



COURSE DESCRIPTIONS

Geriatric

ROI in Geriatric Emergency Departments: It's more than just money

Faculty: Maura Kennedy, MD; Ula Hwang, MD, FACEP; Lauren Cameron Comasco, MD, FACEP; Katren Tyler, MD; Sarah Healey Herod, MPH; Aaron Malsch, RN, MSN, GCNS-BC; Todd Parker, MD, FACEP; Jon Zifferblatt, MD; Kevin Biese, MD, MAT, FACEP; Stephen Meldon, MD, FACEP; Anita Chary, MD

Curious about the return on investment from accredited geriatric emergency departments? Want to learn more about potential key impact areas? “ROI in Geriatric Emergency Departments: It's more than just money” explores the measurable key impact areas of hospitals, systems, patients and more. Join us on October 9, 2023, to hear these impressive results and learn actionable information for these questions and more.

- Describe how geriatric emergency care interventions impact hospital admissions, hospital length of stay and costs of care
- Describe how GEDs can improve the patient experience
- Examine the impact of geriatric emergency departments on the ED, hospital and system level. Identify how ED based programs relate to system-level value based care initiatives

Geriatric

Brittle and Broken: Geriatric Trauma Pearls and Pitfalls

Faculty: Kevin Biese, MD, MAT, FACEP

Older adults will make up an even greater percent of ED patients in the coming decades. Unfortunately they are both more prone to injuries, and can be more challenging to diagnose and manage. The physiologic changes that occur with aging that contribute to frailty and reduced physiologic reserve will be reviewed, and tied into practical pearls for diagnosis and treatment of older adults particularly with head injuries, rib fractures, hip fractures, and trauma in the anticoagulated patient.

- Explain the physiology behind frailty and falls in older adults.
- Discuss the morbidity and mortality associated with common injuries seen in the ED
- Provide specific pearls and practical advice in the management of head injuries, rib fractures, hip fractures, and trauma in anticoagulated patients.



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Elder Abuse in the ED

Faculty: Christina L. Shenvi, MD, PhD, FACEP

Elder abuse, mistreatment, and neglect can be difficult to detect, and even hard to know how to manage. As with children, older, frail adults are at higher risk for occult abuse and neglect. But unlike children, they less often have pathognomonic findings on imaging or exam. This session will explain the ways that elder abuse can manifest, how to identify it in the ED, and what the options are to care for the patient.

- Explain the ways that elder abuse and neglect may present in the ED.
- Provide practical tips for how to identify elder abuse and self-neglect
- Describe a systematic approach for what to do when you do identify elder abuse.

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Geriatric ED Accreditation: Is it for You?

Faculty: Kevin Biese, MD, MAT, FACEP

The care of older patients is often more time-consuming and complex than younger patients. As the population ages, we can expect older adults will make up 25% of all ED visits by 2030. ACEP now offers accreditation as a geriatric ED at three levels. This talk will explain why geriatric accreditation is a good idea for your ED, your hospital system, and your patients. We will also present the nuts and bolts of how to obtain accreditation at the three levels. If you are a medical director, ED leader, are interested in becoming a champion of geriatric care in your ED, or are curious about becoming a geriatric ED, this talk will provide you with inspiration and practical next steps.

- Explain what geriatric accreditation is, and why it matters
- Present a value proposition for why accreditation as a geriatric ED can benefit your emergency physicians, hospitals, and patients
- Provide a detailed road-map to obtain accreditation.



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Optimizing the Management of Agitation in Persons With Dementia

Faculty: Maura Kennedy, MD, MPH, FACEP

Agitation is common in older emergency department patients and can be challenging to manage. While it may be the presenting symptom of delirium, agitation may also be a means of communication for persons living with dementia. Additionally, dementia-related agitation is associated with higher rates of ED visits and caregiver burden. This didactic will provide a framework for understanding agitation in patients with advanced dementia and discuss non-pharmacologic and pharmacologic strategies for agitation management in this population.

- Distinguish between hyperactive delirium and dementia-related agitation in older ED patients
- Apply the conceptual framework that agitation is a form of communication to better identify and address the causes of agitation in patients with advanced dementia
- Summarize non-pharmacologic strategies for managing agitation in patients with advanced dementia and dose modifications for antipsychotics and sedatives in geriatric patients

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Practical Tips in Geriatric Pharmacology

Faculty: Bryan D. Hayes, PharmD, FAACT, FASHP

Geriatric patients account for a growing percentage of Emergency Department visits, and present unique circumstances for medication management. Here, we review the physiologic differences between geriatric patients and other adults and how that leads to differences in medication effects. We will focus on discussing practical tips to utilize on your next shift when managing geriatric patients with polypharmacy, pain, and agitation.

- Review differences in physiology between geriatric patients and other adults specifically in the metabolism of pharmacologic agents
- Understand pain management strategies, pearls and pitfalls in geriatric patients
- Discuss the approach to identification and management of polypharmacy in geriatric patients

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Sending Grandpa Home: Safe Discharges for Older Adults

Faculty: Danya Khoujah, MBBS, MEHP

A commonly held misconception is that admission is a safer disposition for older adults. However, in many patients, discharge is a safer alternative if approached correctly. This lecture explores the misconceptions behind disposition decisions, specifically selecting patients appropriate for discharge. Several tools to identify patients safe for discharge are identified. In addition, various high-yield practical changes that can be implemented on an individual and departmental levels to improve outcomes and improve the patients' and caregivers' experience upon discharge are discussed.

- List the risks and benefits of discharging older adults from the ED
- List some screening tools to identify high-risk older patients on discharge
- List some interventions that can improve outcomes in older adults discharged from the ED

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What's New About Being Old: Latest Literature in Geriatric Emergency Medicine

Faculty: Maura Kennedy, MD, MPH, FACEP

We are amid a massive demographic shift driven by the aging of the Baby Boomer population. The number of individuals over the age of 65 has increased by one-third over the past decade and individuals over the age of 85 are the fastest growing demographic in the US. Older adults present to the emergency department with unique medical conditions, have differential side effects and pharmacokinetic responses to medications, have different risk/benefit profiles to emergency interventions, and are susceptible to significant harm from prolonged ED evaluation and/or hospitalization. This didactic will present the latest research in the field of geriatric emergency medicine to optimize the care you provide to older adults.

- Identify simple interventions that can be implemented to improve the patient care experience in the emergency department.
- Apply the framework of frailty to improve prognostication of patient outcomes
- Summarize the latest research on geriatric emergency departments and geriatric emergency care innovations