Welcome

HANYS

Geriatric ED Bootcamp

Monday, August 1, 2022
1:30 PM – 4:30 PM EST

GEDC EDUCATE IMPLEMENT EVALUATE

HANYS Always There for Healthcare

ACEP Geriatric Emergency Department Accreditation

ırtment Collaborative |

CONNECTING WITH INTERDISCIPLINARY COLLEAGUES FROM:

- SUNY Downstate University Hospital Brooklyn
- BronxCare Hospital
- Lincoln Hospital
- Mary Imogene Bassett Hospital
- O'Connor Hospital
- Cobleskill Regional Hospital
- Little Falls Hospital
- A.O. Fox Hospital Tri-Town Campus
- A.O. Fox Hospital
- Catholic Health Mercy Hospital
- North Central Bronx Hospital
- Saratoga Hospital
- SBH Health System
- Richmond University Medical Center
- Eastern Niagara Hospital

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.

GEDC Faculty

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

Pamela Martin
MS, RN, GCNS-BC
Yale University

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

Laura Stabler
MPH
Program Director
GEDC

Conor Sullivan
BS
Program Manager
GEDC

GEDC

Accreditation Statement

In support of improving patient care, this activity is planned and implemented by Mayo Clinic College of Medicine and Science and The Geriatric Emergency Department Collaborative (GEDC). Mayo Clinic College of Medicine and Science is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

JOINT ACCREDITATION™
INTERPROFESSIONAL CONTINUING EDUCATION

Credit Statement(s)

AMA

The Mayo Clinic College of Medicine and Science designates this live activity for a maximum of 2.5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CPD

ANCC

The Mayo Clinic College of Medicine and Science designates this live activity for a maximum of 2.5 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.

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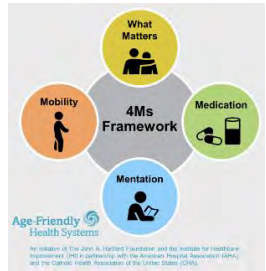
Learning Objectives

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
- Demonstrate familiarity with the GEDC Geri ED implementation resources available to HANYS ED Sites
- Identify problems and opportunities in ED regarding care of their older patients
- Identify focused quality improvement projects that can be implemented over the next six months to improve care for older patients in your ED



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Disclosure Summary

As a provider accredited by Joint Accreditation Interprofessional Continuing Education, Mayo Clinic College of Medicine and Science (Mayo Clinic School of CPD) must ensure balance, independence, objectivity and scientific rigor in its educational activities. Course Director(s), Planning Committee Members, Faculty, and all others who are in a position to control the content of this educational activity are required to disclose all relevant financial relationships with any commercial interest related to the subject matter of the educational activity. Safeguards against commercial bias have been put in place. Faculty also will disclose any off label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of these relevant financial relationships will be published in activity materials so those participants in the activity may formulate their own judgments regarding the presentation.

Relevant Financial Relationship(s):

Kevin James Biese, MD is a consultant for Third Eye Telehealth

No Relevant Financial Relationship(s)

Aaron Malsch, RN, MSN, CGNS-BC
Pamela Martin, FNP-BC, APRN GS-C
Laura Stabler, MPH

Off Label/Investigational Usage: None

For additional disclosure information regarding Mayo Clinic School of Continuous Professional Development accreditation review committee members visit:

ce.mayo.edu, About Us, Disclosures - or - https://ce.mayo.edu/content/disclosures

HANYS GEDC Geri-ED Boot Camp

August 1.2022 1:30p – 4:30p EST

Time pm (EST)	Topic	Presenter(s)
1:30-2:00 (30 mins)	Welcome & Introductions	HANYS/ GEDC
2:00-2:15 (15 mins)	Why GEDs & Accreditation Criteria	Kevin Biese
2:15-2:35 (20 mins) 2:35-2:55 (20 mins)	Case Studies (3 Breakout Rooms) Recap Case Studies	All
2:55-3:10 (15 mins)	Break	All
3:10- 4:10 (60 mins)	GED Implementation – GEDC QI Resources	GED Protocols - Pam Martin Falls & Mobility - Aaron Malsch Tips & Initiatives - Kevin Biese
4:10–4:15 (5 mins)	Closing Remarks	HANYS
4:15-4:30 (15 mins)	Next Steps & Wrap Up	GEDC

Tips for Participation

GET THE MOST OUT OF YOUR BOOTCAMP

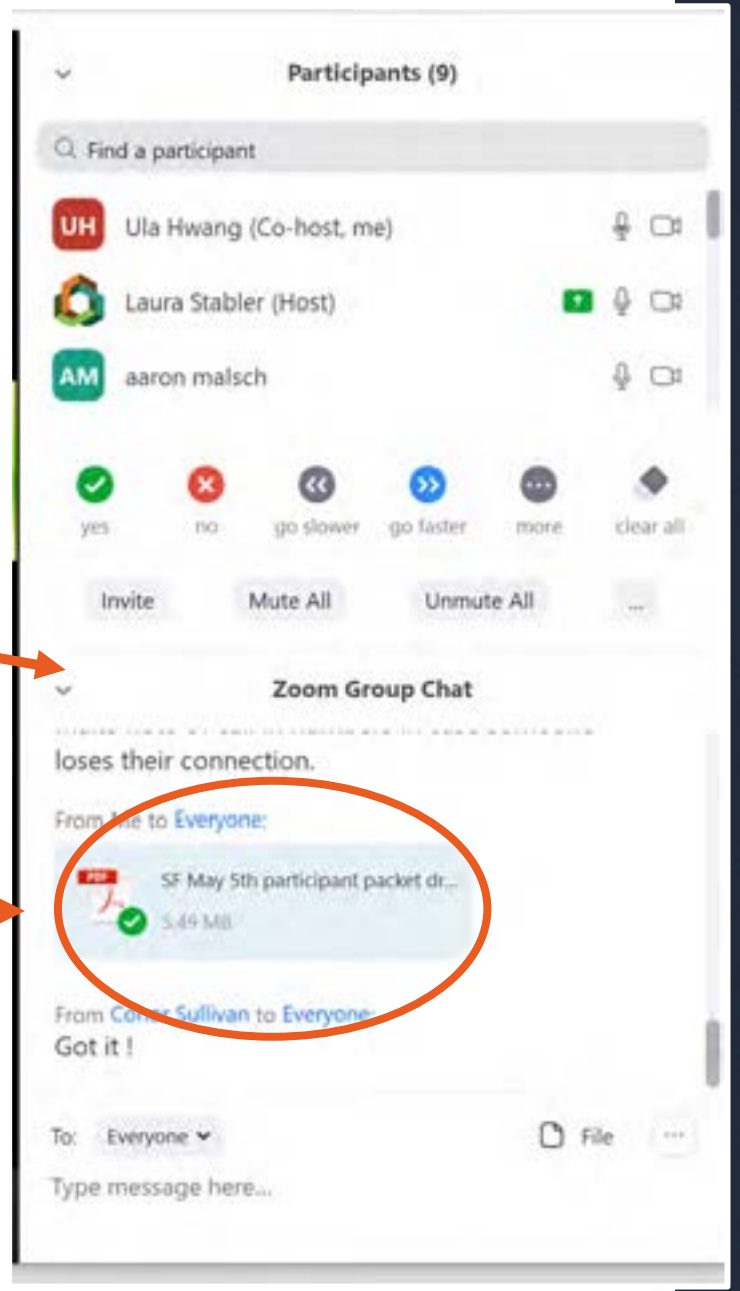
Open your zoom chat! (bottom toolbar)
We encourage dialogue in the **Zoom Group Chat**
Please write your comments, experiences at your hospital, feedback, questions.

Course Pack
Your course pack is on the GEDC Bootcamp resource page and is available for download via Zoom Chat as attachment.

Other materials may be uploaded in the chat during the session. Presenters will let you know if new materials are available.

Smile!
Turn on your cameras! ☺

If you have dialed in with separate audio, please let Lorraine know which phone number you're using so we can merge your audio and video!



What if I have Questions!?

Use the Zoom Chat feature! The chat will be monitored and we will try to answer questions there.

Consolidate your questions and email

CONTACT INFO

Stay tuned for follow up sessions focused on the implementation of the toolkits we are briefly introducing today

GEDC

Technical difficulties

Please text:

- Conor Sullivan: 910-200-1312

The HANYS Geriatric ED Accreditation Team

Dora Fisher, MPH, CPHQ

Director, Post-Acute and Continuing Care

RuthAnn Craven, MS, CTL, PCMH CCE

Program Manager, Age-Friendly Health Systems & Geriatric ED Accreditation

Welcome

New York City New York

- BronxCare Hospital
  Bronx, NY
- NYC Health + Hospitals/Lincoln Hospital
  Bronx, NY
- NYC Health + Hospitals/North Central Bronx Hospital
  Bronx, NY
- Richmond University Medical Center
  Staten Island, NY
- SBH Health System / St. Barnabas Hospital
  Bronx, NY
- SUNY Downstate University Hospital Brooklyn
  Brooklyn, NY

Capital District New York

- The Albany Med System/Saratoga Hospital
  Saratoga Springs, NY

Western New York

- Catholic Health/Mercy Hospital
  Buffalo, NY
- Eastern Niagara Hospital
  Lockport, NY

Central New York

- Bassett/Mary Imogene Bassett Hospital
  Cooperstown, NY
- Bassett/A.O. Fox Hospital
  Oneonta, NY
- Bassett/A.O. Fox Hospital Tri-Town Campus
  Sidney, NY
- Bassett/Cobleskill Regional Hospital
  Cobleskill, NY
- Bassett/Little Falls Hospital
  Little Falls, NY
- Bassett/O'Connor Hospital
  Delhi, NY

BronxCare Hospital

Level 1

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

14,995

OLDER ADULTS SERVED

Annually in the ED

Bronx, NY

TEAM MEMBERS

- Robert Favelukes, MD (Chairman, Emergency Medicine)
- Nelson Tieng, MD (Vice Chairman, Emergency Medicine)
- William Cheung, MD (Attending, Emergency Medicine)
- Najwa Khamashta, MSN, RN (Clinical Manager)

UNIQUE ASPECT of BronxCare Hospital

BronxCare Hospital cohorts its at risk geriatric population in Area B zone of the ED for elopement precautions.

The hospital also offers transportation (eg, livery, stretcher, van) to provide safe passage home.

Lincoln Hospital

15,521

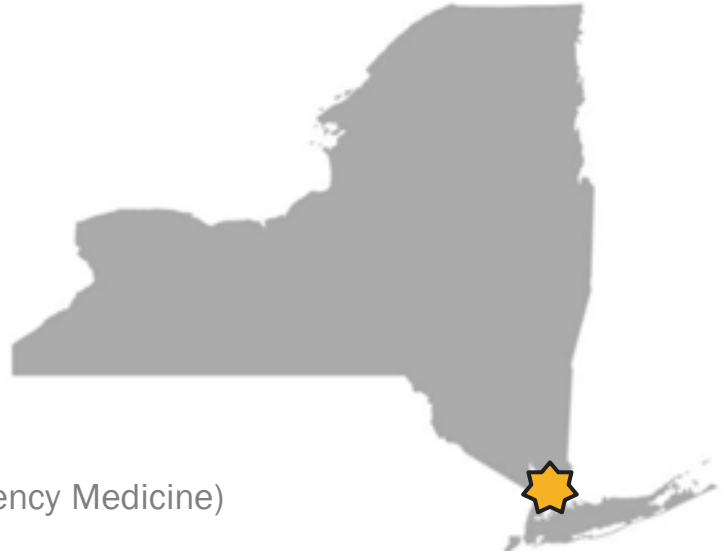
EMERGENCY DEPARTMENT

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Marc Kanter, MD (Associates Chief of Emergency Medicine)
- Lee Donner, MD (Quality & Safety Director)
- Sandeep Kaur, RN (Nurse Champion)
- Lorraine Salavec, RN



Bronx, NY

UNIQUE ASPECT of Lincoln Hospital

Lincoln Hospital is a Level 1 Trauma Center and is the busiest in the northeast region.

North Central Bronx Hospital

3,400

EMERGENCY DEPARTMENT

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Frederick Nagel, MD (Chief of Emergency Services)
- Shellyann Sharpe, MD (Assistant Medical Director)
- Joseph Wiley, RN (Associate Director of Nursing)
- Mariet Duporte, RN (ED Nurse Educator)
- Carrie Shumway, MS (Director of ED Operations)
- Neena Philip, RN (Chief Nursing Officer)
- Chinyere Anyaogu, MD (Chief Medical Officer)

Bronx, NY

UNIQUE ASPECT of North Central Bronx Hospital

*North Central Bronx Hospital's ED is consistently rated highest in patient satisfaction among all eleven of the EDs in **NYC Health + Hospitals** system!*

Richmond University Medical Center

9,408

EMERGENCY DEPARTMENT

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Johnathon LeBaron, DO (Chairman of the Emergency Dept)
- Jean Gordon, RN, MSN (AVP of Emergency Services)

Staten Island, NY

UNIQUE ASPECT of Richmond University Medical Center

Richmond University Medical Center has a peer recovery support program to target patients with SUD; unit-based social workers on staff to screen geriatric patients; when conducting mental health/PTSD screens and referral to mental health one of the barriers is the ability to travel (even prior to traumatic injury) - so the ED has partnered with Integrity Senior Services offers in-home and telehealth mental health counseling.

St. Barnabas Hospital

Level 1

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

8,519

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Michael Nickas, DO (Project Lead)
- Brian Dolan, RN (ED Nurse Manager)
- Helena Gvili, MD (Assisting Attending)
- Julie Clemmensen, DO
- Rutmi Goradia, MD
- Narcisse Amine, DO
- Robert O'Connell, PharmD
- Harrison Wermuth, DO
- Erik Marketan, EMT-P/CC

Bronx, NY

UNIQUE ASPECT of St. Barnabas Hospital

St. Barnabas Hospital serves a large geriatric minority population, of visits for patients over age 65 about are 55% Black/African-American and 30-40% Hispanic (predominantly Dominican and Puerto Rican) patients.

SUNY Downstate University Hospital Brooklyn

Level 1

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

8,678

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Joel Gernsheimer, MD (MD Champion)
- Ninfa Mehta, MD (Assistant Professor)
- Nancy Victor , MHS, MPA (Director of Business Planning)
- Surriya Ahmad, MD (Geriatric Emergency Medicine Fellow)
- Shay Walter, MSN, RN (Assistant Director of Nursing)
- Collin Burgan, RN
- Gerald Eaddy, MSN, RN (Associate Director of Nursing)
- Nata Cissee (Senior Resident, Emergency Medicine)
- Miguel Diaz (Senior Resident, Emergency Medicine)
- Lori Bruno (Assistant Vice President, Office of Planning)

Brooklyn, NY

UNIQUE ASPECT of SUNY Downstate University Hospital Brooklyn

As the only health sciences university hospital in Brooklyn, SUNY Downstate University Hospital is devoted to achieving health equity in our communities through provision of outstanding patient care, research and education.

Saratoga Hospital

Level 2

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

4,935

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Robert Donnarumma, MD (Chair, Dept of Emergency Medicine
- Mallory Otto, MD (Geriatric Care)
- Cindi Lisuzzo, BS, RN (Director of Care Management)

Saratoga Springs, NY

UNIQUE ASPECT of Saratoga Hospital

Through its affiliation with Albany Med, Columbia Memorial Health and Glens Falls Hospital, Saratoga Hospital is part of the Capital Region's largest locally governed health system. This partnership gives Saratoga Hospital patients easy access to higher-level specialty care from northeastern New York's only academic health sciences center.

Catholic Health Mercy Hospital

Level 2

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

8,821

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Vicky Loretto (Manager, Hospital Relations)
- Michelle Wild, RN (Director of Nursing)
- Shari McDonald, RN (Vice President, Chief Nursing Officer)

Buffalo, NY

UNIQUE ASPECT of Catholic Health Mercy Hospital

Mercy Hospital is a New York State Department of Health-designated Primary Stroke Center and certified by the New York State Joint Commission. The hospital has received the 2022 American Heart Association/American Stroke Association's Get With The Guidelines®-Gold Plus Quality Achievement Award as well as the Target: Stroke Honor Roll Elite Award.

Eastern Niagara Hospital

4,300

EMERGENCY DEPARTMENT

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Maralyn Militello, MPA, BSN, RN (Chief Nursing Officer)

Lockport, NY

UNIQUE ASPECT of Eastern Niagara Hospital

Eastern Niagara Hospital's ED has not had any updates since the 1980's and still have curtains that divide for 3-4 bays in one room; it is very small space for storage. Our EMR is the first version of Meditech. Eastern Niagara will be closing in late summer/early fall of 2023 due to bankruptcy and ***Catholic Health*** *is building a new hospital in the community to sync with the opening of the new ED.*

Mary Imogene Bassett Hospital

Level 1

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

2,401

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Tammy Aiken, RN (Network Director of Emergency Services)
- Mark Winther, MD (Chief of Emergency Services)
- Jeff Joyner, MS (SVP, Chief Operating Officer)
- Matthew Kleinmaier, MD (MD Champion)
- Sharon Wilcox, RN (RN Champion)
- Tracey Blanchard, MSN, RN (Director of IP Nursing)
- Komron Ostovar, MD (Division Chief, Hospital Medicine)

Cooperstown, NY

UNIQUE ASPECT of Mary Imogene Bassett Hospital

Bassett Medical Center is a Level 3 trauma center and stroke center, has an onsite cath lab servicing STEMIs (ST-elevated myocardial infarction (STEMI)).

The hospital is located in the heart of Cooperstown, NY – home of the Baseball Hall of Fame

Bassett Healthcare Network

A.O. Fox Hospital

Level 1

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

896

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Karen Patterson, RN (ED Nurse Manager)
- Tiffany Sullivan, RN (IP Nurse Manager)
- James Leinhart, MD (Senior Attending)
- Jonathan Croft, MD (Lead Hospitalist)

Oneonta, NY

UNIQUE ASPECT of A.O. Fox Hospital

Has a free standing ED located 25 minutes down the road in Sydney, NY (aka A.O. Fox Hospital Tri-Town Campus)

A.O. Fox Hospital Tri-Town Campus

Level 1

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

N/A

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Karen Patterson, RN (ED Nurse Manager)
- Tiffany Sullivan, RN (IP Nurse Manager)
- James Leinhart, MD (Senior Attending)
- Jonathan Croft, MD (Lead Hospitalist)

Sidney, NY

UNIQUE ASPECT of A.O. Fox Hospital Tri-Town Campus

In 2018, Tri-Town Regional Hospital became an emergency department satellite of A.O. Fox Hospital in Oneonta, newly named A.O. Fox Hospital - Tri-Town Campus. Though technically no longer a hospital, the facility's services remain the same, providing emergency care, clinical laboratory, and radiology services, in addition to a host of specialty services.

Cobleskill Regional Hospital

Level 1

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

345

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Joan Goodrich, RN (ED Nurse Manager)
- Laurie Murphy, RN (IP Nurse Manager)
- Lewis Britton, MD (Associate Chief of Emergency Services)

Cobleskill, NY

UNIQUE ASPECT of Cobleskill Regional Hospital

Cobleskill Regional Hospital is a critical access hospital.

*Congress created the **Critical Access Hospital (CAH)** designation through the Balanced Budget Act of 1997 (Public Law 105-33) in response to over 400 rural hospital closures during the 1980s and early 1990s. The CAH designation is designed to reduce the financial vulnerability of rural hospitals and improve access to healthcare by keeping essential services in rural communities.*

Little Falls Hospital

Level 1

Age-Friendly Health Systems

359

EMERGENCY DEPARTMENT

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Millie Glauer, RN (ED Educator)
- Lewis Britton, MD (Associate Chief of Emergency Services)
- Heidi Camardello, RN (Director of Nursing)

Little Falls, NY

UNIQUE ASPECT of Little Falls Hospital

Little Falls Hospital is also a critical access hospital.

O'Connor Hospital

Level 1

Age-Friendly Health Systems

EMERGENCY DEPARTMENT

60

OLDER ADULTS SERVED

Annually in the ED

TEAM MEMBERS

- Pam Dorr, RN (ED Nurse Manager)
- Dan Endress, RN (Director of Nursing Practice)
- Susan Oaks-Ferrucci , RN (Vice President of Clinical Operations)

Delhi, NY

UNIQUE ASPECT of O'Connor Hospital

O'Connor Hospital is also a critical access hospital.

Geriatric EDs: The Why?

Kevin Biese
MD, MAT

Geriatric Emergency Department Collaborative Implementation PI

Chair, Geriatric Emergency Department Accreditation

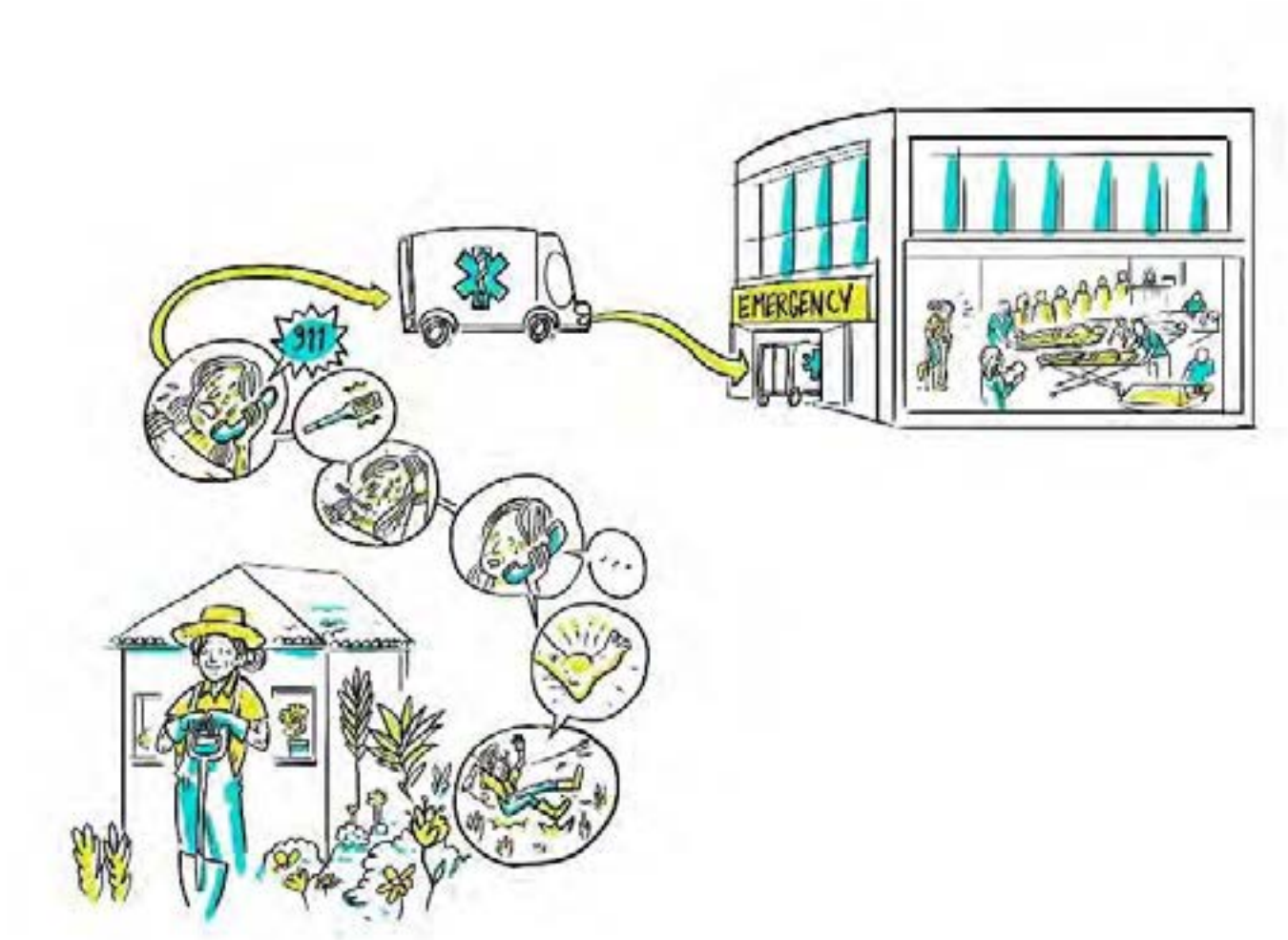
GEDC

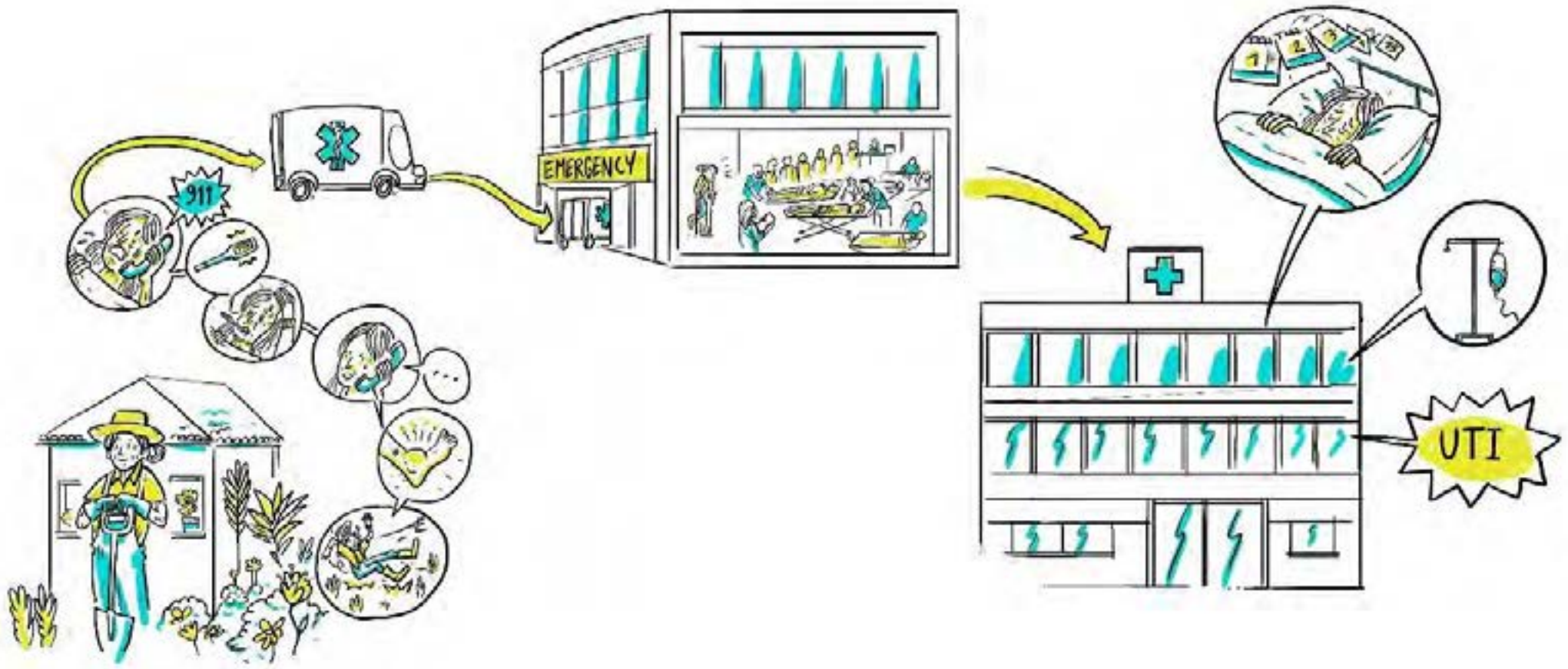
COVID-19 Stressing Health Systems and the Emergency Department Safety Net

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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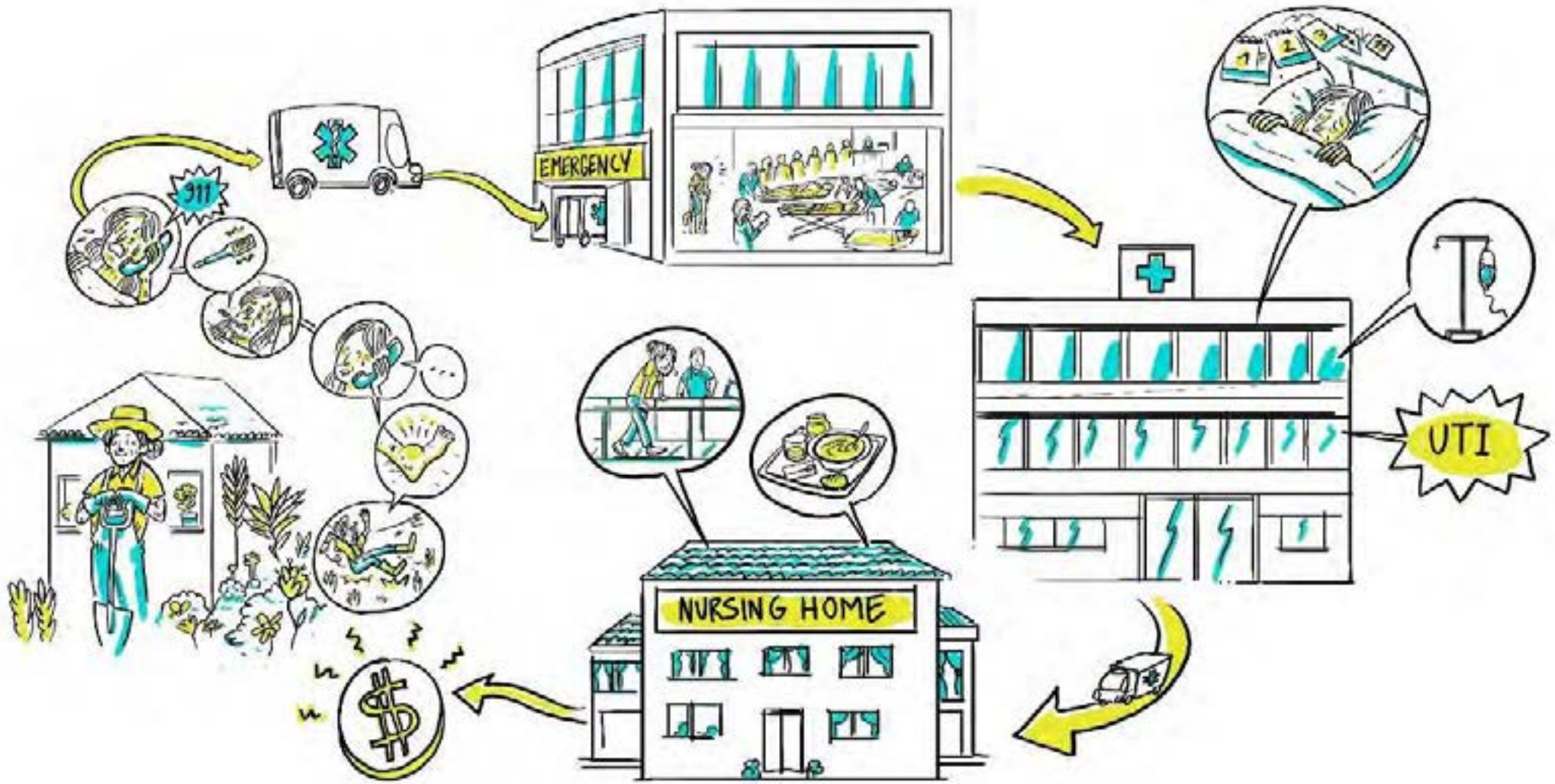

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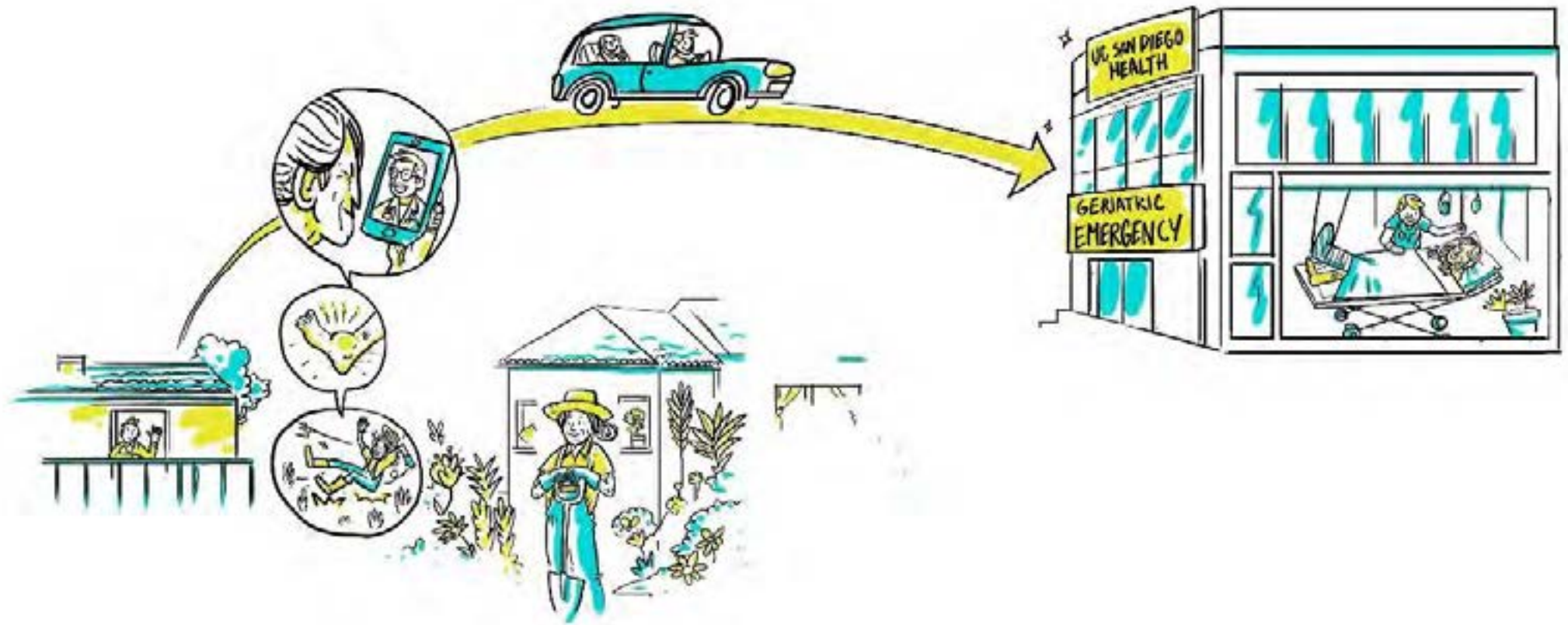

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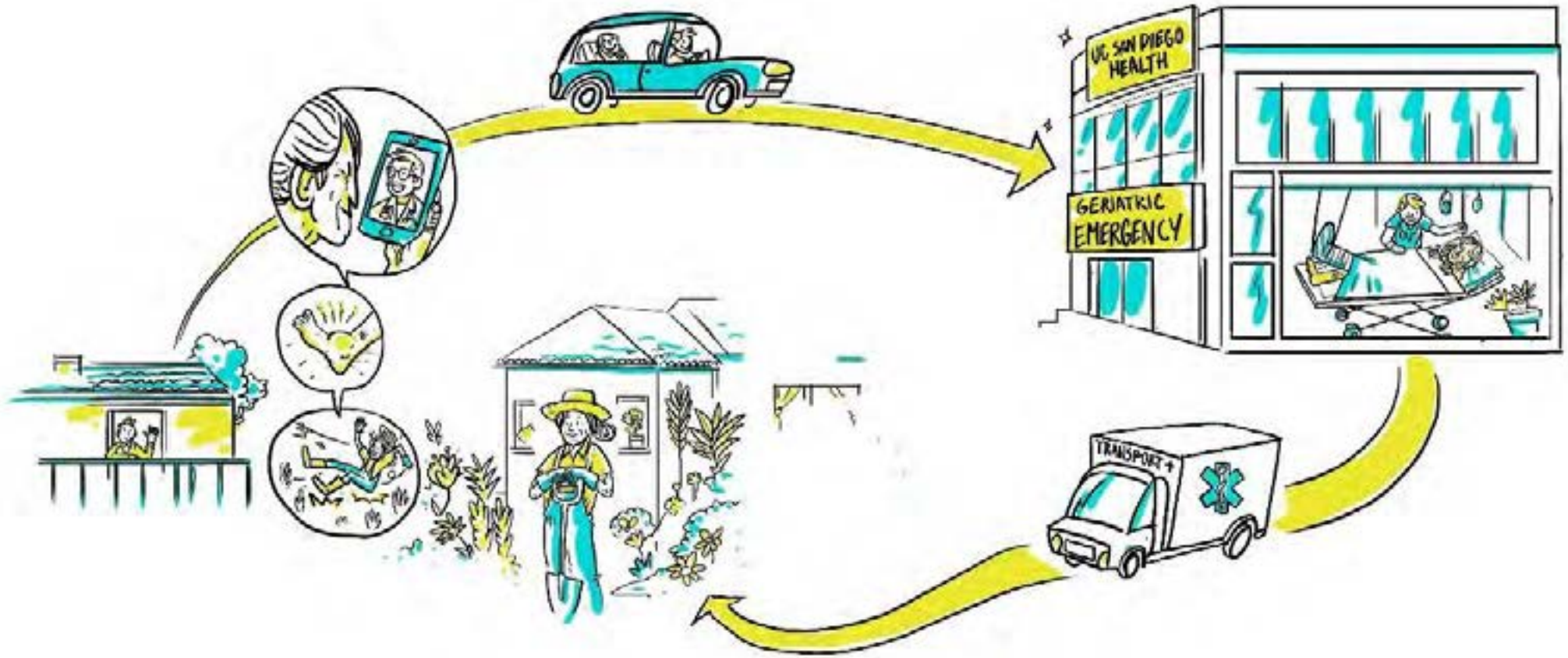

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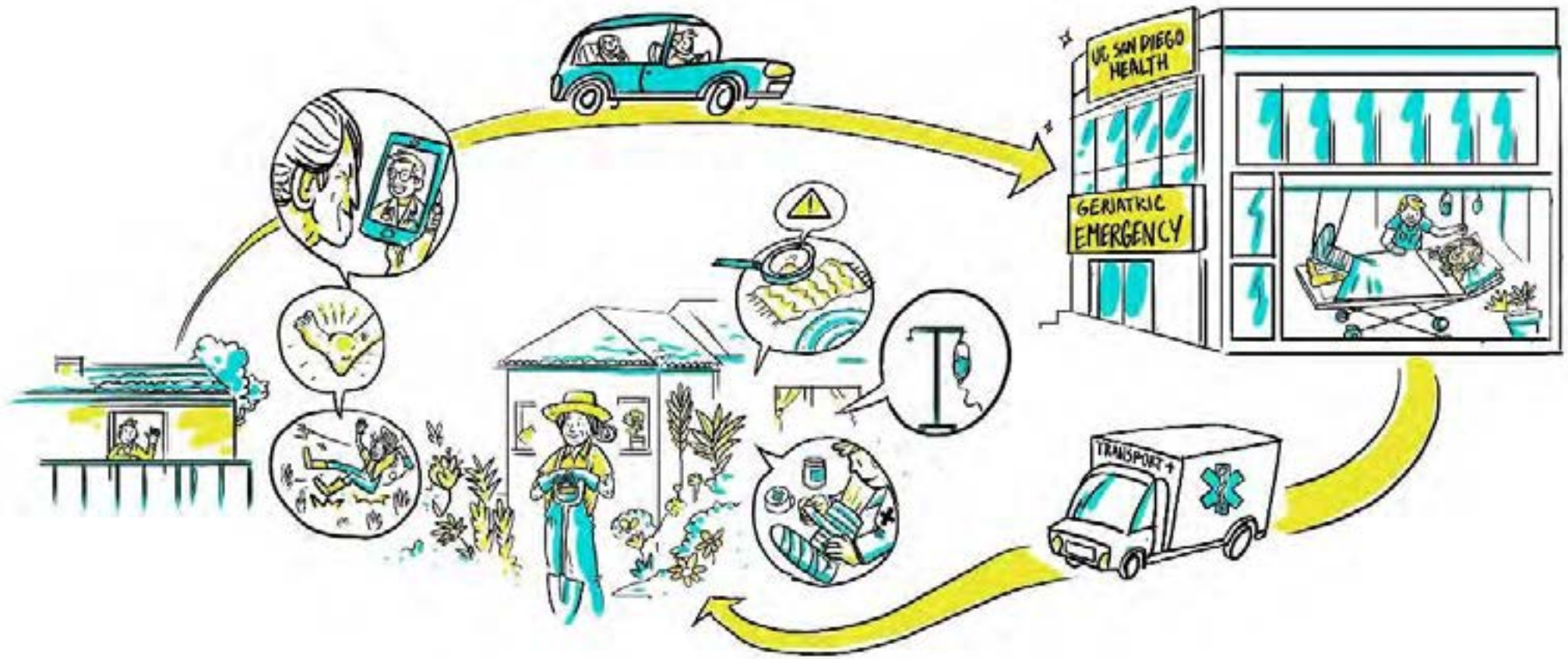

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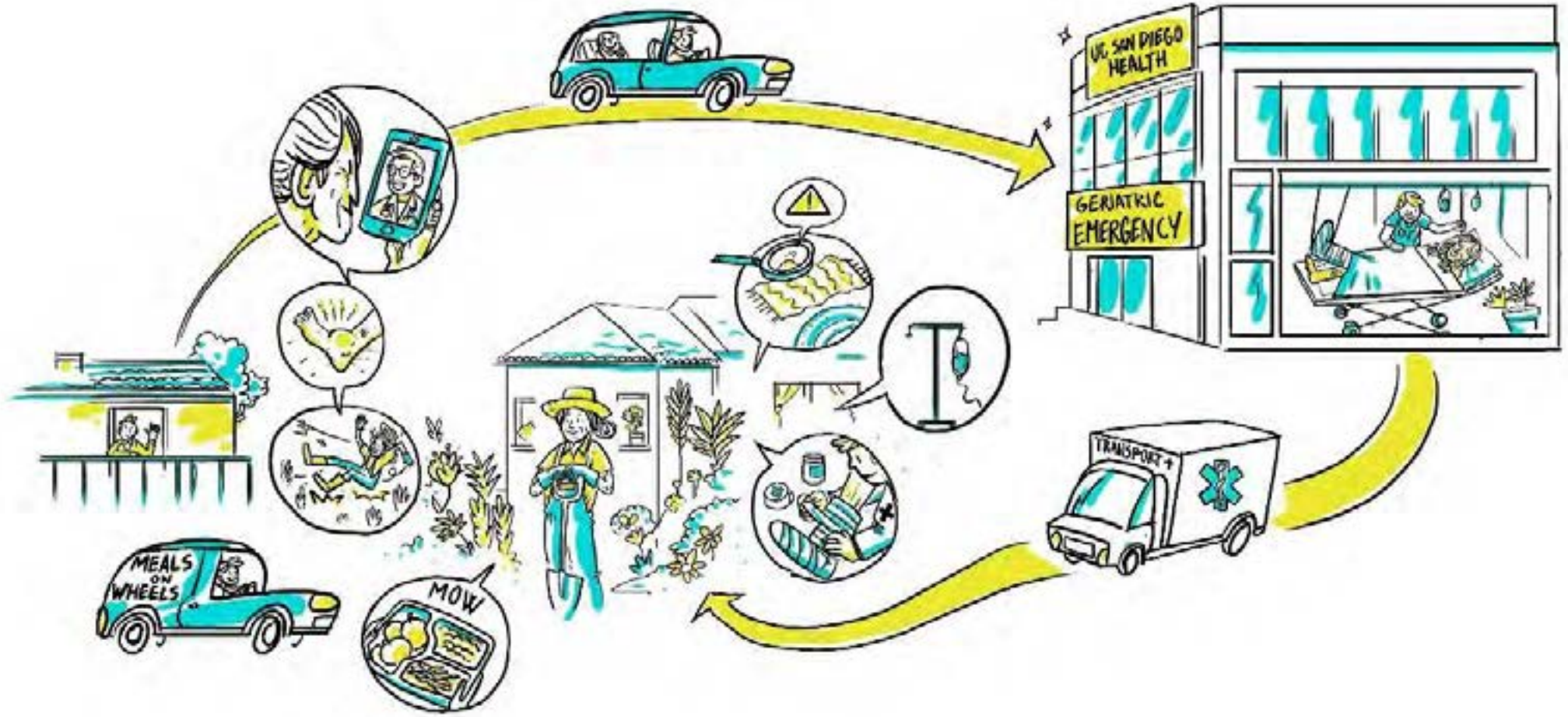
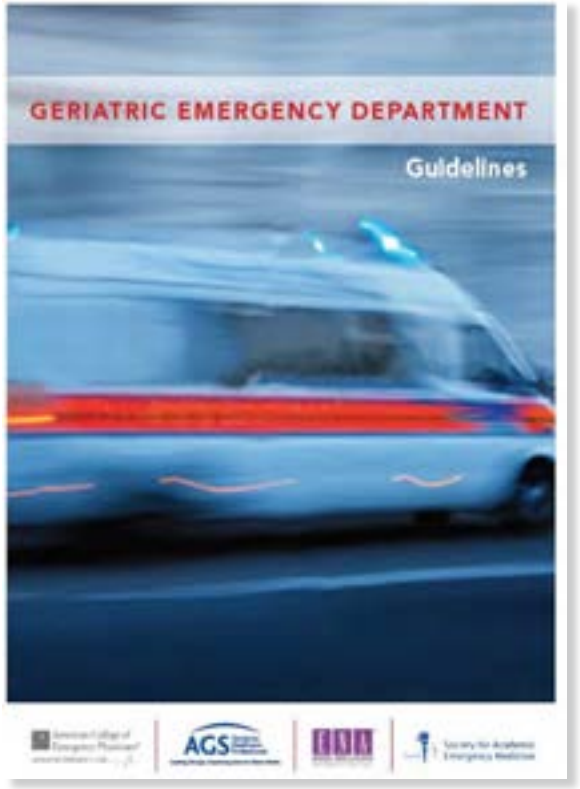

UC SAN DIEGO HEALTH
GERIATRIC EMERGENCY
TRANSPORT
MEALS ON WHEELS
MOW

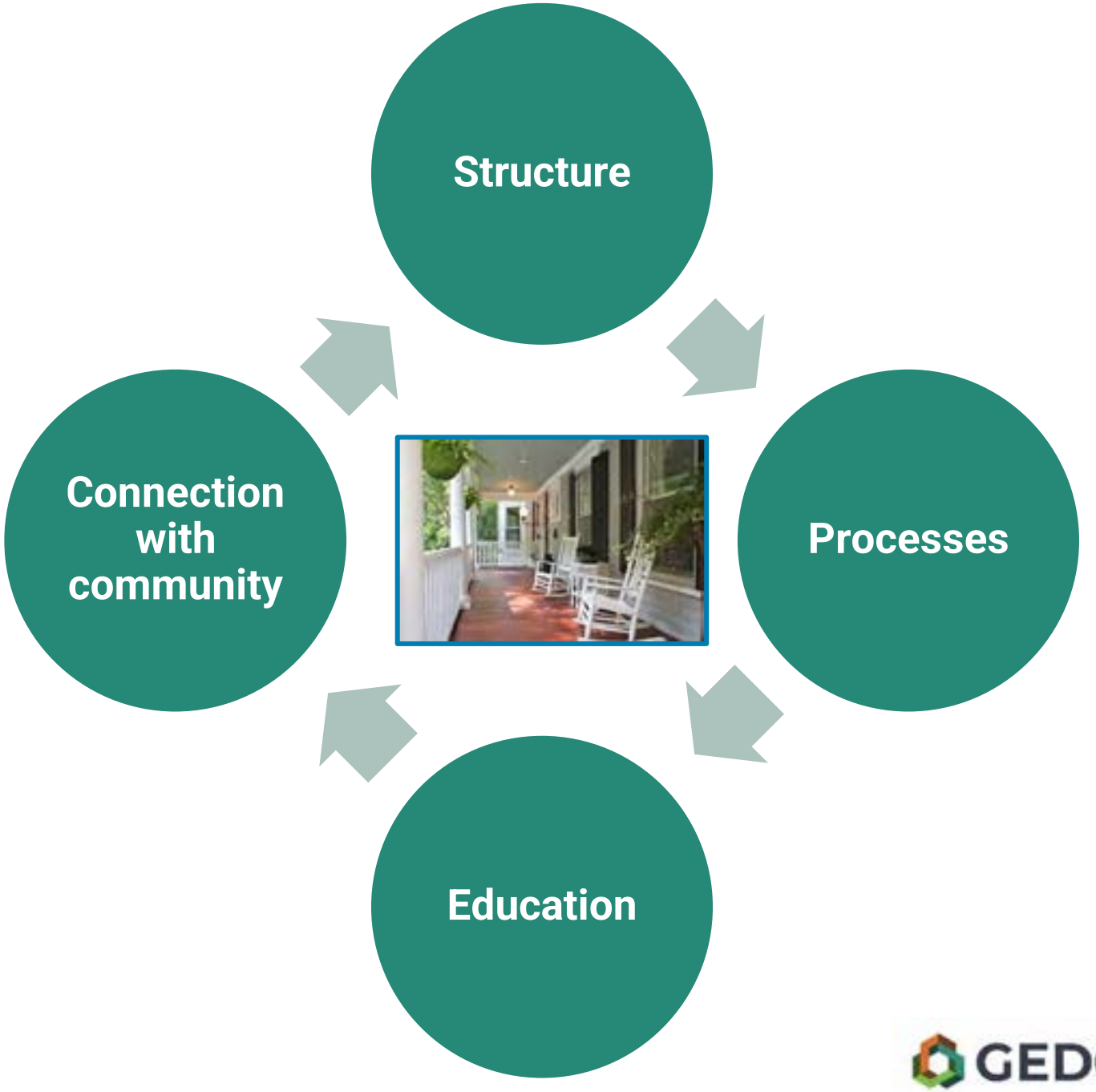
GEDC

Geriatric ED Guidelines

Four Critical Components of a Geriatric-Appropriate ED



Geriatric ED Guidelines 2014

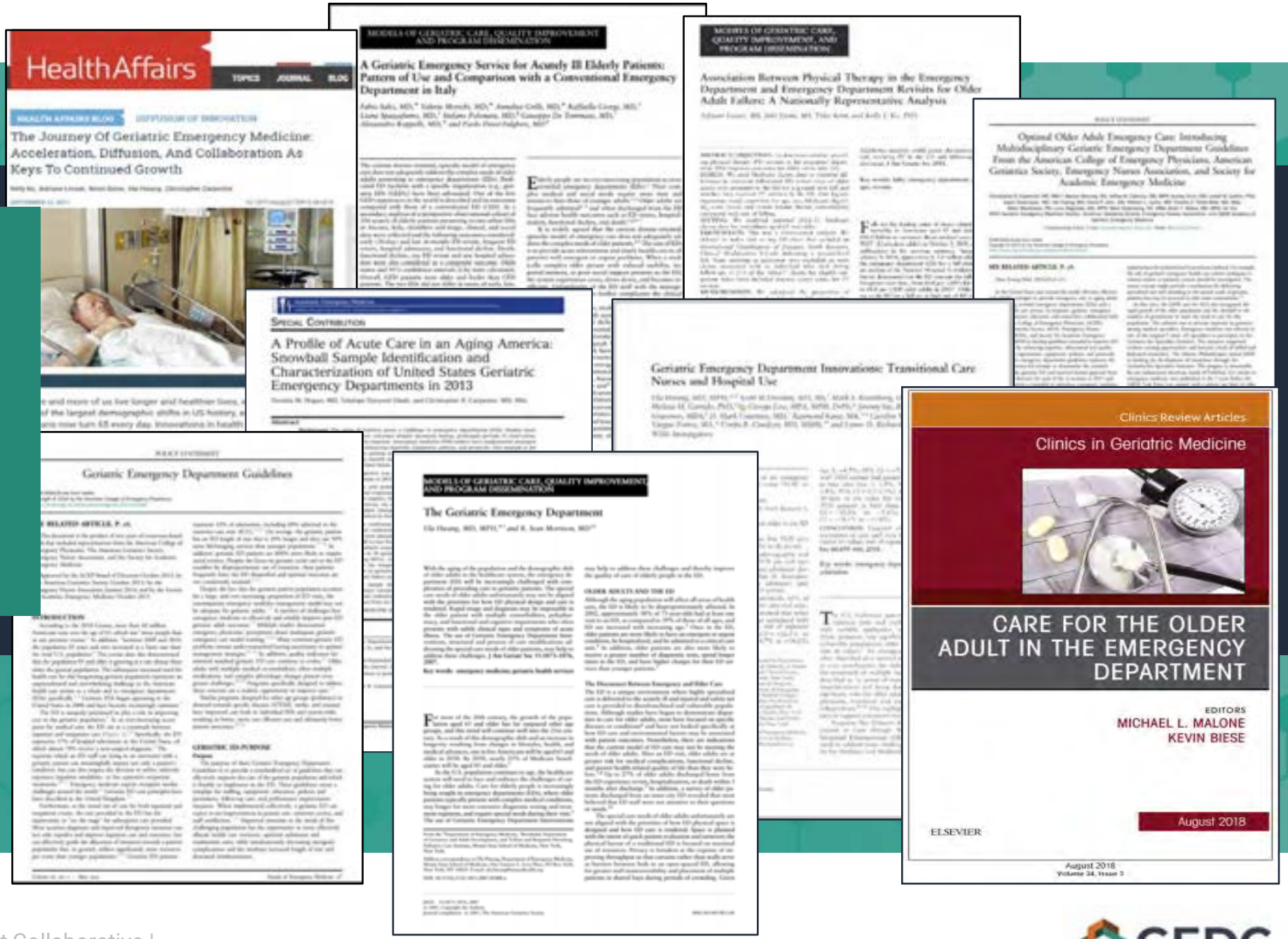


GEDC

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



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Greater than 90% of Accredited GEDs launched without external funding

INITIAL OUTCOMES AT A GLANCE

GREATER

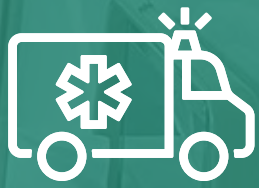
Patient Satisfaction

LOWER COSTS

Leveraging interdisciplinary team

16.5%

Reduced risk of hospital readmission



LOWER RISK

Of 30-day fall-related ED revisits

westhealth

What can a Geriatric Emergency Department do for my hospital?

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.
Actual case: Hospital in competitive area w/ many “snowbirds” seeks differentiation

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.”

INCREASE STAFF SATISFACTION

Result seen at multiple health systems across all levels of accreditation

GEDC

Level III

Good Geriatric ED Care

- At least one MD and one RN with evidence of geriatric focus (champions)
- Evidence of geriatric focused care initiative
- Mobility aids
- Food & drink 24/7

GEDC

Case Study Breakout Rooms

25-MINUTE SMALL GROUP DISCUSSION

Mrs. Cado

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

WITH YOUR GEDC EXPERT

Kevin Beise

Mr. Shwach

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

WITH YOUR GEDC EXPERT

Aaron Malsch

Mr. Ivanhoe

78-year-old man “familiar face”

WITH YOUR GEDC EXPERT

Pam Martin

GEDC

Joining Breakout Rooms

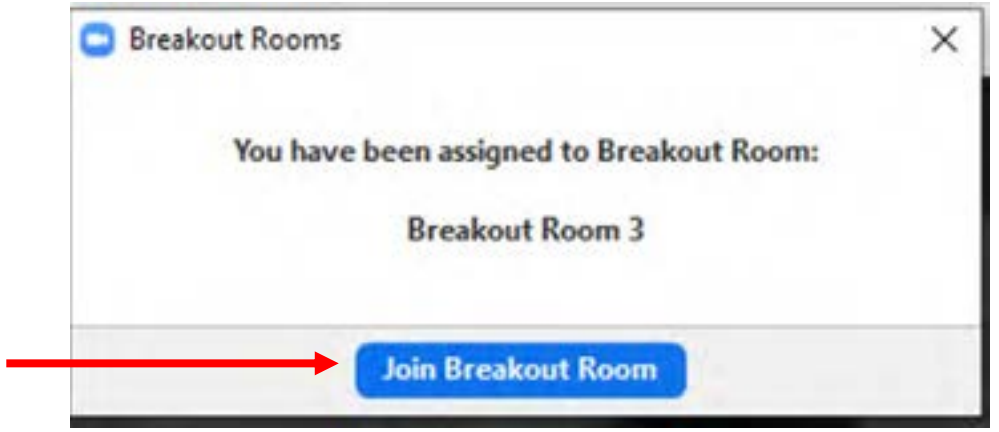
QUICK OVERVIEW

You have already been assigned to your breakout room.

In the bottom toolbar in Zoom, you may click the button to join your breakout room.

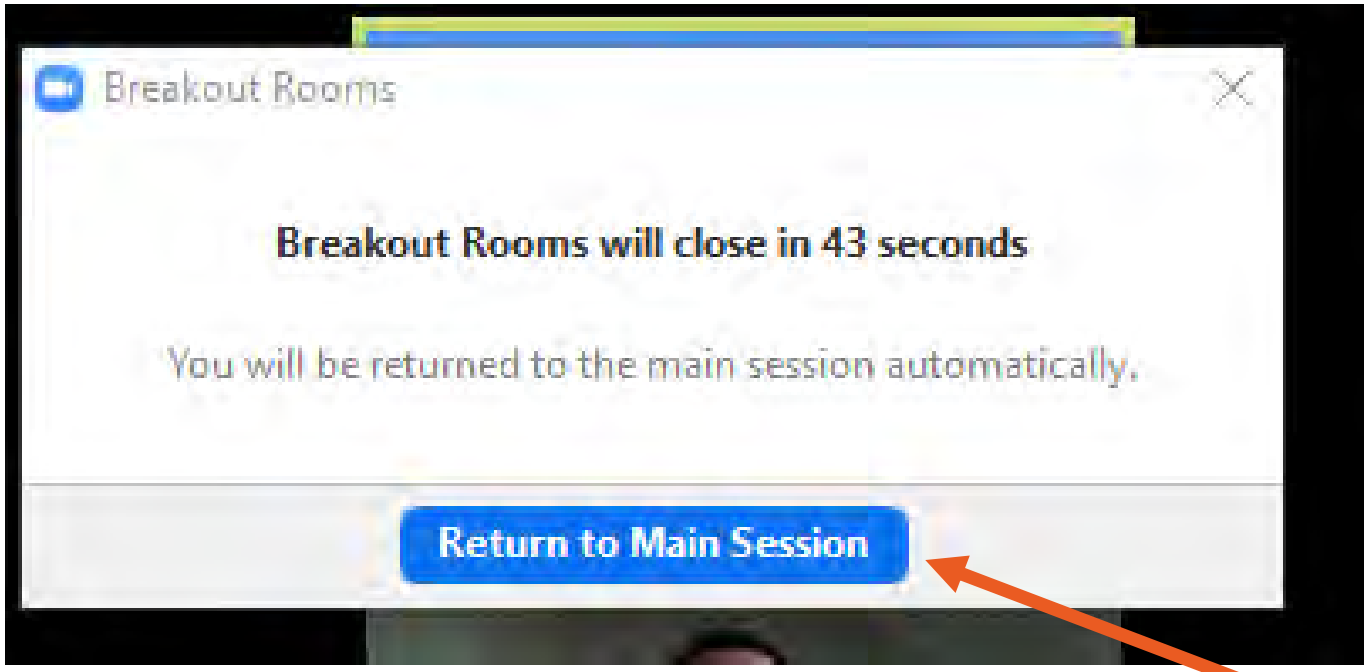
Please be patient.

It can take a little while for all the connections to come through.



Leaving Breakout Rooms

DON'T EXIT THE WHOLE MEETING! RETURN TO MAIN SESSION.



When your case discussion time is over (20 minutes), you will receive a 2-minute countdown warning. After 2 minutes you will be automatically returned to the Main Session.

To leave the breakout room, click "**Return to Main Session**" (instead of Exiting the zoom meeting)

GEDC

When You Come Back

CASE DEBRIEFS – CONNECTING CASE STUDIES

Assign someone in your group to describe:

- One barrier to quality care for your patient at your ED now *and*
- One opportunity for improvement that you could implement.
- 5 minutes per group

Case Studies

CASE DEBRIEF

CONNECTING CASE STUDIES

BARRIER TO QUALITY CARE

#1: Fall pt
-Medications redundancy
-Home Safety
-Impaired Mobility

#2: 80year non-specific complaint
-Foley placed
-Poor Communication with dtr
-NPO, No Med Rec, Potential Mental Status
-Mobility assessment

#3: 87 yr old COPD
-No Goals of Care
-What Matters to this patient & family defines interventions
-Unknown previous history and goals and support

OPPORTUNITY FOR IMPROVEMENT THAT YOU COULD IMPLEMENT

#1: Mobility assessment- ADL with wrist injury
Coordinate Medication Management
Assess Home Safety-

#2: Work with Family
SW Assessment
Mobility Assessment & PT eval

#3: SW Assessment and Involvement for establishing goals
Documentation

Starting improvement leads to positive momentum

GEDC

Break

15 minutes

Creating older-adult specific policies based on existing generic hospital policies

Pam Martin, MS, RN, GCNS-BC

Yale New Haven Health

GEDC

To satisfy accreditation criteria:

Policy needs to be **ED and Older Adult** specific

Example:

NPO:

In the ED, all patients ≥ 65 years of age is allowed to have clear liquids unless actively vomiting

To satisfy accreditation criteria:

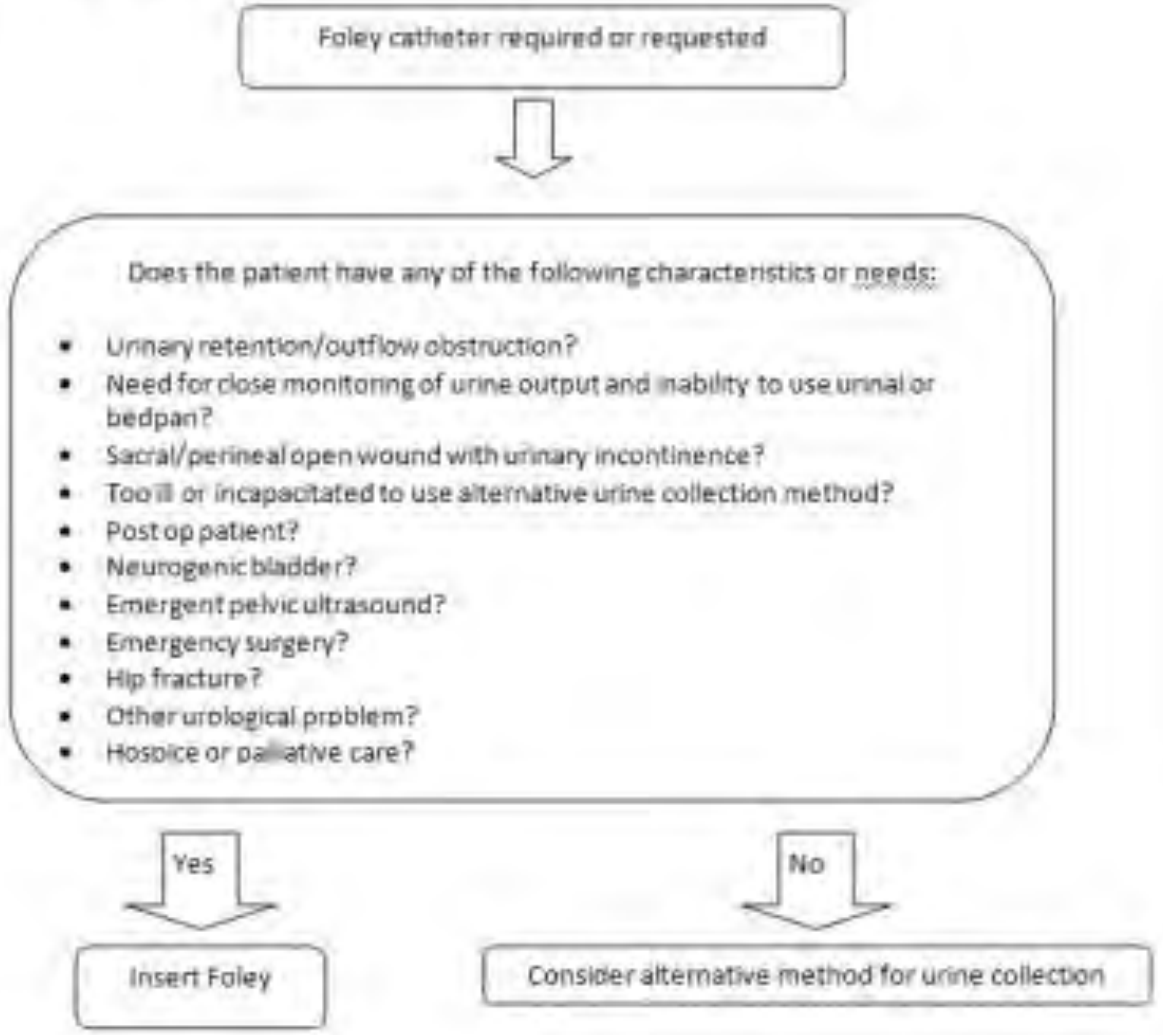
Policy needs to be **ED and Older Adult** specific

Example:

Urinary Catheter:

For ED patients age > 65

introduce decision algorithm



To satisfy accreditation criteria:

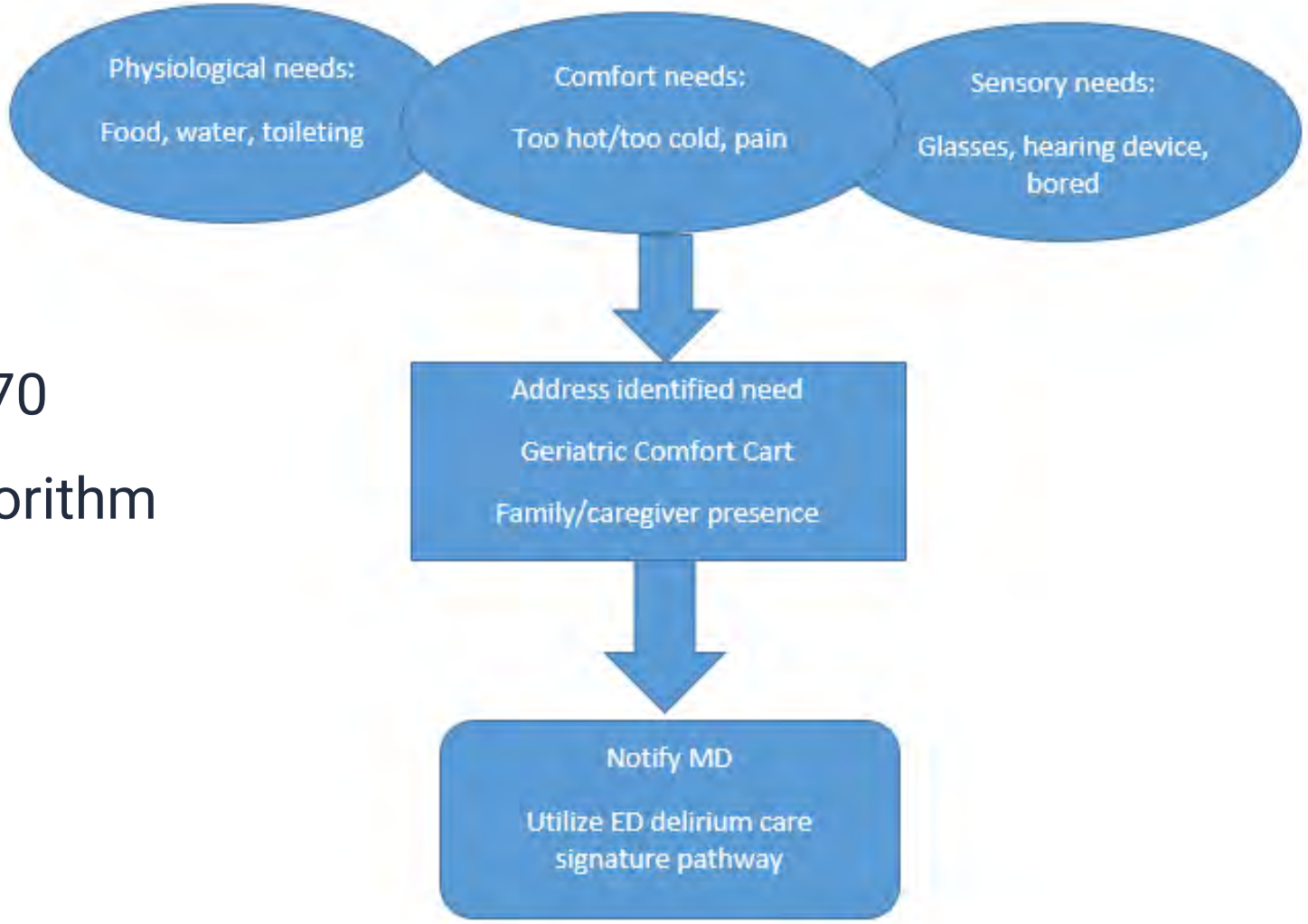
Policy needs to be **ED and Older Adult** specific

Example:

<u>Use of Restraints:</u>

For ED patients age > 70

introduce decision algorithm



Pam’s Pearls

When developing your policies ask yourself:

- What age
- What inclusion/exclusion criteria will you use
- Do frequent small tests of change (PDSA cycles)
- Offer education to all involved in process (nursing, techs, MD, APP)

A standardized delirium screening guideline
(DTS, CAM 4AT, other)

with appropriate follow-up

- Under recognition
- Increased Morbidity & Mortality
- Increased Costs
  - Revisits/readmissions
  - Increased LOS >> ED boarding

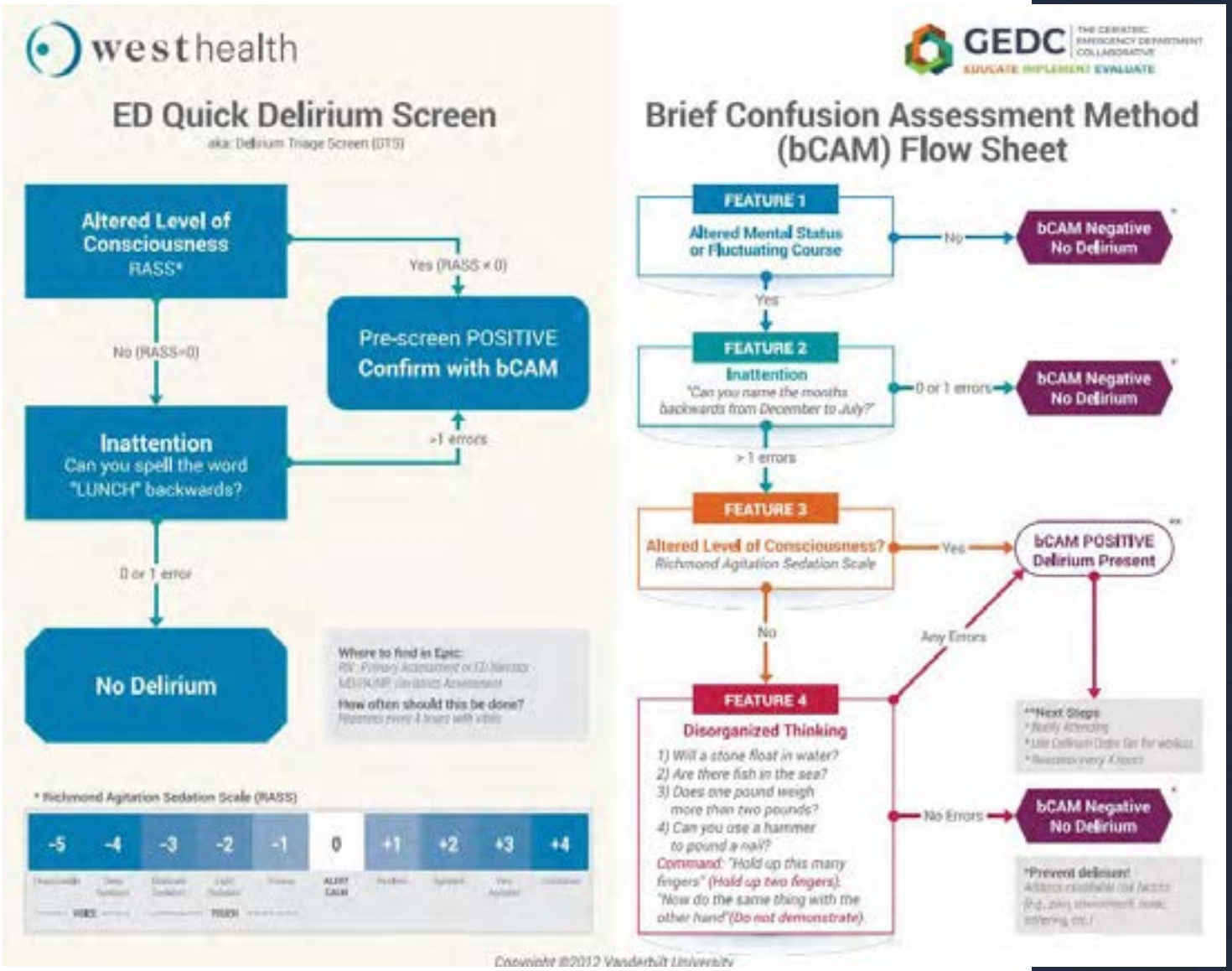
[Delirium_EDImplementationToolkit.pdf (gedcollaborative.com)]

Screening Tools

Delirium Triage Screen (DTS)

Pam's Pearls

- Nursing involved in choosing screening tool
- Who will screen
- Where will you screen (triage/room)
- Where will screen be located: paper, EMR, where in EMR



Appropriate Follow-up

What are you doing with the information?

Provider notification

Delirium Prevention Strategies

- Geri Comfort Cart/ Delirium Prevention Cart/ Dementia Cart: Non-pharmacologic interventions improve comfort and experience among older adults in the Emergency Department – ScienceDirect

Non-pharmacological measures to prevent and treat delirium

- Redirection, reassurance, distraction
- Address physical needs (nutrition, hydration, bathroom)
- Normalize sleep wake cycles
- Mobilize early, remove tethers

Outpatient referral

Pam's Pearl's

- Make it easy
- Have items accessible
- Model ideal behavior
- Reward high achievers
- Determine your metrics and how to obtain
- Can you tie the outpatient referral to other policy/protocol (access to geriatric specific follow up)

A guideline for standardized assessment of function and functional decline

(ISAR, AUA, interRAI screen, TRST)

with appropriate follow-up

- Identify high-risk patients
  - Functional decline
  - Admission/readmission
- Can be used in conjunction with ESI to identify patients for geriatric team

Screening Tools

Choose a tool

ISAR

1) Before the illness or injury that brought you to the Emergency, did you need someone to help you on a regular basis?	☐ Yes ☐ No	01 00
2) In the last 24 hours, have you needed more help than usual?	☐ Yes ☐ No	01 00
3) Have you been hospitalized for one or more nights during the past six months?	☐ Yes ☐ No	01 00
4) In general, do you see well?	☐ Yes ☐ No	00 01
5) In general, do you have serious problems with your memory?	☐ Yes ☐ No	01 00
6) Do you take six or more medications every day?	☐ Yes ☐ No	01 00
Positive test is 2 or more	Total	/6

N/A, not applicable

TRST

1. ☐ History of cognitive impairment (poor recall or not oriented)
2. ☐ Difficulty walking / transferring or recent falls
3. ☐ Five or more medications
4. ☐ ED use in previous 30 days or hospitalization in previous 90 days
5. ☐ Lives alone **and/or** no available caregiver
6. ☐ ED staff professional recommendations:
   - ☐ Nutrition / weight loss
   - ☐ Incontinence
   - ☐ Failure to cope
   - ☐ Medication issues
   - ☐ Sensory deficits
   - ☐ Depression / low mood
   - ☐ Other _____

Appropriate follow up

What are you doing with the information?

- CM
- GEMS nurse/APRN
- SW
- PT/OT consult

Pam's Pearls

- Who, where, when will screen be completed
- Determine age that you will begin screen
- What "number" will you use to trigger additional interventions
- Check for and obtain ISAR copyright

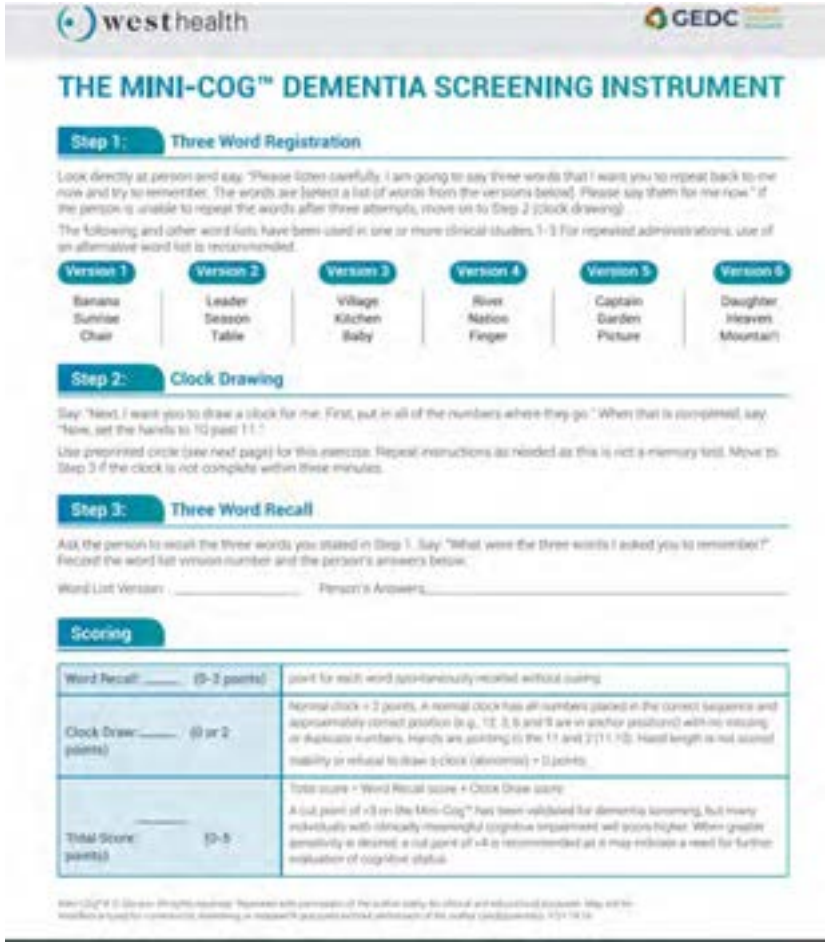
A standardized dementia screening process (Ottawa 3 DY; Mini Cog, SIS, Short Blessed Test; other)

Increased risk for delirium
Discharge planning
Obtaining H & P / Medical workup
Fits into system goals
Opportunity for potential grant funding

- https://gedcollaborative.com/toolkit/dementia-2/

Screening tools

Multiple available but MINI COG fits into HANYS



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THE MINI-COG™ DEMENTIA SCREENING INSTRUMENT

Step 1: Three Word Registration

Look directly at person and say: "Please listen carefully. I am going to say three words that I want you to repeat back to me now and try to remember. The words are [select a list of words from the versions below]. Please say them for me now." If the person is unable to repeat the words after three attempts, move on to Step 2 (clock drawing).

The following and other word lists have been used in one or more clinical studies.1-3 For repeated administrations, use of an alternative word list is recommended.

Version 1	Version 2	Version 3	Version 4	Version 5	Version 6
Banana	Leader	Village	River	Captain	Daughter
Sunrise	Season	Kitchen	Nation	Garden	Heaven
Chair	Table	Baby	Finger	Picture	Mountain

Step 2: Clock Drawing

Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instructions as needed as this is not a memory test. Move to Step 3 if the clock is not complete within three minutes.

Step 3: Three Word Recall

Ask the person to recall the three words you stated in Step 1. Say: "What were the three words I asked you to remember?" Record the word list version number and the person's answers below.

Word List Version: _____ Person's Answers: _____

Scoring

Word Recall: _____ (0-3 points)	point for each word spontaneously recalled without cueing
Clock Draw: _____ (0 or 2 points)	Normal clock = 2 points. A normal clock has all numbers placed in the correct sequence and approximately correct position (e.g., 12, 3, 6 and 9 are in anchor positions) with no missing or duplicate numbers. Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points
_____ Total Score: _____ points)	0-5	Total score = Word Recall score + Clock Draw score. A cut point of <3 on the Mini-Cog™ has been validated for dementia screening, but many individuals with clinically meaningful cognitive impairment will score higher. When greater sensitivity is desired, a cut point of <4 is recommended as it may indicate a need for further evaluation of cognitive status.

- What will you do with this information?
- Who will follow up
- How will discharge planning conversations change

Pam’s Program Pearls

As you begin your quality improvements, remember:

- Assess culture and readiness for new ED initiative
- Learn system priorities and how this fits into those
- What processes/projects are occurring simultaneously
- Engage ALL stakeholders early in process
- Review processes frequently (share data)
- Keep process front and center
  - educational opportunities
  - Newsletters
- Reward high achievers

THANK YOU!

Questions?

Management of Older Adult Falls and Mobility in the Emergency Department & Lessons Learned

Aaron Malsch, MS, RN, GCNS-BC

Advocate Aurora Health
Senior Services Department
Geri ED Program Manager

GEDC

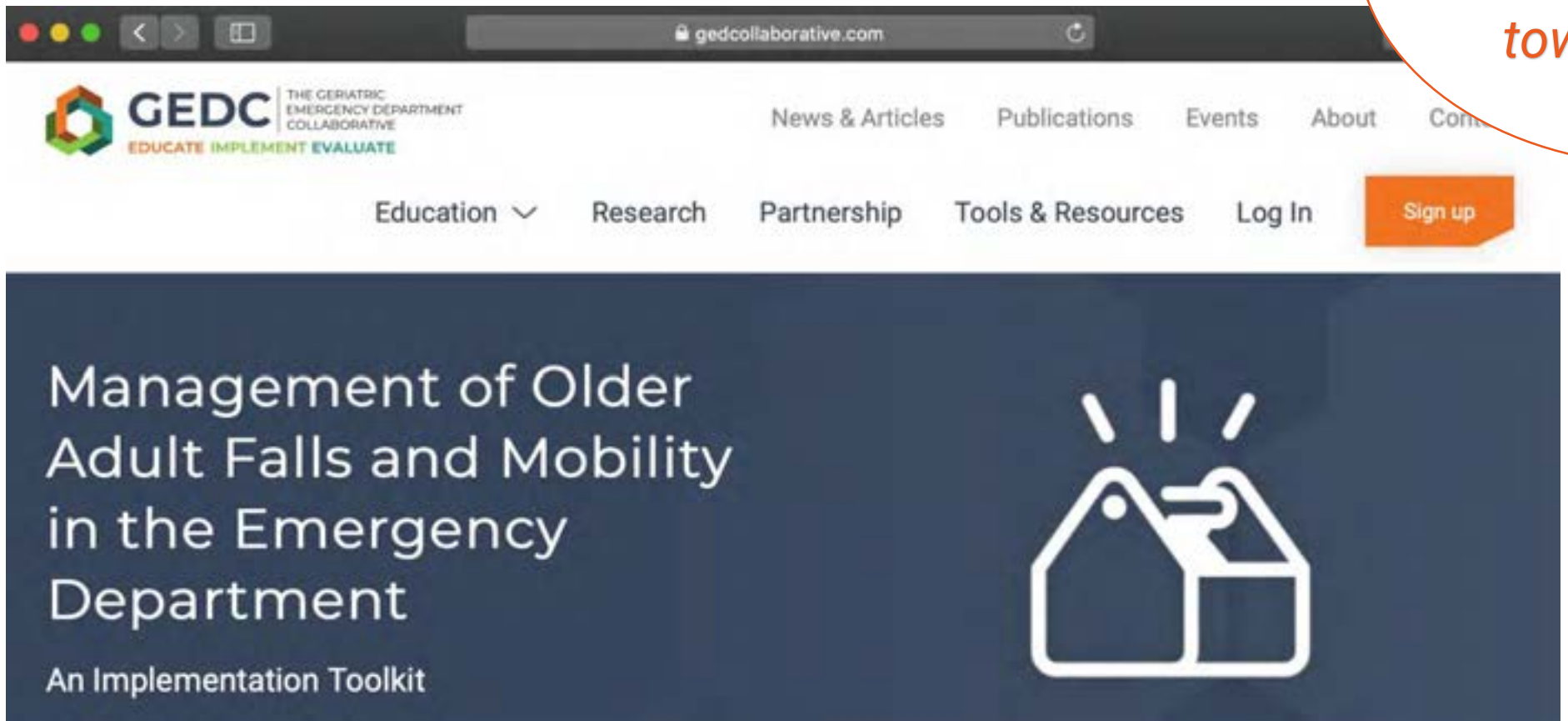
Falls & Mobility Implementation Tool Kit

WEST HEALTH GEDC FALLS & MOBILITY TOOLKIT

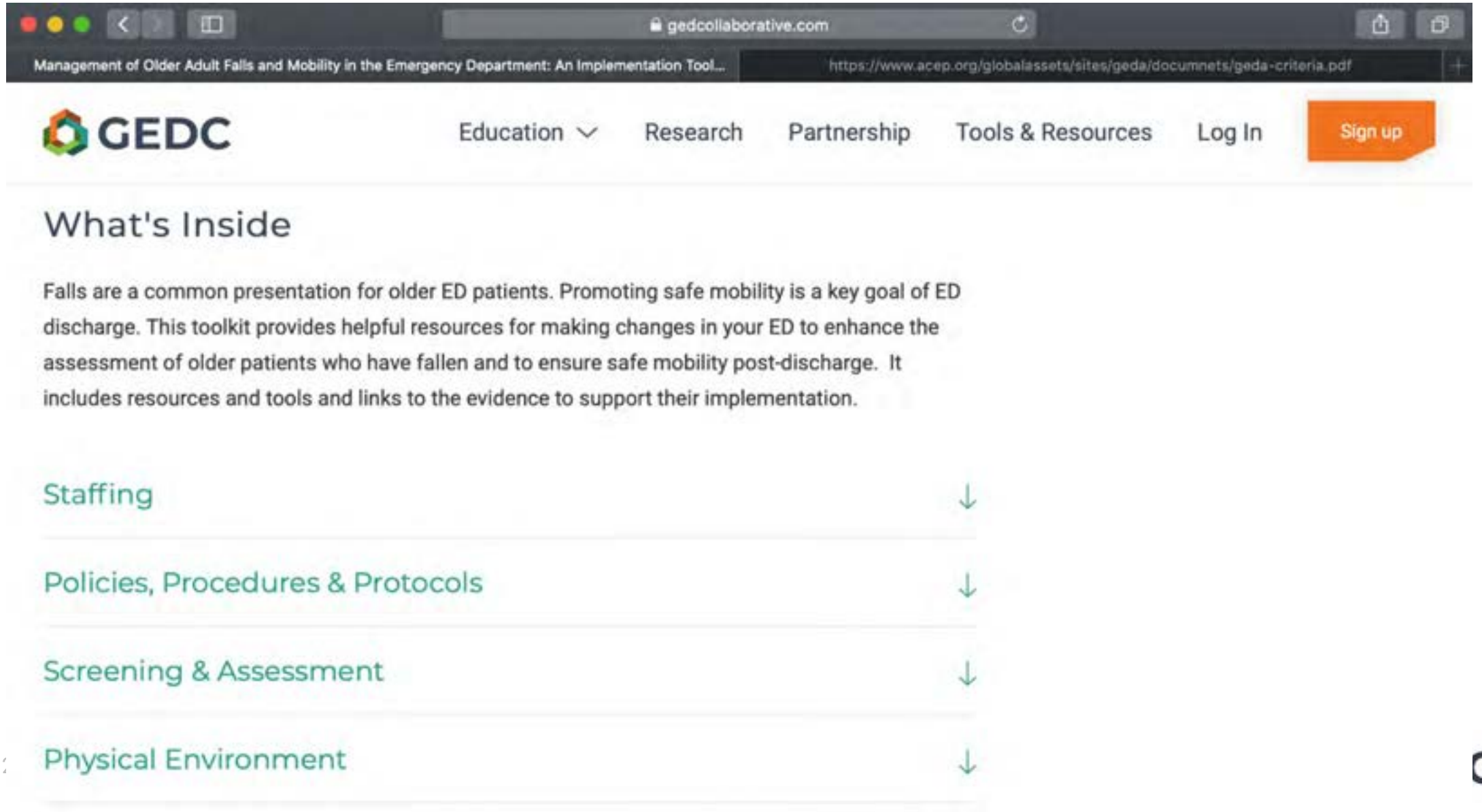
gedcollaborative.com/toolkit/falls-and-safe-mobility/

...pssst...

...it counts for TWO procedures towards GEDA



Falls & Mobility Implementation Tool Kit



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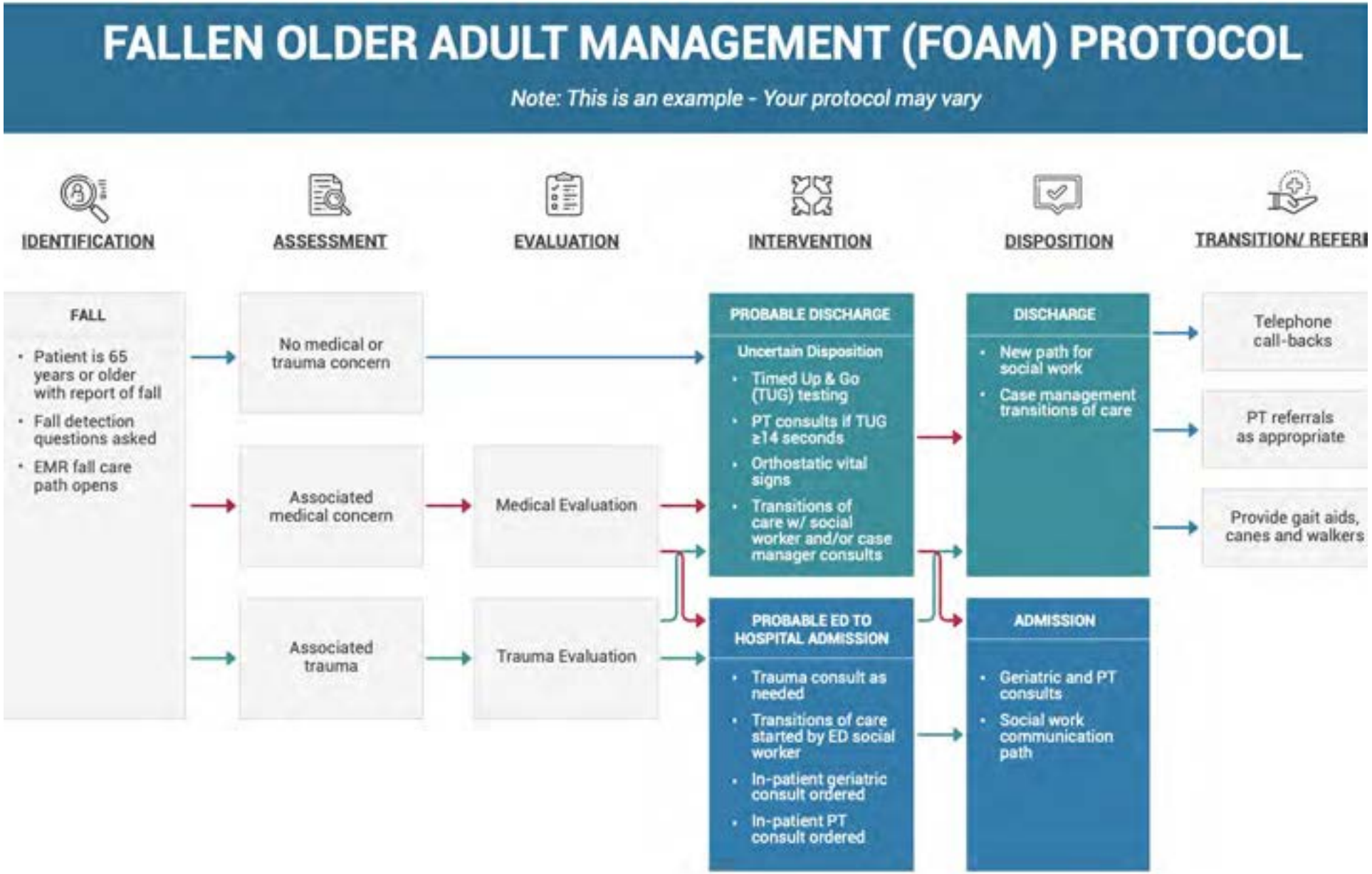
FOAM Protocol

INITIATING AT BEDSIDE

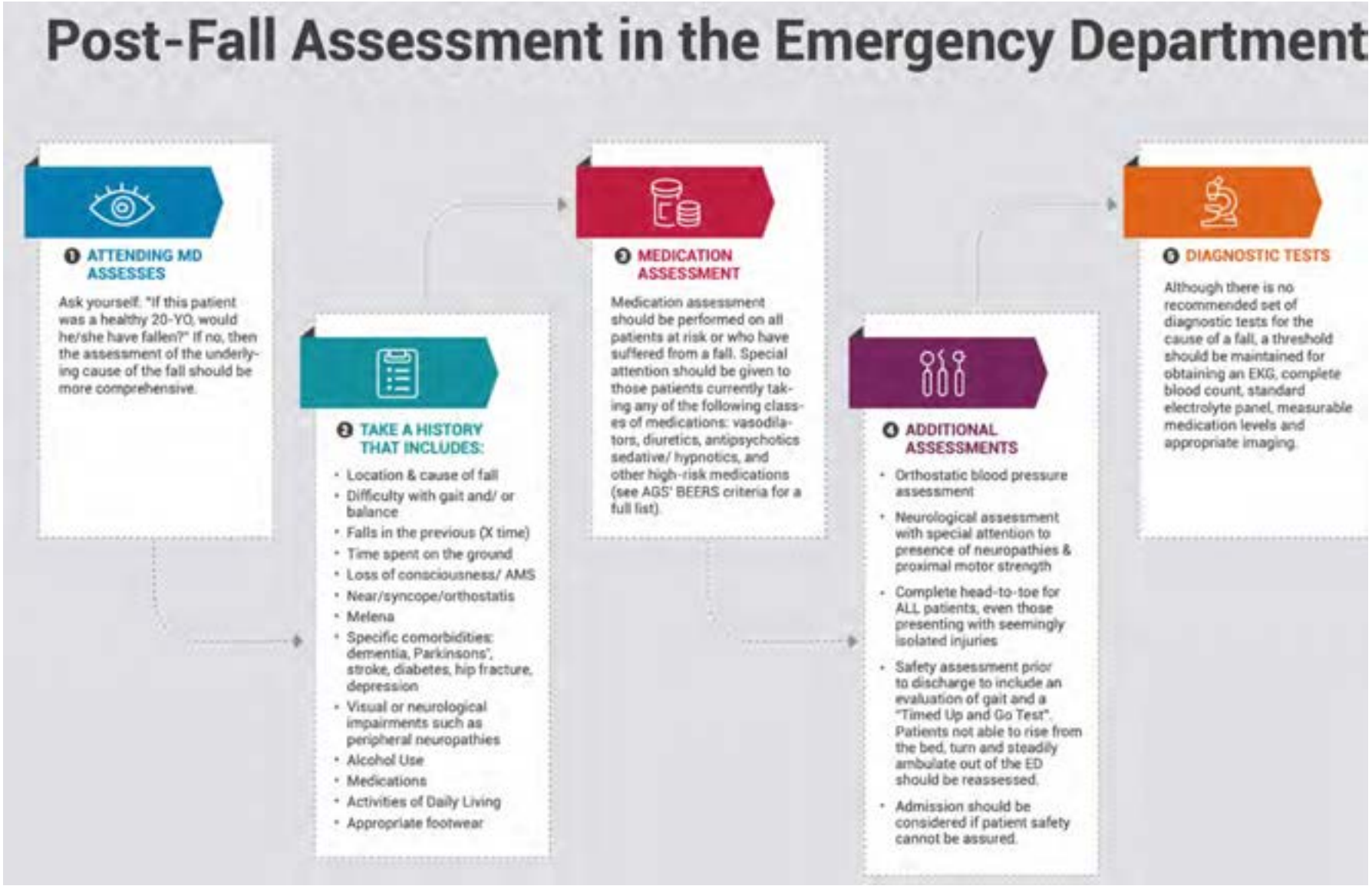
Note: Tailor to your specific needs and resources



Post-Fall Assessment

INITIATING AT BEDSIDE

Note: Example of potential assessments



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TUG Test & Interpretation

INITIATING AT BEDSIDE

TIMED UP & GO TEST

This is a quick and simple test to measure mobility and fall risk for older adults who can walk on their own.

Before you begin, make sure you have measured 3 meters (about 10 feet) and marked that distance with a landmark that the older adult can see. Be sure you have a stopwatch and a standard armchair.

INSTRUCTIONS:

- Begin with the senior sitting in an armchair with hips and back at the back of the seat and arms resting on the arm rests. Make sure the senior is wearing their usual footwear and has any normal assistive device that he/she would typically use.
- Ask the senior to stand up by saying, "When I say 'go' I want you to stand up and walk to the line [or insert appropriate landmark], turn, walk back to the chair and then sit down again. Walk at your regular pace."
- Start timing as you say the word "Go" and stop timing when the senior is seated again.

Podsiadlo, D., Richardson, S. The timed "Up & Go": A Test of Basic Functional Mobility for Frail Elderly Persons. Journal of American Geriatric Society. 1991; 39(2):142-148.

Expected Gait Speed

AGE	DESCRIPTION	RATING	SD
60-69	Overall	7.9 seconds	0.9
70-79	Overall	7.7 seconds	2.3
80-89	Without device With device Overall	11.0 seconds 19.9 seconds 13.6 seconds	2.2 6.4 5.6
90-101	Without device With device Overall	14.7 seconds 19.9 seconds 17.7 seconds	7.9 2.5 5.8

Lusardi, M M. (2004). Functional Performance in Community Living Older Adults. Journal of Geriatric Physical Therapy. 26(3):14-22.

Predictive Interpretation

SECONDS	RATING
< 10	Normal, freely mobile
< 20	Mostly independent, can go out alone
20-29	Variable mobility, requires assistance
> 30	Mobility impaired

A score >14 seconds is associated with a higher risk of falls

Shumway-Cook, A., Brauer, S. Woollacott, M. Predicting the probability of falls in community-dwelling older adults using the timed up & go test. Physical Therapy. 2000; 80(9):896-903.

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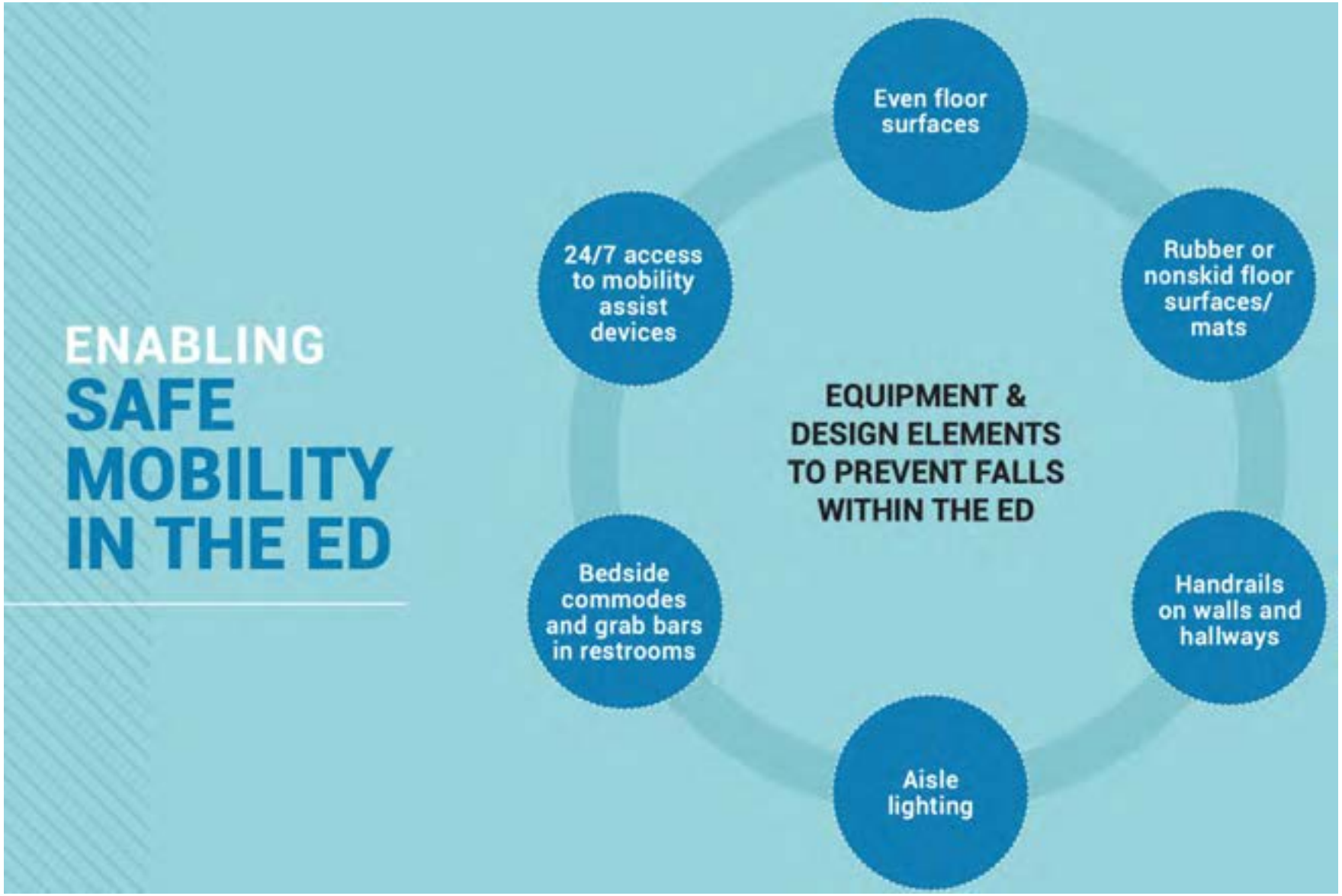
Safe Mobility in the ED

ED-WIDE IMPLEMENTATION



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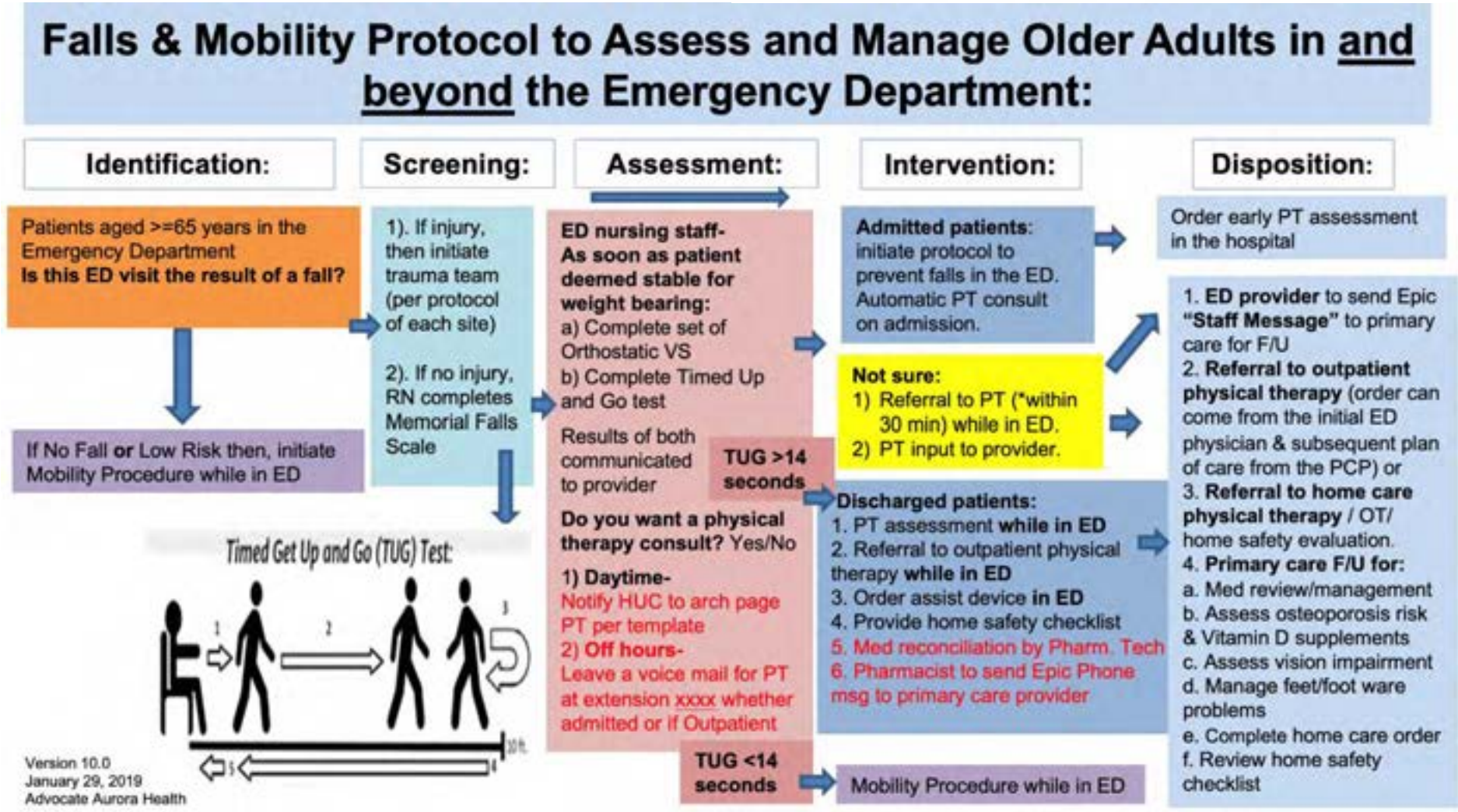
AAH Falls & Mobility Protocol

Example of tailoring the FOAM Protocol, Assessment, & Interventions

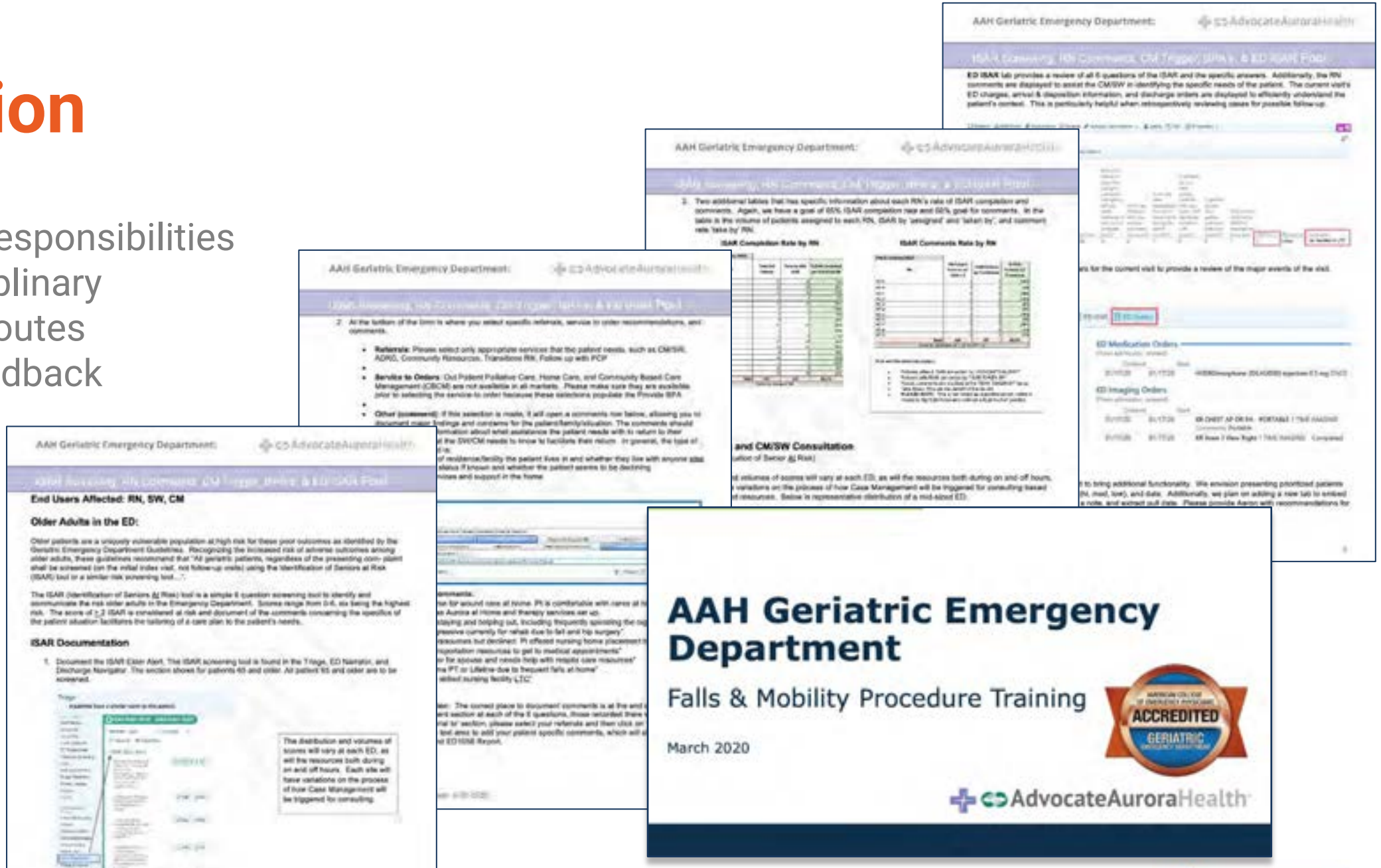


Key Points in Implementation

- Form an interdisciplinary team of champions
- Educate staff on protocol
- Develop tools and workflow in EHR
- Collaborate with community partners
  - Health Depts., EMS, Assisted Living etc., Stepping On/Falls Prevention programs
- Collaborate with stakeholder along the continuum
  - Pharmacy on medication reconciliation & management
  - Primary care follow up and continuity of care
  - Home care
  - Population Health
- Metrics & Report
- Continuous Improvement

Education

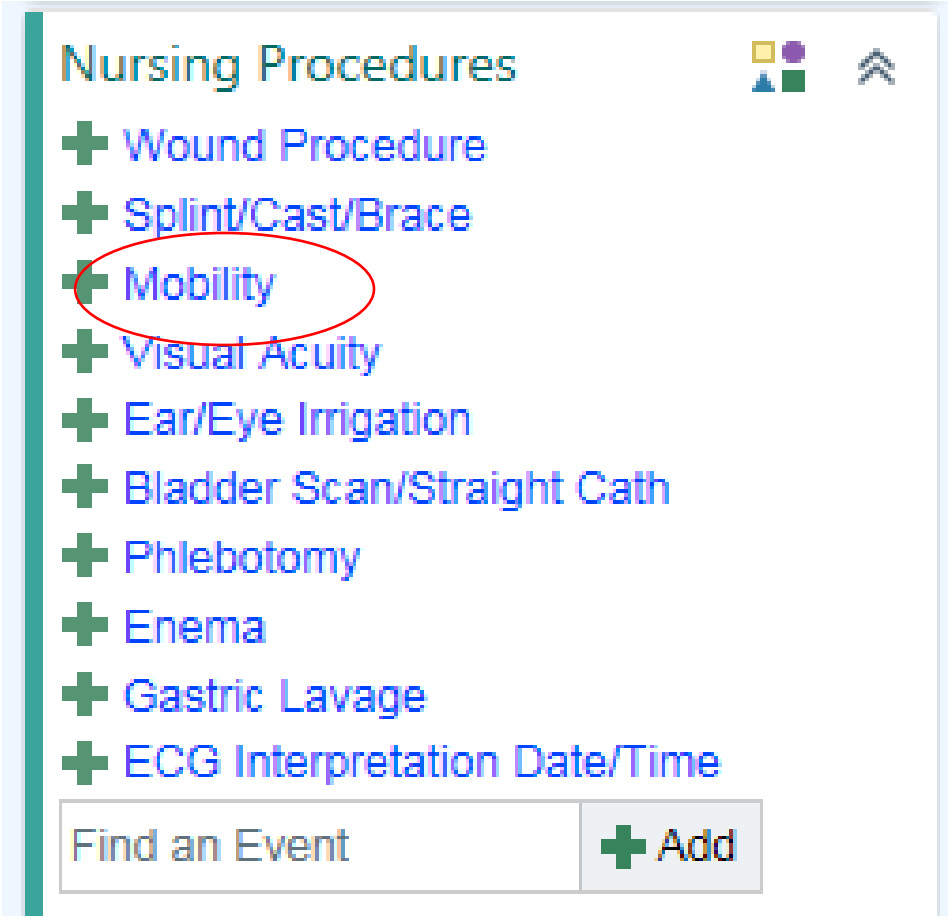
- Workflow
- Roles & Responsibilities
- Interdisciplinary
- Multiple routes
- PDSA Feedback

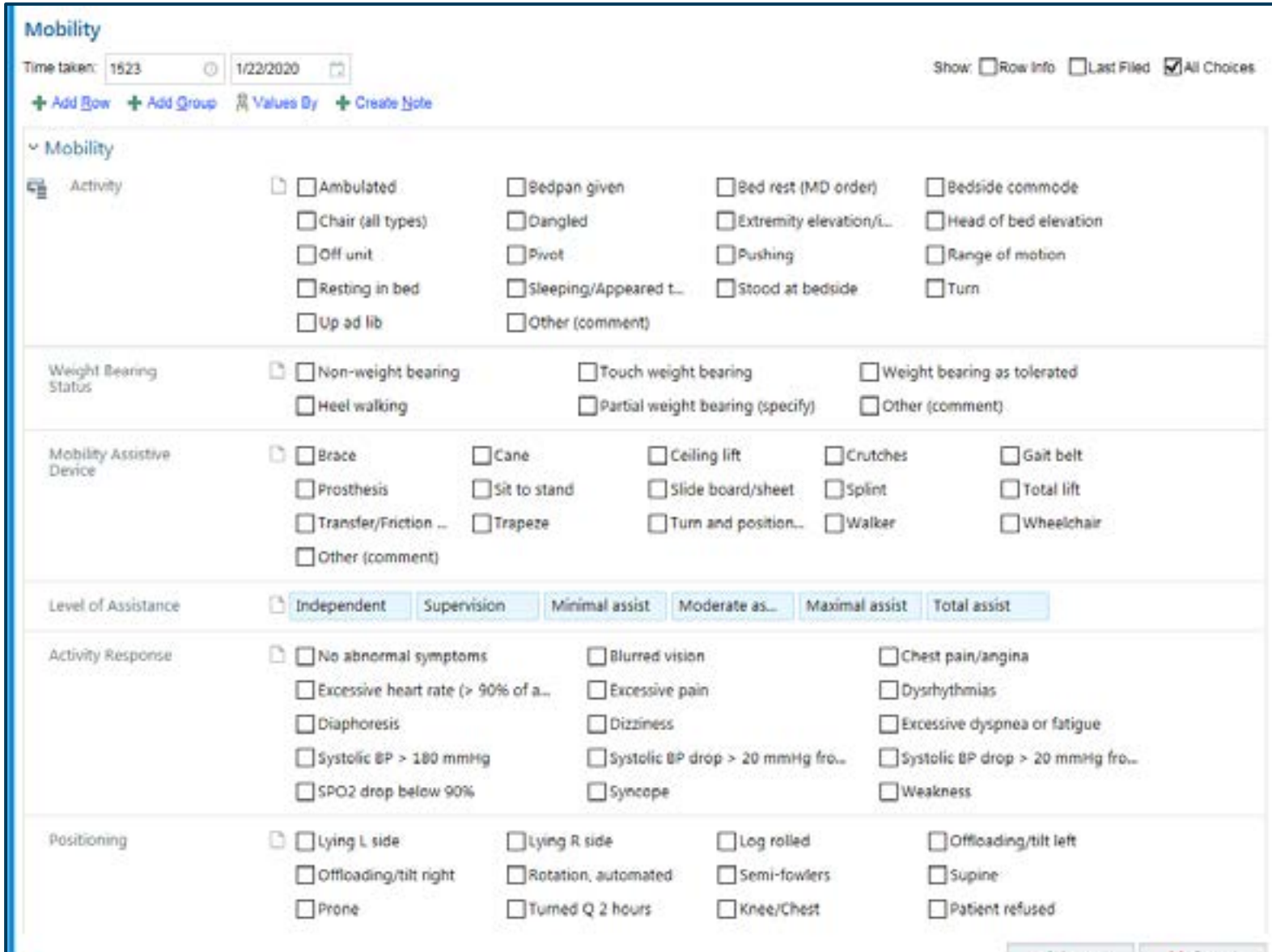


GEDC

Mobility Documentation

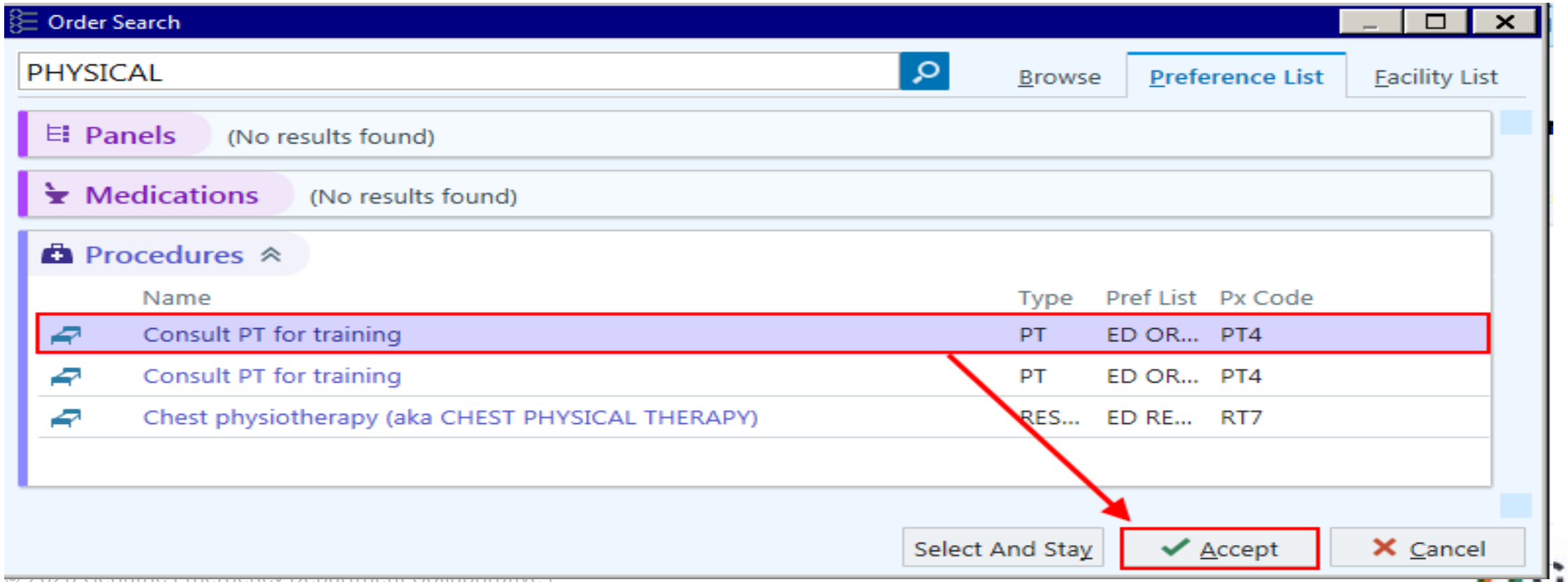
- Go to the nursing procedures toolbox





How To Order EMERGENCY DEPARTMENT PHYSICAL THERAPY Consult?

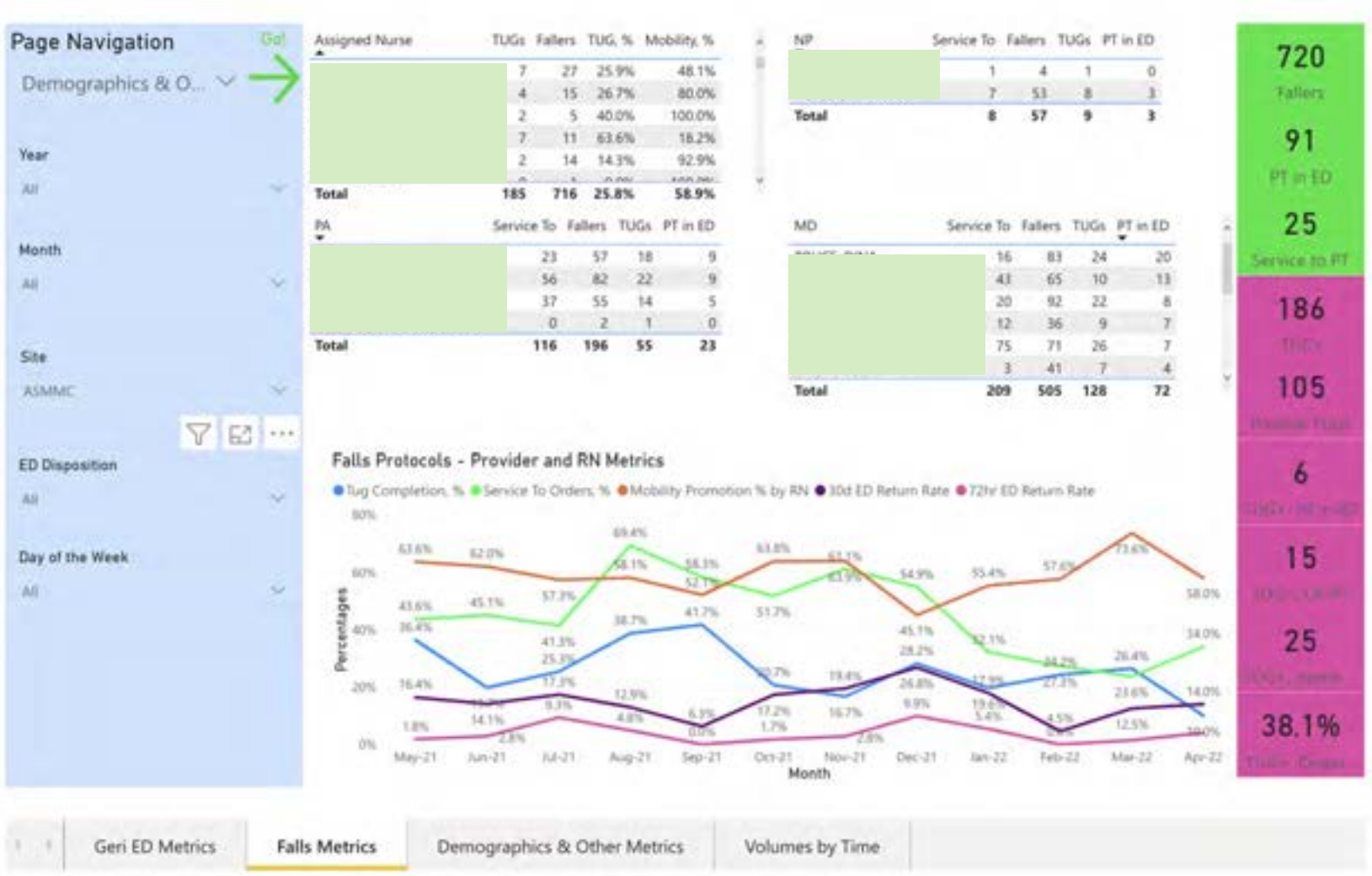
- ED Provider orders “Consult PT for training”
- (Optional site specific)RN or Tech calls and request PT assessment in the ED



Metrics & Reports

Example of AAH Falls & Mobility Dashboard (SharePoint)

- Easy Access
- Key process & outcomes
- Slice & Dice
- Interdisciplinary
- Broad Access



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Lessons Learned

- Multi-component, Multi-discipline Protocols can be difficult
- Embed & Align & Augment existing processes
- Listen to front line stakeholders
- Develop robust metrics and reports for feedback
- Continuously Improve
- Celebrate accomplishments

THANK YOU!

Questions?

aaron.malsch@aah.org

Geriatric EDs: Implementation Tips, & QI resources

Kevin Biese
MD, MAT

Geriatric Emergency Department Collaborative Implementation

Geriatric Emergency Department Accreditation

GEDC

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

GEDC

Key Application Criteria: Physician & RN Champion

Job Description

- Describe Role & Responsibilities
  - Document for each discipline
- How they support Program, ED, Site, & Staff
  - Q? meetings, review metrics, provide feedback, report to ED & Hospital
- 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

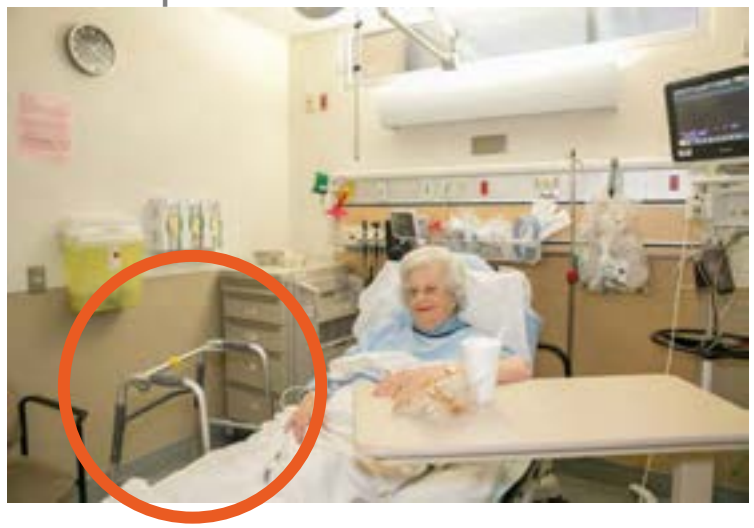
Evaluation

- 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!

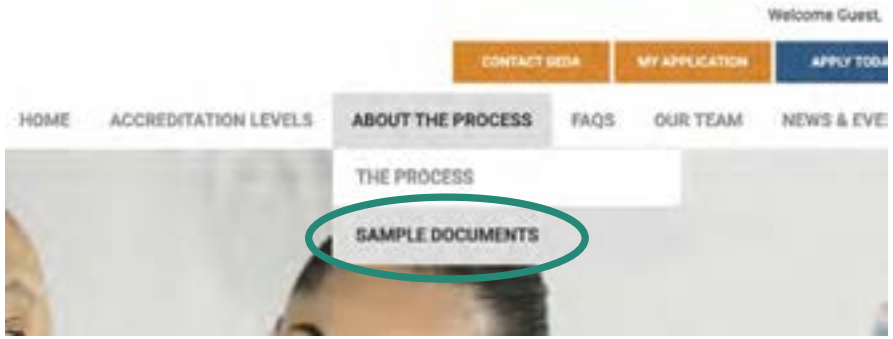


Access to Nutrition

- 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



ACEP Geriatric Emergency Department Accreditation

Welcome Guest, Log In

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:

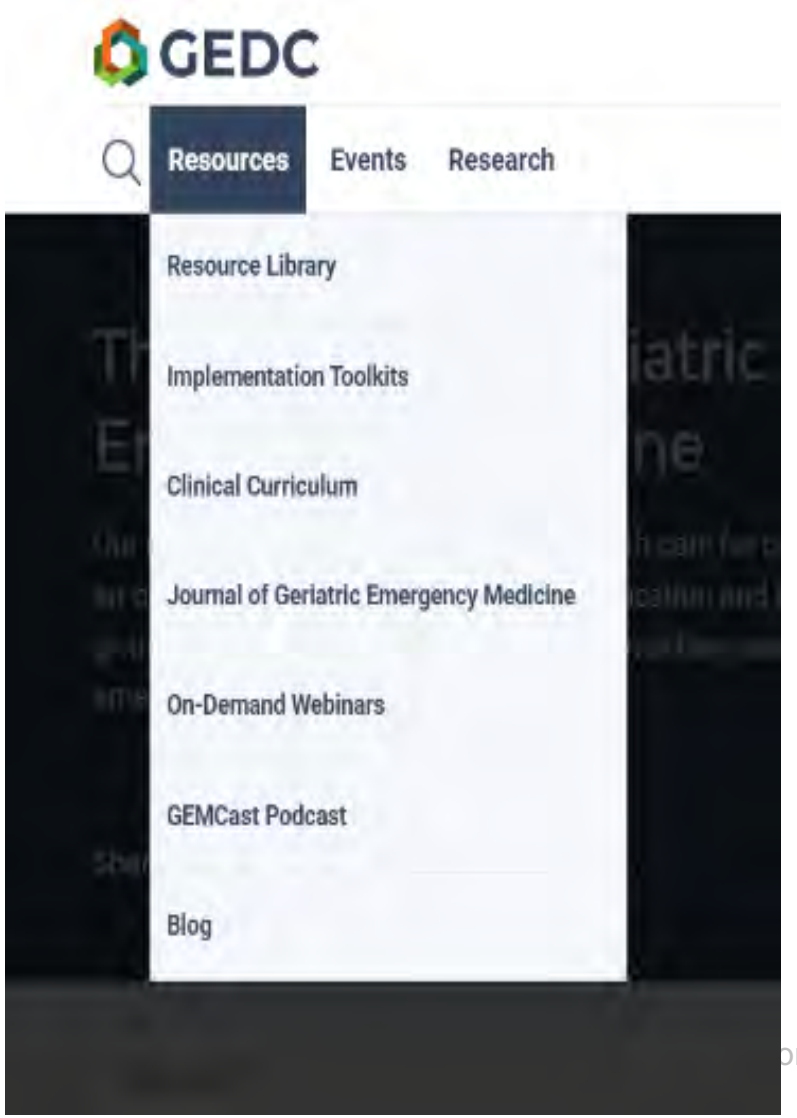
- Multiple Sites & 1 Goal
- Organize multi-site work teams
- Leverage teams for Protocol development, Metrics, Job descriptions, Charter

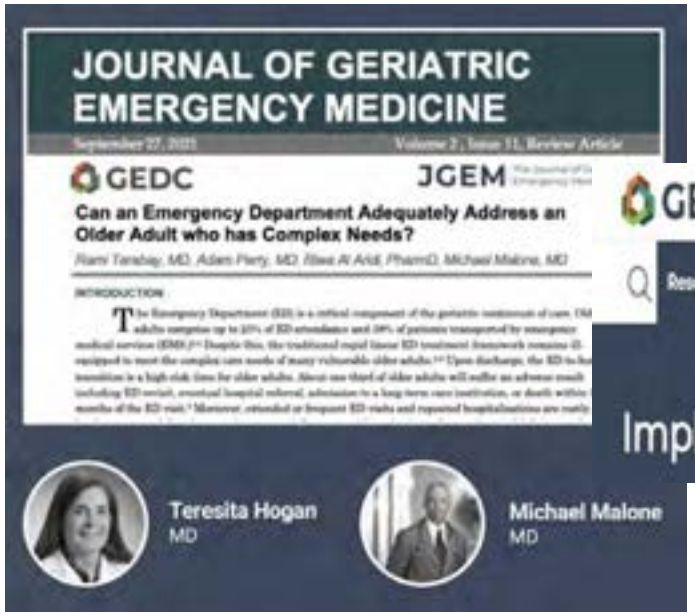
Align with Existing Resources

- Shared governance
- Quality
- ACO's

GEDCollaborative.com

Resources





Delirium in the Older Emergency Department Patient
(ED-DEL)

Change Package and Toolkit

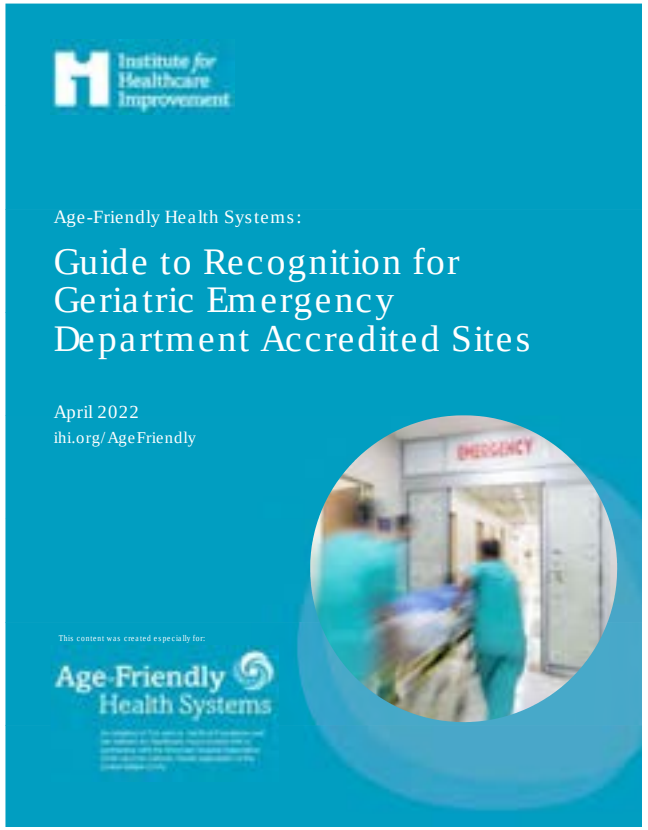
Geri ED Alignment

GEDC
Geriatric Emergency Department Collaborative

AFHS
Age Friendly Health Systems

GEDA
Geriatric Emergency Department Accreditation

Institute for Healthcare Improvement



GEDA Elements Aligned with the 4Ms

Policies, Protocols, Guidelines, and Procedures as a Component of ACEP Geriatric ED Accreditation Criteria	What Matters	Medication	Mentation	Mobility
A standardized delirium screening guideline (examples: DTS, CAM, 4AT, other) with appropriate follow-up			X	
A guideline for standardized fall assessment (including mobility assessment, e.g., TUG or other) with appropriate follow-up				X
A guideline to minimize the use of potentially inappropriate medications (Beers' list, or other hospital-specific strategy, access to an ED-based pharmacist)		X		
Development and implementation of at least three order sets for common geriatric ED presentations developed with particular attention to geriatric-appropriate medications and dosing and management plans (e.g., delirium, hip fracture, sepsis, stroke, ACS)		X		
A guideline to promote mobility				X

Assessing, Documenting, and Acting On What Matters in the Geriatric ED

Assess: Know about What Matters for Each Older Adult in Your Care

Getting Started: Key Actions	Tips and Resources
Ask the older adult What Matters How does your clinical team ascertain the patient's specific goals for their ED visit beyond their chief complaint? (For example, ensure this abdominal pain does not mean I have stomach cancer.) If you do not have existing questions to start this conversation, try the following, and adapt as needed: **"What do you most want to focus on while you are here for_____ (fill in health problem) so that you can do_____ (fill in desired activity) more often or more easily?"**[1,2,3,4] Or **"What outcome are you most hoping for from this ED visit?"** For older adults with advanced or serious illness, consider: **"What are your most important goals if your health situation worsens?"**	**Tips** • This action focuses clinical encounters, decision making, and care planning on What Matters most to the older adults. • Consider segmenting your population by healthy older adults, those with chronic conditions, those with serious illness, and individuals at the end of life. How you ask What Matters of each segment may differ. • Consider starting these conversations with *who* matters to the person. Then ask them what their plans are related to life milestones, travel plans, birthdays, and so on in the next six months to emphasize, "I matter, too." Once "who matters" and "I matter, too" are discussed, then *what* matters becomes easier to discuss. The What Matters About letter template (Stanford Letter Project) can guide this discussion. • Responsibility for asking What Matters can rest with any member of the care team; however, one person needs to be identified as responsible to ensure it is reliably done. • You may decide to include family or care partners in a discussion about What Matters; however, it is important to also ask the older adult individually. • Ask people with dementia What Matters. Ask people with delirium What Matters at a time when delirium symptoms are minimal or absent. **Additional Resources** • "What Matters" to Older Adults": A Toolkit for Health Systems to Pursue Better Care with Older Adults • The Conversation Project and Conversation Ready • Patient Priorities Care • Serious Illness Conversation Resources • Stanford Letter Project • "What Matters to You?" Instructional Video and A Guide to Having Conversations about What Matters (BC Patient Safety & Quality Council) • End of Life Care Conversations: Medicare Reimbursement FAQs • National POLST: Long-Term Care Facility Guidance for POLST and COVID-19 • Ariadne Labs Serious Illness Care Program: COVID-19 Response Toolkit (a guide for long-term care, implementation tips, and a demonstration video) • Respecting Choices COVID-19 Resources (for having conversations with older adults when planning care for COVID-19)

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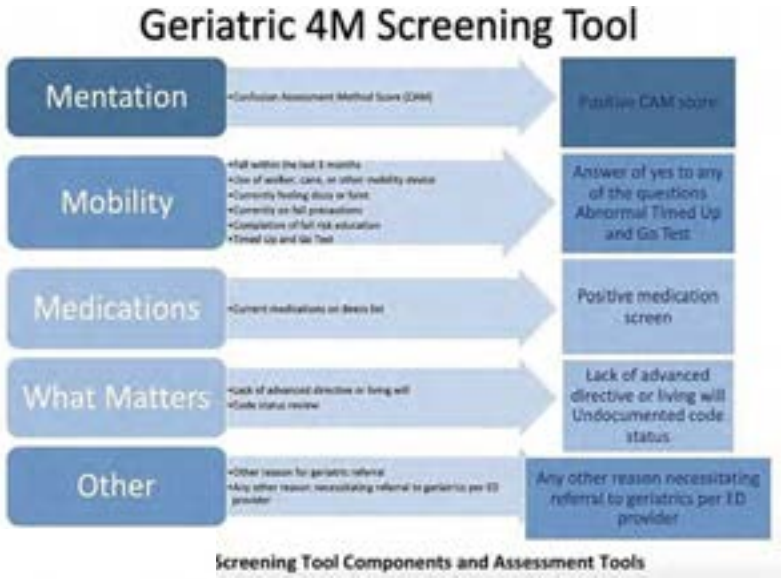
JGEM The Journal of Geriatric Emergency Medicine

Using the 4M Model to Screen Geriatric Patients in the Emergency Department

Martinus Megalla, BA, Roopa Avula, MD, Christopher Manners, BA, Portia Chinnery, RN, Lindsey Perrella, RN, Douglas Finefrock, DO



Screening Tool Components and Assessment Tools

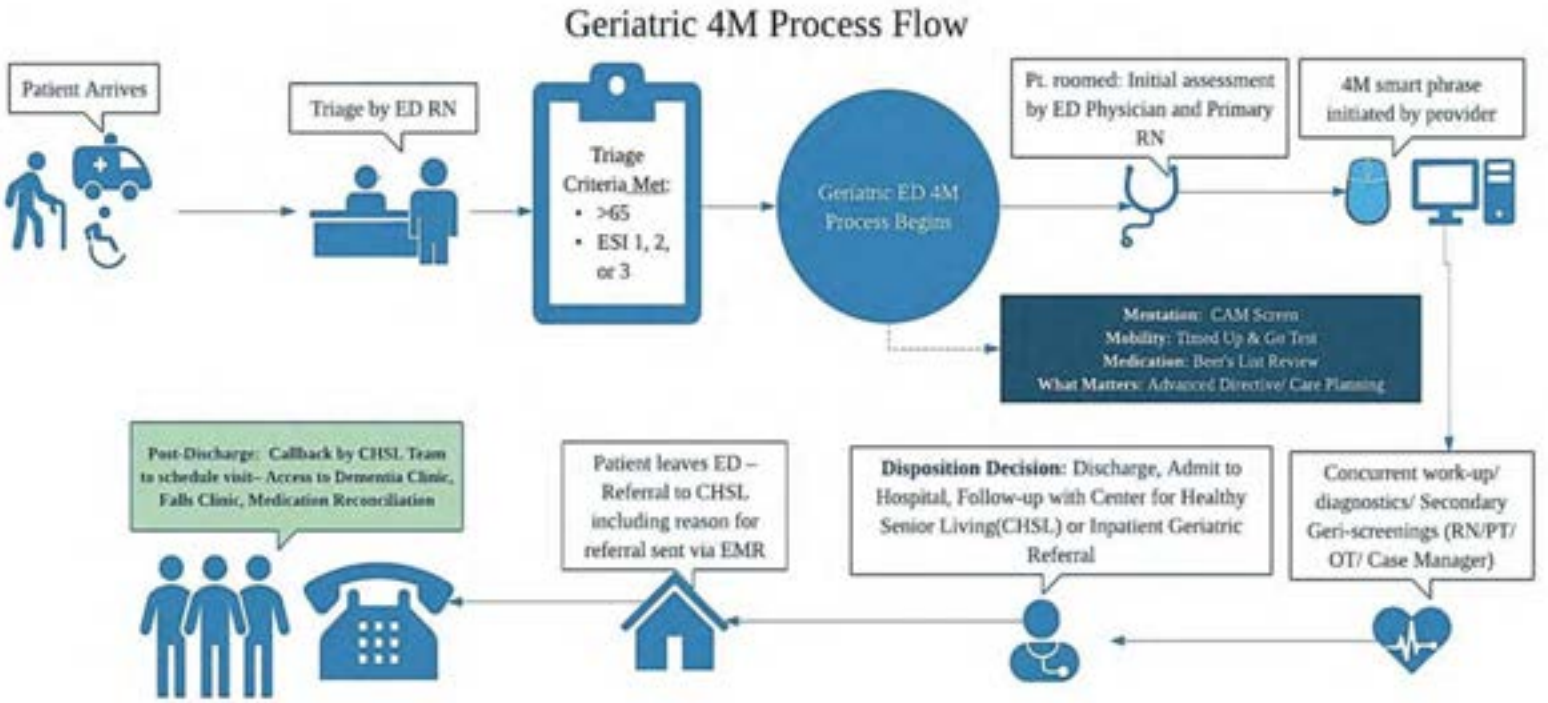


Figure 2: Geriatric Emergency Department Screening Workflow at a Level 1 Geriatric Emergency Department

Legend: ED = Emergency Department. RN = Registered Nurse. ESI = Emergency Severity Index. Pt = Patient. PT = Physical Therapy. OT = Occupational Therapy

Elder Mistreatment Toolkit (the 5th M)

THANK YOU!

Questions?

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Closing Remarks

New York City New York

- BronxCare Hospital
  Bronx, NY
- NYC Health + Hospitals/Lincoln Hospital
  Bronx, NY
- NYC Health + Hospitals/North Central Bronx Hospital
  Bronx, NY
- Richmond University Medical Center
  Staten Island, NY
- SBH Health System / St. Barnabas Hospital
  Bronx, NY
- SUNY Downstate University Hospital Brooklyn
  Brooklyn, NY

Capital District New York

- The Albany Med System/Saratoga Hospital
  Saratoga Springs, NY

Western New York

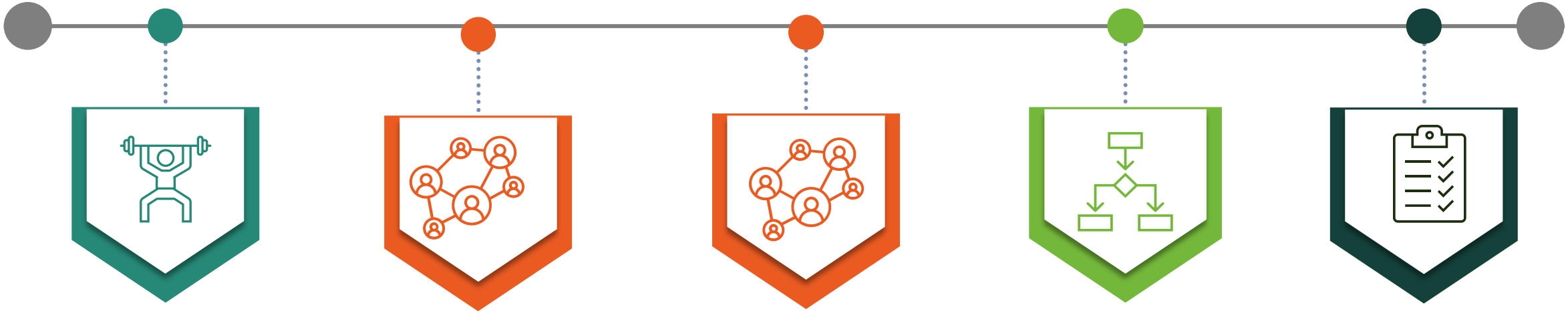
- Catholic Health/Mercy Hospital
  Buffalo, NY
- Eastern Niagara Hospital
  Lockport, NY

Central New York

- Bassett/Mary Imogene Bassett Hospital
  Cooperstown, NY
- Bassett/A.O. Fox Hospital
  Oneonta, NY
- Bassett/A.O. Fox Hospital Tri-Town Campus
  Sidney, NY
- Bassett/Cobleskill Regional Hospital
  Cobleskill, NY
- Bassett/Little Falls Hospital
  Little Falls, NY
- Bassett/O'Connor Hospital
  Delhi, NY

Your Path to Process Improvements

NEXT STEPS



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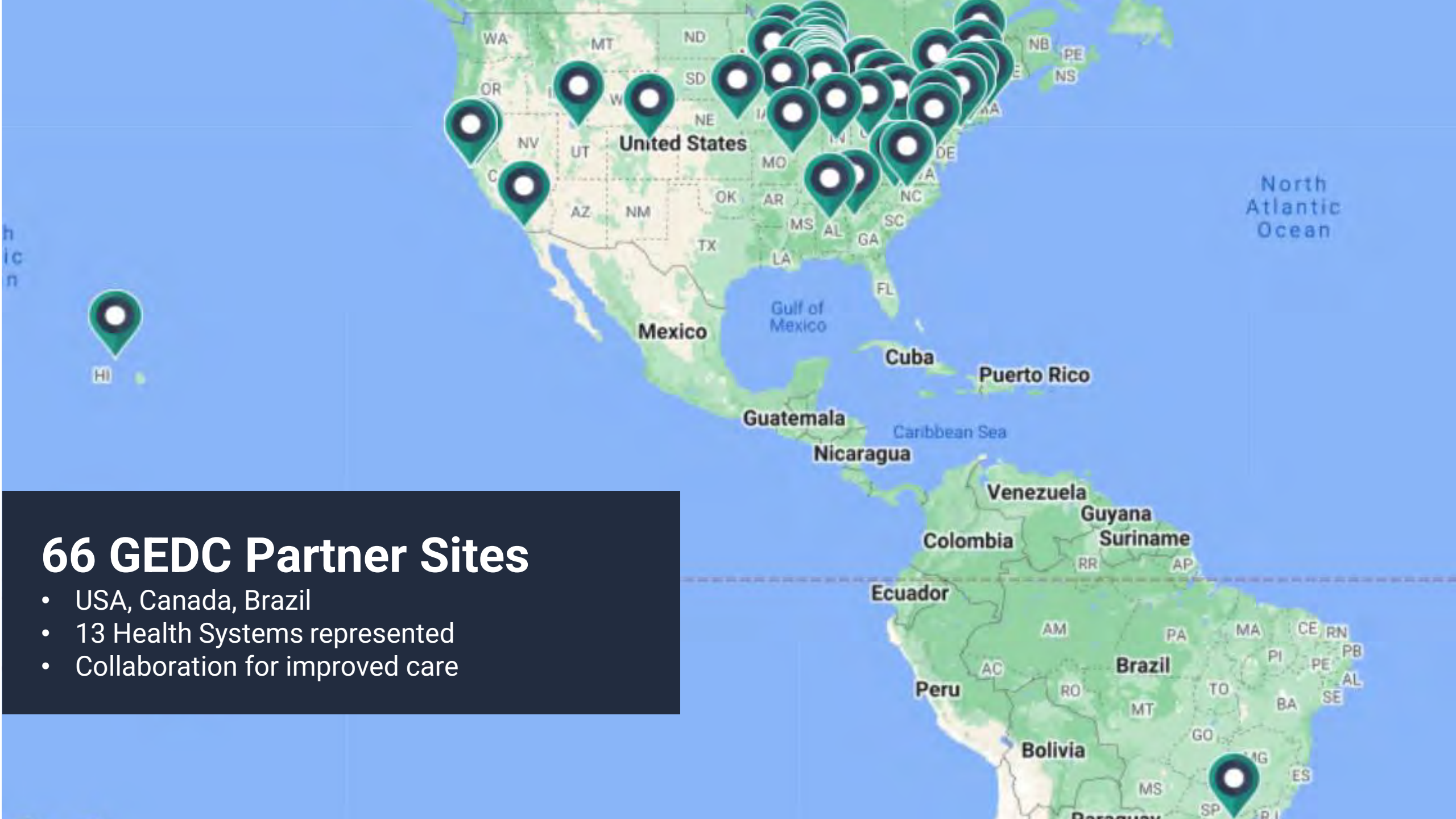

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