Models of Nurse-Led Geriatric ED Case Management

A GEDC Expert Panel Webinar
Monday, October 19, 2020
3:00-4:00 EST

Moderated by:

Don Melady, MD
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty

David Patrick Ryan, PhD, C. Psych
Former Director, Education and Knowledge Processes, Regional Geriatric Program of Toronto, Ontario

Lisa Entringer, RN
Geriatric ED Nurse Advocate Aurora Sheboygan Hospital, Wisconsin

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Program Director, Geriatric ED, Bon Secours-St. Mary’s Hospital, Virginia

Colleen McQuown, MD, FACEP
Director Geriatric EM Program, Louis Stokes Cleveland VA Medical Center, Ohio

GEDC EXPERT PANEL
Our Mission

We bring best practice into action.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

Our Vision

A world where all emergency departments provide the highest quality of care for older patients.
Webinar Pointers

1. All microphones have been muted.

2. Hover your mouse over the Zoom window to bring up icons in the bottom center.

3. Click on Chat function, the icon on lower right. Select "All panelists and attendees"

Webinar RECORDING & SLIDES will be available at gedcollaborative.com
Technical difficulties

Please text:

- Laura Stabler: 919-937-0411
- Conor Sullivan: 910-200-1312
Models of Nurse-Led Geriatric ED Case Management

Expert Panel Webinar
Geriatric Emergency Department Collaborative
October 19, 2020
@theGEDC
David Patrick Ryan PhD, C. Psych
Former Director,
Education and Knowledge Processes,
Regional Geriatric Program of Toronto, Ontario

Nurse-led case management in a large health care system
Evolution of Geri Case Manager Role
Lisa Entringer, RN
Aurora Sheboygan Memorial Medical Center
AdvocateAurora Health

RN Case Management in the Geri ED
Dr. Colleen McQuown, MD, FACEP
Director LSCVAMC Geriatric EM Program

Humanizing the care of older Veterans in the ED
Geriatric Emergency Management (GEM) Nursing Network in Ontario:

Nurse-led case management in a large health care system: The shortest distance is not always a straight line

David Patrick Ryan, Ph.D.
Founding Director, GEM Nursing Network in Ontario
Former Director, Knowledge to Practice Processes
Regional Geriatric Program of Toronto
Assistant Professor, Faculty of Medicine, University of Toronto,

and an older person.
Geriatric Emergency Management
Nursing Services

Meeting the needs of frail seniors in emergency departments

Building Senior Friendly Skills of all staff
1995 - A geriatric resident reveals myths about older people in the ED

1999 RGP/Sunnybrook Hospital pilot GEM Role that spreads locally

2002 Jacques Lee first senior friendly ER MD/Research

2003 Ministry asks RGP to recruit and evaluate 8 GEM positions with 7-day training program

2007 Regional Networks support GEM provincially

2003 Ministry asks RGP to recruit and evaluate 8 GEM positions with 7-day training program

2005 first two-day GEM conference

2009 National attendance at GEM conference

2011 90 GEM nurses and first International visitors (Singapore) Don Melady joins network

2012 Emergency Mobile Nursing Services to long-term care

2020 - 130 GEM nurses in 60 ED’s (Plus 30 Emergency Mobile Nurses)
Complex systems survive by reducing redundancy while preserving requisite diversity.
Reducing Redundancy

- Recruit senior friendly staff and link them together
- Develop frailty-friendly skill sets
- Shared role profile (clinical service and capacity building)
- Provide a balanced service evaluation framework
- Avoid placing additional demands on other clinicians
- Anticipate emerging system and ED priorities
Enabling Diversity

• Staff recruitment from diverse backgrounds
• Adapt to local context
• Work within existing structures
• Drive local Quality Improvement
• Support skill development
## Service for older adults at Geriatric Emergency Management (GEM) locations

<table>
<thead>
<tr>
<th>In the hospital</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Linked to a Regional Geriatric Program</td>
<td>73%</td>
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<tr>
<td>Geriatrician on-staff</td>
<td>56%</td>
</tr>
<tr>
<td>At least one Specialized Geriatric Service</td>
<td>56%</td>
</tr>
<tr>
<td>Geriatric Outreach Teams</td>
<td>47%</td>
</tr>
<tr>
<td>Specialized Psychogeriatric Services</td>
<td>46%</td>
</tr>
<tr>
<td>Geriatric Psychiatrist on-staff</td>
<td>42%</td>
</tr>
<tr>
<td>Geriatric Day Hospital</td>
<td>22%</td>
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<tr>
<td>Acute Care of the Elderly Unit</td>
<td>20%</td>
</tr>
<tr>
<td>Geriatric Assessment Unit</td>
<td>9%</td>
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</table>

<table>
<thead>
<tr>
<th>In the emergency department</th>
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<tbody>
<tr>
<td>Community care coordination</td>
<td>96%</td>
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<tr>
<td>Physical Therapy ED consultation</td>
<td>82%</td>
</tr>
<tr>
<td>Clinical Pharmacy ED consultation</td>
<td>69%</td>
</tr>
<tr>
<td>Occupational Therapy ED consultation</td>
<td>47%</td>
</tr>
<tr>
<td>Geriatric Medicine ED consultation</td>
<td>19%</td>
</tr>
<tr>
<td>An Emergency Physician Champion</td>
<td>18%</td>
</tr>
<tr>
<td>Geriatric Psychiatry ED consultation</td>
<td>13%</td>
</tr>
<tr>
<td>ED discharge planners</td>
<td>9%</td>
</tr>
<tr>
<td>What background do GEM nurses have?</td>
<td></td>
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<tr>
<td>------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Previously an ED nurse</td>
<td>49%</td>
</tr>
<tr>
<td>Previously a Geriatrics Nurse</td>
<td>36%</td>
</tr>
<tr>
<td>No experience in Geriatrics or ED</td>
<td>16%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What training do GEM nurses have?</th>
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</thead>
<tbody>
<tr>
<td>Registered Nurse</td>
<td>64%</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>38%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>6%</td>
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<tr>
<td>Estimated number of patients per GEM nurse per week for five activity types</td>
<td></td>
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<tr>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Screen and refer</td>
<td>13</td>
</tr>
<tr>
<td>Comprehensive Assessment</td>
<td>11</td>
</tr>
<tr>
<td>Targeted Assessment</td>
<td>11</td>
</tr>
<tr>
<td>Consultation to other ED staff</td>
<td>7</td>
</tr>
<tr>
<td>Follow-up of patients discharged before being seen</td>
<td>5</td>
</tr>
<tr>
<td>Estimated annual number of patients per FTE for all activity types</td>
<td>2,444</td>
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<tr>
<td></td>
<td>Presenting Problems of GEM Patients</td>
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<tr>
<td>1</td>
<td>Falls and Mobility</td>
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<tr>
<td>2</td>
<td>Delirium / Confusion</td>
</tr>
<tr>
<td>3</td>
<td>Pain</td>
</tr>
<tr>
<td>4</td>
<td>Dizziness</td>
</tr>
<tr>
<td>5</td>
<td>Respiratory Problems</td>
</tr>
<tr>
<td>6</td>
<td>“Social Admissions”</td>
</tr>
<tr>
<td>7</td>
<td>Bowel Problems</td>
</tr>
<tr>
<td>8</td>
<td>Responsive Behaviors</td>
</tr>
<tr>
<td>9</td>
<td>Skin and Wounds</td>
</tr>
</tbody>
</table>
**A Typical Workflow**

Steps in ED patient flow and sources of GEM referrals

1. **ED Arrival**
   - Older Adult arrives in the ED

2. **Triage Nurse**
   - Triage Nurse assigns acuity score

3. **Registration**
   - Wait time is dependent on Triage Score

4. **ED Nurse/Med Assessment**
   - Nursing and Medical assessment

5. **Discharge Planning**
   - Patient discharge planning

- 20% of GEM Referrals arise from Case Finding. Case Finding can occur throughout the patient flow.

- 10% of GEM Referrals
- 50% of GEM Referrals
- 20% of GEM Referrals
Barriers to Building GEM Programs

- Time and Resources
- Access to Home and Community-based services
- Hospital and Human ED Resources
- ED Environment
Moving the GEM network ahead

- Optimize interprofessional frailty focused service development
- Adapt network ‘meetings’ to meet emerging conditions
- Enhance network communications
- Support the development of regional networks
- Standardize mentoring of new GEM nurses.
- Build GEM business case
Pamela Martin FNP-BC, APRN GS-C, CDP
Program Director, Geriatric ED
Bon Secours-St. Mary’s Hospital, Virginia
GEDC Faculty

Evolution of Geri Case Manager Role
Evolution of Geri Case Manager Role

2013
NP to see patients as primary ED provider

2014
NP consultant along with PT, SW, pharmacist, program director role established

2015
Transition to primary nurse doing screenings using SPICES model.

2016 - 2019
Refining & changing assessments and processes.

2018
Preparing for accreditation, nursing to complete cognitive, delirium, and 10-meter walk screenings

NOW (2020)
COVID-19, Nursing staff shortages – nursing to complete delirium screenings.
Patient Identification

Triage Risk Screening Tool (TRST)

Potential 30 day re-admit/ACO/ ESI + TRST icon
Case Examples
Lisa Entringer, RN
Aurora Sheboygan Memorial Medical Center
AdvocateAurora Health

RN Case Management in the Geri ED
RN Case Management in the Geri ED

Aurora Sheboygan Memorial Medical Center
AdvocateAurora Health

October 19th, 2020
Aurora Sheboygan Memorial Medical Center

- 185 licensed beds
- Level 4 Trauma Center
- Dec 2014: GEDC Bootcamp
- May 2018: GEDA Level 3
- 2019:
  - 23,327 ED visits
  - 5,772 $\geq$ 65 visits (25%)
  - 3,494 $\geq$ 65 Discharge from ED (61%)
  - 4,678 ISAR screenings (81%)
RN Case Manager

• Dedicated to the ED
• Geriatric program development and implementation
  • Development of 10 procedures
• Process improvement and data collection
• Leads the interdisciplinary team
  • ED Manager, CM Manager, Pharmacy, Physical Therapy, Home Health, Palliative Care
• Provides staff education
• Builds community partnerships
  • Home care, Skilled Nursing Facilities, Assisted Living Facilities, Aging and Disability Resource Center, Adult Protective Services, Dementia Care Network, Dementia Crisis Care Task Force, etc.
Geriatric ED Key Components

- RN ISAR screening of all patients age > 65
- Referral Process for home health, ADRC, palliative, and primary care
- Fall Protocol for all patients > 65 that arrive in ED as a result of a fall
- RN Case Manager and/or RN coordinates with MD
  - MD assessment with interdisciplinary team
    - Referrals, service-to orders, PT eval, Pharmacy, palliative care
- RN Case Manager reviews outcomes
- Automated EHR report development
Improving Care

By improving care processes in the ED and offering needed referrals on a more consistent basis, the Geri ED RN is effective at:

1) Helping older patients obtain the resources and care to remain at home enjoying better quality of life

2) Decreasing ED & hospital utilization and re-visit rates

3) Increasing patient and family satisfaction.
Dr. Colleen McQuown, MD, FACEP
Director LSCVAMC Geriatric EM Program

Humanizing the care of older Veterans in the ED
Geriatric Emergency Room Innovations for Veterans

Humanizing the care of older Veterans in the ED

Dr. Colleen McQuown, MD
Director LSCVAMC Geriatric EM Program

Dr. Jill Huded, MD
LSCVAMC GRECC Faculty, Founder of GERI-VET
Intermediate Care Technicians

- Former military medics and corpsmen
- U.S. Air Force, Army, Navy and Coast Guard
- Incorporated into VHA through a 2012 pilot program
- “Force Multipliers”
Welcome to the GERI-VET SharePoint Site

Geriatric Emergency Room Innovations for Veterans

The GERI-VET mission is to provide cutting-edge emergency care to older veterans through:

- The screening and detection of geriatric syndromes.
- Tailoring care to the most appropriate setting.
- Improving transitions of care through multidisciplinary care coordination.
- Training the VA workforce to care for our aging veterans, with a specific focus on VETS.

2019 GERI-VET Webinar Materials:

- 2/4/19: Navigating At Risk Older Adults in the ED
- 2/6/19: Your Geriatric ED Team
- 2/12/19: Dementia Screening and Management
- 3/5/19: Dementia and Geriatric Resources

We are excited to welcome teams from the Durham, Dallas, Minneapolis and St. Louis VA Medical Centers to our next GERI-VET Bootcamp on March 6, 2019!
Workflow

Patients ≥ 65yo presenting to ED
7am-7pm Mon-Fri

ISAR > 3 or Provider Trigger
Standard ED Care + GERI-VET

ISAR ≤ 2
Standard ED Care

Geriatric ED Screens (performed by ICT)
1. Delirium (bCAM)
2. Dementia (mini-Cog)
3. Fall risk (TUGT)
4. Functional status (Katz ADLs)
4. Meds (ED Pharmacist eval)
5. Caregiver burden (MCSI)
6. Depression (4-item GDS)
7. Elder abuse (EASI©)

Care Coordination (ICT + SW + ED provider)
1. Interventions for positive screens.
2. Safe for discharge home from ED?
3. Communication with inpt and outpt providers.

Follow-up phone calls over next 2-4 weeks.
GERI-VET Screening Form

Delirium Screen (Brief CAM)
1. Acute change or fluctuation in mental status.
2. Inattention. “Can you name the months of the year backwards from Dec to July?”
3. Altered consciousness
4. Disorganized thinking.
   - Will a stone float on water?
   - Does 1lb weigh more than 2lbs?
   - Can you use a hammer to lba nail?
   - “Hold up this many fingers.”
   - “Hold up 2 fingers”.
   - “Now do the same thing with you other hand.”
   Delirium = features 1 & 2 PLUS either 3 or 4.

Dementia Screen (Mini-Cog)
3 item recall: PENNY / APPLE / TABLE
Clock draw: 0 or 2 points
Total points: ___ / 5

Functional Assessment (Katz ADLs)
Check if independent in the following.
   - Bathing
   - Dressing
   - Toileting
   - Transferring
   - Continence
   - Feeding
Total points: ___ / 6

Caregiver Burden (Zarit)
Scoring: ___ / 16 points
Concern for caregiver burden: Y / N
Caregiver name: ____________________________
Permission to call caregiver? Y / N
Caregiver phone #: __________________________

Falls Screen (TUGT)
Time: ____ seconds
Walking device at baseline: Y / N
Prior fall in 6 months: Y / N

Caregiver Burden (Zarit)
Never
0
Rarely
1
Sometimes
2
Quite
3
Frequently
4

Elder Abuse Screen
☐ Has anyone failed or been unable to give you the care you need?
☐ Has anyone close to you threatened you or made you feel bad?
☐ Has anyone tried to force you to sign papers or use your money against your will?
☐ Has anyone tried to hurt you or harm you?
☐ Do you feel safe at home?
☐ Are there any red flags for elder abuse on exam or during your interview with the patient?

Polypharmacy
10+ meds Y / N
Non-VA Meds other than OTC Y / N
High risk meds (benzo, opioid, anticoag) Y / N
Med non-compliance Y / N
Recent Fall Y / N
Empowering our ICTs

The GERI-VET “Playbook”

GERI-VET Falls Algorithm

Patient is safe to walk (imaging has been read, labs and vitals are stable, you feel confident in assisting the patient)

- Perform TUGT
  1. If TUGT > 14 seconds or
  2. 1+ falls in prior 6 months or
  3. Not at mobility baseline

- Consider these interventions in ED:
  1. PT consult in ED.
  2. Orthostatics.
  4. Assess hearing, vision and feet.
  5. Give hearing amplifier.
  6. Assess alcohol use.
  7. Assess for adequate hydration.

- Consider these home-going interventions:
  1. Outpatient PT via clinic, HBPC or CHC.
  2. HBPC for home safety eval.
  3. Get walker or cane from ED phys or Prosthetics
  5. HISA grant.
  6. Audiology, optometry or podiatry.

No or unsure

- Do not perform TUGT. Consider PT consult for mobility evaluation if patient would otherwise be discharged home.
Easy Access to Geriatric Consults

**GERI-VET Delirium Management**

Consider these labs:
- Complete Blood Count
- Comprehensive Metabolic Panel
- B12
- TSH
- Urinalysis
- Urine Culture & Sensitivity
- Torch Screen
- Alcohol

Consider imaging:
- Chest PA & LAT (STAT)
- Head/MD Contrast
- **(Obtain CT head if no prior in 6 months or if medically indicated)**

Other recommendations:
- Consider inpatient admission
- Evaluate for fecal impaction, urinary retention, pain, immobility

Pharmacy ED Gen Vet (for medication review)
- Offer food and drinks as appropriate
- Hearing amplifiers and headphones
- **Discuss with CCI**
- Audiology
- Ophthalmology

**GERI-VET Dementia Management**

For new or progressive dementia consider these labs and imaging:
- Complete Blood Count
- Comprehensive Metabolic Panel
- B12
- TSH

Consider:
- **(Obtain CT head if no prior in 6 months or if medically indicated)**
- Geriatrician Outpatient (Geriatric Assessment)
- Dementia Case Coordination
- Neuropsychology Outpatient
- Home Care Services
- **(Home safety, therapy, RN and SW evaluations through HBPC)**
- Primary Care Social Work
- **(Drug Therapyounlzy)**

Other recommendations:
- Contact legal guardian or durable power of attorney
- **Discuss with CCI**
- Discuss home health aide, adult day care services, respite care, long-term care, and community support services with ED in PACT Social Work

**GERI-VET Depression Management**

Consider:
- Mental Health Outpatient (CBHCs)
- Psychiatry Outpatient Clinic (Vanderbilt)
- HBPC (free test request for Psychology into consult order)
- **(Obtain CT head if no prior in 6 months or if medically indicated)**
- Psychiatry Consultation Liaison (Inpatient)

Other considerations:
- Notify PCP and PACT Team
- AED discharge instructions include the Crisis Line
- 1-800-273 TALK (625) available 24 hours/day

**GERI-VET Caregiver Burden & ABL Management**

Consider:
- Caregiver Support Program
- **(Obtain CT head if no prior in 6 months or if medically indicated)**
- Home Care Services
- **(Home safety, therapy, RN and SW evaluations through HBPC)**
- Primary Care Social Work
- Prosthetics
- **(For Guardian Petct - Please note if patient has landline or cell phone)**

Discuss home health aide, adult day services, respite care, long-term care, and community support services with ED or PACT Social Work
GERI-VET Interventions in the ED

- **Equipment**
  - amplifiers, mobility devices, talking pill boxes, ADL kits
- **Physical therapy**
- **Capacity evaluation**
- Expedited **respite care**
- Expedited **long-term care**
- **Cognitive evaluation**
- **Referrals** to Geriatrics Clinic, HBPC, adult day care, home health aides, caregiver support, drivers safety, home modifications.
<table>
<thead>
<tr>
<th>Task</th>
<th>Date Due</th>
<th>Task Type/ Reason</th>
<th>Patient Name</th>
<th>SSN4</th>
<th>Created By</th>
<th>By Role</th>
<th>To Do Notes</th>
<th>Completion Note</th>
<th>Completed By</th>
<th>Completed Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>06/08/20</td>
<td>Telephone/Follow-Up/Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>geri vet follow up #2; no needs at time of geri vet</td>
<td></td>
<td>HMPC initiation and involvement</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
<td></td>
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<td>2</td>
<td>06/08/20</td>
<td>Telephone/Follow-Up/Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>geri vet follow up #2; no needs HOWEVER...lives by self and having low bp</td>
<td></td>
<td>following with telehealth HT</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
<td></td>
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<tr>
<td>3</td>
<td>06/08/20</td>
<td>Telephone/Follow-Up/Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>geri vet follow up #2; snf recommended last admission however ll2 if?</td>
<td></td>
<td>chart review indicates veteran admitted and when discharged went home with</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
<td></td>
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<td>4</td>
<td>06/08/20</td>
<td>Telephone/Follow-Up/Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>GERI VET ICT met with veteran's granddaughter Katie in main ED waiting if?</td>
<td></td>
<td>veteran dc'd home 6/3/2020 with recs</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
<td></td>
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<tr>
<td>5</td>
<td>06/08/20</td>
<td>Telephone/Follow-Up/Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>delirium or baseline?</td>
<td></td>
<td>delirium and weakness resolved; veteran discharged home</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>06/08/20</td>
<td>Telephone/Follow-Up/Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>geri vet follow up #1; admitted? cs support? hhp?</td>
<td></td>
<td>admitted, palliative consult placed</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
<td></td>
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<tr>
<td>7</td>
<td>06/08/20</td>
<td>Telephone/Follow-Up/Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>being admitted for uti/delirium......caregiver support for his daughter?</td>
<td></td>
<td>still admitted; pt recommending 24/7 supervision from daughter</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
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<tr>
<td>8</td>
<td>06/08/20</td>
<td>Other/ Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>left voicemail for veteran's daughter to contact ccf for neurology appt skyped with if?</td>
<td></td>
<td>continue to follow...sending Diamond consults for outside care</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
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<tr>
<td>9</td>
<td>06/08/20</td>
<td>Telephone/Follow-Up/Continuity of Care</td>
<td>Blatnik, Jennifer</td>
<td>Admin</td>
<td>veteran presented to ED after one week prior of</td>
<td></td>
<td>veteran good to go</td>
<td>Blatnik, Jennifer</td>
<td>06/08/20</td>
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Transforming the systems in which we care for older veterans.
Q & A

Ask your questions in the CHAT

We will try to get to everyone
Stay Connected!

Follow us on Twitter or sign up for our mailing list on our website to learn about upcoming GEDC webinars and events.

gedcollaborative.com

@theGEDC

We bring best practice into action.
How to Register

1. Visit the ACE 2020 Registration Page. (Note: if you are having trouble opening the above link, make sure you are opening in anything BUT Internet Explorer.)

2. Click the last blue tab “Register/Take Course.”

3. Login to your CME account

   * Advocate Aurora Health Login: Follow the instructions to login as a WI Team Member or an IL Team Member.
   
   Note: because of a glitch in the system, please use aurora.org or advocate.org in your email address rather than aah.org when signing in.

   * Visitor Login: Follow the instructions to login as a returning visitor or, if you're new, create a new visitor account.

Once registered on the CME website, you will automatically receive an email with further instructions on how to access the conference via Microsoft Teams Broadcast.
Generously supported by