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 **GEMS Meeting Minutes**

August 15, 2022, 11:00 CST/ 12:00 EST / 10:00 PST

Participants: Lauren Southerland, MD, FACEP; Luna Ragsdale, MD, FACEP; Rachel Skains, MD; Maura Kennedy, MD; Phil Magidson, MD, FACEP Danya Khoujah, MBBS, MEHP; Nicole Tidwell, Bonita Marek.

* **Geriatric Webinars:**
1. GEMS/patient safety webinar: Sept 19th at 2:30. (No CME)
	* 30 minutes led by Katie Buck for the Patient Safety Committee.
	* **Objective**: Discuss low-cost interventions and how they affect patient safety:
	* Publish systematic reviews on best practices and what other places are doing
* ACEP22 Dates, (September 30- October 3) **San Francisco:**
1. GEDA Live Pre-conference; *Transforming Tricky Transitions: Optimizing care transitions for older patients in your emergency department* – Friday Sept 30, 10:30 -2:00 PST
2. GEDA BoG Meeting- Saturday October 1, noon-2:00 PST
3. GEMS Meeting- Sunday, October 2- 12:30 pm - 2:00 pm
* **ACEP22 GEMS Business Meeting:**
* Lauren will introduce Maura, her successor, and associates to the team.
* Provide geriatric accreditation growth and accomplishments – visual aids, numbers, publications, highlights such as- <https://www.sandiegouniontribune.com/caregiver/news-for-caregivers/story/2022-08-14/san-diego-becomes-first-county-in-nation-to-have-all-hospitals-earn-geriatric-er-accreditation>
* Tony Rosen will present on GEDA policies and procedures updates
* Move Kevin Biese update to be with Tony Rosen’s update
* Shan and Phil will provide Council updates
* Epic Sponsor – can help build a geriatric layout module (Lauren has been in a discussion with Pawan Goyal and sent him a proposal plan).
	+ Epic will have a 15-minute sponsor presentation.
* Not a lot of feedback from last year’s group survey.
* Geriatric Boxing Match- 3 cases to be presented.
* Debaters: Phil Magidson, MD; Rachel Skains, MD; Shan Liu, MD; Kyle Burton, MD (will send video); Angel Lei, MD. Cameron Gettel, MD; Need one additional debater
* **Case 1: Rib Fractures**: Kyle and Angel’s case:

You are working in a community ED that is not a trauma center. Your patient is a 72 year old who fell. After a thorough trauma evaluation, you find 2 rib fractures, visible on chest XR.  No hypoxia or hypotension.

Q: Do you transfer the patient to the nearest trauma center or admit to your non-trauma center hospital?

Kyle to argue ‘transfer the patient to the nearest trauma center’.

* **Case 2: Orthostatic Hypotension**: Should head CT include a c-spine scan ?

Q: Do you screen for delirium and cognitive impairment prior to discharge?

* **Case 3: Stopping Controversial Medications:** Need two presenters for the START and STOPP case: The questions are:

Q: Should your ED screen older adults for cognitive impairment prior to discharge?

Should you stop anticoagulation medications from the ED after a patient with atrial fibrillation has a fall? [specific case will be provided!]
* Preconference- **Transforming Tricky Transitions: Optimizing Care Transitions For Older Patients In Your Emergency Department**A. September 30 | 10:30 am - 2:00 pm (PST) Still looking for “patient voice” level of participation.
* Agenda to be posted soon