



2021 Virtual Series Forum on Aging in Rural Oregon

Welcome

Thank You Partners!

Greater Oregon Behavioral Health, Inc.

Central Oregon Health Council

Older Adult Behavioral Health Initiative

The background of the slide is a scenic photograph of a rural Oregon landscape. It shows a calm river or lake in the foreground, reflecting the sky and the surrounding greenery. The middle ground is filled with lush green bushes and trees along the water's edge. In the background, there are rolling hills and mountains under a clear blue sky with a few wispy clouds. The overall scene is peaceful and natural.

2021 Virtual Series Forum on Aging in Rural Oregon

Disclosures

- Dr. Crystal Bowman does not have any conflicts to disclose.

2021 Virtual Series Forum on Aging in Rural Oregon

- Audio  and video  are muted for all attendees.
- Select  to populate the  feature to your right. Please ask session questions using the Q&A featured and use the Chat function for everything else.
- Presentation slides and recordings will be posted shortly after the session at:
<https://www.ohsu.edu/oregon-office-of-rural-health/forum-aging-rural-oregon>.
- If you'd like the CEU for this session, please complete the survey.



2021 Virtual Series

Forum on

Aging in Rural Oregon

Presents,

Providing Specialized, Emergency Care to the Aging Population in Rural Oregon Through Geriatric Emergency Department Accreditation

Speaker:

Dr. Crystal Bowman, Ph.D, RN, MSN-Ed., CHSE, CNE | Oregon Coast Community College



Bronze - Level 3

Providing Specialized, Emergency Care to the Aging Population in Rural Oregon Through Geriatric Emergency Department Accreditation

DR. CRYSTAL BOWMAN, PH.D, RN,
MSN-ED., CHSE, CNE. CNE-CL

Introductions

Dr. Crystal Bowman, Ph.D., RN, MSN-Ed., CHSE, CNE, CNE-Cl

- Director of Nursing & Allied Health at Oregon Coast Community College
- Former hospital educator at Samaritan North Lincoln Hospital
- Clinical background: ED in Sun City, AZ, ICU

Disclaimer

- I am no longer employed with Samaritan North Lincoln Hospital
- This presentation is based upon important work that Rick Rhoton, former Emergency Department Manager and I completed
- I did not “reinvent the wheel” with this presentation – instead, I utilized valuable resources
 - <https://www.acep.org/globalassets/sites/geda/documnets/geda-criteria.pdf>
 - <https://www.acep.org/globalassets/sites/geda/documnets/geda-guidelines.pdf>

Additional Important Stakeholders

Dr. Lesley Ogden

- CEO, Samaritan North Lincoln Hospital & Samaritan Pacific Communities Hospital

Dr. Erling Oksenholt

- Provider Sponsor
- Specialization in caring for the older adult

Dr. Steve Andescavage

- Samaritan North Lincoln Emergency Department Medical Director

Casi Lamp, BSN, RN

- Manager, Samaritan North Lincoln Emergency Department



To provide information related to the importance of Geriatric Emergency Department Accreditation to patients, the hospital and the community



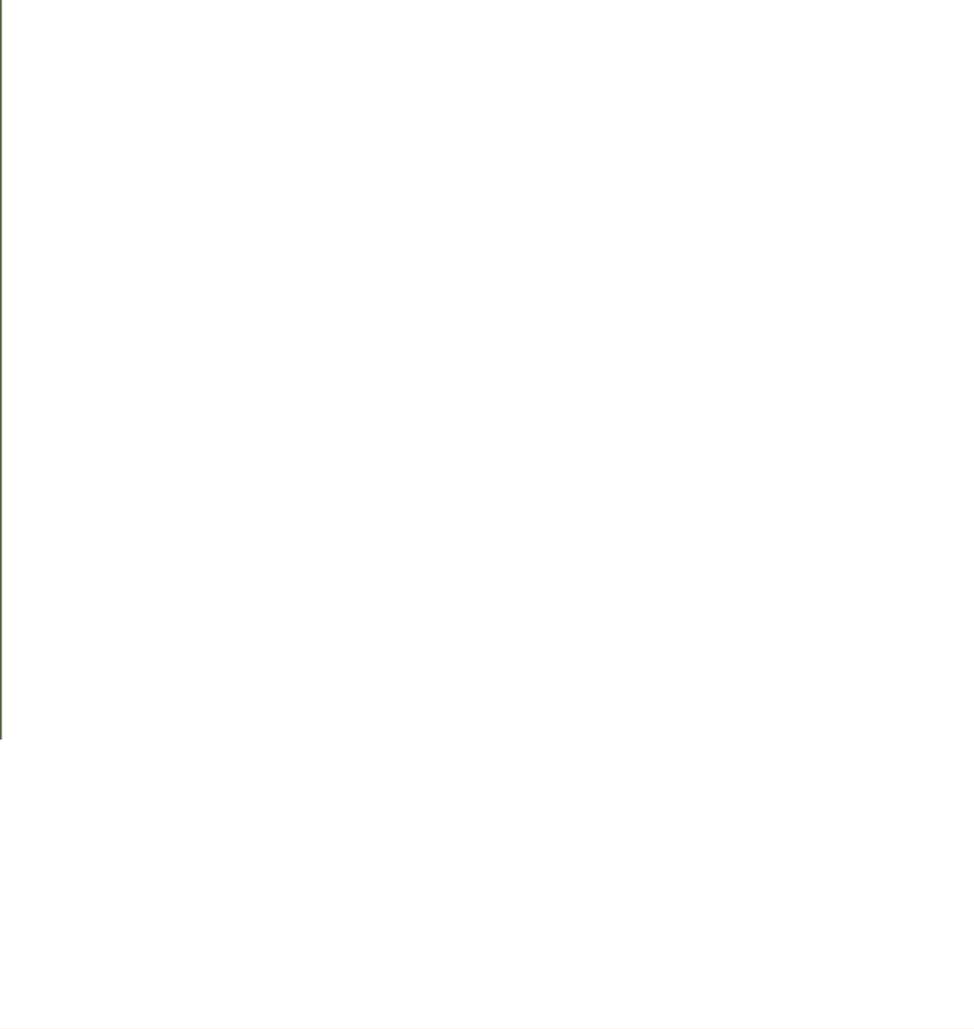
To familiarize participants with the three specific levels of Geriatric Emergency Department Accreditation



To introduce and discuss the requirements and processes related to Level 3 Geriatric Emergency Department Accreditation.

Objectives

Statistical Data



According to the State's Office of Economic Analysis:

- **POPULATIONS AROUND THE WORLD are now LIVING LONGER THAN EVER BEFORE.**
- **IN THE US IT IS ESTIMATED THAT 10,000 Baby Boomers are TURNING 65 EVERY DAY.**
- **ABOUT 1.5 MILLION OF THE STATE'S RESIDENTS are 50 OR OLDER, THAT EQUATES TO NEARLY 37 PERCENT OF PEOPLE LIVING IN THE STATE OF Oregon.**
- The number of Oregonians age 65+ will swell to over 1 million by 2030, with seniors comprising 21 percent of the population.

Seniors make CONTACT WITH THE HEALTH CARE SYSTEM AT MANY POINTS – PERHAPS NONE AS FREQUENTLY OR AS IMPORTANTLY AS THE EMERGENCY DEPARTMENT.

ACCORDING TO THE UNITED STATES CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HEALTH STATISTICS

- **From 2014-2017: The emergency department visit rate was 43 visits per 100 persons aged 60 years and older**
 - **Increased with age, from 34 to 86 visits per 100 persons aged 60 to 69 years and 90 years and older, respectively.**
- **About 7% of the emergency department visits were made by nursing home residents**
 - **This percentage increased with age, from 2 to 24 percent among those aged 60 to 69 years and 90 years and older, respectively.**
- **Approximately 30% of patients who visited the emergency department arrived by ambulance**
 - **This percentage also increased with age**
 - **The percentage of emergency department visits due to unintentional falls increased with age.**
- **23% percent of emergency department visits resulted in a hospital admission, with the percentage increasing with age**

Why focus on
Geriatric
Emergency
Department
Accreditation?

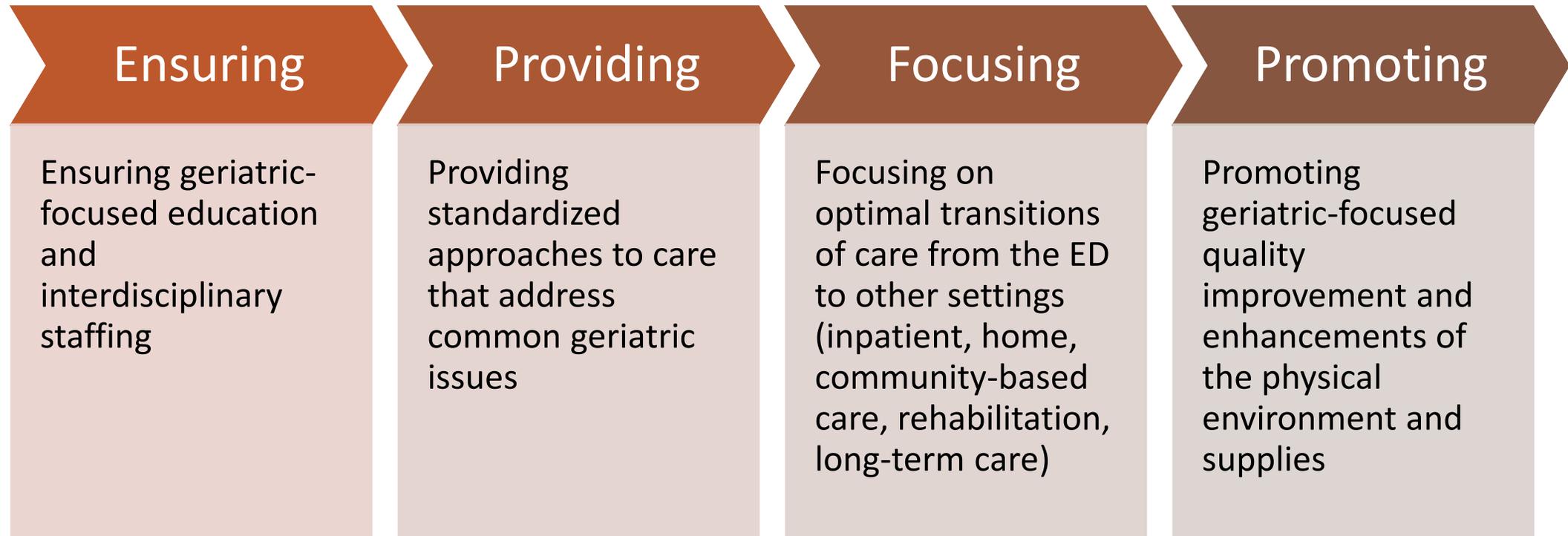
The Geriatric Emergency Department (ED)

The concept of a geriatric emergency department has developed in the past decade as hospitals recognize that one size does not fit all when it comes to care provided in the ED.

Older people in the ED have presentations, needs, dispositions, and outcomes that are very specific.

A geriatric ED may be either a separate space designated for older adults, or more likely, the integration of best practices for older adults into an existing ED.

Geriatric Emergency Departments Address a Variety of Best Practices





What is the Importance of Receiving Geriatric Emergency Department Accreditation (GEDA)

- **IMPROVES THE CARE PROVIDED TO OLDER ADULTS**
- **ENSURES THE RESOURCES TO PROVIDE THAT CARE ARE AVAILABLE**
- **SIGNALS TO THE PUBLIC THAT YOUR INSTITUTION IS FOCUSED ON THE HIGHEST STANDARDS OF CARE FOR YOUR COMMUNITY'S OLDER CITIZENS.**

Four national geriatric and emergency medicine organizations collaboratively developed and endorsed geriatric ED guidelines that outline recommendations for optimal geriatric emergency care.



Geriatric Emergency Department Accreditation (GEDA) can provide value to patients (the community) and hospitals.

What is the value of GEDA to patients?

Provides a clearly defined set of measurable criteria, standardized to improve quality of emergency care for older adults.

Patients and families can make more informed decisions when choosing a facility for care by searching for identified accredited GEDs.

Patients will be protected from misleading marketing claims.

There will be greater transparency regarding services provided in an emergency department

Screening for geriatric syndromes improves the quality of life for older adults who otherwise might not receive such screening.

Enhancements in policies, protocols, procedures, personnel, and equipment will improve health care delivery for older adults.

Improving care for older adults will improve care for all patients. Complexity of care is not just age-based and additional resources can also be utilized for younger patients with multiple needs.

What is the value of GEDA to hospitals?

- The structure of the program is feasible in large and in small hospitals, permitting hospitals and hospital systems to improve care and attain accreditation.
- Cost for converting a standard treatment room to a geriatric room is about \$1,500, making it affordable to all facilities.
- The program is flexible and designed to meet the needs of the community. In addition, by sharing innovations between accredited hospitals, institutions can choose to adopt those that are pertinent to their population.
- Geriatric EDs, when studied, have a lower admission rate, and a lower readmission rate to acute care hospitals and nursing homes. This not only reduces cost, but prevents hospital-acquired infections and reduces unnecessary procedures such as urinary catheters

Considerations prior to beginning the accreditation process

A key first step preceding accreditation is to distinguish higher and lower priorities based on general availability and anticipated patient-centric value.

Establishing distinctions between sites that exhibit the highest level of senior friendly care and other levels is also important.

A working group of six ACEP Geriatric Emergency Medicine Section members identified by the ACEP President developed specific priorities and leveling recommendations over a series of meetings between November and December 2016.

These criteria relate to minimum standards across THREE specific levels of accreditation

Criteria for any level of GEDA are comprised of seven specific categories



STAFFING



EDUCATION



POLICIES/PROTOCOLS,
GUIDELINES AND
PROCEDURES



QUALITY
IMPROVEMENT



OUTCOME MEASURES



EQUIPMENT AND
SUPPLIES



PHYSICAL
ENVIRONMENT

Level One (Highest Level)

Accreditation supports sites with, policies, guidelines, procedures, and staff providing a coherent system of care targeting and measuring specific ED outcomes for older adults

Policies, guidelines, procedures and staff involvement must elevate ED operations and transitions of care both to and from the ED

All policies, guidelines, and procedures are coordinated for the improved care of older adults

Additionally identified physical plant enhancements targeted to improve older adult care exist.

Level Two

Accreditation supports sites that have integrated and sustained older adult care initiatives into daily operations.

They demonstrate interdisciplinary cooperation for delivery of senior-friendly services

Have an established supervisor or director coordinating staff tasked with the daily performance of these services.

Level 3 (Awarded to SNLH)

Accreditation signifies excellence in older adult care as represented by one or more geriatric-specific initiatives that are reasonably expected to elevate the level of elder care in one or more specific areas.

Specific personnel to implement these efforts are identified and trained.

A solid orange vertical bar is positioned on the left side of the slide, extending from the top to the bottom.

Level 3 GEDA Requirements & Process

Level Three: Represents a basic standard of care that every ED should provide and focuses on specific domains



STAFFING



EDUCATION



POLICIES/PROTOCOLS,
GUIDELINES AND
PROCEDURES



QUALITY
IMPROVEMENT



EQUIPMENT AND
SUPPLIES



PHYSICAL
ENVIRONMENT

Level 3 GEDA : Staffing



The institution must ensure the availability of at least one Emergency Medicine Boarded, MD/DO on staff who can provide evidence of some focused emergency department physician education specifically relevant to the provision of emergency care of older people



The institution must ensure availability of at least one Registered Nurse on staff who can provide evidence of some focused emergency nursing education specifically relevant to the provision of emergency care of older people

Level 3 GEDA: Education (Provider)

- An Emergency Medicine Boarded physician champion / medical director is required for all levels of Geriatric ED.
- This physician champion / medical director must demonstrate focused training in geriatric emergency medicine that provides added expertise in the emergency care of older adults and added ability to teach other physicians and advanced practice providers how to improve this care.
- This training requirement must be demonstrated through coursework:
 - 1) Focused on geriatric specific syndromes and concepts (e.g., atypical presentation of disease, changes with age, transitions of care) relevant to emergency medicine,
 - 2) Focused on clinical issues nearly exclusive to geriatric ED patients (e.g., end of life care, dementia, delirium, systems of care for older adults),
 - 3) Discussing issues common to all ED patients but focused on the unique factors found in older adults (e.g., trauma in older adults, cardiac arrest care for the geriatric patient.)

Level 3 GEDA: Education (Provider)

- For physician champion / medical directors applying to lead Level 3 Geriatric EDs, 4 hours of education are required for the initial certification and for each renewal.
- Appropriate education will relate to the eight domains of Geriatric EM as defined by Hogan et al.:
 - Atypical presentations of disease
 - Trauma including falls
 - Cognitive and Behavioral disorders
 - Emergency intervention modifications
 - Medication management/polypharmacy
 - Transitions of care
 - Effect of comorbid conditions/polymorbidity
 - End-of-life care

Level 3 GEDA: Education (RN)

- Education of nursing personnel about geriatric emergency care of older patients is critically important in a Geriatric ED.
- The department must document its nursing educational activity and submit the documentation for consideration. Some examples of education that may be approved include:
 - Geriatric Emergency Nursing Education (GENE) course from Emergency Nurses Association
<https://www.ena.org/education/education/GENE/Pages/default.aspx>
 - Emergency Department nursing modules from NICHE
<http://www.nicheprogram.org/knowledgecenter/webinars/archived-webinars/>
 - Locally developed nursing education modules

Level 3 GEDA: Policies/Protocols, Guidelines, Procedures

- Sites must provide evidence of at least one geriatric-specific emergency care initiative (e.g. elder mistreatment, cognitive impairment, or other policies/ protocols / procedures.)
- Protocols must specifically address the emergency care needs of older adults. These protocols or procedures should describe the process through which this care improvement activity takes place for older patients while in the ED and how it is tracked with regards to adherence and care (i.e., who does the process, on whom the process is done, and how the process is triggered, etc.)
- Sites submitting hospital-wide policies / protocols / procedures should provide detailed explanation for how these are applied to older adults and address ED specific issues

Level 3 GEDA: Examples of Potential Policies/Protocols, Guidelines, Procedures



A process for screening all older ED patients for delirium including staff training, tools to be used, strategies for follow up of positive screens, strategies for tracking adherence and quality improvement;



A process for identifying functional decline in all older ED patients including staff training, tools to be used, strategies for tracking adherence and quality improvement;



A process for assessing older ED patients who present with falls including staff training, tools/processes to be used, involvement of an interdisciplinary team, strategies for tracking adherence and quality improvement;



A process for improving transitions of care e.g. ensuring accurate information returns to primary care provider or long-term care or community services, including staff training, the tool to be used, strategies for tracking adherence and quality improvement;



A process for medication reconciliation for older ED patients; for reduced use of restraints for older ED patients; for pain management in older ED patients; for accessing palliative care services;

Level 3 GEDA: Quality Improvement



Level 3 GEDAs do not need an official Quality Improvement program from their Geriatric EDs, however, implementation tracking (including adherence and improvement) is required.



A description of how the ED is ensuring that the program instituted is implemented and adhered to is sufficient.



There is not an initial expectation for adherence to this to be 100%, but there must be a plan to track the implementation and an expectation of aiming towards continued improvement in adherence.

Level 3 GEDA: Equipment & Supplies

The site must demonstrate that there is access to mobility aids for 24/7 use in the ED

- 4-point walkers
- Canes

It is not enough to write a prescription or referral to obtain these resources, they must be able to be provided



Level 3 GEDA: Physical Environment

Easy access to nutritious food and beverages

- Access must be available 24 hours per day

Level 3 GEDA:
Outcome
Measures:
NOT Required
but are
Important to
Consider



SNLH Pathway to Level 3 GEDA



Writing the application



What documentation was submitted



What went well



What opportunities for improvement were discovered



What are the next steps?



What questions
do you have?

Contact Information

Dr. Crystal Bowman

- I would be happy to offer you any advice about the application journey, help you write an application if needed, or answer any questions
- Crystal.Bowman@oregoncoast.edu

Casi Lamp – Questions related to current status of SNLH's GEDA and/or future plans

- clamp@samhealth.org

Thank you for attending– it has been a pleasure presenting this today.