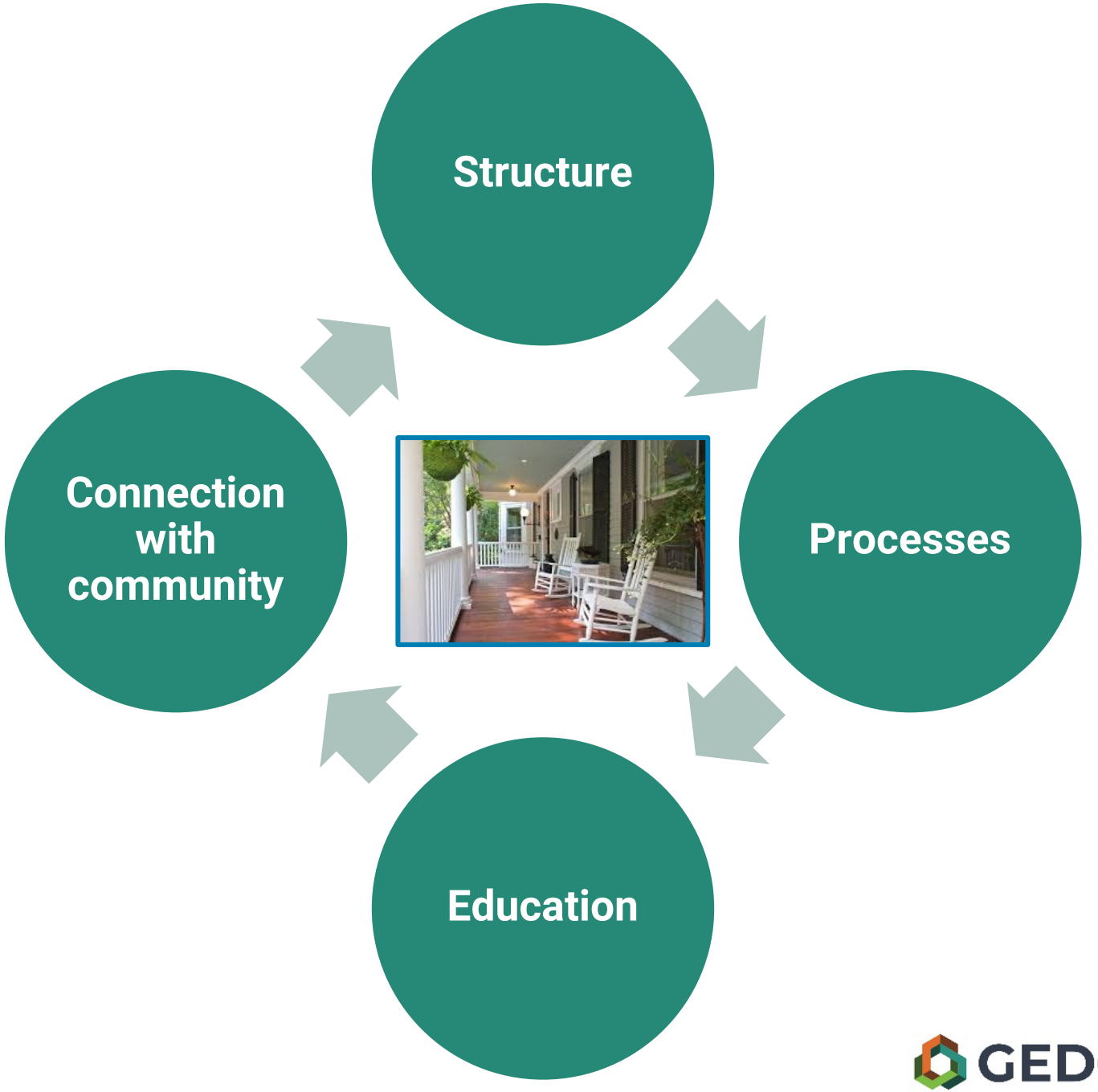
Geriatric ED Guidelines

Four Critical Components of a Geriatric-Appropriate ED



Geriatric ED Guidelines 2014



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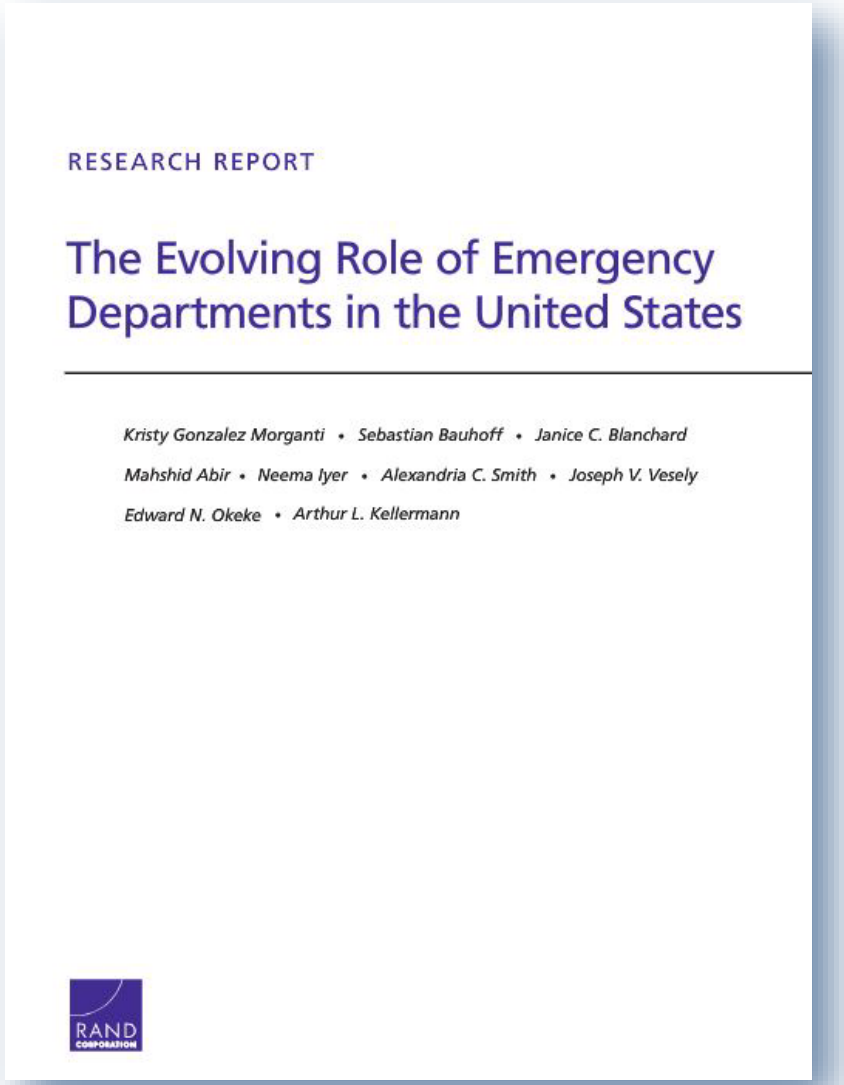
Critical Role of ED in Cost and Care Trajectory

- 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?



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A growing body of literature supports Geriatric EDs as a solution

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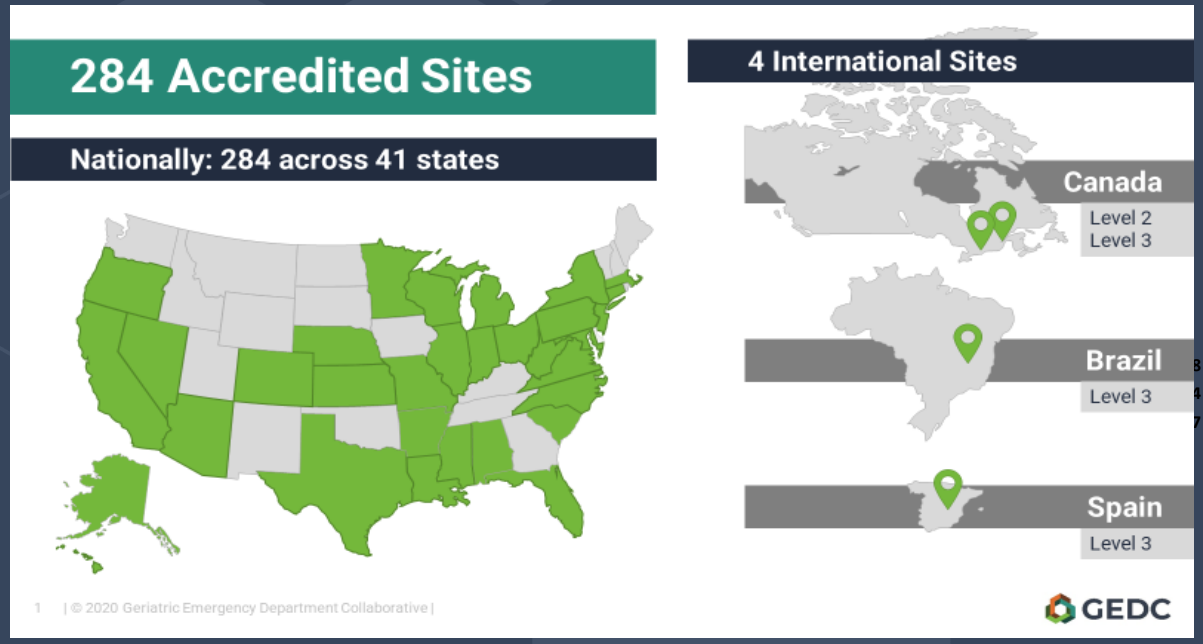
Developing Solutions

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

Geriatric EDs Are Expanding Along With GEDC Partnership



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https://gedcollaborative.com/partnership/

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

westhealth

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

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www.ged**collaborative**.com

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We bring best practice into action.

Contact us or connect with us to learn more!

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Prime Healthcare

GED Accreditation

Nicole Tidwell

Senior Accreditation Program Manager

January 13, 2022

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

ACEP Geriatric Emergency Department Accreditation

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

Nicole Tidwell
Senior Accreditation Manager

Amber Hartman
Project Administrator

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Added Cost/ Investment

Hospital Costs:

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

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

Added Revenue/ Gain

Benefit to Patients and Caregivers:

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

Qualitative Benefits

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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

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“Getting Started”

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Application Assets

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

Criteria by accreditation level:

ACEP Geriatric Emergency Department Accreditation

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 >65ysr		⊘	
> 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			⊘

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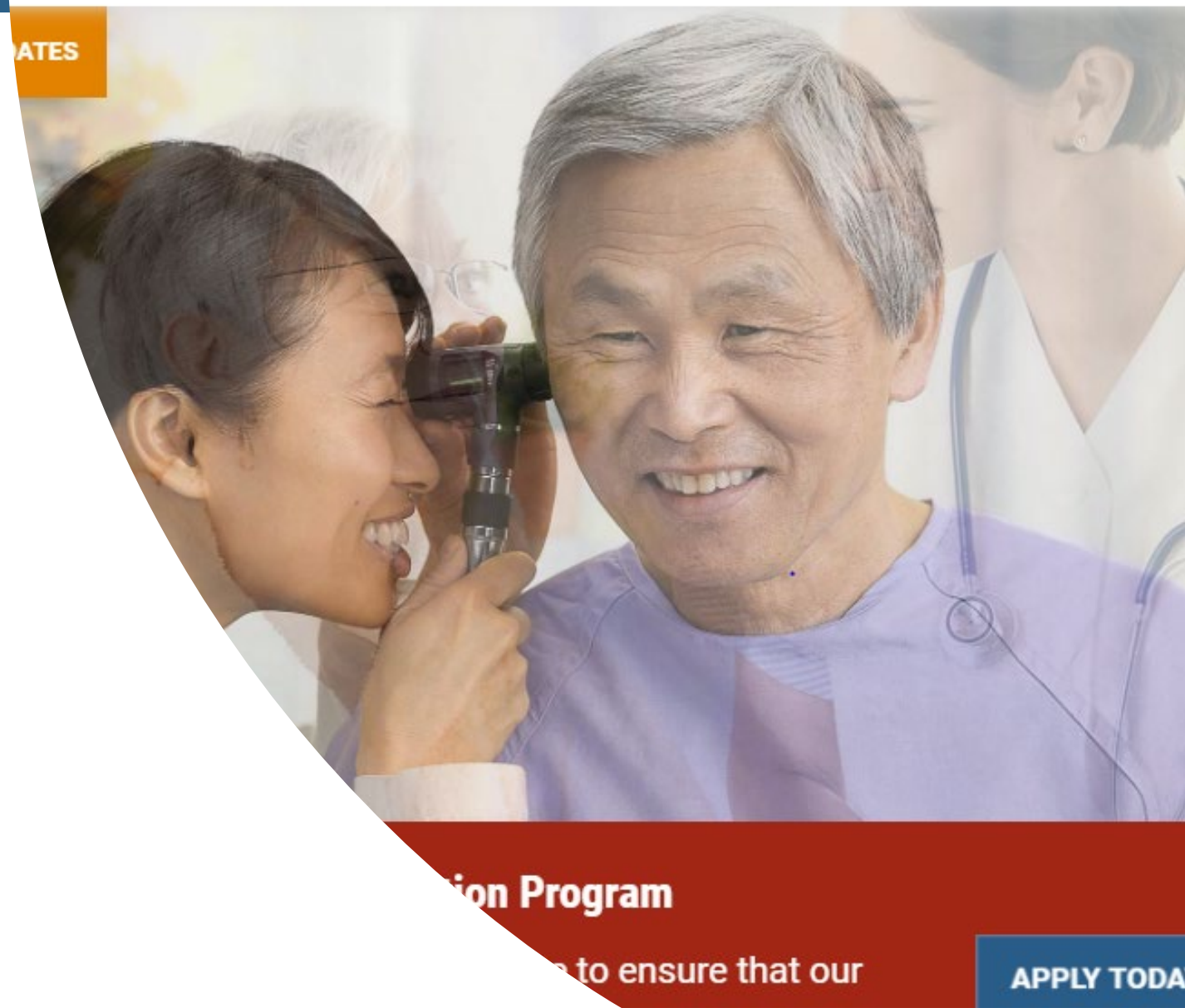
Starting an Application

- ACEP.org/GEDA

- Click “Apply Today”
  - ACEP Members log in with credentials
  - Non-members create a new account

- Click the “New Application” button

Use Chrome!



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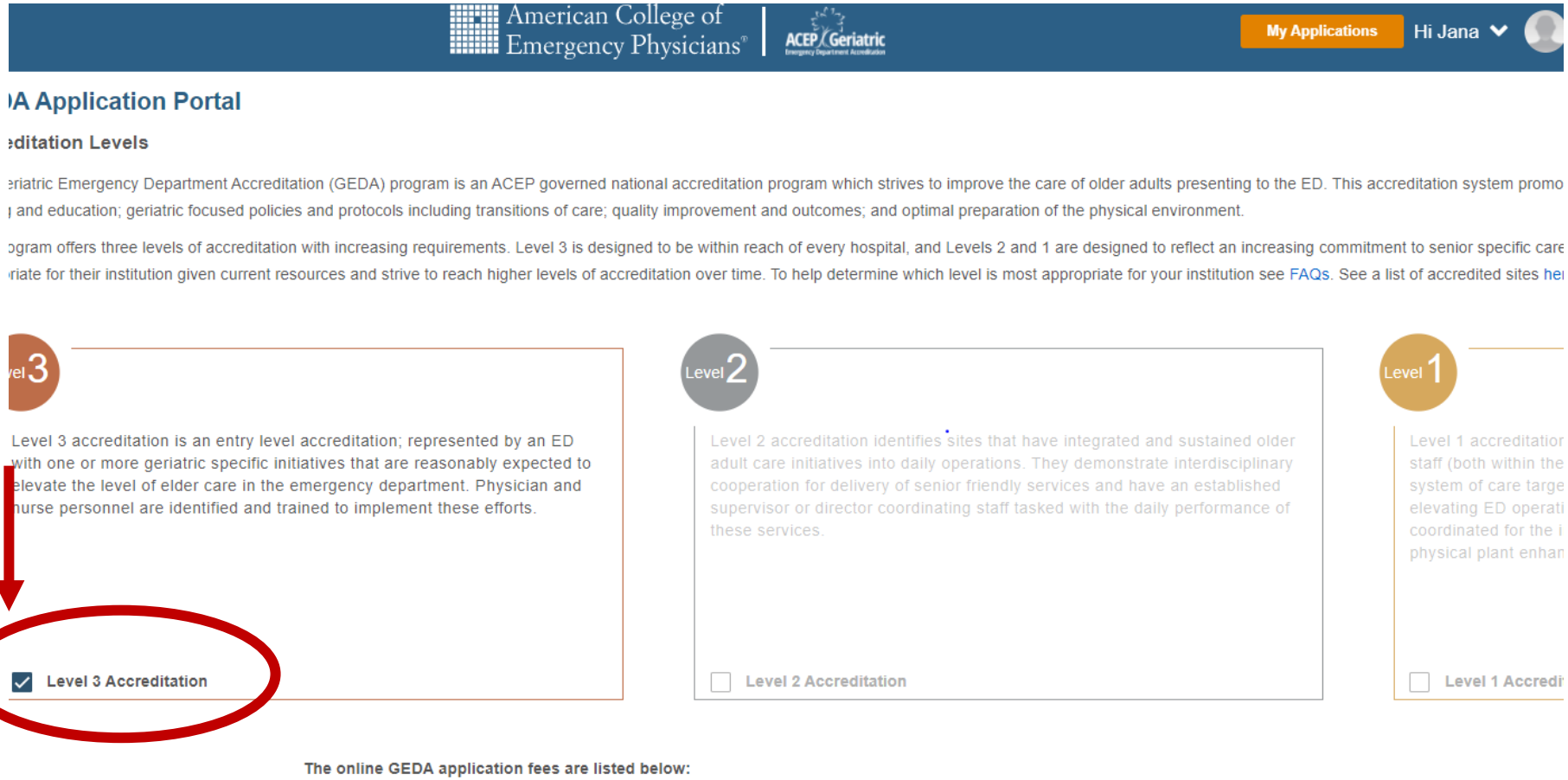
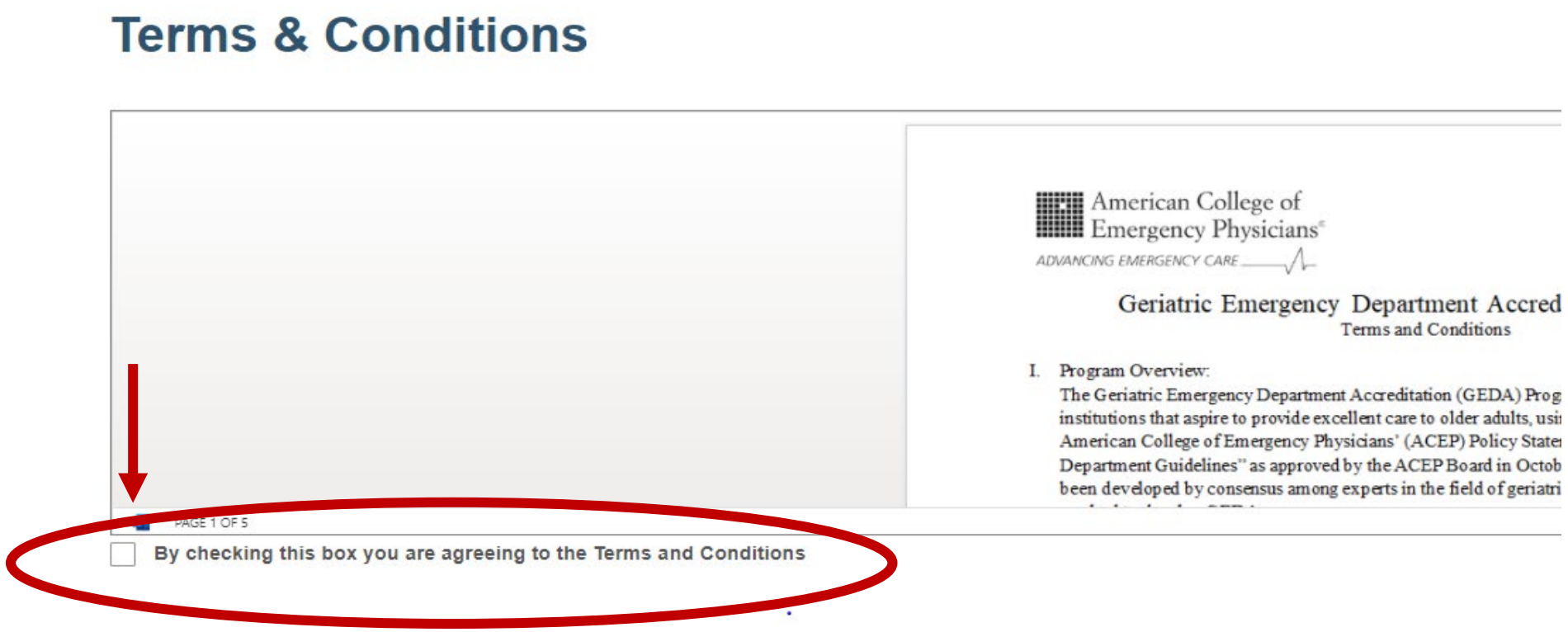
Select Level



Terms & Conditions

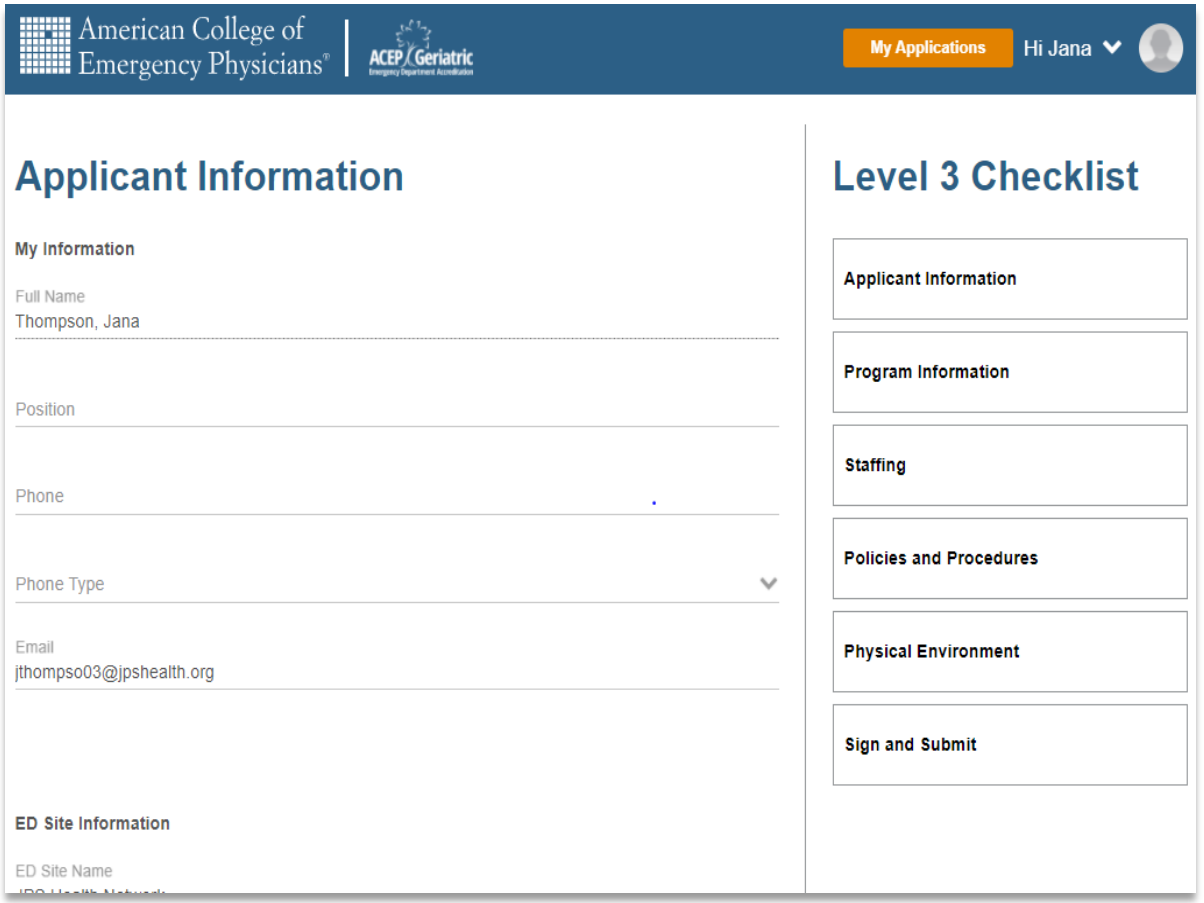
- Read the terms & conditions



Checklist

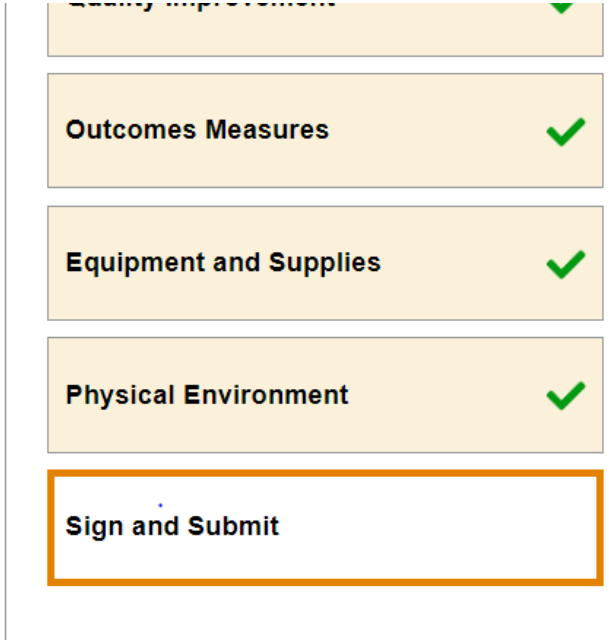
- Application fields
- Checklist

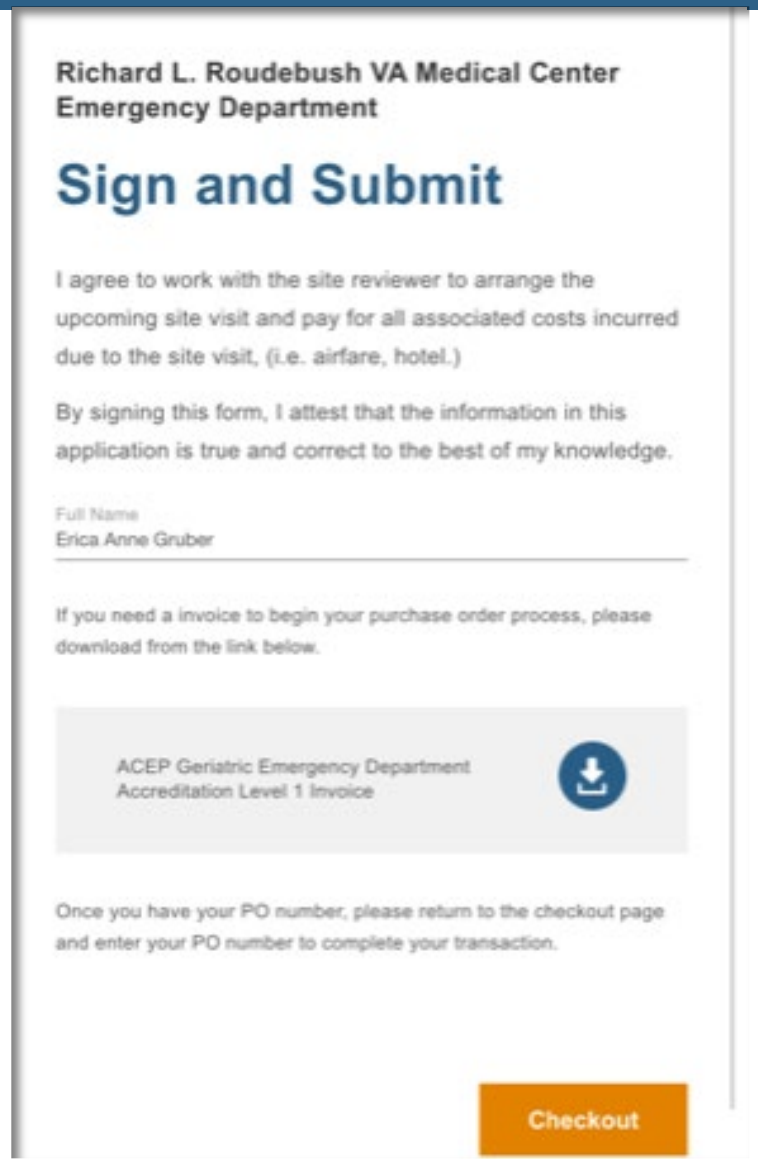
You must complete the “Applicant Information” tab entirely to navigate to additional tabs



Sign and Submit

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



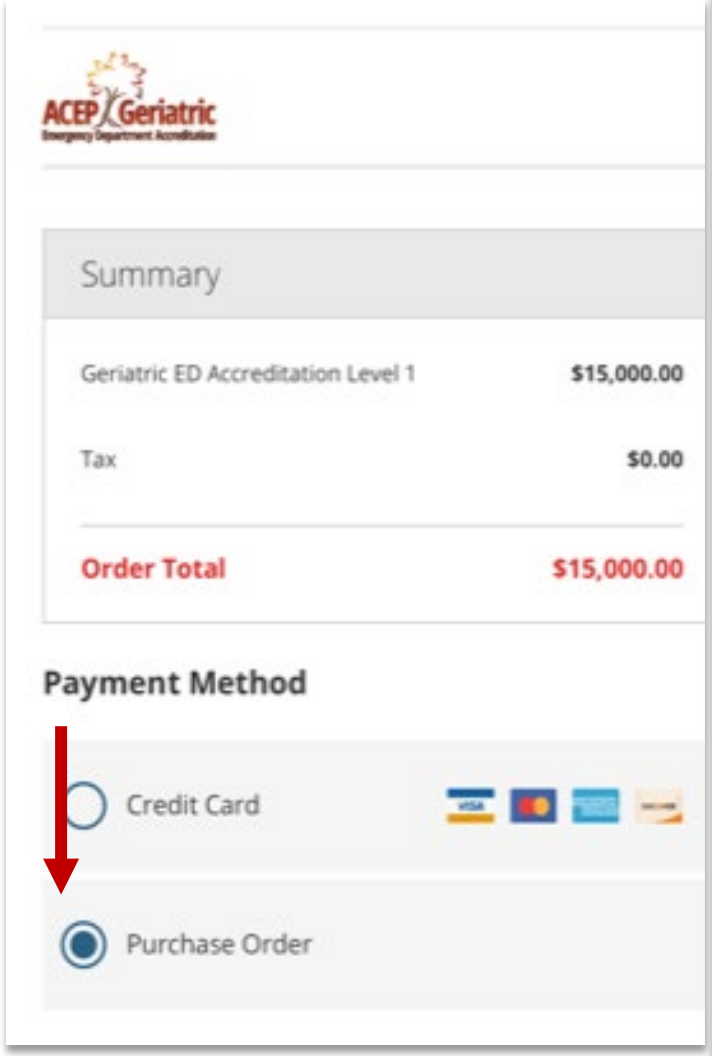


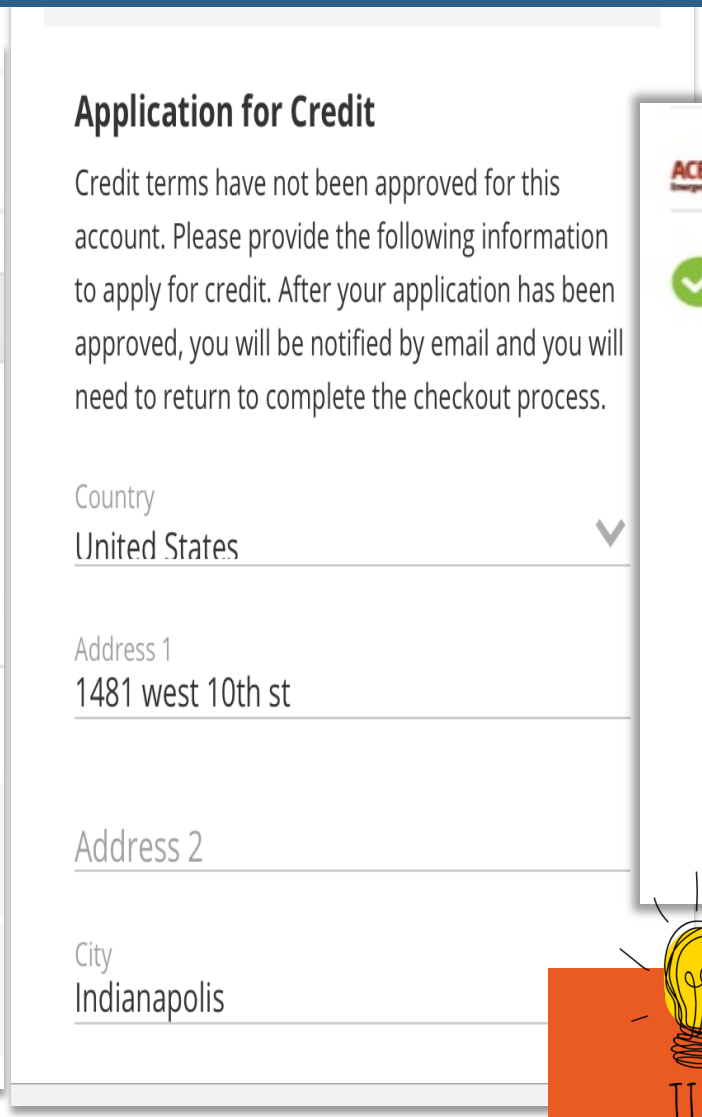
Checkout

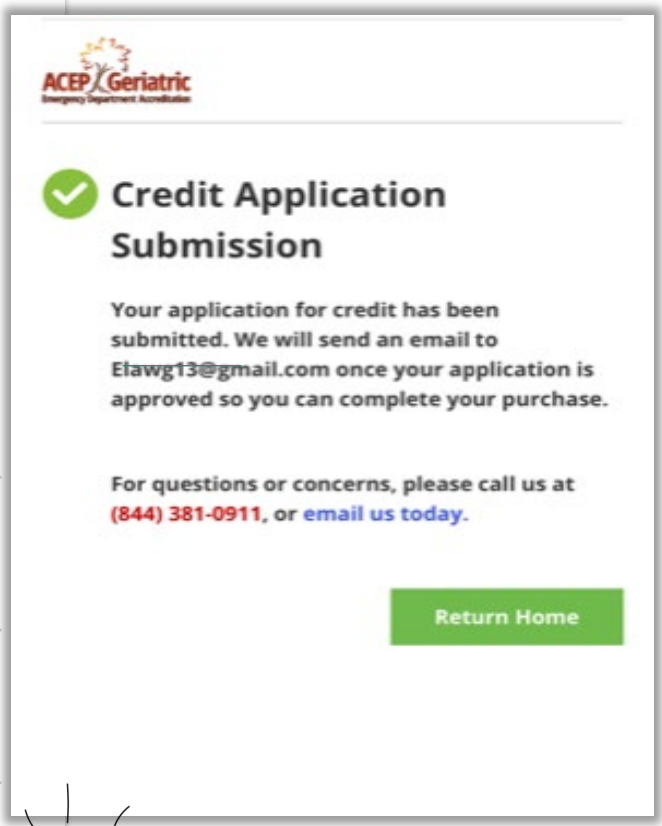
(1) Select “PO“

(2) Then apply for credit

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





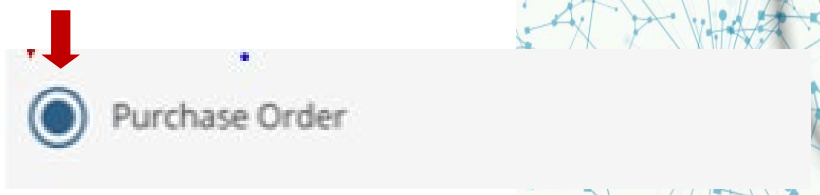


You’re almost finished!

Enter Your Unique Code

- With in 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

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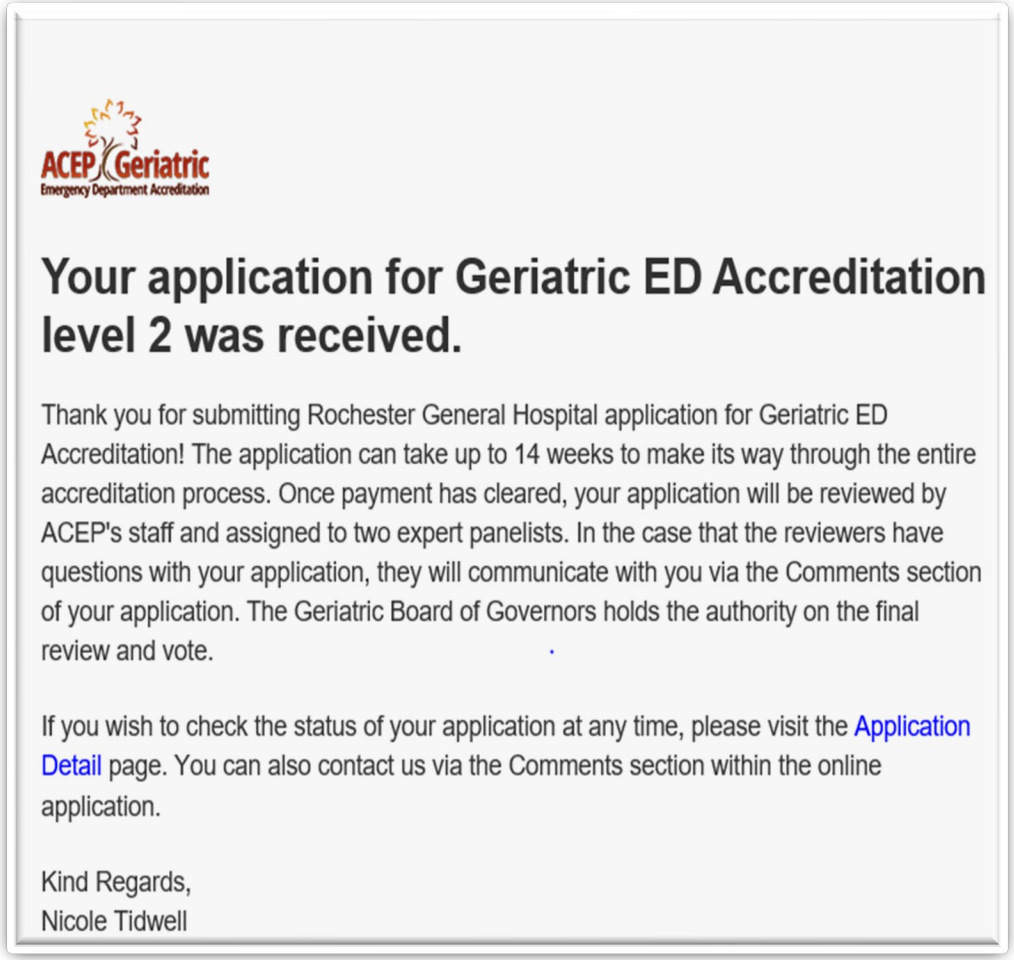
Submission

- 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.



ACEP Geriatric Emergency Department Accreditation

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

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“Review Process”

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Review Process

- Pre-determined submission dates

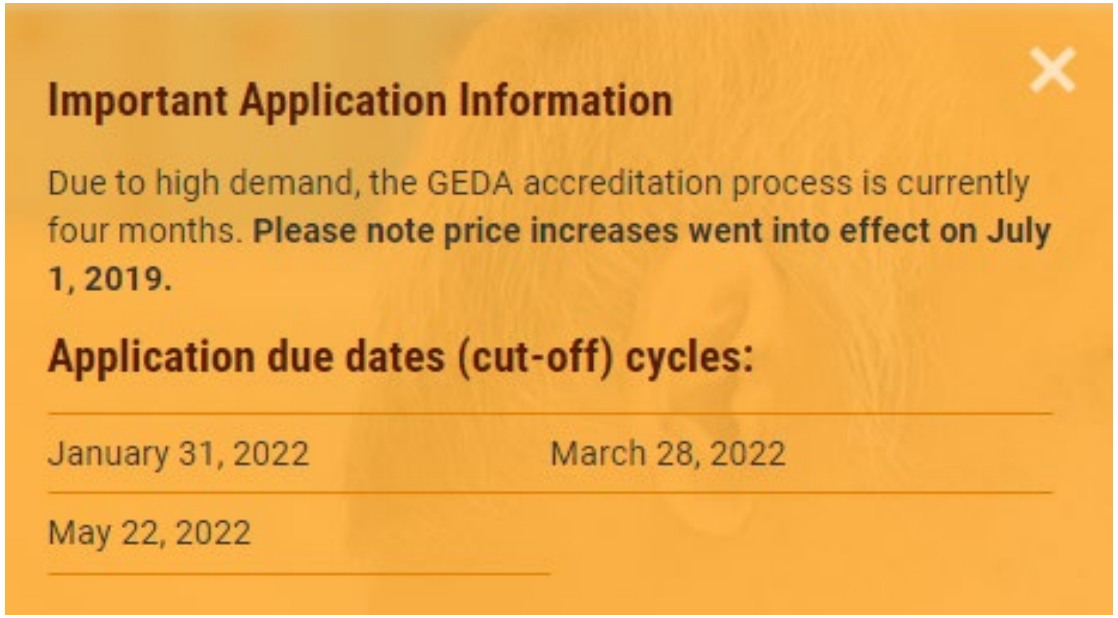
  Applications reviewed in stages and take into account initial application review notes.

  1. Admin Review

  2. First Clinical Review
     -one geriatric EM nurse or physician

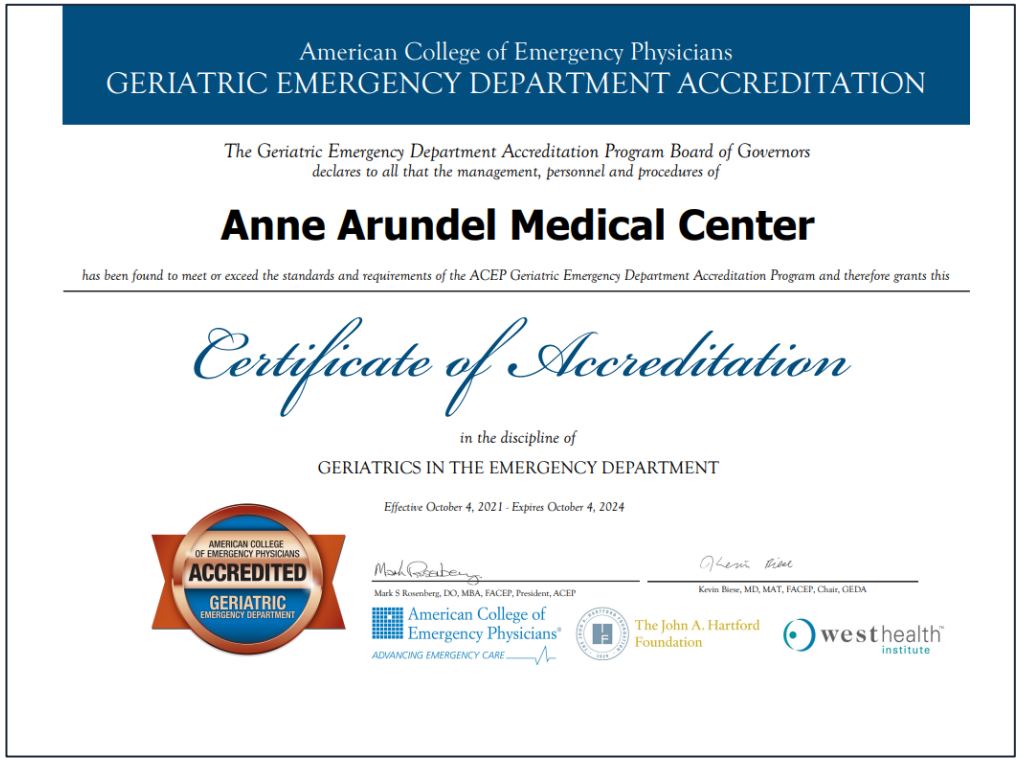
  3. Second Clinical Review
     - two panel reviewers
     - vote to approve or ask for revisions

  4. GEDA Board Review and Vote



Award Details

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



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GERIATRIC EMERGENCY DEPARTMENT ACCREDITATION

The Geriatric Emergency Department Accreditation Program Board of Governors declares to all that the management, personnel and procedures of

Anne Arundel Medical Center

has been found to meet or exceed the standards and requirements of the ACEP Geriatric Emergency Department Accreditation Program and therefore grants this

Certificate of Accreditation

in the discipline of

GERIATRICS IN THE EMERGENCY DEPARTMENT

Effective October 4, 2021 · Expires October 4, 2024

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS ACCREDITED GERIATRIC EMERGENCY DEPARTMENT

Mark S Rosenberg, DO, MBA, FACEP, President, ACEP

Kevin Biese, MD, MAT, FACEP, Chair, GEDA

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The John A. Hartford Foundation

westhealth institute

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Questions?

Nicole: ntidwell@acep.org

Amber: ahartmen@acep.org

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Geriatric EDs: Implementation Tips, & QI resources

Aaron Malsch
MSN, RN, GCNC-BC

Geriatric Emergency Department Collaborative Implementation

Geriatric Emergency Department Accreditation

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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

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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

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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)

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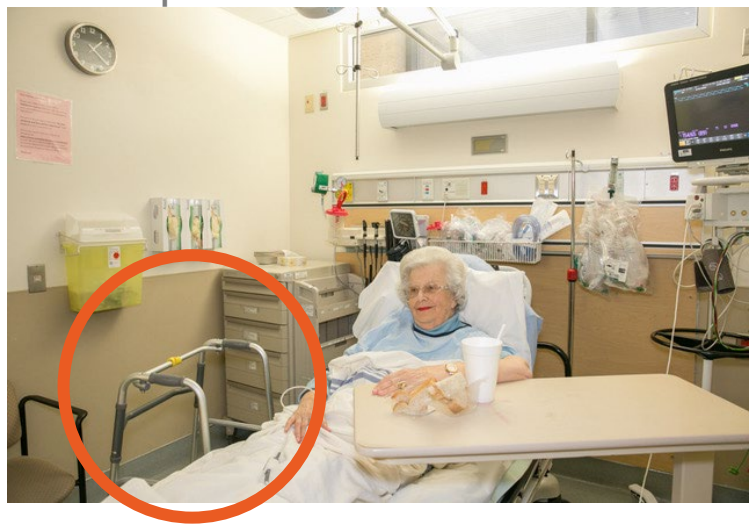
Key Application Criteria: Mobility & Nutrition

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/

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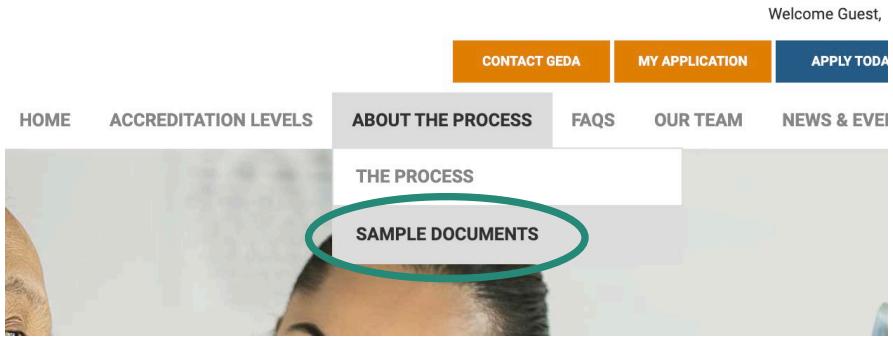
Sample Documents



ACEP Geriatric Emergency Department Accreditation

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	⬇	⬇	⬇

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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

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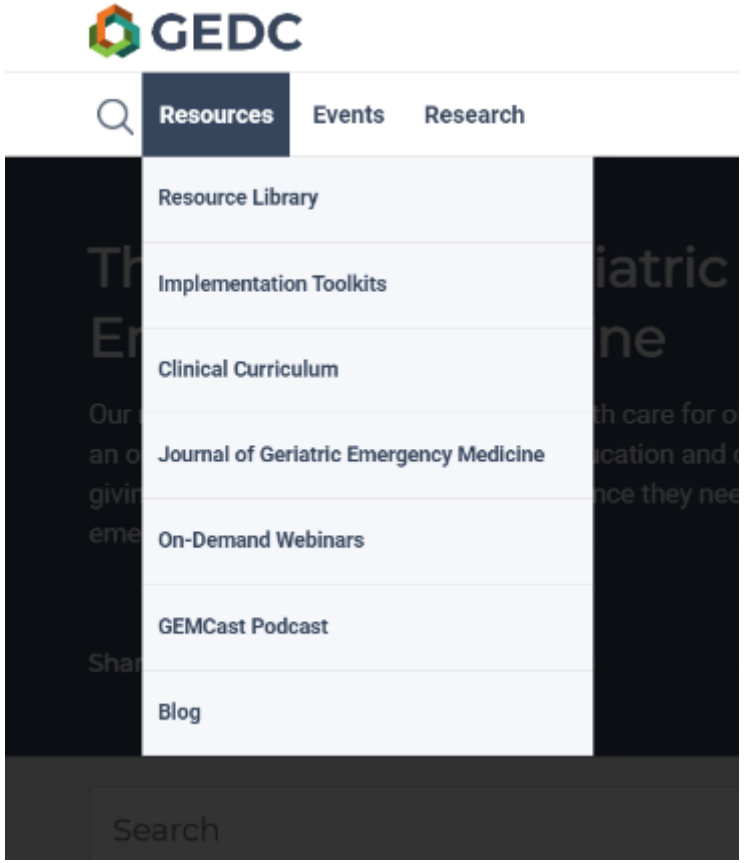
Resources

- 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



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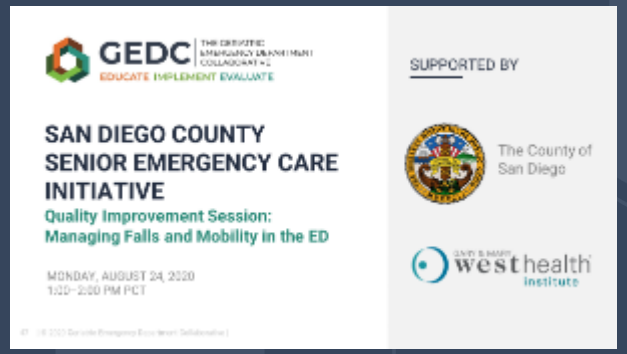
GEDC WEBINARS

Expert Panel Webinars

Healthcare providers & participants from across the nation and world

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



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Implementation Toolkits

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

Share on

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

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

Delirium Management Implementation Toolkit

May 18, 2020

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

TOOLKIT

Dementia Implementation Toolkit

May 20, 2020

A dementia quality improvement implementation

TOOLKIT

COVID-19 Resource Toolkit

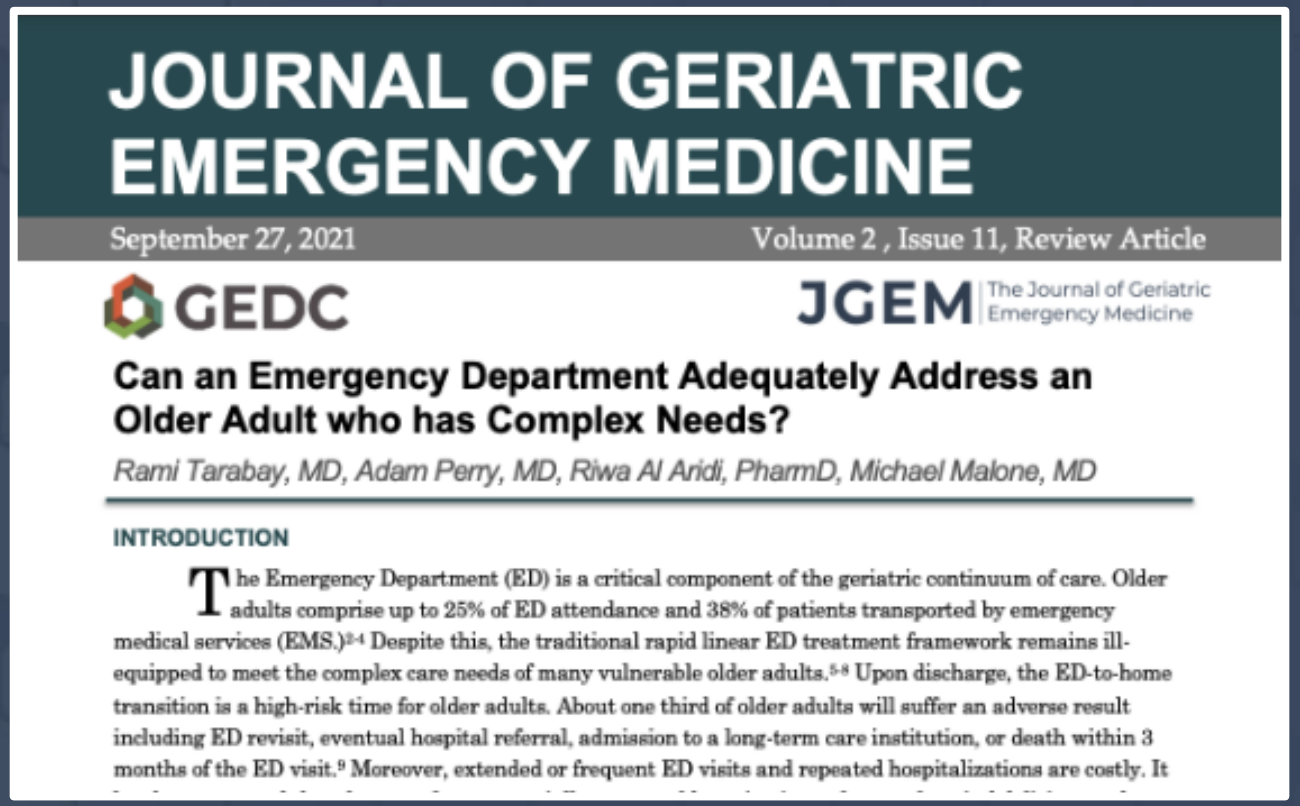
November 25, 2020

This toolkit contains a curated collection of

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.)[2-4] 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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EDUCATE IMPLEMENT EVALUATE

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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EDUCATE IMPLEMENT EVALUATE

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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

westhealth™ institute

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