Level III Geriatric ED Accreditation Bootcamp

ACEP Geriatric Emergency Department Accreditation

1:30 – 3:30 PM EST

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS ACCREDITED GERIATRIC EMERGENCY DEPARTMENT

HOSTED BY

GEDC THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

IN COLLABORATION WITH

CHI Memorial

BalladHealth

January 29, 2024 (1:30-3:30 pm EST)		Topic	Presenter(s)
1:30 – 1:40 (10 mins)		Welcome & Introductions	GEDC / TN Sites
1:40 – 1:45 (5 mins)		Age-Friendly Package	Alycia Cleinman (CHI Memorial)
1:45 – 2:05 (20 mins)		GEDC Intro Why Geriatric EDs? The 5 M's of Geriatric Care	Kevin Biese
2:05-2:30 (25 mins)		Case Studies & Connecting them to Geriatric ED Guidelines	Don Melady (Moderator)
2:30 – 2:35 (5 mins)		Break	
2:35 – 3:05 (30 mins)		1. 3 Required Care Processes 2. Fourth Care process	GEDC & TN Sites
3:05—3:20 (15 mins)		Wrap-up & GEDC resources	GEDC
3:20-3:30 (10 mins)		GEDA Application Questions	GEDA

Bootcamp Facilitators

Kevin Biese
MD, MAT (Co-PI)
University of
North Carolina

Don Melady, MD, MSc(Ed)
Emergency Physician
Mount Sinai Hospital
Toronto, Canada

Aaron Malsch
RN, MSN, CGNS-BC
Advocate Aurora Health

Laura Stabler
MPH
Program Director GEDC

Alex Ostberg
MPH
Program Manager GEDC

Conor Sullivan
BS
Program Manager GEDC

Heather Wojtarowicz
BS, BA
Communication Specialist GEDC

Welcome

Tennessee Geri ED Teams

Indian Path Community Hospital

Kingsport, TN

BalladHealth™

CHI Memorial

Chattanooga, TN

CHI Memorial

Level 3

24 K

EMERGENCY DEPARTMENT

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

Christopher McArdle, DO Emergency Physician

Rebecca Taylor RN ED Nursing Director

Deann Champion, MD ED Medical Director

UNIQUE ASPECT of CHI Memorial Hospital

Newly implemented stroke program with interventional capabilities

GEDC

Indian Path

Level 3

4,350

EMERGENCY DEPARTMENT

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Lauren Py, MD - Medical director/Chair ED
- Melissa Williams, RN – Nurse manager
- Rebecca Mullins, RN – Case manager
- Jordan Harrington, MHA, MS-HI – Associate administrator
- Diamond Smith – Program Manager

UNIQUE ASPECT of Indian Path Community Hospital

- The IPCH campus is home to several unique services in the region including a Center for Healthy Aging, Post-Covid Clinic, and a Sensory Motor Gym uniquely designed for pediatric rehab. In addition, IPCH has the largest Cancer Center in the tri-cities and across Ballad Health. IPCH is also one of three hospitals in the region with a dedicated pediatric Emergency Room.

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The Age-Friendly Health Care Package for Improved Care of Older Adults is an initiative of:

ACEP Geriatric Emergency Department Accreditation

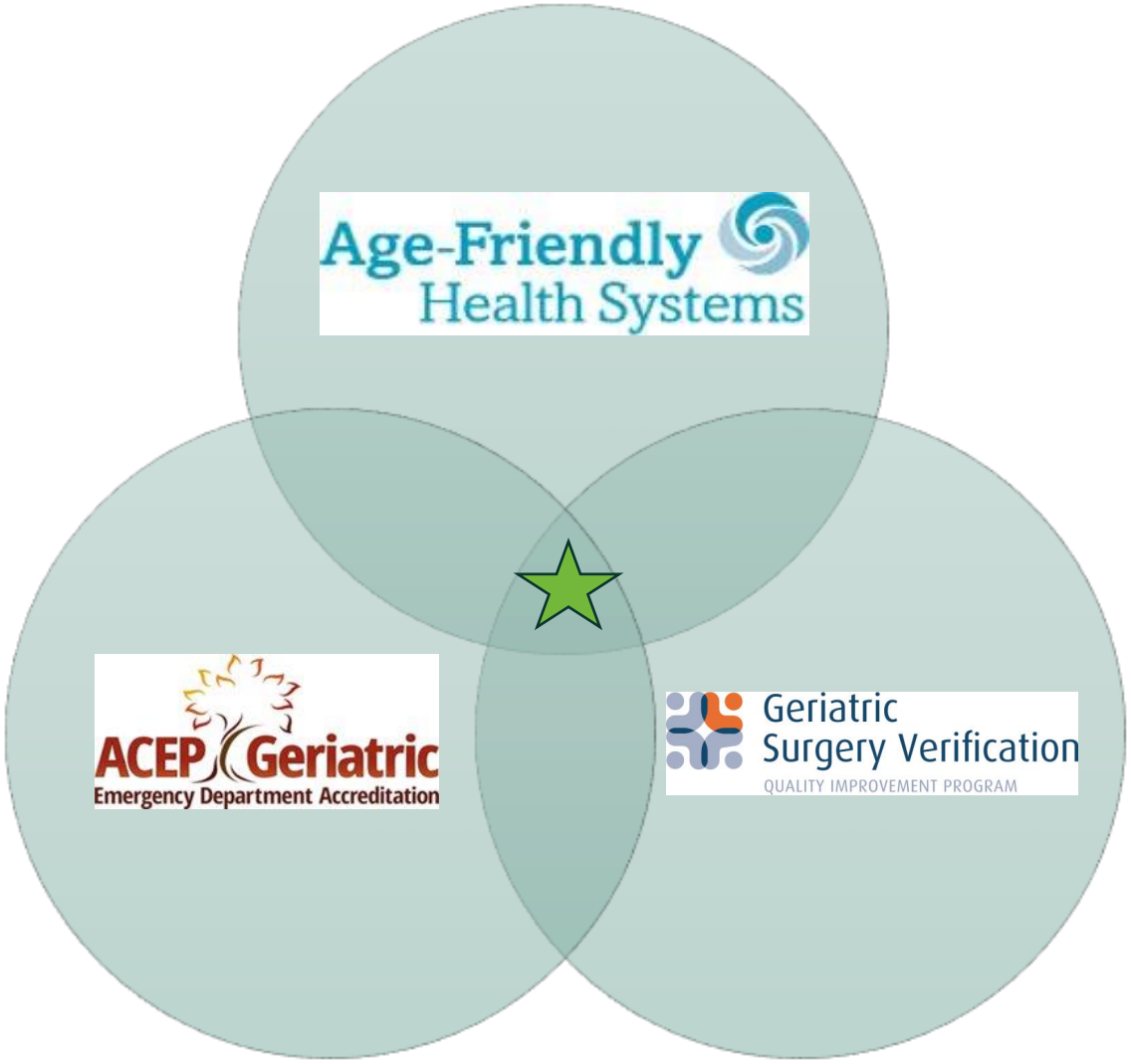
Geriatric Surgery Verification
QUALITY IMPROVEMENT PROGRAM

Age-Friendly Health Systems

The John A. Hartford Foundation

An Age-Friendly Health Care Package

Concurrent adoption of the three evidence-informed programs to address three places older adults are served in the hospital: Emergency Departments; Surgery; Inpatient Wards.



GEDC

GEDC
THE GERIATRIC EMERGENCY DEPARTMENT COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

gedcollaborative.com

Mission & Vision

A world where all emergency departments provide the highest quality of care for older patients.

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.

https://gedcollaborative.com/membership/application/

Membership

GEDC Members work together to transform ED care of older adults; catalyze action at local and national levels to support these care transformations; and evaluate the impact of these new models of care for older people.

- **Make your plan to become a GED**
- **Access to GEDC Community**
- **Participate in consulting services**
- **Access to education tools**
- **Implementation tools and training**
- **Evaluation resources**

Join the GEDC

Generously supported by

The John A. Hartford Foundation

westhealth™ institute

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Geriatric EDs are Expanding Along with GEDC Membership

ACEP Geriatric Emergency Department Accreditation

GEAR Geriatric Emergency care Applied Research

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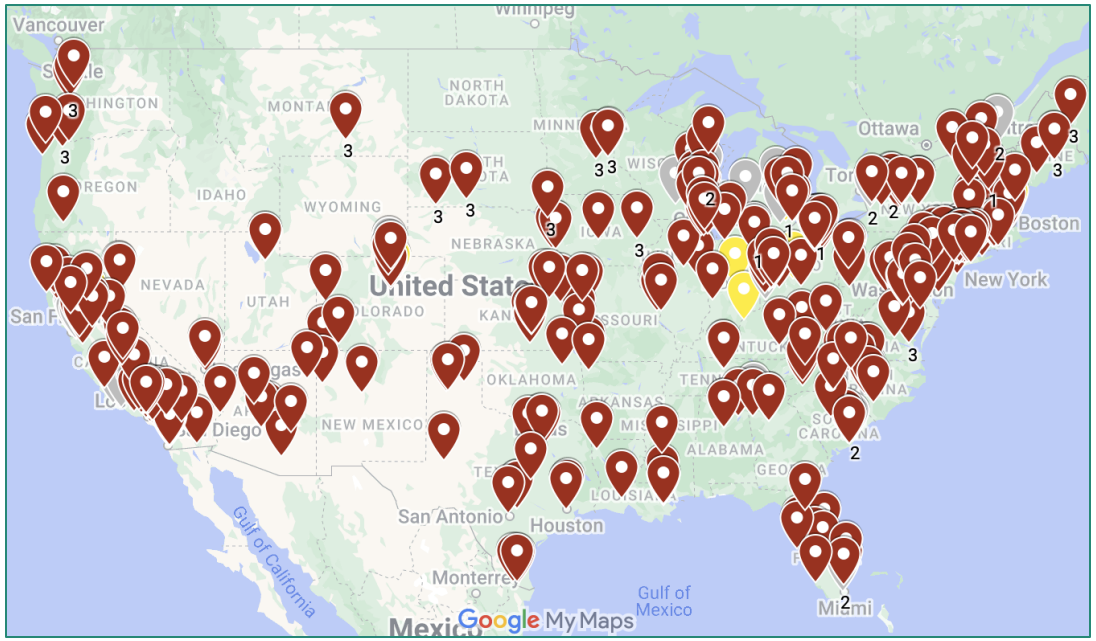
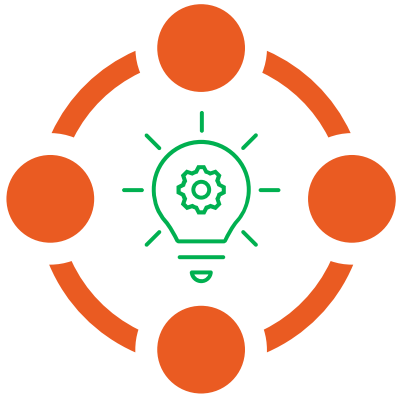
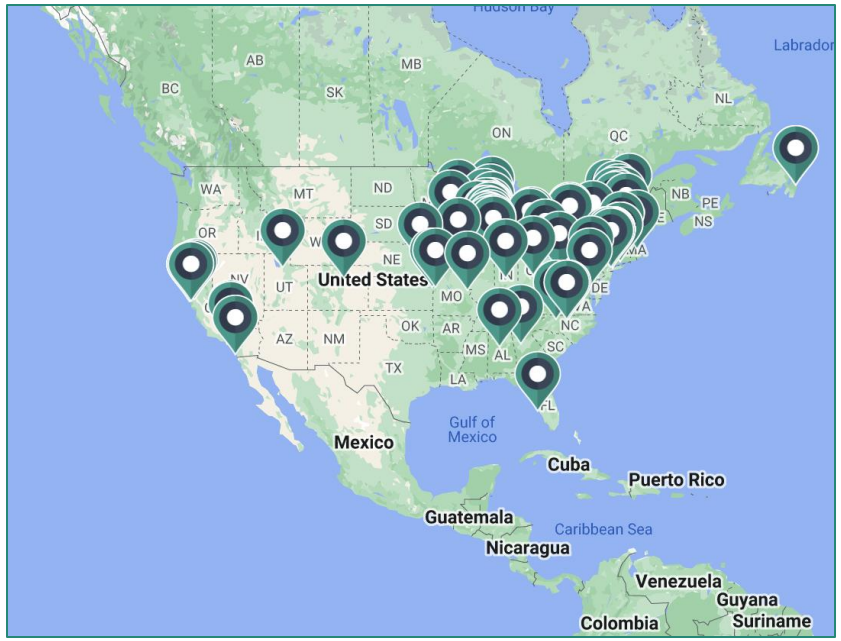


472 GEDA EDs





100 GED Member Sites
13 Participating Health Care Systems

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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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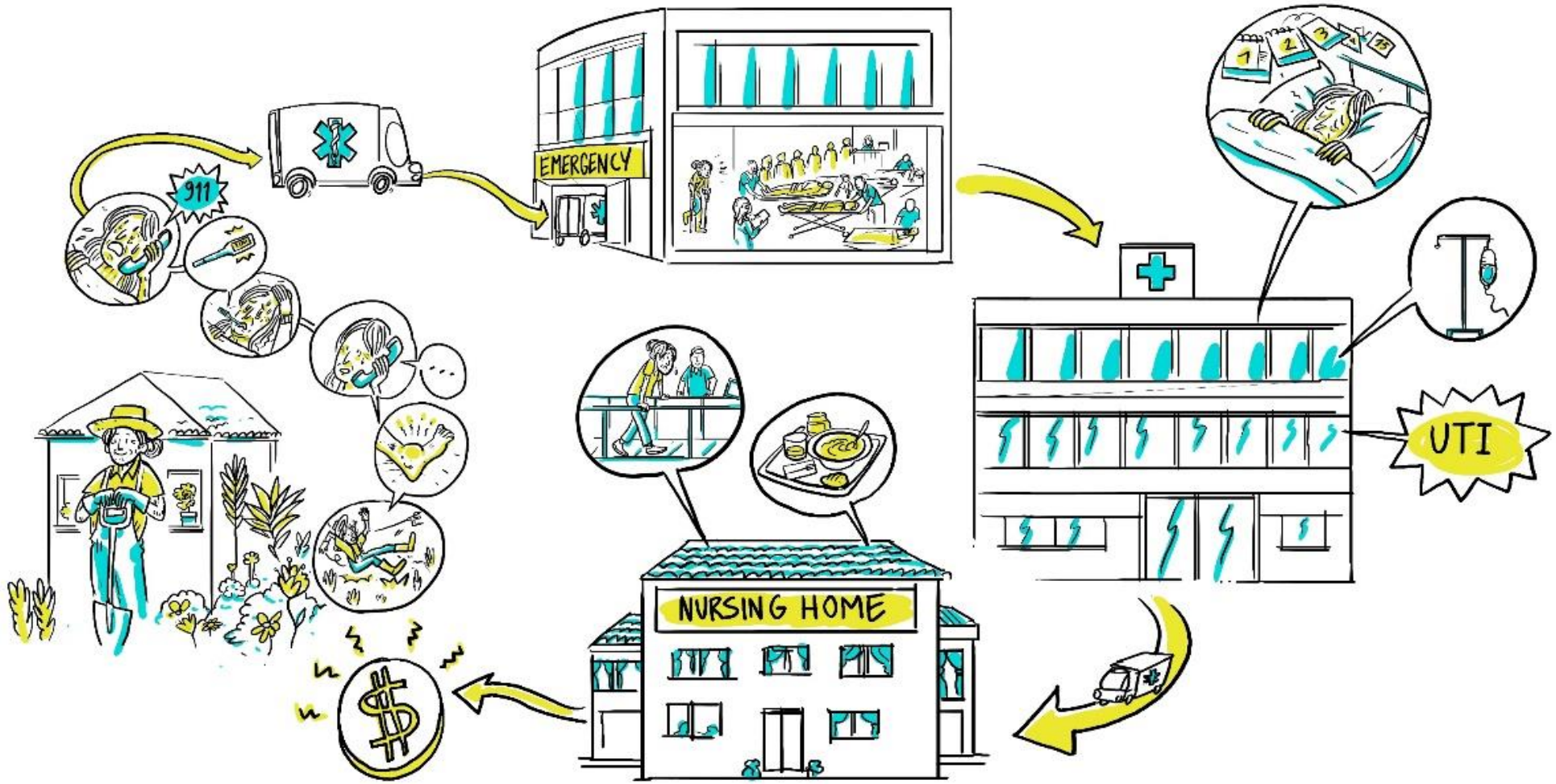

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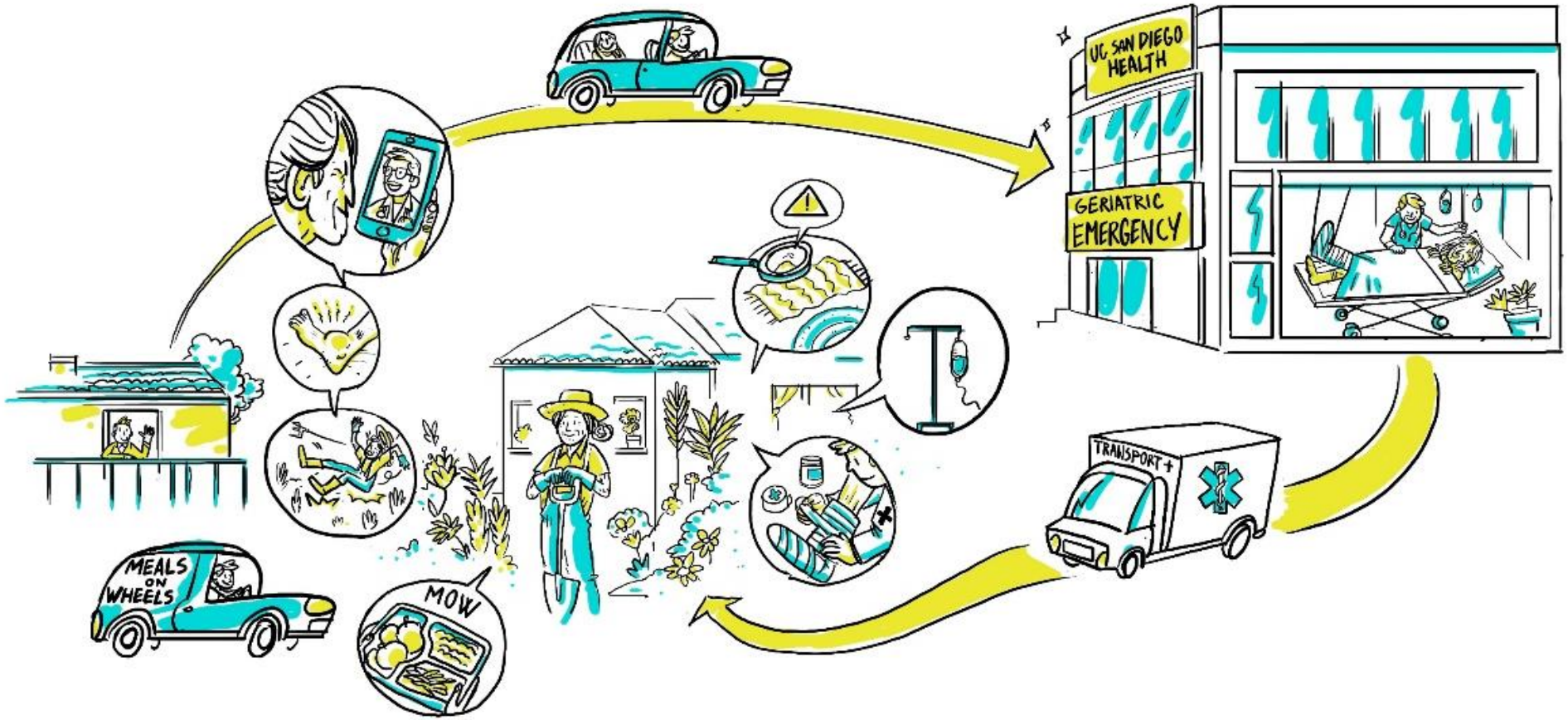
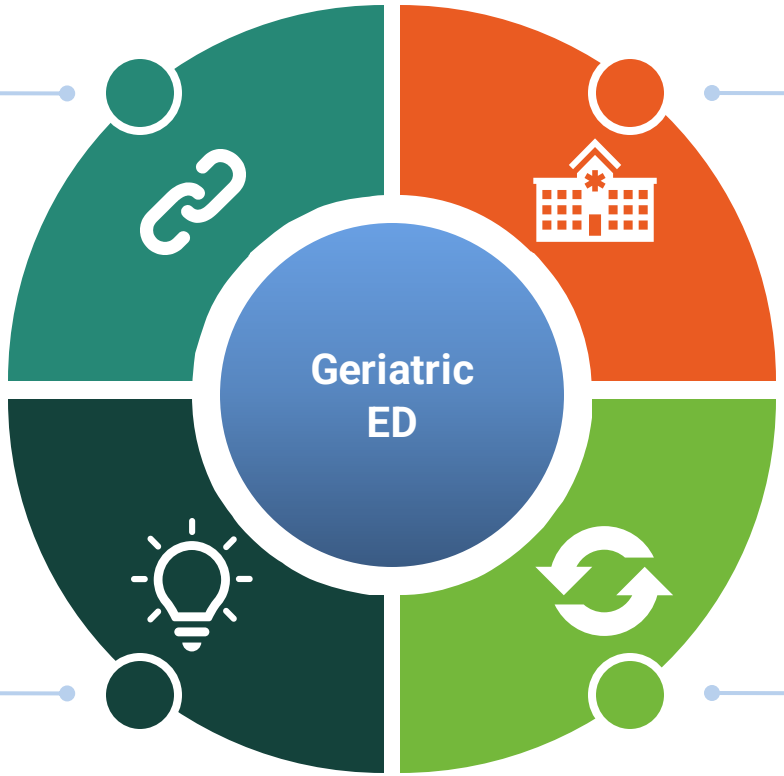

UC SAN DIEGO HEALTH
GERIATRIC EMERGENCY
TRANSPORT
MEALS ON WHEELS
MOW

GEDC

FOUR COMPONENTS OF GEDs

COMMUNITY CONNECTION

STRUCTURE



EDUCATION

PROCESSES

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WHY GEDs?

Lower return visits

Recent data affirms that readmissions, as well as returns to the emergency department for high-risk populations are lower in communities with GEDs.

Greater market share

GEDs enable health systems demonstrate their commitment to excellent care to the community, while also allowing emergency departments to better manage existing patients to create space for patients needing a high level of care.

Improved patient experience

According to emerging research, older adult patients who receive comprehensive geriatric assessment and enhanced transition of care services report higher patient satisfaction.

Better census management

Studies demonstrate that hospitals with GEDs have up to 16% fewer hospital admissions and a decreased inpatient length-of-stay for admitted older patients.

Higher staff morale

GEDs help staff know that they are doing an excellent job caring for their patients.

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A new library of literature supports Geriatric EDs as a solution

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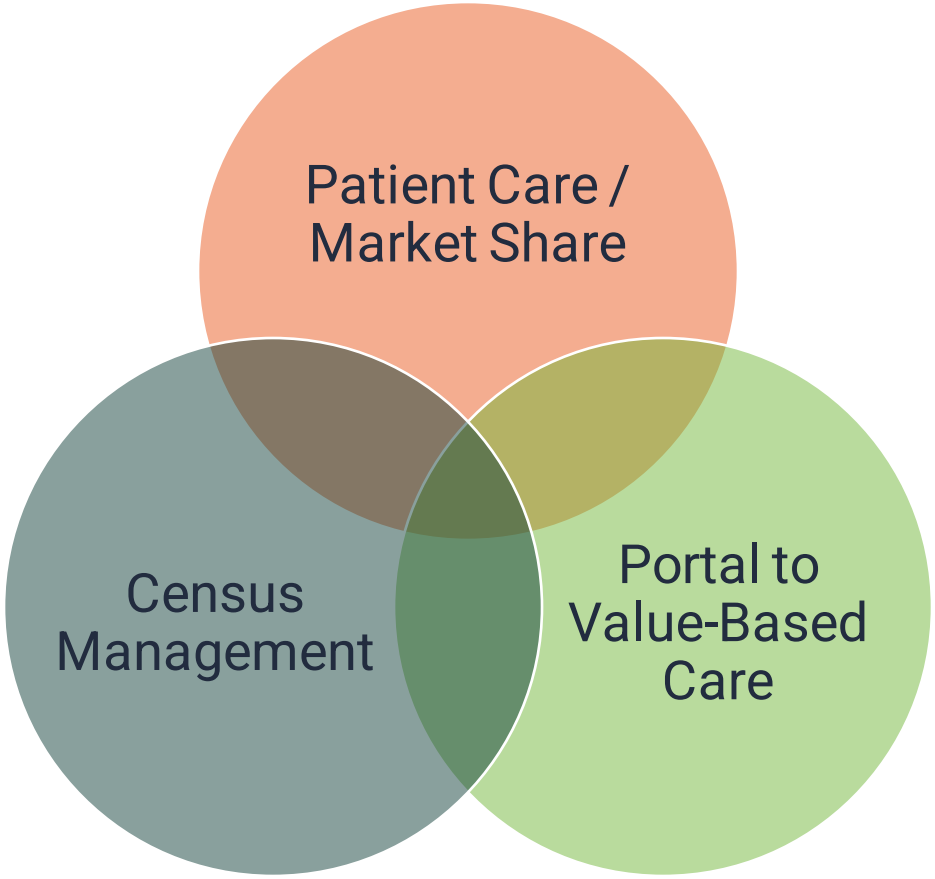
HEALTHCARE SYSTEM GED Return on Investment



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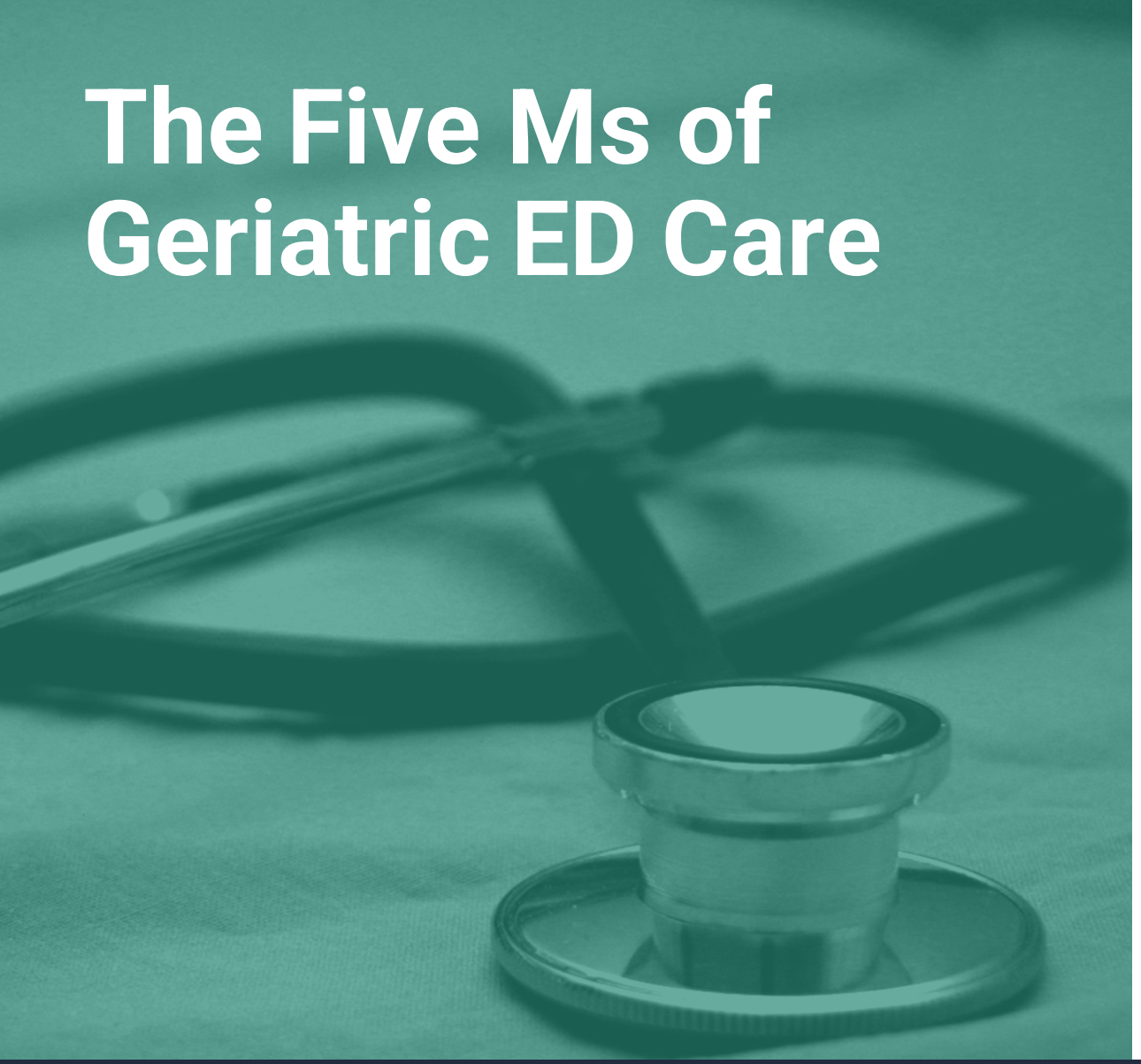
The Five Ms of Geriatric ED Care



1. Mobility
2. Mentation
3. Medication
4. Elder Mistreatment
5. What Matters

https://www.healthinaging.org/sites/default/files/media/pdf/HIA-TipSheet%20Geriatric%205Ms.July20_0.pdf

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Mobility

Clinical Pearl

How many falls have you had in the last three months?

- Falls are not an event, they are a syndrome
- How do we help you keep from falling after you leave the ED (and hospital)?
  - Medication reconciliation
  - Community Paramedicine
  - Physical therapy consults
- Screening Test: Timed Get Up and Go Test

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Mobility Part Two:
Geriatric Trauma

Clinical Pearl

Older adults break easily.

- Falls are the number one reason for trauma admissions in the US
- Shock index; retrospective study National Trauma Data Bank (NTDB)
  - HR/ SBP ≥ 1 = OR 3.1 death
    - Increased blood products, ex lap
- Age adjusted hypotension definition
  - Retrospective from NTDB if SBP <110 better than SBP<90 for needing trauma center care
  - Sensitivity 5 to 13%
  - Specificity 99 to 93%
- **Screening Tool:** Silver alert

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Mentation

Delirium

Clinical Pearl

Delirium is the vital sign of older adults.

- Delirium is a change from baseline with inattention
- Picture of sleeping older adult
- **Screening Tool**: BCAM or 4 AT

Dementia

Clinical Pearl

Family and caregivers are your friends.

- Don’t make them delirius
- Care transitions are key
- Referral for definitive diagnosis
- **Screening tool:** Mini Cog

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Medication

Clinical Pearl

First think drugs. Are you taking any new medications?

Elder Mistreatment

Clinical Pearl

We miss it all the time.

what Matters

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Case Studies

Don Melady
Moderator

Mrs. Cado
78-year-old woman
with a broken wrist
“ready for discharge”

With your GEDC Expert
Kevin Biese

Mrs. Schwach
80-year-old woman, not
feeling right
“Mom seems a little off”

With your GEDC Expert
Aaron Malsch

GEDC

Case Studies

- What challenges would you have when managing this patient in your ED?
- Name 3 care processes you could implement in your ED to improve the care of this person.

Mrs. Cado

Challenges

- Fall risk assessment / prevention at home
- Evaluating the home environment
- Integrating case manager can be difficult
- Unclear medications
- Possible Dementia

Care processes

- Timed Up and Go Test
- Involve an at home assessment
- Improve communication with PCP
- Pharmacy consult / medication reconciliation
- Standardized clinical screening for dementia identification

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Mrs. Schwach

Challenges

- Understanding baseline is difficult
- Unclear medications, cognition, PMH
- Is the catheter necessary? Is there retention?
- Has not eaten for hours
- Incomplete communication between providers and daughter
- Missing keys and light headed at discharge

Care processes

- Catheter placement
- Minimize NPO status
- Medication review
- Streamline & Document communication
- Delirium screening
- Safe mobilization strategies

5-minute Break

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American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

ACEP Geriatric Emergency Department Accreditation

Level III

Good geriatric ED care

- At least one MD and one RN champion
- Evidence of geriatric-focused education (4 hours)
- Evidence of **four** geriatric focused care initiatives and adherence plan
  - Three Baseline Processes
  - One care process of your choice from pick list
- Mobility Aids
- Free food & drink 24/7

Overview of GEDA Baseline Care Processes

3 GED Care Processes Required for all Programs

Basic processes for all geriatric EDs

A1: Minimize Urinary Catheters

A2: Minimize NPO status

A3: Minimize Physical Restraints

Care Process A1: Minimize Urinary Catheters

Key Components

- Only for clear indications
- Method of ensuring/verifying indications
- Chart review of subset of catheters monthly

Best Practices

- EHR order with a menu of indications
- Nurse confirmation that meets pre-specified indication (of course, exceptions exist)
- 10 Foley placements are reviewed per month to ensure indication is recorded

Care Process A2: Minimize NPO status

Key Components

- Older patients can starve in our departments!
- Food is essential to patients and their caregivers
- Do *something proactive* to ensure your department can follow this care process.

Best Practices

- Change policy: consider a default “feed older people unless specifically indicated”
- Make sure appropriate food is easily available.
- Make food available to essential care partners
- Add education about feeding older people

Care Process: A3: Minimize Physical Restraints

Key Components

- Geriatric Specific, not stock policy!
- Describe alternatives
  - De-escalation, Distraction, Non-pharm
  - Promote Sitters
- Describe roles RN, MD, CM
  - Who, what, when, and then what

Best Practices

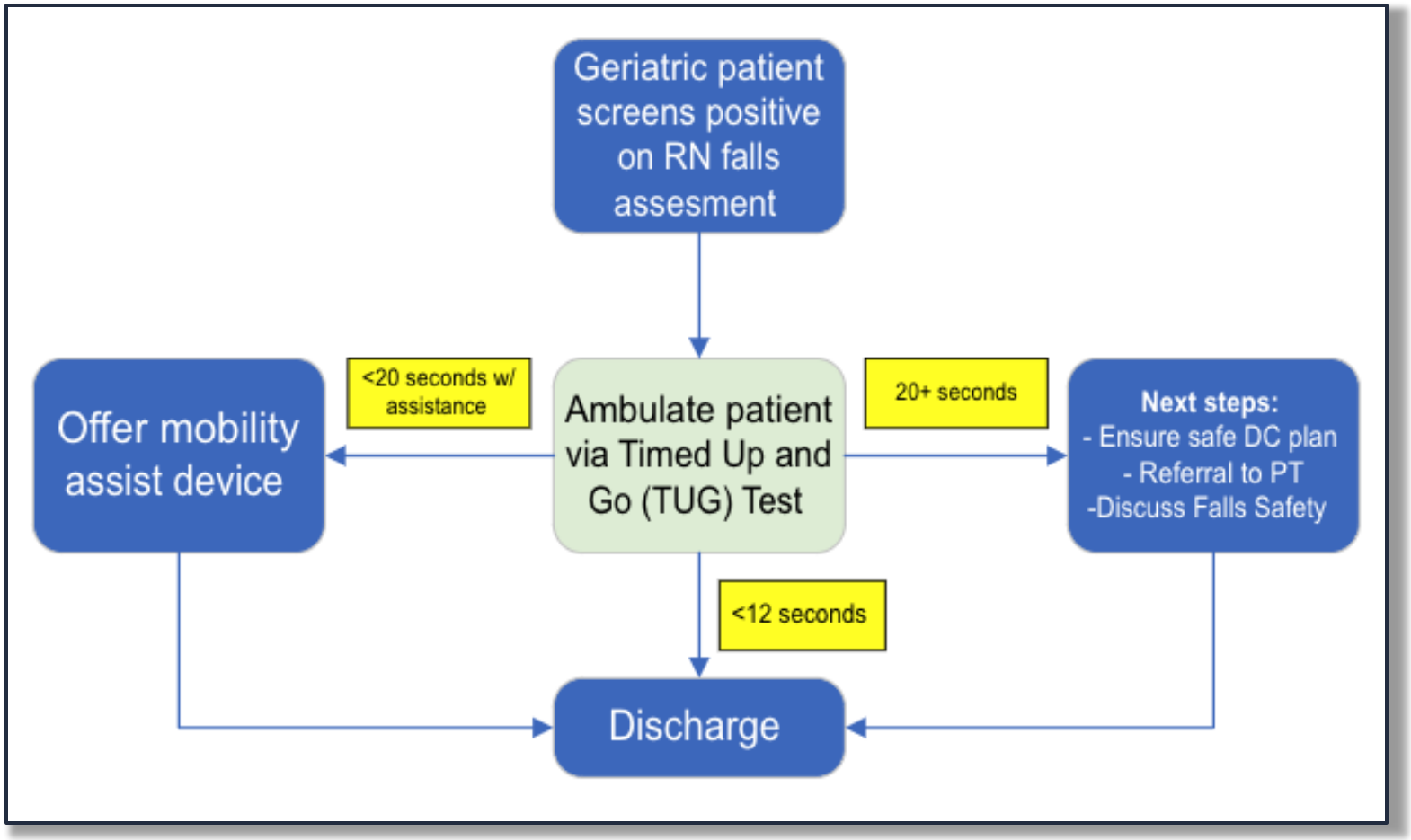
- Build upon existing policy with Geriatric ED Specific focus
- Assess staff needs for implementation
- Metrics with process & outcome metrics.

CHI Memorial: Fall Prevention

Objective: Identify and intervene with older adults at risk for falls.

When: The Timed Up and Go Test will occur prior to discharge.

ED Staff Involved: Bedside RN and clinician.



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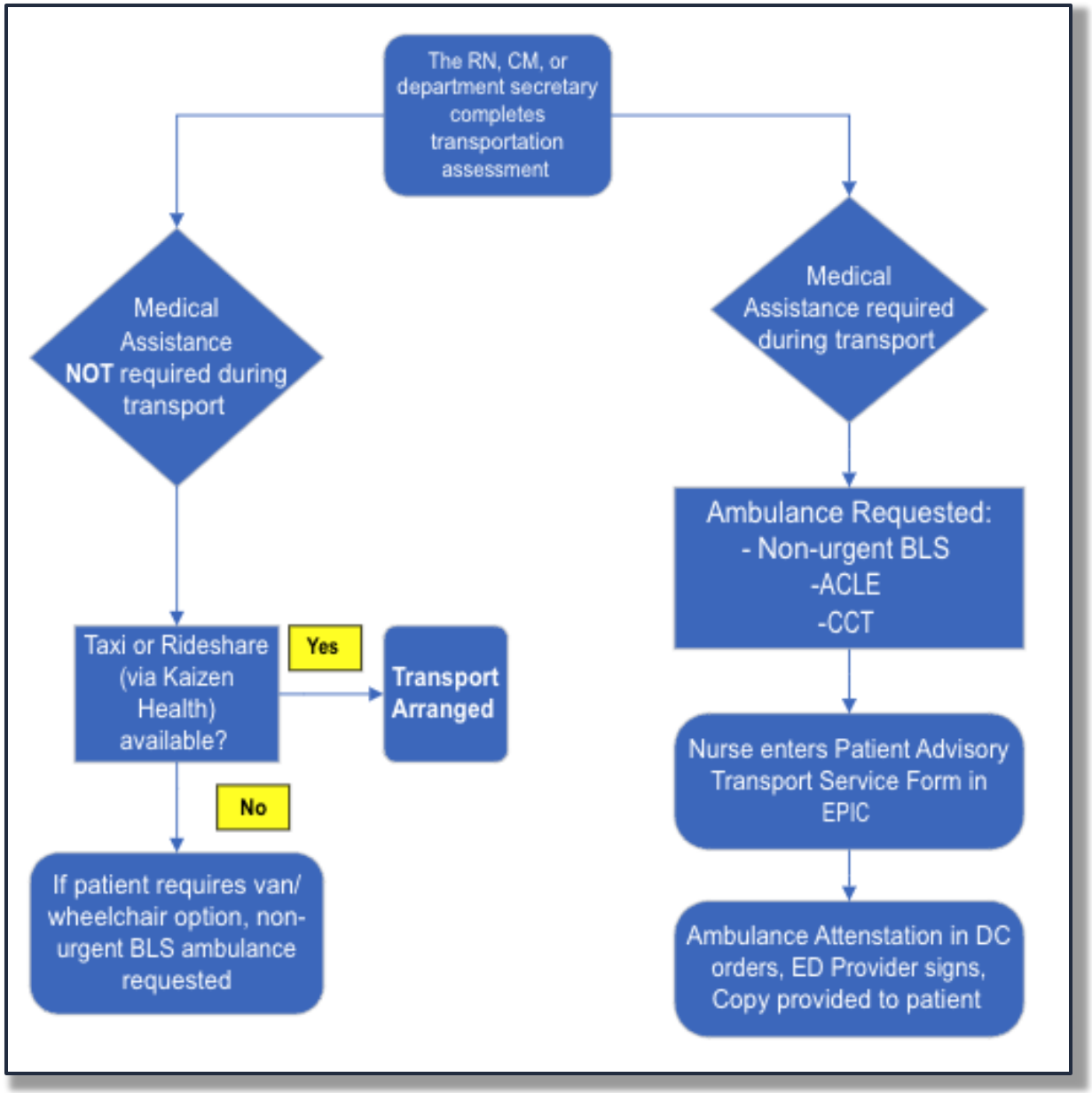
Indian Path: Transportation Protocol

Objective: Provide safe transportation options for all geriatric patients.

When: Applicable at the time of discharge. Implemented and available 24/7.

ED Staff Involved: RN, Case Manager, Department Secretary, Nurse, and Physician



Geriatric EDs: Implementation Pearls

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Aaron’s Tips

2 Way Feedback

Align GED with ED goals

Geriatric Focus both in the ED and beyond (transitions)

Continuous Improvement

Don’s Tips

Enhance your hospital’s reputation in the community, including increased philanthropic interest.

Geriatric EDs impact recruitment and retention.

Kevin’s Tips

Share at least one positive outcome or patient story per month.

Use tools that the front-line staff chooses.

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OUR RESOURCES

Scan to view GEDC website

Coming Soon: TN Landing Page
www.gedcollaborative.com/TN/

01 Implementation Toolkits
Topics: Falls & Mobility, Dementia Implementation, Delirium Management, Elder Mistreatment

02 Geri-EM.com online learning
Free courses which offer CPD, CME, and CNE credits

03 GEMCAST Podcast
Conversations with leading experts and researchers on clinical topics relevant to geriatric care

04 On-Demand Webinars
Immediate access to recorded webinars with related resources and key learning points attached

05 Resource Library & JGEM Articles
Categorized resources which includes access to peer reviewed, open access Journal of Geriatric Emergency Medicine articles

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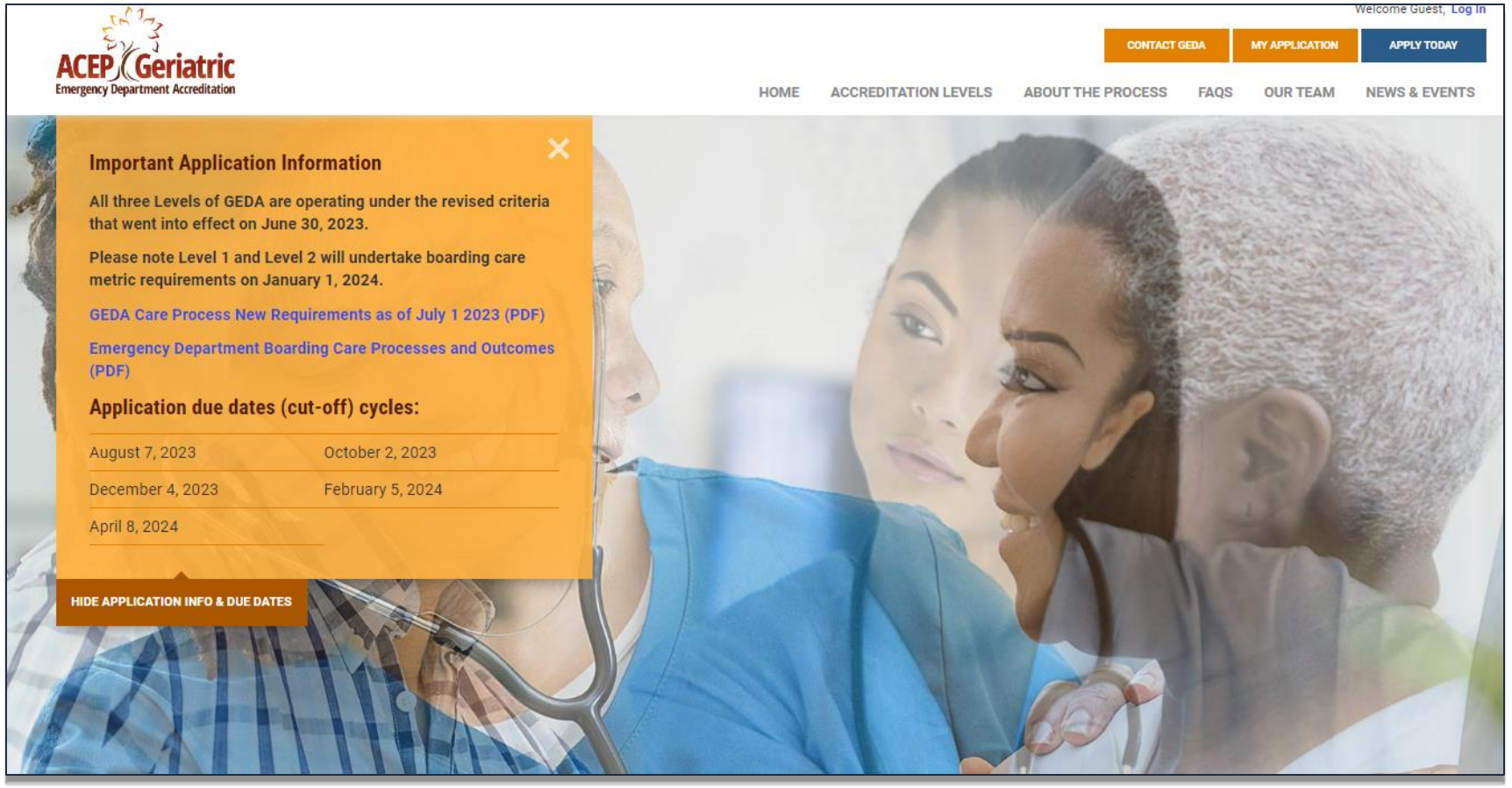
GEDA Application questions?



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EDUCATE IMPLEMENT EVALUATE

Certificate of Training

Awarded to

Bootcamp Participate

for Geriatric Emergency Medicine Education

GEDC

Geri ED Bootcamp (2.0 hrs.)

Event

January 29, 2024

Date

THANK YOU!

GEDC