



**GEDC**

THE GERIATRIC  
EMERGENCY DEPARTMENT  
COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

March 22, 2021  
Clinical Tips from the Interdisciplinary  
Team in the Geriatric ED  
Chat Notes

00:32:41 Conor Sullivan:

Dear Colleagues,

Thank you for participating in the Geriatric Emergency Department Collaborative's webinar, March 22nd, "Clinical Tips from the Interdisciplinary Team in the Geriatric Emergency Department"

Today's webinar is being recorded and a link to the recording and the slides will be on the GEDC website event page later today. Link to the webinar recording and slides:

<https://gedcollaborative.com/events>

Check out essential GED Resources on the GEDC website

<https://gedcollaborative.com/resources>

Many thanks,

GEDC team

00:33:38 Conor Sullivan:

Don Melady @geri\_EM

Emergency physician at Mount Sinai Hospital in Toronto and a faculty member of the GEDC.

<https://geri-em.com>

A website for education for doctors and nurses in the ED – CI and five other GED modules

00:34:02 Conor Sullivan: 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>

00:34:09 Ula Hwang: Please set your chat to "panelists and attendees" so everyone can see your responses.

00:34:40 Conor Sullivan: 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>

00:35:01 Conor Sullivan: <https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-care>

00:35:11 Christina Bartholomew: WI,

00:35:19 Rebecca Rigney: Paramedic from Ireland

00:35:21 Christina Bartholomew: Nurse Manager

00:35:22 Natasha Wright: Calgary AB, ERMD. No to question

00:35:24 Jennifer Blatnik: Cleveland VA.....ICT

00:35:27 Jennifer Smith: Calgary, Alberta, Canada - Clinical Nurse Educator for RGH ED

00:35:28 Jeremy Swartzberg: Physician in Oakland, CA

00:35:29 John Schumacher: Baltimore, MD. Researcher



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- 00:35:30 Nicole Soria: Cincinnati OH, assistant medical director ED, no geriatric specific aside from me
- 00:35:30 Laura Desmond: Occupational therapist from Ireland
- 00:35:30 Pieter Heeren: Geriatric nurse practitioner working in ED University Hospitals Leuven, Belgium
- 00:35:33 Rebecca Morrison: Clinical Nurse Manager- ED, Southern AZ VA
- 00:35:34 michael heinrich: PT from Phoenix, AZ
- 00:35:37 Jessie Trenholm: Jessie Trenholm - occupational therapist in the ED at Rockyview Hospital in Calgary, Alberta
- 00:35:38 Kevin Corcoran: Kevin Corcoran Syracuse NY, GED
- 00:35:40 Katren Tyler: Katren Tyler Emergency Physician UC Davis Sacramento CA
- 00:35:40 Georgia Belanger: Winnipeg Canada, Geriatric Clinician in Community.
- 00:35:41 Elizabeth Waack: Phoenix VA Healthcare System, Nurse Manager, Emergency Department
- 00:35:41 Jeffrey Eppler: Jeffrey Eppler MD Emergency Physician Kelowna General Hospital
- 00:35:41 Ashley Heward: Calgary, Canada- Emergency Unit Manager.
- 00:35:42 Ula Hwang: Ula Hwang, Yale New Haven, emergency physician, some interdisciplinary team
- 00:35:42 Jeff Straw: Physician assistant- ED, Toronto, ON
- 00:35:43 Vincent Cachuela: From UC Davis Health. Clinical Case Management supervisor for the ED CMs
- 00:35:43 Pieterjan Van Wijngaerden: ER Social Worker
- 00:35:44 Kathy Wilson: ED Nurse Fort Wayne, IN
- 00:35:47 Aine Murphy:SLT Dublin Ireland
- 00:35:47 Nikki Webb: Geriatrics Program Manager--Duke Regional Hospital, Durham, NC
- 00:35:48 Melissa Krawczyk: Brisbane Australia- yes to an allied health access
- 00:35:48 Conor Sullivan: Please check out the "Consulting the Team" section of the <https://geriem.com/trauma-falls/consulting-the-team/>
- 00:35:48 David Larson: Ridgeview, Waconia, MN Emergency Physician
- 00:35:48 Íde O'Shaughnessy: Íde Senior Occupational Therapist from Ireland. Work on an Older persons team in ED
- 00:35:49 Kirk Matthews: Tauranga, NZ, Specialty clinical nurse. MDT older adult team in ED
- 00:35:52 Kimberly Garner: V16 Rehab & Extended Care Lead - Geriatrician
- 00:35:54 Nancy Ng: Nancy Ng, PT, Mount Sinai Hospital, Toronto, Canada
- 00:35:55 catherine swope: RN case management, Sacramento
- 00:35:55 Nadine Benoit: Hackensack University Medical Center HELP Elder Life Specialist. We currently have a Geriatric ETD. Thank you. Nadine Benoit
- 00:35:55 Maeve Ryan: Occupational Therapist in ED in Tallaght University Hospital, Ireland



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- 00:35:59 Jeffrey Eppler: Pam Eppler Community Physiotherapist Kelowna with Interior Health
- 00:36:00 Mireia Puig-Campmany: ED Director, Hospital de la Santa Creu i Sant Pau, Barcelona
- 00:36:01 Patricia Giblin: Senior OT from FIT team in Sligo Ireland
- 00:36:04 Laura Dillon: Mater hospital Dublin senior pharmacist. FIT team
- 00:36:04 Mary Ann Hamelin: Mount Sinai Hospital, Toronto. GEM nurse.
- 00:36:05 Katrina Ceci: Milwaukee, Wisconsin. My hospital does not but I also work for the Emergency Nurses Association. We are developing resources to improve geriatric nursing care.
- 00:36:05 Conor Sullivan: Reminder: PLEASE USE THE CHAT ICON." For all your questions and comments to be seen, please be sure to have your chat set to "ALL PANELISTS AND ATTENDEES"
- 00:36:05 Fiona Byrne: Ireland; Dietitian ; new team being set up
- 00:36:11 Hannah McClellan: Assistant Patient Care Manager Stanford Health Care, Stanford CA
- 00:36:11 Andrew Munro: ED Specialist Nelson NZ Geriatric specialty in my hospital but generally not able to take referrals direct from ED
- 00:36:13 Joan Tincher: San Diego- NP geriatrics. I am not with UCSD but they have an amazing GED.
- 00:36:15 Conor Sullivan: Reminder: PLEASE USE THE CHAT ICON." For all your questions and comments to be seen, please be sure to have your chat set to "ALL PANELISTS AND ATTENDEES"
- 00:36:15 Niamh Keenahan: OT ED Dublin
- 00:36:19 Pieterjan Van Wijngaerden: ER Social Worker - University Hospital in Leuven, Belgium
- 00:36:19 Genevieve Casey: OT, Ireland, Frailty team in our ED
- 00:36:20 Prem Sarikonda: Physiotherapist from Cambridge UK. We have a dedicated multidisciplinary team based in our ED
- 00:36:21 Debbi Bowman: Debbi Bowman; Parkview Randallia Emergency Department Manager. We have a bronze level Geriatric certification and have a small team of nurses
- 00:36:32 Siobhan Magner: CS Physiotherapist mater FIT Dublin
- 00:36:35 Christian Nickel: Christian Nickel, EM physician, Switzerland, No OT yet
- 00:36:37 Rico Laguna: ANP Mater FIT in ED, Dublin, Ireland
- 00:36:43 Conor Sullivan: Reminder: For all your questions and comments to be seen, please be sure to have your chat set to "ALL PANELISTS AND ATTENDEES"
- 00:36:46 Sally O'Grady: Physio working in an MAU in Dublin
- 00:36:48 Michael Malone: Michael Malone Aurora Senior Services Wisconsin / Illinois
- 00:36:49 Orla Sheil: OT UCHG ED Galway Ireland
- 00:36:59 Aoife Ryan: Senior MSW, Ireland, in Frailty team in ED
- 00:37:02 Maria Larkin: Occupational Therapist on FITT, Mercy University Hospital Cork
- 00:37:03 kristina Larson: RN Clinical Case Manager ER



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- 00:37:04 Lizelle Lumb: Brisbane, Australia: Transdisciplinary clinician (shared between OT and PT) in a primary contact role in ED for Older persons, including a Geriatrician and Gerontic Nurses
- 00:37:06 Lori Ritter: Duke Regional Hospital Durham NC. We have a dedicated Interdisciplinary team and are Bronze Level
- 00:37:18 Edward Scea: Port Hope Canada, Social Worker, Geriatric Assessment and Intervention Network
- 00:37:24 Marie Howard: Occupational Therapist, Care of the Elderly, Beaumont Hospital, Dublin
- 00:37:43 Padee Xiong: Padee Xiong, RN Case Manager, Aurora Baycare Medical Center, Green Bay, WI
- 00:37:47 Stacy Jackson: Occupational Therapist- Port Hope Ontario, Canada- Geriatric Assessment and Intervention Network- Community Team. Interdisciplinary Team. We often connect with GEM Nurse at local hospital as well as community supports
- 00:37:49 Portia Chinnery: Portia Chinnery, RN- Patient Safety & Quality for the ED
- 00:37:50 Conor Sullivan: Reminder: all your questions and comments to be seen, please be sure to have your chat set to "ALL PANELISTS AND ATTENDEES"
- 00:37:58 Mary Hayes: Mary Hayes Advanced Nurse Practitioner Frailty Emergency/Ambulatory, I work with the FIT Mercy University Hospital Cork, Ireland
- 00:38:35 Michael Malone: Social workers rock
- 00:38:51 Debbi Bowman: Broad spectrum of scope of practice for nursing vs other disciplines
- 00:38:54 Jennifer Smith: OT because we have a dedicated OT and the difference is amazing. When funding was pulled and temp lost our OT, we noticed the difference.
- 00:39:03 Todd James: Social worker to assess supports and caregiver needs.
- 00:39:06 Íde O'Shaughnessy: OT guiding principles are grounded in holistic and person-centred care
- 00:39:06 Vincent Cachuela: My option isn't on the survey but it would be a Geriatric ED nurse case manager because of the coordination of care needed.
- 00:39:07 Mary Hayes: I have a lot of patients who present with Falls
- 00:39:08 Katren Tyler: We need an "all of the above" option. But I chose PT because we are vastly undersupplied with PT
- 00:39:09 Jeff Straw: nurse specialist- access to referrals and resources as well as own assessment skills
- 00:39:10 Andrew Munro: Broadest view
- 00:39:11 Jeremy Swartzberg: The geriatric nurse specialist is the needed glue to put all the pieces together.
- 00:39:11 Rebecca Rigney: Social Worker, The ED isn't a benign location for older adults. If we can look after our older adults in their home/community, we should
- 00:39:11 John Schumacher: Nurse specialist Likely has the greatest impact for us.
- 00:39:15 Jessie Trenholm: I chose OT because I think that addressing patient function, especially in older adults, is critical in ensuring their success upon discharge



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- 00:39:15 Brandon O'Connor: Because social workers focus on developing systems
- 00:39:17 catherine swope: nurse specialist- identify self care needs and link to outpatient setting
- 00:39:18 Elizabeth Waack: Geriatric nurse specialist for care coordination
- 00:39:22 Portia Chinnery: The Nurse Specialist can coordinate all care
- 00:39:25 Katrina Ceci: Social workers know the eligibility requirements for various community resources and consider all the patients' needs.
- 00:39:26 Heide Bursch: geriatric nurse specialist: knows a little about all of the other fields
- 00:39:27 Stacy Jackson: OT- occupational based intervention, system navigation and care coordination
- 00:39:28 Kathy Wilson: OT -To see how the patient functions at home. We currently have social workers and nurse specialists.
- 00:39:29 michael heinrich: To determine therapy care needs earlier than after the patient has been admitted and potentially save time with MSK cases to get to outpatient services faster.
- 00:39:30 Alexandria Sutinen: Social worker - crucial to coordinating care and services
- 00:39:32 Vincent Cachuela: My option isn't on the survey but it would be a Geriatric ED nurse case manager because of the coordination of care needed.
- 00:39:32 James Hardy: I would hire a geriatrician or an APP to serve as GENIE
- 00:39:32 Pieter Heeren: nurse specialists as these can have input on all domains
- 00:39:33 Edward Scea: SW because they look at a holistic view
- 00:39:34 Andrew Munro: SW broadset view
- 00:39:34 Nikki Webb: Geriatric Social Workers do holistic, person centered assessments and have knowledge of community resources for safe transition from ED
- 00:39:37 Ashley Heward: Nurse specialist would likely be able to coordinate care from other services
- 00:39:37 Lizelle Lumb: In our Emergency Department, I would choose both OT and PT as we already operate on that model of care
- 00:39:39 Jeffrey Eppler: to me a NP is a generalist who can coordinate care from other ancillary health practitioners
- 00:39:41 Maria Larkin: OT broad ranging skill set
- 00:39:46 Rico Laguna: Nurse specialist provide patient center and holistic care
- 00:40:04 Aoife Ryan: Social workers practice in a holistic and patient centred manner
- 00:40:26 Pamela Martin: I chose SW because they are familiar with all the community resources available to the patient and that's important in getting patients out of the ED
- 00:40:26 Conor Sullivan: Michelle Moccia, ANP-BC, GS-C  
Program Director, Senior ED, St. Mary Mercy Hospital, Michigan
- 00:40:31 Niamh Keenahan: An occupational therapist as we help prevent readmissions and help keep people at home by looking at people's function and ensuring people are at their baseline before being discharged home



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- 00:40:36 Joan Tincher: My focus on dementia related behaviors lead me to say the Geriatric Nurse Specialist. Med review is critical along with extrinsic factors
- 00:40:38 Deirdre Ryan: Social worker as they play a vital role assisting us to achieve the more complex/difficult ED discharges
- 00:40:53 Don Melady: An occupational therapist as we help prevent readmissions and help keep people at home by looking at people's function and ensuring people are at their baseline before being discharged home
- 00:41:33 Don Melady: Social workers practice in a holistic and patient centred manner
- 00:41:47 Don Melady: Geriatric nurse specialist - will have an impact in our facility as we start the process of Geriatric ED
- 00:41:51 Naomi Algeo: OTs as they address physical, emotional and cognitive well-being and focus on functional Ax and safe discharge planning
- 00:41:58 Don Melady: to me a NP is a generalist who can coordinate care from other ancillary health practitioners
- 00:42:11 Don Melady: OT as we are trained in mental and physical health. We can also bridge the gap between health and social care.
- 00:42:23 Don Melady: An occupational therapist as we help prevent readmissions and help keep people at home by looking at people's function and ensuring people are at their baseline before being discharged home
- 00:42:40 Don Melady: Nurse specialist provide patient center and holistic care
- 00:42:58 Don Melady: OT broad ranging skill set
- 00:43:09 Don Melady: OT- occupational based intervention, system navigation and care coordination
- 00:43:46 Don Melady: nurse specialist- identify self care needs and link to outpatient setting
- 00:43:51 Katrina Ceci: I am learning that I was not aware of the full scope of OT practice!
- 00:44:03 Don Melady: I've just texted in some of the things that I've seen in the Chat
- 00:44:48 Ula Hwang: Consider 3D's – Delirium, dementia, Depression to frame a holistic approach when first assessing older patients in the ED.
- 00:46:29 Conor Sullivan: Michelle Moccia, ANP-BC, GS-C, Program Director, Senior ED, St. Mary Mercy Hospital, Michigan  
GEM Nurse Top Tips & Practical Strategies:  
1. Apply the "D" and "E" of the primary survey (ABCDE) to help determine cognition and environmental status. Include the caregiver for total clinical picture  
2. Recognize mismanagement of medications may be related to an undiagnosed neurocognitive disorder and may result in unintentional consequences  
3. Appreciate assessment of an older adults current living Environment may prevent a failed discharge plan  
Resources:  
<http://www.awareincare.org> (Parkinson disease information)  
<https://www.ustep.com/product/lasercane> designed for those with neurological disorders  
[www.senioralliance.org](http://www.senioralliance.org) (every state has senior alliance to help with needs)  
<https://www.medicalcarealert.com> personal emergency response system



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- <https://guardianalarm.com/medical-monitoring> personal emergency response system and medication management
- 00:46:34 Conor Sullivan: <https://www.knoxbox.com> Box to allow EMS providers to help enter your home
- 00:47:59 Conor Sullivan: Suzie Ryer, MPT, GCS, CEEAA  
Geriatric Clinical Specialist Senior Project Coordinator, Advocate Aurora Health Senior Services, Wisconsin  
@RyerSuzanne  
Resources:  
Decision tree for assistive devices: <https://www.aafp.org/afp/2011/0815/p405.html>  
Gait speed:  
[https://journals.lww.com/jgpt/Fulltext/2009/32020/White\\_Paper\\_Walking\\_Speed\\_the\\_Sixth\\_Vital\\_Sign\\_2.aspx?casa\\_token=aYbrltFxlSIAAAAA:dMcA3MYSPbERI3Bgg1LeRxsrKng\\_aK\\_LcZ3PH3ZfxWaHXJGGtPK8CeWfgkUC7ZrFJmZVjEdK4jdaVXN0tKICa9JA](https://journals.lww.com/jgpt/Fulltext/2009/32020/White_Paper_Walking_Speed_the_Sixth_Vital_Sign_2.aspx?casa_token=aYbrltFxlSIAAAAA:dMcA3MYSPbERI3Bgg1LeRxsrKng_aK_LcZ3PH3ZfxWaHXJGGtPK8CeWfgkUC7ZrFJmZVjEdK4jdaVXN0tKICa9JA)  
Gait speed app for iPhone: <https://apps.apple.com/us/app/gait-speed/id945635032>
- 00:52:28 Katren Tyler: Just noticed the other day that my iPhone now has walking speed, step length, and double support time.
- 00:52:44 Don Melady: From Yasmeen Hasnain: please can give some apps for gait mobility strength and balance – the apps will be in Suzie’s handouts
- 00:53:11 Lorraine Trecroce: Karen, I noticed the same! And plan to make sure my dad who wears an apple watch has it all tracking. :)
- 00:54:51 Lorraine Trecroce: Katren\* sorry!
- 00:55:22 Katren Tyler: @Lorraine - my dad too! And no worries.
- 00:56:05 Conor Sullivan: Kara McLoughlin, BSc (Hons) OT, MSc(OT)(c)  
Clinical Specialist Occupational Therapist,  
Beaumont Hospital, Dublin, Ireland  
@karamcloughlin  
kara.mcloughlin@gmail.com  
Resources:  
Royal College of Occupational Therapy (RCOT) Occupational therapy in the prevention and management of falls in adults  
<https://www.rcot.co.uk/practice-resources/rcot-practice-guidelines/falls>  
Fit for frailty-British Geriatric Society  
[https://www.bgs.org.uk/sites/default/files/content/resources/files/2018-05-23/fff\\_full.pdf](https://www.bgs.org.uk/sites/default/files/content/resources/files/2018-05-23/fff_full.pdf)  
Acute Frailty Network  
<https://www.acutefrailtynetwork.org.uk>  
Early Identification and Management of Delirium in the Emergency Department/ Acute Medical Assessment Unit Algorithm  
<https://dementiopathways.ie/care-pathways/acute-hospital-care/integrated-care-pathways-and-delirium-algorithms>  
End PJ Paralysis  
<https://endpjparalysis.org>



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Fit to Sit

<https://improvement.nhs.uk/resources/are-your-patients-fit-sit>

- 00:56:29 Don Melady: We are delighted by your accent and your presence!
- 00:56:38 Kimberly Garner: I always find it helpful to go get the mature adult from the waiting room so that I can see how they get up from the chair in the waiting room. How they walk the 100 or so feet to my office, and how they sit down in my office.
- 00:57:42 Don Melady: Kimberley Garner: I always find it helpful to go get the mature adult from the waiting room so that I can see how they get up from the chair in the waiting room. How they walk the 100 or so feet to my office, and how they sit down in my office.
- 00:57:50 Suzie Ryer, MPT, GCS: Absolutely Kimberly - a great use of time for assessment of mobility (and a LONG distance).
- 00:59:34 Kimberly Garner: It is a long distance but Medicare thinks 100 feet is household distance so its a test. I'm always prepared to get a wheelchair for them if needed. Its just better for me to see this. Otherwise I don't get that information from anyone else.
- 01:00:01 Don Melady: from Kimberly Garner: It is a long distance but Medicare thinks 100 feet is household distance so its a test. I'm always prepared to get a wheelchair for them if needed. Its just better for me to see this. Otherwise I don't get that information from anyone else.
- 01:00:06 Ula Hwang: Questions Kara asks when she initiates evaluation with a patient:
- 01:00:08 Ula Hwang: 1. How did they get here? and Why are they here? ☹ gets to reason for visit, but also does cognitive assessment.  
2. When did they last eat?  
3. When did they last take their meds?  
4. Ask their questions about how they bathe and dress – helps assess their functional status and physical abilities.
- 01:01:27 Don Melady: Hi Laura we can't have the ability to unmute you – so just text your question directly to me
- 01:02:55 Jessie Trenholm: "Magical quality of occupational therapists" ... I like the ring of that, I might get that put on a t-shirt... ;)
- 01:03:40 Conor Sullivan: Maya Genovesi, LCSW MPH  
Social Work Manager  
Emergency Department & Rapid Evaluation & Treatment Unit  
Mount Sinai Hospital, Department of Emergency Medicine  
New York City  
Maya.Genovesi@mountsinai.org
- 01:06:59 jane carmody: Sorry, previous call...want to at least hear the last 30 minutes.
- 01:07:39 Ula Hwang: 3 Tips:  
1. Approach patient with curiosity and eagerness. Especially important for us with for familiar faces and those that may be under-represented or disenfranchised.  
2. Document clearly and with PHONE NUMBERS! Document surrogate information. READ the social work notes. They often contain nuggets of patient history.  
3. Clinically appropriate discharges and referrals preserve patient autonomy!





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- 01:10:06 James Hardy: I like the idea that a good discharge is one that safeguards patient autonomy
- 01:10:06 Carol Lyons: You cannot beat the power of general observation of our patients as they negotiate the ED and by having a having a general chat about their life.
- 01:10:32 Ula Hwang: Investing more with interactive care and time while in the ED can save time with avoidable admissions and reduce Length of stay downstream.
- 01:12:44 Portia Chinnery: Needs a functional decline assessment
- 01:13:02 Portia Chinnery: splint may cause another fall
- 01:13:49 Portia Chinnery: PT eval
- 01:14:43 Laura Dillon: On maintenance steroids - needs bone protection. Lying & standing BP and rationalise anti hypertensive medication.
- 01:15:02 Joan Tincher: High risk of anticholinergic burden
- 01:15:39 Portia Chinnery: @joan, yes
- 01:15:43 Brandon O'Connor: Assessing for supports at home with ADLs - additional family or home care providers, assessing if wife is overwhelmed with caring for pt, discussing home modifications for easier transfers
- 01:16:16 Natasha Bhesania: At MSH in Toronto we would consider applying to in-pt rehab if he is WBAT and able to follow directions during our assessment.
- 01:17:42 Lizelle Lumb: In Brisbane, a lot of chemists close by 8pm so it would make accessing equipment difficult. During the day time the focus would be on getting him home with our gerontic service with in-home follow up. With a knee extension brace on stairs would be difficult so his home set up would need to be a consideration as we have many high set Queenslander homes here. Sometimes we admit these patients to our SSU for next day review with aiming of sending home post our assessment
- 01:20:52 Jessie Trenholm: Our ED has the option of sending patients to directly to a subacute rehab facility - this gentleman may need some time to convalesce from his injury, plus more rehab assessment/intervention than can be provided in the ED on a Friday night at 8PM.
- 01:25:02 Ula Hwang: We are hearing from Maya how well a resource rich environment can provide with interdisciplinary team care for older patients in getting patients safely out of the ED
- 01:25:06 Jessie Trenholm: It would be important to include his wife in the discharge planning.
- 01:25:25 Ula Hwang: proactive identification of patients that may benefit from this care coordination
- 01:26:12 Joan Tincher: prevent the next fall. orthostatics? dehydration? too much BP control for 82 yo?
- 01:26:27 Ula Hwang: For hospitals that are resource limited and not in settings like Mount Sinai - consider start small, with just one service and identifying your partners
- 01:27:57 Conor Sullivan: Key components to consider:  
1. Assessing the cognitive ability of both of them  
2. Assessing mobility and function  
3. Establishing links to community care – meals on wheels, follow up with home assessment, a friendly visitor service



4. Helping with transitions of care – communication with PCP, with pharmacy, arranging transport home and to follow up appointments

01:28:42 Conor Sullivan: GEM Nurse Top Tips & Practical Strategies:

1. Apply the “D” and “E” of the primary survey (ABCDE) to help determine cognition and environmental status. Include the caregiver for total clinical picture
2. Recognize mismanagement of medications may be related to an undiagnosed neurocognitive disorder and may result in unintentional consequences
3. Appreciate assessment of an older adults current living Environment may prevent a failed discharge plan

01:28:59 Conor Sullivan: Physical Therapist Top Tips:

1. Ask about mobility not just immediately before coming to ED but a week and a month before. This includes assistive device used, assistance, and distance.
2. When assessing gait and mobility look beyond straight walking and have the patient stand, walk, turn, and sit.
3. Reassess that gait device used before ED visit is still appropriate upon discharge from ED and consider an alternative that will meet needs.

01:29:19 Conor Sullivan: Occupational Therapists Top Tips:

1. Ask the high yield questions
2. Use a screening tool
3. Always consider delirium

01:29:40 Conor Sullivan: Social Worker Top Tips:

1. Approach with curiosity and eagerness. Your best and most effective interventions are ones that demonstrate an eagerness to get to know the person in front of you.
2. Document clearly, and thoroughly, with phone numbers. The Electronic Medical Record is a living document. Document well and thoroughly and always read the Social Work Notes. Phone #s mean the world to us.
3. Clinically appropriate & “safe enough” discharges preserve patient autonomy. The most clinically appropriate plan is always the one that preserve the most of the patient’s autonomy and promotes wellbeing. It is not just about making any referral, but the right one.

01:31:18 Joan Tincher: Fabulous! Thank you!

01:31:18 jane carmody: Excellent webinar. improving ED care for older adults !

01:31:23 Kevin Corcoran: Great Webinar as always!! Thank you!

01:31:29 Conor Sullivan: GEDC's Dr. Chris Carpenter is one of the leading experts in frailty who have helped launch the Silver Book II in collaboration with the British Geriatrics Society. Free, digital, for clinicians by clinicians.

See the Silver Book II here:

<https://www.bgs.org.uk/resources/resource-series/silver-book-ii>

Delirium Toolkit

March 17 was not only St. Patrick’s Day but also World Delirium Awareness Day. We all celebrated both in our way – but our partner, West Health, drew our attention to their Delirium Prevention in the ED Toolkit, available on the GEDC website.



<https://gedcollaborative.com/toolkit/delirium/>

01:31:50 Marie-Josée Sirois: Great presentation everyone ! Great Tips from this dream team.

01:31:51 Orla Sheil: Very informative many thanks

01:31:55 Conor Sullivan: JAMA  
Association of a Geriatric Emergency Department Innovation Program With Cost Outcomes  
Among Medicare Beneficiaries

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2776803>

March 1, 2021

Ula Hwang, MD, MPH; Scott M. Dresden, MD, MS; Carmen Vargas-Torres, MA; et al

01:32:23 Ula Hwang: This was one of our highest attended webinars, with the most diverse group of disciplines and nationalities represented from all around the world. Thank you for participating and getting up super early for many of you to join the GEDC on this webinar!

01:32:26 Laura Stabler: Thanks Everyone, please visit [gedcollaborative.com](https://gedcollaborative.com) for Geriatrics resources, toolkits and educational curriculum modules

01:32:26 Conor Sullivan: Thank you so much! Stay tuned for the GEDC's next webinar on original research from GEDC's own Dr. Ula Hwang "Making the Case for Return on Investment in the GED" on May 17, more information coming soon. <https://gedcollaborative.com/event/2021-05-17/>

01:33:12 Conor Sullivan: Dear Colleagues,  
Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on March 22nd, "Clinical Tips from the Interdisciplinary Team in the Geriatric Emergency Department"  
On the GEDC event page, we have added a link to the webinar recording, chat resources and slides that will be available for download later today:  
<https://gedcollaborative.com/events/>

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/>

Join the GEDC: [laura\\_stabler@med.unc.edu](mailto:laura_stabler@med.unc.edu)

Thank you so much! Stay tuned for the GEDC's next webinar on original research from GEDC's own Dr. Ula Hwang "Making the Case for Return on Investment in the GED" on May 17, more information coming soon. <https://gedcollaborative.com/event/2021-05-17/>

01:33:32 kevin biese: This was a great presentation. Thank you all!!!

01:33:34 Conor Sullivan: GEDC Team  
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/>

@johnahartford  
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>

01:33:51 Marcus Escobedo: terrific presentations today. Thank you @GEDC from all of us at The John A. Hartford Foundation

01:34:06 Rebecca Rigney: incredible seminar, thank you. Go raibh mile maith agat

01:34:07 Ula Hwang: Thank you!!!

01:34:15 Christian Nickel: thank you!

01:34:18 Brittany Ellis: Thank you!!

01:34:21 Genevieve Casey: Thank-you

01:34:24 Fiona Byrne: Thanks a million