Fellow's Corner

For each GEMS Newsletter, we hope to highlight the innovative and great work of Geriatric EM fellows that are ACEP GEMS members. This month we are delighted to showcase a Feature Piece by Dr. Phillip Magidson, Geriatrics Fellow at the Johns Hopkins program.

Dr. Magidson is an Emergency Medicine / Internal Medicine trained physician (completed his dual residency at the University of Maryland in 2017 where he was a chief resident in their combined residency program) who is now a Geriatrics Fellow at the Johns Hopkins Bayview Medical Campus. This is in contrast to completing Geriatric Emergency Medicine Fellowship; only Internal Medicine or Family Medicine trained physicians may complete Geriatric fellowship training and become board certified in Geriatrics!)

Prior residency, Dr. Magidson also completed his Master of Public Health in Health Policy at George Washington University and has been funded throughout his residency to complete research on projects that include "Evaluating the rapid emergency of geriatric emergency medicine" and "The impact of prescribed medications ED repeat visits and hospital admissions among VA geriatric patients. In addition to having received multiple awards during his residency for professionalisms, service, and humanisms, most recently, Dr. Magidson was the winner of the 2017 ACEP GEMS award for "Research having greatest impact on Geriatric
Geriatric patients, seen at an increasing rate in emergency departments (ED), represent a unique challenge to emergency medicine providers (EMP). These patients have length of stays that are 20% longer and diagnostic test utilization rates up to 50% more than their younger counterparts. Furthermore, these patients experience considerable adverse events and functional decline during many of these ED visits and subsequent hospitalizations. In fact, nearly 14% of hospitalized Medicare beneficiaries suffer at least some unanticipated temporary harm during hospitalizations.

At Johns Hopkins Bayview Medical Center in Baltimore, Maryland, as part of an ongoing partnership between the Department of Emergency Medicine and the Division of Geriatrics and Gerontology, a specific ED geriatric consult service (EDCS) has been established to assist in disposition of geriatric patients. Consults are requested by the ED providers (either physicians or advanced practice providers) for patients that would benefit from a geriatric evaluation. The goal of the consult service is to increase high value care for geriatric patients seen in the ED. Specifically, the EDCS works with the EMP in the evaluation, treatment and disposition of these high-risk patients with a sensitivity to the many social determinants of health that affect the geriatric population.

Consults are requested by EMP via the electronic medical record. Geriatric medicine providers, either a geriatric nurse practitioner or geriatrician, evaluate the patients immediately in the ED and discuss recommendations with ED staff. Although a number of these patients do require admission, one objective of the EDCS is to try and reduce these costly and potentially dangerous admissions. The EDCS works collaboratively with EMPs to facilitate the many factors necessary for a safe discharge (direct conversation with primary care provider, medication reconciliation, setting up home services such as physical therapy, wound care, hospice etc.) that can be time consuming to orchestrate from the ED.

Currently we are in the feasibility and descriptive phase of this study and have completed approximately 35 consults. The most common reason for consultation is to assist with disposition, direct medical management, as well as helping to establish home services. Although not a common reason for consult, the EDCS has made medication recommendations in nearly 75% of all patients we have seen.

Some preliminary data has been collected looking at ED recidivism, admission/observation rates as well as outpatient resource and service utilization. Our goal, moving forward, is to be able to more accurately quantify some of the health system variables mentioned above as well as specific, patient centered outcomes such as post-ED discharge falls, adverse drug events, functionality, quality of life and mortality for patients seen by the EDCS.
Chair's Corner
By Ula Hwang

The Geriatric EM Section is busy and active with lots of interest and momentum growing from the section, especially with increasing attention and focus by clinicians and healthcare systems in geriatric emergency patient care. Since becoming chair for ACEP's GEM Section, to best support our section members, we have held monthly GEMS meetings. These calls are open to the entire GEMS membership and meant to be opportunities for the GEM Section leaders (past, current, elect chairs, secretary, councilor, and alternate councilor) to convene and make progress on activities for the section. Some activities include the following:

1. **Monthly GEMS conference call meetings!** (join the call, meet other likeminded members that are passionate about older patients, get ideas from others, get active!) The meeting minutes from these discussions are emailed every month to our listserv so you can always stay on top of our latest discussion and activities! (The minutes are also archived on our GEMS website through ACEP portal.)

2. **GEMS Membership needs assessment survey.** Last year we conducted a needs assessment survey, to which a quarter of you responded and indicated what you would find most beneficial from our section. Things like geriatric emergency clinical content, implementation and operation strategies, and the newsletter (71% of report you read this newsletter!) were all things you found valuable. Our goal is to have at least 3 issues a year, to help keep you informed and to highlight all the good news and work being done in geriatric emergency care.

3. **Section grants.** For the first time in GEMS history, our section applied for and was awarded an ACEP Section grant. Under the leadership of Kevin Biese, chair elect for GEMS section, he will lead our section grant project "Geriatric Emergency Medicine. The Time Is Now" that will feature 3 podcasts. The podcasts will include interviews with Mark Rosenberg, Sandy Schneider, Christina Shenvi, Anthony Rosen, Michael Malone, and Ula Hwang.

   The section also prepared another section application for 2018, lead by Nicole Fiallos. Titled "iScreenSeniors: An app designed for geriatric self-screening for depression, fall risk and elder abuse", its letter of intent is currently under review with the ACEP review committee.

Lots of exciting time now as we now see growing interest in emergency medicine with geriatric emergency care. We welcome members of GEMS to email, call, join our monthly meetings with ideas and questions!
Members of the Geriatric EM Section nominated several members for prestigious ACEP Awards in 2018 in an attempt to recognize the “gems” in GEMS. In years to come, ACEP GEMS will plan to nominate more of our members for these awards.

This year’s nominated “GEMS” were:

Mark Rosenberg – John Wiegenstein Leadership Award (https://www.acep.org/About-Us/John-G--Wiegenstein-Leadership-Award/#sm.0002hvww6y11hp1tqf023c76u8qaf)

Dr. Rosenberg’s visionary leadership for geriatric acute care has altered the trajectory of emergency medicine worldwide. As Chair of the ACEP Geriatric Emergency Medicine Section, he created a work group to create Geriatric Emergency Department Guidelines based upon scant research evidence and the best practice experiences of our nation’s leading experts in older adult emergency care. Under Dr. Rosenberg’s leadership, this work group completed the guidelines which were then endorsed by the Boards of Directors of ACEP, Emergency Nurses Association, Society for Academic Emergency Medicine, and the American Geriatrics Society before widespread dissemination. This outstanding accomplishment alone is worthy of the John G. Wiegenstein Leadership Award as a catalyst for emergency medicine to adapt the processes and quality metrics for an aging demographic, but Dr. Rosenberg was then elected to the ACEP Board of Directors and served as the leading voice in favor of ACEP instituting an accreditation process for emergency departments seeking recognition for excellence in older adult emergency care. In 2017, ACEP approved the geriatric ED accreditation process and organized a Board of Governors to oversee that process. Dr. Rosenberg serves on that Board of Governors and the emergency department for which he is the Chair was first in line to submit an application for accreditation. Being first in line for accreditation seems apropos for Dr. Rosenberg because in every sense of the word he is an inspirational clinical leader unafraid to challenge precedent, generous of spirit, empathetic to patients and families, and utterly devoted to the college. ACEP forefather Karl Mangold once described John Wiegenstein as a diplomat “understated, awesomely competent, wonderfully diplomatic, great human being”. He could have been describing Mark Rosenberg.
Manish Shah – Outstanding Contribution in EMS Award (https://www.acep.org/About-Us/EMS-Award/#sm.0002hv6y11hp1tqfm23c76u8qaf)

Dr. Shah has been an American College of Emergency Physician’s (ACEP) member since 1995. He is a well-recognized researcher and opinion leader in the field of geriatric emergency medicine – and the inarguable expert in pre-hospital care of aging adults. What makes him particularly unique is the combination of this academic expertise with his extensive operational emergency medical services (EMS) experience. He has served as the EMS medical director of numerous agencies, a city (Rochester, NY), two counties, and a region in New York. Furthermore, he was responsible for advancing the quality assurance program in his EMS region, making the transition to a “Just Culture” approach, through his leadership as Chair of the Patient Safety Committee. These efforts have led to numerous EMS distinguished accolades, including the Kluge Trauma Award, the HRSA Rural Health Outreach Program Champions Award, and the Harriet C. Weber EMS Leadership Award. He is one of the most widely funded emergency medicine investigator in EMS with current or prior grants from the National Institutes of Health (NIH), Agency for Healthcare and Research Quality (AHRQ), Centers for Disease Control, and the John A. Hartford Foundation exploring innovations to improve the efficiency, quality, and outcomes of pre-hospital care. Dr. Shah is also the recipient of a very competitive National Institute of Aging mentoring grant to support his efforts to grow the next generation of aging researchers across multiple fields with focusing on community paramedicine as one approach to improve the outcomes of care for Alzheimer’s patients residing in the community. As a mentor, he has led the Emergency Medicine Foundation Grantee Workshop since 2015. He has served as a voice for emergency medicine and EMS at various AHRQ and NIH study sections. He is a prolific investigator with over 100 peer-reviewed publications, mostly focused on older adult EMS research. In addition, his altruistic devotion to scholarship is apparent as a highly sought reviewer and editorial board member for Prehospital Emergency Care, the Journal of the American Geriatrics Society and Academic Emergency Medicine. He was also instrumental in the formation of the ACEP Geriatric Emergency Medicine Section and co-authored the Geriatric Emergency Department Guidelines endorsed by the ACEP Board of Directors which form the basis of the ACEP Geriatric ED Accreditation program. However, Dr. Shah’s merit for the ACEP Contribution in EMS Award extends far beyond academia – he is truly a catalyst fueling the growth of EMS nationally. In addition to numerous leadership roles within ACEP, the Society for Academic Emergency Medicine, the National Association of EMS Physicians and the National Association of Emergency Medical Technicians (NAEMT), Dr. Shah led the update of the Geriatric Education for EMS (GEMS) as a representative of both ACEP and NAEMT. As a researcher, research-mentor, and clinical champion, Dr. Shah exemplifies the attributes of an exemplary nominee for the EMS Award.
Don Malady – Outstanding Contribution in Education (https://www.acep.org/About-Us/Award-for-Outstanding-Contribution-in-Education/#sm.0002hvw6y11hpd1tqfm23c76u8qaf)

Dr. Malady is nominated by the American College of Emergency Physician’s (ACEP) Geriatric Emergency Medicine Section for the Outstanding Contribution in Education Award in recognition of his outstanding and ongoing accomplishments on behalf of our Section, the International Federation for Emergency Medicine, the Canadian Association of Emergency Physician’s (CAEP) Geriatric Interest Group, and the Society for Academic Emergency Medicine’s (SAEM) Academy for Geriatric Emergency Medicine (AGEM). As a University of Toronto emergency physician and geriatric emergency medicine fellowship director, Dr. Malady is a self-motivated and extremely talented medical educator, and sagacious leader. Six years ago he envisioned a website to provide residents and faculty with asynchronous, continuing medical education credit-worthy geriatric emergency medicine modules. The idea was much overdue and quite innovative, but seemingly overwhelming for a clinician-educator without substantial funding. However, within 6-months Don had launched “Geri-EM” (http://geri-em.com/), a free and interactive set of common geriatric ED cases that include cognitive impairment, functional assessment, polypharmacy, falls, and palliative care. The modules contain actual cases with videos and decision trees that pull learners as close to reality as an online resource can. The website interactivity is extraordinary and has been recognized worldwide, including by the International Consortium for Emergency Geriatrics (http://www.iceg.info/), which Don also helped to organize. However, the most compelling attribute of the website is the evidence-basis upon which the scenarios and management recommendations derive. Don’s vision is a tangible manifestation of 21st Century medical educator’s focus on knowledge translation, providing a compelling example for mentors and policy-makers to follow in coming decades. His illustrious educator portfolio have already been recognized by numerous local, regional, and national awards, including the Fred Fallis Award in Online Learning in 2013 and the Peter McCracken Physician Innovator in Education Award in 2015.

Dr. Malady would be a compelling nominee for the Outstanding Contribution in Education Award based upon the website alone, but his accruing course development accomplishments add further credibility to his nomination. In 2014, he organized the Canadian Association of Emergency Physicians’ first “Geriatric Emergency Medicine Interest Group” and held their inaugural meeting in Ottawa. In addition, in 2014 he also joined a John A. Hartford “Change Agents” funded effort led by ACEP and SAEM to bring the Geri-EM content to entire healthcare systems across the United States and Canada. This geriatric emergency medicine educational outreach has been labeled the “Geriatric ED Boot Camp” and consists of a flexible, end-user defined one-day curricula for physicians, physician extenders, nurses, technicians, outpatient providers, patients, and hospital administrators. The project culminates in a geriatric-specific quality improvement project derived from the 2014 ACEP/AGS/SAEM Geriatric Emergency Department guidelines as reported in ACEP Now
Thus far, Geriatric ED Boot Camps occurred in has been conducted in Pittsburgh, Milwaukee, San Diego, New York City, Chicago (twice), North Carolina, and Atlanta. Recognizing distinctions between the United States healthcare systems and Canadian systems, Dr. Melady transformed this idea into a Canadian “Senior Friendly Emergency Department Day”, which have occurred in Toronto, Winnipeg, and Vancouver. Amongst multiple pre-eminent emergency medicine educators, workshop attendees consistently provide Dr. Malady with the highest praise for his energy and devotion to innovative medical education. Indeed, his passion to teach and eternal optimism are contagious. Despite Dr. Melady’s prior accomplishments and obvious educational expertise, he always seeks feedback from others about alternative approaches and ancillary resources. He thereby exhibits the attributes of an ideal clinical instructor: integrity, inquisitiveness, and collegiality. The John A. Hartford Foundation and West Health Foundation provided an additional three-years funding for the Boot Camp concept for 2015-2017, in no small part due to Dr. Melady’s contributions. He also serves on the ACEP Board of Governor’s for the recently launched Geriatric Emergency Department Accreditation process. Dr. Melady has continued to expand his curricular development repertoire. In 2017, he launched https://geriatric-ed.com/ in order to provide hospital nurse, physician, and administrative leaders with the resources needed to initiate positive change for older adult emergency care. In addition, he developed and led a 5-day multi-pronged effort in Australia called Integrated Emergency Care for Older Persons. This workshop consisted of a round-table with governmental healthcare officials and payers on one day, emergency nurses and physicians on another two days, and the range of medical personnel who care for aging adults during times of emergency from the pre-hospital setting to home recovery on two other days. He also founded the International Federation of Emergency Medicine’s (IFEM) Geriatric Special Interest Group for which he led the development of minimal international standards for the care of older people in emergency departments, as well as organizing geriatric-specific educational sessions at the last few IFEM meetings. Dr. Melady’s reputation as course director charged with identifying the teaching staff, content, and course evaluation materials is truly one of global excellence and a jewel for ACEP. In addition, he served as Associate Editor for a Geriatric Emergency Medicine textbook with two past recipients of this ACEP Award (Peter Rosen and Amal Mattu) and has published ten peer-reviewed manuscripts exploring various facets of his curriculum. Dr. Melady’s educational innovation and internationally recognized expertise would be sufficient to merit nomination for this award, but there is more to him than these accomplishments. His innate passion to educate and commitment to geriatrics will facilitate communication of complex concepts to learners at all stages of their careers across specialties for years to come. This persona richly deserves recognition that he will never call upon himself.
Lowell Gerson – Honorary Membership Award (https://www.acep.org/About-Us/Honorary-Membership-Award/#sm.0002hvw6y11hpdtqfmyc76u8qaf)

Dr. Gerson is a sociologist living in retirement in Florida after a distinguished career as an epidemiologist in Ohio. As Northeastern Ohio Universities College of Medicine Professor Emeritus of Family & Community Medicine, as well as Epidemiology, Dr. Gerson served as the earliest emergency medicine thought-leader to recognize the crucial importance of formulating an educational, research, and clinical approach to aging baby-boomers in 1991. He led the Society for Academic Emergency Medicine Geriatric Emergency Medicine (SAEM) Task Force in 1998, but had served as the longest standing member of that group and defacto leader since the early 1990’s. To state that the current American College of Emergency Physician’s (ACEP) endorsement of Geriatric Emergency Department Guidelines and subsequent accreditation process germinated from Dr. Gerson’s observations and mentorship three decades ago is not an understatement. He served as the non-clinician sounding board for ACEP members with interest in adapting emergency care models for frail older adults, providing essential guidance on priorities efforts as well as soliciting funding opportunities like the Jahnigen Career Development Award for junior clinical researchers. Dr. Gerson’s solicitation efforts included presentations to ACEP and SAEM for partial grant support of these organizations for funded scholars, as well as maintaining a stream of communication between the American Geriatrics Society and these emergency medicine organizations. The Jahnigen grant eventually morphed into the GEMSSTAR grant and has catalyzed both the evidence-base and the exemplary geriatric emergency medicine leadership that exists in 2018 (http://onlinelibrary.wiley.com/doi/10.1111/acem.13396/abstract). Dr. Gerson has published 82 manuscripts, largely focused on the science of older adult emergency care, including 10 manuscripts in Annals of Emergency Medicine. In addition, he has provided emergency medicine insights through the prism of epidemiology and public health via multiple other roles including the Ohio Center for Emergency Assistance in the 1980’s, the Medicaid Technical Assistance and Policy Program Committee in the 1990’s, as well as a Robert Woods Johnson Policy Program reviewer and on the editorial board of Geriatric Emergency Medicine Reports two decades ago. In fact, Dr. Gerson’s contributions to emergency medicine are so well respected within emergency medicine that SAEM’s Academy of Geriatric Emergency Medicine’s highest award is partially named for him: the Gerson-Sanders Award (http://www.saem.org/agem/grants-awards/agem-awards/gerson-sanders-award/previous-award-winners). As a non-clinician, Dr. Gerson has not been eligible for ACEP membership or committees, but his career’s work exemplifies outstanding service to the specialty of emergency medicine as an early innovator in geriatric emergency medicine – a focus that has blossomed within ACEP over the last decade, an inspiration for dozens of contemporary clinicians, educators, and researchers, and an organizational consensus-builder who laid the groundwork for the multi-organizational team-based approach to older adult emergency care.
Geriatric ED Accreditation Trackboard:

138 Geriatric EDs in the country
11 hospitals applying to ACEP for GED Accreditation
6 of Level 1 GED Accreditation
0 of Level 2 GED Accreditation
5 of Level 3 GED Accreditation