GEDA Application FAQs

For GEDA Level 1 and Level 2 Applications

- Other than physician and nurse champions, how much education is required for the other physicians and nurses?
  - o For Level 2 and Level 1 GEDA sites, it is expected that there will be a geriatric emergency medicine education program focused on the eight key domains identified in the application as well as geriatric syndromes for the nurses and physicians and advanced practice providers. There is no requirement for how the education is provided or minimum number of hours. However, the vast majority of nurses and physicians who work in the GED should participate in a GED education program that familiarizes them with these GED domains and geriatric syndromes. For example, some sites require all their clinicians to do 3/6 of the Geri EM Com modules (https://geri-em.com), and all the nurses to take ENA Introduction to Geriatrics course (https://www.ena.org/education/-in-category/categories/ena/education/geriatric#tags). Some sites have morning rounds dedicated to key topics and other sites create other innovative programs. For Level 1 and Level 2 GEDA sites, it is expected that you can share the % of physicians and nurses that have completed the educational program you describe.

- How is an excellent GED Quality Improvement Program structured?
  - a. A GED QI program should be comprised of identified individuals (physician leadership, nurse leadership, administration) meet regularly (often monthly), review key metrics from the GED data dashboard, and feed the findings of this GED QI team into the operations plans for the entire emergency department. Pre identified thresholds of performance are helpful to determine when interventions are needed to improve performance (for example, if your team determines that 70% of your over 65 population should receive ISAR and delirium screening, than you will know that if you are below this 70% threshold, intervention is needed.)

- Example GED Dashboards including rates of screening and GED outcome metrics
  - a. Examples are provided under "sample documents"
    https://www.acep.org/geda/sample-documents/

- GEDA requirements include 56 hours of Nurse Case Management or Social Work Coverage in the ED to help complex older adults. What are some of the ways that EDs, including smaller and rural EDs, are meeting this requirement?
  - • GEDA Level 1 and 2 requirements include*: The institution should provide an identified nurse case manager or transitional care nurse or equivalent who should be present in the ED for at least 56 hours/week of clinical coverage. This*

nurse case manager or social worker shall have responsibility for complex geriatric patient care and responsibility for geriatric patient capacity development/performance improvement within the ED. This policy is based on the understanding that EDs are open 24/7 and that social need support and smooth transitions of care are critical to delivering excellent acute care to older adults. Finally, it is the GEDA Board of Governor's experience that often case managers and social workers not based in the ED are unlikely to be proactive in helping care for ED patients.

Most GEDA Level 1 and 2 sites have met this criteria by hiring or training a Geriatric Emergency Nurse (GEM) who is assigned to do thorough screenings and care transitions work for patients identified as needing additional help (often through an ISAR or delirium or mobility screen by the triage or bedside nurse.). These GEM nurses (sometimes called GENEs or other titles) are the quarterbacks of the GED, responding to high need older adults (especially those who might not be admitted to the hospital) and helping the clinicians take optimal care of the patient while in the ED and arrange successful transitions and care plans for after ED discharge.

Some smaller and rural EDs have been able to hire or designate a GEM nurse 40 hours per week, but not 56 hours (often with a commitment from hospital leadership to hire an additional GEM nurse as soon as possible.). In these cases, the GEDA BOG requires the below for the application to be considered, and, even with these additional steps, reserves the right to request dedicated 56 hours GEM nurse coverage in the ED. These additional steps and needed explanation include

  i. List the exact responsibilities of the case manager/ social worker GEM leads and who is working when.
 ii. Describe exactly how the GEM leads are trained.
iii. If repurposing other nurses etc., how reduced will their patient burden be to allow them to do the GEM role?
 iv. We will ask for an update at 6 months or a year including some type of quantitative assessment (how many patents seen by ED RN acting as CM, etc.) of how the approach is working.

- What exactly is a patient advisor?
  - Think of this role as a patient advocate. She/he is invited to meetings and gives valuable insight on the patient perspective. She/he could have been a patient in the Emergency Department and gives feedback on how patients may interpret processes and what modifications the ED should strive to make that would give your patients the best experience. She/he balances the dialogue by giving the group a patient perception.

For GEDA Level 3 Applications
- What level of implementation tracking is required for the policy/ process/ or procedure that is implemented in our Geriatric ED?
  - Though Level 3s do not need an official QI program from their Geriatric EDs, it is required that they track the implementation, including adherence and improvement. Applicants will be asked to describe how they are ensuring that the program they have instituted is implemented and adhered to. The GEDA BOG does not expect adherence to be 100%, especially at first, but does expect that

there is a plan to track the implementation and an expectation of aiming towards continued improvement in adherence. (For example, monthly chart review of modest number of random charts, or EHR data tracking of patients of interest, etc. It should be clearly explained who is expected to receive the intervention - denominator- and how you will know if the intervention was done - numerator.)