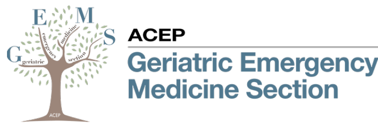


Geriatric Emergency Medicine Section Meeting Minutes
April 17, 2023

Participants: Maura Kennedy, MD; FACEP; Kevin Biese, MD, MAT, FACEP; Luna Ragsdale, MD, FACEP; Lauren Southerland, MD, FACEP; Danya Khoujah, MBBS, MEHP, FACEP; Rachel Skains, MD, MSPH; Sarra Keene, MD; Leah Steckler, MD; Nicole Tidwell; Amber Hartman, Bonita Marek

1) ACEP23 Function Order Discussion

- GEMS Meeting requested for 10/11/23 @ 1:00 pm.

2) Open discussion to engage GEM Section

➢ Moving forward discussions will be more relevant to the group that cultivates conversations. The hope is to engage more useful resources from GEMS memberships.

March discussion included these two important questions:

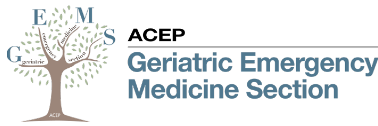
A. Tufts Medical Center asked - How are hospitals engaging with staff about their geriatric screening? Especially with the turnover of nurses that happened during COVID and burn out challenges that we all are facing.

B. What are other hospitals protocols to address boarding in the ED for geriatric patients? What policies are in place to limit prolonged boarding for those most are risk of harm? Accelerated admission? dedicated webinar on boarding? Administration oriented?

- Rachel Skains stated their hospital implements specific protocols to address boarding of geriatric patients.
  - Have geriatric nurses' re-round on boarded patients – Instead of seeing new patients immediately or doing 24/48-hour callbacks. They rounded on all the geriatric patients that had been boarding overnight waiting on beds.
  - Nurses have a 4-hour mobility protocol to get the patients up and to document it.
  - Cognitive protocols were implemented. Their "Help Program" uses volunteers in the ED to engage with geriatric patients.
  - QI monitoring that implements re-education if the goal is not met for mobility metrics. Data comes from documentation, ED dashboard and monthly QI monitoring.

C. What do are the gems nurses doing in their reevaluation? – Reassessing for delirium or making recommendations of care while in the ED?
  - If the patient has been seen the day prior, call back and follow up on initial interventions and plans from initial assessments are followed. The nurses connect with their inpatient team if they need anything further in the ED while waiting on an inpatient bed.
  - If the patient is being seen for the first time, nurses complete the full hour geriatric comprehensive assessment – activities of daily living, elder abuse, BCAM, SIS.
  - Nurses are in a graduate program to become CRNP and complete a two month intensive training to become a geriatric nurse. The training consists of spending time with social workers, physical therapists, occupational therapists understanding their resources.

D. How is the program paid for?
  - Highlands hospital paid for it when they persuade a Level 1 geriatric accreditation.



- Every unit, including surgical units do their geriatric assessment as part of their age friendly health care system. The same geriatric measures are collected in a dashboard that tracks the metrics i.e., dementia screening, delirium screening, etc.
- Rachel meets with her geriatric team monthly but as a whole they meet quarterly.
- In addition to geriatric nurses' regular nurses are being trained in duality to train on delirium assessments.
- There are two to three geriatric nurses on call and their job is to complete these assessments if a geriatric patient is flagged.

- Maura requested Rachel be featured in the newsletter and speak in the webinar.
- Kevin requested Rachel speak in a blog post or podcast (Gemcast) or be presented in JGEM article.

- Lauren Southerland with the Ohio State University Wexner Medical Center stated that they just hired a geriatric nurse practitioner for geriatric patients.
  - They received funding to start a curriculum for undergraduates in the ED to work with boarded patients.
  - They have 30 undergraduate students. They are assigned 10 falls patient assessment.
  - They are learning how to help patients stand up and mobility.
  - Will check data if any falls have occurred.

E. Is the geriatric NP that got hired specifically for forwarded patients or for your whole ED and what is their role?
  - They extension of our inpatient charity consult service and will see inpatients.
  - The goal is to do full comprehensive geometric assessment on 8-10 patients a day and to streamline the process. They do see 20-40 patients a day. They will pick people who are possible discharges or going to observations.
  - They will complete a mini cognition test and not the full cognition test.

- Maura stated that change within her ED for boarding is challenging.
  - A large sum of data is being collected from partner sites to see if there is age related increased risk for prolonged boarding and adverse outcomes.
  - Data being collected for the synergy between age, boarding time and length of stay. Change within her hospital is hard without data.
  - Nurse shortages, workloads and ED's capacity are big factors.

F. Luna presented a question: What happens to the patients that don't meet outpatient criteria?
  - This question is directed for patients needing custodial care, skilled care or have behavioral disturbances.
  - Maura stated - Financial circumstances are a big factor for long-term care. If someone does not have a guardian those patients are admitted to medicine.
  - If the patient does need the inpatient criteria, do they get a 3-day hospital credit.
  - Sarra stated - Patients who need custodial care usually get admitted due to the long processing time and patients who need skilled care go to their observation unit.

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- Kevin stated – Boarding is not going away any time soon. His administration is having discussions but getting data from other hospitals on their protocols would be very productive. The only solution would be collecting data, proactive engagement, best practices and to advocate for our patients.
- "Buying back" their beds – Maryland established a huge fund which is used on patients challenged with being discharged. It covers the cost of assisted living, and the hospital will pay for housing. It's directed towards patients who can't go home but don't have the coverage. They pay for placement.

3) Outreach

- Reach out to other GEMS members to encourage them to submit meeting topics.

Links:

- Geriatric EM Section Discussion Topics
- Geri EM Literature: What I'm reading!
  1.

4) Proposed Structural Measure for Geriatric Hospital Care

- The measure is 14 attestation-based questions across 8 domains for optimal care admitted to the hospital or being evaluated in the emergency department.
- Hospitals will receive an increased payment if they meet the structural measure addressing optimal geriatric care.
- VA would not benefit from the measure due to its specific patient population.

5) ACEP GEMS Leadership Meeting

- Boarding and prolonged lengths of stay should be a webinar.
- Maura can collect literature for the potential webinar for Lana to host.
- Danya presented an opportunity to where we can bring an associate/colleague to attend the GEMS meeting once, coined "Bring a Friend". They would need to be eligible.
- June webinar - EM physician who now works for Alzheimer's Association (Rade Vukmir) and the other an EM physician who now works for AARP (Charlotte Yeh) – The topic could be their personal progression from emergency medicine physicians to becoming a geriatric advocate.]
- August webinar – Boarding discussion
- Amber will complete the CMEs for the potential webinars.
- Newsletter – Updates on GEMS and GEDA memberships. Danya questioned if the newsletter can be made public.
- Mentioning ACEP in Twitter and Instagram are great platforms to utilize.
- Amber and Danya can work together on social media platforms.

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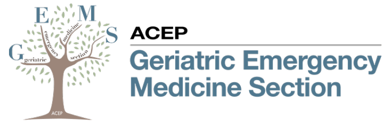
Month	**Meeting Focus**	**Notes**
May 15	Solicit new Q's concerns	AGS May 4-6 SAEM May 16-19
June 12	Webinar Planning TBD ideas: • From EM to Advocacy. • AMDA work; behavioral problems with dementia. • Nursing faculty to ED regarding falls. • Geriatric Advocacy Webinar	ICEM June 11-16
July 17	ACEP23 Section Meeting Planning • Agenda (similar to ACEP22?) • Boxing match topics? CT in delirium - three recent meta-analysis published on delirium and head CTs with very different 'bottom lines' – over ordering of CT's, 15% yield. • Admission for syncope if initial EKg and labs are reassuring, but they live alone? • Weight loss in the older adult without other localizing signs. Pan scan for cancer or no? • TIA on a Saturday- admit for echo and MRI or arrange outpatient?	AHA July 16-18 Seattle
August 21	Planning in -person GEMS mtg, potential boarding webinar at noon EST	
September 18		CME Requirements due Sept. 8, 2023 ENA Sept 21-24
October TBD	Geriatric conference, in -person GEMS mtg	ACEP23 Oct 9-12 Philly

6) Next GEMS Meeting

- May 15, 2023, 11:00am – 12:00pm CST



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