

- 00:31:32 Laura Stabler: Dear Colleagues,
Welcome to the Geriatric Emergency Department Collaborative's webinar, November 8th,
"Providing Excellent Geri ED Care during COVID Strategies for Coping"
Today's webinar is being recorded and a link to the recording and the slides will be on the GEDC
website event page by mid-week. Link to the webinar recording and slides:
<https://gedcollaborative.com/events/on-demand-webinars/>
Check out essential GED Resources on the GEDC website
<https://gedcollaborative.com/resources/>
Many thanks,
GEDC team
- 00:32:06 Ula Hwang: Please set your chat to "Everyone" so we can all see your comments and
questions. Thanks!
- 00:35:09 Laura Stabler: Today's webinar moderated by:
Don Melady, MD, MSc(Ed)
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty
Follow me: @geri_EM
A website for education for doctors and nurses in the ED
<https://geri-em.com/>
- 00:35:17 Aaron Malsch Advocate Aurora: Yes, this is being recorded and will be available in the
near future. <https://gedcollaborative.com/events/webinars/>
- 00:35:32 Laura Stabler: If you share our vision, your ED can join us, currently for free.
Check out GEDCOLLABORATIVE.com Please follow us on Twitter @theGEDC.
Additionally, please review the GEDC Membership Criteria and Application.
<https://gedcollaborative.com/partnership/>
- 00:36:01 Pedro Curiati: I'm pleased to join you today. We from Hospital Sirio Libanês Geriatric
ED have recently applied for GEDC.
- 00:36:17 Laura Stabler: The GEDC is generously supported by the John A. Hartford Foundation
and the Gary and Mary West Foundation. Thank you!

The John A. Hartford Foundation
<https://www.johnahartford.org/>
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The 4Ms framework

<http://www.ih.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

West health Resources Page

<https://www.westhealth.org/>

Follow us: @WestHealth

West's specific work around GEDs here: <https://www.westhealth.org/geriatric-emergency-care/>

- 00:36:50 Laura Stabler: Welcome Pedro
- 00:37:00 Ula Hwang: great to see you on Pedro!
- 00:39:26 Ula Hwang: New Haven, CT - delirium screening
- 00:39:31 Julie Dye: AIM Palliative NP in the ED
- 00:39:42 Katren Tyler: Medication reconciliation techs
- 00:39:49 sharon hoosein: 1. Contacting families for background info (as no visitors allowed.
- 00:39:51 Marlena Tang: Caregiver presence for cog impaired at ED bedside
- 00:39:51 Anita Chary: Case management giving pulse oximeters to older adults w/ COVID who are not hypoxic/who can be discharged and monitor sx at home
- 00:39:56 Marc Taub: Administration of sotrovimab for geriatric patients
- 00:40:00 peggie parniawski: collaborating across our health system
- 00:40:02 Michele Lucey: Frailty index at triage
- 00:40:11 Catherine Zyniecki: Foley free Gero ED.
- 00:40:13 Amber Koplitz: physical therapy collaboration in the ED to screen and treat patients
- 00:40:24 sharon hoosein: Calling families with summary of tests, results, findings and how to pick patient up at discharge
- 00:40:25 Don Melady: We have been able to revive our ED geriatric volunteer programme at a time when almost no other volunteers are allowed in the hospital
- 00:40:27 Michele Lucey: Frailty index at triage
- 00:40:28 Amber Widenski: PT consults in the ED before discharge, home health referrals for PT, nursing care, and DME.
- 00:40:29 Pedro Curiati: Geriatric Physicians from 10 am to midnight at the ED
- 00:40:35 Kevin Corcoran: Continue to focus on the 4 Ms
- 00:40:37 Alice Kindschuh: Palliative care referrals and consults when appropriate
- 00:40:38 Aaron Malsch Advocate Aurora: System wide interactive Geri ED dashboard
- 00:40:39 Safia Rubaii: We often have an overflowing waiting room. We try as best as possible to offer a medical screening exam as soon as possible to pts, even if they will be waiting for hours for a bed or a room.

- 00:40:40 Levon Aharonyan: Delirium Screening, Med reconciliation, Geriatric Care Volunteers, Functional and Cognitive Assessments before discharge
- 00:40:41 Marie-Pier Lanoue: not an innovation but always bring in snacks and water with me when I get in the isolation room. Reduce exposure to nursing staff and ensure hydration and food, helps prevent delirium, ensure comfort, etc
- 00:40:42 Karen Sharp: Saddleback Medical Center-Laguna Hills California-Pharmacy Techs in the ER and delirium screening
- 00:40:45 stacie abraham: delirium screenings and now have initiated our mobility tech's to circulate in the ED for patients 55 and older
- 00:41:02 Sara Cohen: Our ED RNs can now consult PT/OT/SW for geri patient evals in the ED
- 00:41:05 Bret Levy: ED provider in triage
- 00:41:06 Kalpana Shankae: Boston, MA- delirium screening, falls patients receiving PT eval
- 00:41:08 Alexandra Piatkowski: UHN, Toronto - starting a geriatric emergency medicine program, advocating for additional multidisciplinary team support, developing a new GEM model of care, streamlining the GEM referral process, purchasing geri-friendly equipment and developing "geri-carts"
- 00:41:11 Luke Schademan: Hospital Elder Life Program (HELP) volunteers
- 00:41:11 John Schumacher: Joining the Age Friendly Health System group
<http://www.ih.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>
- 00:41:15 Michele Lucey: Direct connection to home care resource nurses and mds before patient ed arrivals
- 00:41:26 Todd James: Reaching out to caregivers and collateral informants that are not in the ED.
- 00:41:31 Lauren Southerland: Direct line from Adult Protective Services to the ED for concerning patients needing medical attention or severe self-neglect
- 00:41:33 Marie-Pier Lanoue: not an innovation but always bring in fluid and good when going to see a patient to reduce nursing exposure and ensure patient hydration
- 00:41:45 Bret Levy: Bret Levy MD
- 00:41:54 David Larson: Medical Director, Ridgeview. Waconia, MN
- 00:41:55 Bret Levy: Lancaster General hospital
- 00:41:55 Alice Kindschuh: Nebraska Methodist Hospital Omaha NE, APRN-CNS
- 00:41:57 Alexandra Piatkowski: Project Manager in Geriatric Emergency Medicine at the University Health Network in Toronto
- 00:41:58 Safia Rubaii: IHS Gallup Indian Medical Center, emergency physician.
- 00:41:59 Melissa Hanson: GEMS APRN Bridgeport Hospital, CT
- 00:41:59 Pamela Doran: Emergency Physician, St. John's, Newfoundland
- 00:42:00 stacie abraham: Hurley Medical Center. Geriatric Nurse Navigator
- 00:42:02 Julie Dye: Julie Dye CNS Geriatrics - Sharp Grossmont Hospital
- 00:42:07 Deanna Kollmann: Cincinnati VA Medical Center - ED RN and Geriatric Team Lead

- 00:42:08 Kevin Corcoran: Syracuse VA Medical Center, GED Director
- 00:42:09 Pedro Curiati: Hospital Sírío Libanês, São Paulo. Geriatric Emergency Department Physician
- 00:42:10 Kalpana Shankae: Boston, MA- updating restricted visitor policy to include caregivers for older adults
- 00:42:15 Christopher Carpenter: Washington University in St. Louis School of Medicine (Barnes Jewish Hospital and Missouri Baptist Medical Center)
- 00:42:20 Marie-Pier Lanoue: I am the Geriatric Emergency Medicine Fellow at Mount Sinai Hospital, Toronto
- 00:42:23 Emily Simmons: UAB Hospital-Birmingham, AL- Director of Program Development
- 00:42:24 peggie parniawski: Exec Director Patient Care- Age Friendly leader
- 00:42:25 Paul Kruglov: Yale New Haven ED RN
- 00:42:25 Helen Lo: Helen Lo, ED Director, Indian Health Service, Parker, AZ
- 00:42:26 John Schumacher: John Schumacher, University of Maryland, Baltimore.
- 00:42:27 Christian Nickel: EP, Basel, Switzerland
- 00:42:30 michelle moccia: We have monthly meetings with our nursing facilities to check in about their staffing, PPE, creative ways to partner together. We recently had a conversation with them about please do not send asymptomatic residents with COVID to the ER. We sent them the list of care recovery centers they could utilize. During the pandemic, we had morning huddles daily and also weekly meetings. We concentrated on our facilities because 24% of our older population is form one of the 34+ facilities that surround us. We have returned to monthly meetings.
- 00:42:31 Suzanne Chaput: GEM RN HSN ED Sudbury
- 00:42:32 Jamie DosSantos: GEMS APRN Bridgeport hospital CT
- 00:42:35 Todd James: Todd James UCSF Geriatrician, San Francisco California
- 00:42:37 Eirin Ward: Eirin Ward-Northern Navajo Medical Center-ASN
- 00:42:44 Levon Aharonyan: Levon Aharonyan Cedars-Sinai Geriatric Emergency Nurse Expert Navigator
- 00:43:02 Sara Cohen: Sutter Health - California Pacific Medical Center, Mission Bernal Campus. Sara Cohen - geri CNS
- 00:44:07 Karen Sharp: Ex Director. Neuroscience Institute and Emergency Services MemorialCare
- 00:44:18 Sara Widener: Saint Francis Hospital - Trinity Healthcare in Wilmington, DE. ED Manager
- 00:44:34 Deana Cirillo: Gregory Farver, MSN RN CEN, NCM in ED, Madison, WI VA Hospital
- 00:44:56 Dana Fulmer: Do you have a dedicated social worker for ED?
- 00:45:25 Michele Lucey: Emergency Physician and local ED medical director, Cowansville (chus) Quebec
- 00:46:16 Luke Schademan: Luke Schademan - Manager, Emergency Services MemorialCare Saddleback Medical Center - Laguna Hills, CA

- 00:46:22 Bryan Laviolette: Bryan Laviolette, Community Paramedic, County of Simcoe, ON
- 00:46:59 Nida Degesys: What amber and amber are hitting on, is just how important relationships with the c-suite are. Having their buy in can make or break your GED
- 00:47:22 Ula Hwang: Coordination of existing services and teams, leader coordinating the boots on the ground programs and discussion with hospital leaderships and collaborating with executive and hospital leadership were key to coordinating Hartford, WI's 9-bed ED.
- 00:48:48 Safia Rubaii: We have community health representatives..
- 00:49:28 Ula Hwang: Hartford Wisconsin:

Lots of communication from champions to all staff

Promote a community feel among all caregivers – that the patients are part of the community too

using all resources available... PT, home care, SW.

Remind everyone that these interventions and initiatives improve care for patients and also department function

Good communication with family members, teaching them about how to provide care for their patient family members.

- 00:50:42 Emily Weaver: Emily Weaver, GED PI, West Health Institute
- 00:50:43 michelle moccia: Excellent ideas "all hands on deck". If possible, try to arrange their appointment with the PCP prior to discharge (of course this is during the day). Possibly filling their prescriptions in your outpatient pharmacy ((if available)
- 00:50:51 Ula Hwang: Friendly / inspiring stories and statistics - healthy competition. Post positive statistics for all to see.
- 00:51:09 Kevin Biese: What a fantastic presentation from Hartford WI!!
- 00:53:48 Bryan Laviolette: integrated care, recognizing there is capacity in the system if one knows where to look for support.
- 00:53:53 Katren Tyler: AND SHE HAD A BABY TOO!
- 00:55:40 Ula Hwang: Message: GED Care as a new mission and focus for what we do in the ED instead of just the focus on COVID patients!
- 00:56:36 Amber Koplitz: We do not have a dedicated social worker for the ED, our SW is for the house. 71 bed facility with 2 social workers.
- 00:56:50 michelle moccia: Bravo with the visitor policy.
- 00:56:54 Aaron Malsch Advocate Aurora: Yes! Caregivers are NOT visitors
- 00:57:06 Tracey Vien: Great point!

- 00:57:09 Ula Hwang: ED visitor policy... should not apply to care givers / care partners. They are not visitors, but family members!
- 00:57:17 Lorraine Trecroce: Narrative is a powerful tool.
- 00:57:30 Marlena Tang: agree!
- 00:57:46 peggie parniawski: Agree....Ulla we have to work together on this going forward.
- 00:57:58 Kevin Biese: <https://blog.aarp.org/thinking-policy/theyre-not-visitors-covid-19-visitor-restrictions-highlight-need-for-change>
- 00:58:25 Ula Hwang: Themes from UCSF:
Focus on the positive: give staff something that helps their patients AND the department

Remember that caregivers are essential – both for better patient care and for better hospital functioning

Keep sustainability in mind from the beginning: think about the finances of interventions

- 00:58:44 Kevin Biese: <https://blog.aarp.org/thinking-policy/alone-and-confused-the-effects-of-visitor-restrictions-on-older-patients-and-families>
- 00:59:56 Lauren Southerland: How to bill for GED consultations in the ED:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7577924/>
- 01:00:28 Lorraine Trecroce: <https://gedcollaborative.com/event/webinar-2021-05-17/>
- 01:01:52 Ula Hwang: Build your (GED) team (of champions) - doesn't sit on one group's shoulders. Find ways to integrate interdisciplinary team into the ED care of older adults.
- 01:01:57 Aaron Malsch Advocate Aurora: Inter-professional, Interdepartmental, & community based!
- 01:02:06 Bryan Laviolette: preach!
- 01:02:11 Nida Degesys: its out AFED family!
- 01:02:15 Nida Degesys: *our
- 01:02:16 Amber Widenski: Great presentation, Nida!
- 01:03:02 Ula Hwang: Goal for Yale New Haven Health System is to have all 9 of our ED's seek GED Accreditation this month. Wish us luck!
- 01:03:34 Nida Degesys: Wow @Ula!!! Good luck, though im sure they are ready! That is great for the New Haven community!
- 01:03:41 Ula Hwang: Leverage existing strengths - Bridgeport hospital in our system already first in CT to be a GED and a level 2 GED.
- 01:03:41 Marlena Tang: Maintaining interdisciplinary GED team has been incredibly challenging for us - ED staff stretched thin/interdisciplinary leaders attention diverted towards covid....anyone else?
- 01:04:06 Christopher Carpenter: Dr. Melady said that many small places don't have benefits of a "team". Many large places lack the benefit of a "team" too. I would imagine that most hospitals in the world that have anybody interested in Geriatric Emergency Medicine have

- ONE individual interested in GEM (a team of one). Would be interested in hearing strategies that have built team numbering more than one what strategies they have used to build that team.
- 01:04:07 Lauren Southerland: Same here @Marlena. Everyone is being pulled and staff shortages throughout medical care
- 01:04:37 Marlena Tang: @Lauren. Phew. Glad to know we're not alone.
- 01:04:52 Lauren Southerland: Chris, when I arrived at OSU, I was a "team" of one. We didn't even have geriatrics clinics or consult services. Took several years to build the team
- 01:05:03 michelle moccia: That is very wise to have weekly meetings to keep focused and celebrate successes.
- 01:05:12 Ula Hwang: Bringing our cross hospital teams together to share strategies and how we are each implementing things together. It helps to have a GEMS leader with experience (Pam Martin) to share her experience. Started with 1 shared initiative - delirium screening, the same way across all our hospitals.
- 01:06:21 Ula Hwang: "Care Signature Pathways" is a EMR care algorithm that is being rolled out system wide at YNHHS. We are leveraging this roll out and asked them to build our delirium pathway.
- 01:06:42 Nida Degesys: @marlena totally, our ED is stretched super thin, but having strong allies and consistent meetings with specific goals with accountability has helped us maintain our GED work. For example, we made our annual ED goals be goals from the AFED (one of them was screening rates for delirium and MCI, another was reduction of bzd use in geri patients) these goals are followed by the exec leaders of the hospital. So one way we kept everyone accountable to the. AFED
- 01:07:03 Ula Hwang: Recognition of positive efforts - "rock candy" for the rock star nurses, physicians, APPS!
- 01:07:56 Ula Hwang: Smaller ED's can often be mightier an move more efficiently. Example, Hartford WI hospital.
- 01:08:49 peggie parniawski: The Milford Campus is focused on becoming an Age Friendly hospital....we are moving along slow but sure with our efforts and are grateful to have our GEM's team and Geriatric/Palliative care team here.
- 01:09:07 Kevin Biese: The care signature pathway is a great example of actually using the Geri Ed initiative to get the institution to support the ED in the work processes. Ie look for opportunities to support the front line staff from the institution (care pathways making work easier to do) rather than just asking frontline staff to do more. - an accreditation program like GEDs can get the institution on board to provide more support
- 01:09:14 peggie parniawski: Working with Ulla and Pam has been wonderful!
- 01:09:19 Pam Martin: Chris,
- 01:09:38 peggie parniawski: The other efforts we are working on care pathways for our ED teams to follow.
- 01:10:58 Nida Degesys: Oh yes, we are very competitive!
- 01:11:22 Nida Degesys: (In a friendly way of course!)

- 01:12:48 Aaron Malsch Advocate Aurora: Perseverance is a virtue!....and tailoring the Geri ED efforts to the main pain points of key stakeholders
- 01:14:02 Paul Kruglov: Milford Hospital (Part of YHH) is making great strides in Geriatric care/certification.
- 01:14:27 John Schumacher: Wondering about other creative Covid-19 specific GED "hacks" people may have developed?
- 01:14:32 Ula Hwang: Persevere! and keep looking for new frog prince partners!
- 01:15:14 Pam Martin: Teams are important but most start as a team of one. We slowly added team members at my old hospital. We started asking for leadership from different departments to attend our monthly Senior Services ED and the leadership was able to identify geriatric champions within their departments for us.
- 01:16:42 Ula Hwang: Unexpected challenges (like COVID) can put a dent in performance. That is ok. The important thing is recognizing this and adjusting, retraining.
- 01:17:08 Kevin Biese: Especially today when volumes so high in many places a Geri ED with care / manager/ social worker/ GEM nurse can help you discharge (as opposed to admit) many more patients (upto 16.5% or more). An off valve for the ED and the hospital and using scarce inpatient beds for patients with greater medical needs (and higher DRGs). If you have boarding patients then there is some financial return on High level GED even in strictly few for services reimbursement
- 01:17:37 Nida Degesys: We did also notice a drop in our screenings this month due to travelers and float RNs. Now trying to figure out how to best train those who float down
- 01:17:41 Marlina Tang: Agree! Our biggest issue in rolling out GED initiatives is lack of stability of ED bedside RN staff. Thank you for mentioning this
- 01:17:52 Kevin Biese: Sorry strictly fee for service (not fee for service)
- 01:19:06 Ula Hwang: Use tracking boards to flag who is performing well and who less well to monitor screening rates.
- Use competition, reward, and gamification to incentivize individuals, teams, departments, even whole hospitals.
- 01:19:17 Nida Degesys: We have been giving amazon gift cards for the highest RN screener each month. Small amount but who doesn't love amazon?
- 01:19:56 Aaron Malsch Advocate Aurora: Staff re/education is going to be a 'chronic' issue due to national RN staffing disruptions
- 01:19:56 michelle moccia: Great advice. People like to be recognized. Storytelling is also a thought of what was found and what happened.
- 01:20:10 Ula Hwang: Amazing Amazon nurse recognition!
- 01:21:08 Pam Martin: We are asking nursing champions on all shifts. It's important to see if this can fit into the nursing ladder structure at your institution.
- 01:21:26 Don Melady: I love that term "you can't make up what people want!"
- 01:21:39 Aaron Malsch Advocate Aurora: Health care is an anthropologist dream for field study
- 01:21:56 Pam Martin: Love the idea of BRAVO points

- 01:22:40 Ula Hwang: Pick your battles: know when to push and when not to push - read your audience (the room) when introducing initiatives.
- 01:23:09 Pam Martin: Being sensitive to what is happening in the ED is important.
- 01:23:10 Nida Degesys: 100% agree. Sometimes there are (sigh) more important things than geri screening. Have to recognize when that is
- 01:23:19 Marlena Tang: SO TRUE. Thank you for mentioning this
- 01:23:35 Nida Degesys: Othwise you seem Tone deaf
- 01:24:28 Nida Degesys: i dont think omicron is the best time for anything else other than covid. We were just lucky to have not had a bad covid surge during the beginning of covid (less so now)
- 01:24:46 Lori Ritter: Did you do more training for your staff regarding delirium other than just screening for it...
- 01:24:48 Lauren Southerland: Yes, Ohio is winning at Omicron. Unfortunately
- 01:25:06 Nida Degesys: that article I send to all my resident and providers! I admitted 2 geri covid encephalopathy yesterday evening as delirium as their only covid sx!
- 01:25:44 Adam Perry: In developing relationships, consider reaching into the community to connect with local Value-Based provider groups. Because they are at-risk, they are eager to speak with you and have diverse resources to provide a safe alternative to discharge.
- 01:25:44 Nida Degesys: @lori we do a short bedside teaching of screens that is 10-15 min max
- 01:25:55 peggie parniawski: Being in the Northeast, we are finally starting to see a decline in our COVID volume, I totally agree it was a very challenging time....just a struggle to keep the team going daily!
- 01:26:17 Adam Perry: Safe alternative to admission that is
- 01:26:25 John Schumacher: New resource Don and I just completed is Creating a GED - A Practical Guide <https://www.cambridge.org/core/books/creating-a-geriatric-emergency-department/8A860CD9BADB4E1C1509BDB49B814159#>
- 01:26:28 Pam Martin: With the education, please include WHY you're asking them to do the screen and what to do with the information after.
- 01:26:46 Nida Degesys: One other way to have leadership care about your GED/AFED is to include age in diversity and equity efforts.
- 01:26:57 michelle moccia: We recently typed up the front section of the senior assessment that has questions related risk screening. These are given to patients returning to the WR, or given to the family, and also given to family members in the room to help obtain the information. Some of the older adults can fill out the form too while waiting for labs and imaging. This helps our ED nurses. They still have to enter the information in the EMR and complete the CAM, OMCT and GDS but it is helping.
- 01:27:09 Lauren Southerland: Also, emphasize that the training/protocols are special to your ED and considered the highest quality of care. Often people don't know the why's behind this.
- 01:27:48 Katie Buck: Agree. Our nurses / residents / etc. have been very interested in why it is all so important.

- 01:28:00 Katie Buck: I have added educational information about this to the top of each protocol specific to that topic to help.
- 01:28:24 Laura Stabler: Dear Colleagues,
Thank you for participating in the Geriatric Emergency Department Collaborative's webinar. Today's webinar was recorded and a link the recording and the slides will be on the GEDC website event page by mid-week. Link to the webinar recording and slides:
<https://gedcollaborative.com/events/on-demand-webinars/>
- 01:28:31 Christopher Carpenter: Great session. Thank you to all of the speakers and to GEDC!
- 01:28:51 jane carmody: Such a great webinar...agree Kevin and Don, now is time to discuss.
- 01:28:58 Laura Stabler: If you share our vision, your ED can join us, currently for free. Please follow us on Twitter @theGEDC.
URL for the Geriatric Emergency Department's website (<https://gedcollaborative.com/>)
Additionally, please review the GEDC Membership Criteria and Application.
<https://gedcollaborative.com/partnership/>
coincide
Join the GEDC: laura_stabler@med.unc.edu
- 01:29:02 Marlena Tang: @MichelleMoccia, can you share your copy of what you give in the WR?
- 01:29:03 Lauren Southerland: Great audience! Thank you so much
- 01:29:05 Aaron Malsch Advocate Aurora: Positively harnessing competition between individuals, depts, sites, and even systems.... The winner is our patients
- 01:29:08 Todd James: Thanks to everyone! Making the summary slides was a great idea.
- 01:29:23 Laura Stabler: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!
- 01:29:29 Pam Martin: Adam, we had great success doing that at Bon Secours St. Mary's Hospital
- 01:29:32 jane carmody: Thank you, GEDC team !! Thank you, Ula! love hacks !
- 01:29:46 Deana Cirillo: Great information sharing session, thank you :)
- 01:30:03 Linda Schnitker: Thank you GEDC team....great session!
- 01:30:27 Levon Aharonyan: Great presentation. Thank you so much.
- 01:30:35 Laura Stabler: Next webinar will be Monday, March 14 from 3:00 -4:00 pm (EST) on the topic of Accreditation of a Geriatric ED.

Now that you've been learning about the various components of a Geri ED. It's time to put it all together. We'll hear from several sites who have successfully added Accreditation to their offerings to talk about how it made a difference for them.

Interested in learning more about Creating a Geriatric ED?

Consider ordering the new book from Cambridge University Press on this topic (co-author Dr. Melady and John Schumacher).

<https://www.cambridge.org/core/books/creating-a-geriatric-emergency-department/8A860CD9BADB4E1C1509BDB49B814159>

- 01:30:42 Alexandra Piatkowski: Thanks everyone, this was wonderful!
- 01:30:46 Christian Nickel: Thanks for this great webinar! - Dr. Melady's book is highly recommended.
- 01:31:24 jane carmody: awesome !!!
- 01:31:27 Deepak Vatti: Thank you!
- 01:31:33 Nida Degesys: feel free to reach out to us if you have specific questions!
- 01:31:36 Lauren Southerland: Hey, Aaron is fabulous too!
- 01:31:46 Aaron Malsch Advocate Aurora: Great discussion today! Inspiring to hear from all of your experiences
- 01:31:51 Paul Kruglov: Thank you to everyone. Great insight into geriatric care during these trying times.
- 01:31:52 Ula Hwang: Aaron, we will not discriminate by gender.=)
- 01:31:56 Nida Degesys: Women not girls
- 01:32:03 Laura Stabler: Thank you for sharing this time with us!
- 01:32:39 Margarita Pena: Thank you!