00:31:33	Don Melady:	Hi Sarah!
00:32:45	Sarah Connelly:	Hi Don! Christine, Ann and I are here and ready to listen!
00:35:34	Conor Sullivan:	Dear Colleagues, Welcome to the Geriatric Emergency Department Collaborative's webinar, November 8th, "***Elder abuse and neglect: Addressing unmet social needs in the Geriatric ED"*** Today's webinar is being 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/** Check out essential GED Resources on the GEDC website https://gedcollaborative.com/resources/ Many thanks, GEDC team
00:36:17	Conor Sullivan:	**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/
00:36:36	Conor Sullivan:	Slide 2: 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/
00:37:25	Conor Sullivan:	Slide 3: 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/ Follow us: @johnahartford

		The 4Ms framework http://www.ihi.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/
00:37:48	Terry Fulmer:	thanks West Health!
00:37:59	Conor Sullivan:	Please Select "Everyone" when using the chat function, so your questions and comments can be seen by everyone.
00:38:33	Deanna Kollmann:	Cincinnati VA Medical Center, Registered Nurse
00:38:38	Laura Stabler:	Laura Stabler, Program Director, GEDC
00:38:39	Gena Schupp:	Wisconsin, APS Coordinator for DHS
00:38:42	tina tran:	Dallas VA ED, Clinical Pharmacist Practitioner
00:38:44	Ray Kennedy:	Robley Rex VA Hospital
00:38:44	Sarah Connelly:	GEM RN and ED SW from Mt. Sinai hospital in Toronto
00:38:49	Katie Hester:	LCSW in the ED at the VA Medical Center in Aurora, Colorado
00:38:49	Emily Simmons:	UAB Hospital, Director of Program Development
00:38:55	Ann Vo:	Toronto, Mount Sinai hospital, GEM
00:38:57	Alice Page:	Wisconsin APS - Dept. of Health Services
00:39:02	Chris Carpenter:	Washington University in St. Louis, Barnes Jewish Hospital and Missouri Baptist Medical Center, emergency medicine physician and geriatric researcher
00:39:03	Rhonda Giarretto:	Rhonda Giarretto, RN, MSN, CNS, Supervising Public Health Nurse, Adult Protective Services watching from Oakland, CA.
00:39:04	Ray Kennedy:	Robley Rex VA Hospital, Ray Kennedy MD, ED physician
00:39:04	Doreen Goetsch:	Elder abuse victim liaison coordinator
00:39:08	Sydney Palinkas:	Rockville, MD - Community Outreach and Education manager at ElderSAFE Center
00:39:11	Bryan Laviolette:	Bryan Laviolette, Community Paramedic, Simcoe County/York Region
00:39:12	Courtney Hall:	Birmingham, AL UAB Hospital, GED RN Care Coordinator

00:39:12	Lacey Donle:	Lacey Donle, LSW (She, Her) Elder Advocate, Elder Abuse Institute of Maine, Brunswick, Maine
00:39:13	Susan Bower:	Mayo Clinic...Rochester, MN....RN in ED.
00:39:13	Scott Bane:	Scott Bane, Program Officer, The John A. Hartford, NYC
00:39:13	Dyan Hagy:	Cleveland VA Emergency Dept, Social Work
00:39:15	Katren Tyler:	Katren Tyler MD, UC Davis Sacramento CA USA
00:39:15	Kim Fanning:	Kim Fanning, Clinical Instructor & Primary Nurse Planner. Sinclair School of Nursing, Columbia Mo
00:39:16	Taneshia Persaud:	Taneshia Persaud, RPN & Clinical Care Manager, Mavencare (private Home Care)
00:39:17	Tiffany Averette-Smith:	Atlanta VA- Social Work Supervisor
00:39:19	Elizabeth Dolata:	Elizabeth Dolata, Staff Attorney for our MedLaw Partnership at Center for Elder Law and Justice in Buffalo, NY.
00:39:28	Nancy Wexler:	Hi, Nancy Wexler, The John A. Hartford Foundation
00:39:37	Michelle Jackson:	Community Developer,Prince George's County MD Sheriff's Office, Community Partnerships Dept. I present to Seniors.
00:39:38	Kelly Neal:	Kelly Neal, LSW SW Manager Memorial Health System- Central IL
00:39:46	Jeanne Saunders:	Department of Justice Sacramento California Dept of MediCal Fraud and Elder Abuse, Nurse Evaluator II
00:39:47	Tiffany Averette-Smith:	Tiffany Averette-Smith, Social Work Supervisor, Atlanta VA
00:39:49	darlene cannaday:	Darlene Cannaday MSW/LMSW Family Service Specialist 2 for DCHS Alexandria Va. Adult Protective Service Unit.
00:39:50	Avarae John:	Avarae John Social Worker with SRPMIC Senior Services
00:39:52	Amy Berman:	Amy Berman, Senior Program Officer - The John A. Hartford Foundation
00:39:57	jane carmody:	Jane Carmody, The John A. Hartford Foundation. Based in New York City and fund nationally to improve the care of older adults
00:39:59	Travis Hackworth:	Hardin County OH APS and AAA3
00:40:03	Kevin Corcoran:	Kevin Corcoran Syracuse VA
00:40:07	NEMAT ALSABA:	Hello from Dr Nemat Alsaba GEM consultant Gold Coast Hospital Australia
00:40:11	Susan Grafton:	Nurse Consultant 3, California Department of Justice, division of Medi-Cal Fraud and Elder Abuse. Sacramento, CA
00:40:14	Brenda Oiyemhonlan:	Brenda Oiyemhonlan, ED Physician and Geriatric Champion, TPMG Northern California Kaiser Permanente
00:40:22	Michael Malone:	Senior Services at Advocate Aurora Health. Wisconsin and Illinois.

00:40:26	Conor Sullivan:	**Today's Expert Panelists:**

Alyssa Elman, LMSW

Social Worker,

Vulnerable Elder Protection Team,

Department of Emergency Medicine

New York-Presbyterian Hospital/Weill Cornell Medical Center

Terry Fulmer, PhD, RN, FAAN

President

The John A. Hartford Foundation

terry.fulmer@johnahartford.org

Tony Rosen, MD

Assistant Professor of Emergency Medicine Program Director,

Vulnerable Elder Protection Team,

New York-Presbyterian Hospital/Weil Cornell Medical Center

Kristin Lees Hagerty, PhD

Project Director

National Collaboratory to Address Elder Mistreatment

Education Development Center

klees@edc.org

00:40:51	Kevin Corcoran:	Kevin Corcoran Syracuse VA
00:40:59	Claire James:	Cheshire, UK Advanced Practitioner role is to prevent ED admission and deliver hospital level care on home. majority of patients are vulnerable elderly.
00:41:12	Carla Clements:	Philadelphia VA Hospital Emergency Department RN
00:41:30	Katie Hester:	Education of ED staff
00:41:36	Conor Sullivan:	Slide 6 - Quick Poll: What is the most important intervention to address elder neglect in a Geriatric ED?
00:42:34	April DeValkenaere:	Waukesha, Wisconsin, White Collar Crime Paralegal

00:45:05	Sydney Palinkas:	Time to actually intervene
00:45:15	Kim Fanning:	limited time
00:45:15	Sarah Connelly:	privacy, getting the patient alone
00:45:19	Lacey Donle:	Time, overcrowding and COVid stressing the staff
00:45:20	Rhonda Giarretto:	Lack of resources, service silos
00:45:25	Jaime Halaszynski:	lack of standardized screening mechanism
00:45:28	darlene cannaday:	capacity of client and family interference
00:45:32	Katren Tyler:	Recognition early enough
00:45:34	Sarah Connelly:	and knowing what to do with the information obtained
00:45:34	Courtney Hall:	Privacy and time
00:45:34	Kelly Neal:	Time/limited ER space; quick turnover
00:45:35	April DeValkenaere:	Convincing people that it is not a family/civil issue
00:45:35	Michael Malone:	The pressure to move the person to the next site of care.
00:45:37	NEMAT ALSABA:	Time !
00:45:42	Chris Carpenter:	Definitive research evidence quantifying number needed to screen and cost-effectiveness of that effort to justify allocation of requisite resources from hospital
00:45:43	Susan Grafton:	Early recognition
00:45:45	Claire James:	providing safe place for person to talk
00:45:50	Alice Kindschuh:	Throughput
00:46:02	Jane Ren:	lack of education of the staff and limited resources to further assess and address the issue
00:46:05	Karen Sundstrom:	Karen Sundstrom, Lexington County SC, later Life advocate
00:46:15	Tiffany Averette-Smith:	I think the limited access to Adult Protective Services. While we make immediate intervention and referrals, APS is not required to respond immediately, sending patients home to at risk situations, also allowing them to be interviewed at the home with the perpetrator.
00:46:20	Hilary Dalin:	This is why APS and legal aid are so important because they can mitigate many of the barriers!
00:46:51	Conor Sullivan:	Poll results:
		Education (43%)
		Social Work (21%)

		CBO Link (13%)
		Screening(13%)
		Adult protective Services (10%)
00:48:32	Karen Sundstrom:	ED staff are heavily over burdened and understaffed. Having access to social work personnel in the ED may be the primary way to secure help for abused/neglected elders.
00:49:01	Conor Sullivan:	Hi Ray, Please Select "Everyone" when using the chat function, so your questions and comments can be seen by everyone.
00:49:38	Conor Sullivan:	**Tony Rosen, MD**
		Assistant Professor of Emergency Medicine Program Director,
		Vulnerable Elder Protection Team,
		New York-Presbyterian Hospital/Weil Cornell Medical Center
		aer2006@med.cornell.edu
00:53:47	Lacey Donle:	self-neglect, isolation, financial exploitation, hoarding and poverty
00:53:59	Don Melady:	I've seen, even often see, caregivers who themselves have cognitive impairment trying their best to provide care for the spouse with dementia.
00:54:50	Kelly Neal:	self-neglect, medical neglect- often due to poor health literacy/understanding to medical demands of the person they're caring for
00:55:13	Bryan Laviolette:	poor health literacy or other SDOH
00:55:37	Michelle Jackson:	Dementia and most friends have passed away
00:55:38	Karen Sundstrom:	very limited local resources. Unless situation can qualify for APS intervention, very few resources. Law enforcement limited and reluctant to get involved. Family and/or other caregivers usually are very overburdened, few $ resources, no transportation, Local, county and state resources extremely limited especially if case does not qualify for APS intervention. ED staff often does not know what to do if they can't contact local APS. "Neglect" assessment is limited.
00:56:54	Ula Hwang:	**Rosen highlights:**
		• Neglect more common than abuse.
		• Unintentional neglect more common than intentional neglect.
		• ED is a setting and environment as unique opportunity to capture neglect in older adults.
		• Unmet social needs exacerbate and predispose patient to neglect
00:57:26	Claire James:	person with capacity making what we perceive to be unwise decisions and eg wearing continence pads choosing not to move from chair consequence being avoidable pressure sores
00:58:01	Conor Sullivan:	**Tony's Resources:**
		• GEMCast Podcast: How to Identify and Intervene in Cases of Elder Abuse
		With Dr. Tony Rosen

		https://gedcollaborative.com/podcast/how-to-identify-and-intervene-in-cases-of-elder-abuse/
		Tony's Takeaways:
		1) Elder neglect, which often is an extreme case of unmet social needs, is much more common than other types of abuse and has more associated morbidity / mortality
		2) ED visit is an important opportunity to identify elder neglect and initiate intervention to address unmet social needs
		3) Recognizing neglect and unmet social needs and effectively addressing it requires all members of ED team to work together
00:58:02	Bryan Laviolette:	https://canadiem.org/crackcast-e069-elder-abuse/
00:58:18	Bryan Laviolette:	great resource
00:58:36	Conor Sullivan:	**Alyssa Elman, LMSW** Social Worker, Vulnerable Elder Protection Team, Department of Emergency Medicine New York-Presbyterian Hospital/Weill Cornell Medical Center ale2011@med.cornell.edu
00:59:16	Terry Fulmer:	https://pubmed.ncbi.nlm.nih.gov/19016966/
00:59:17	Conor Sullivan:	Thanks Bryan!
00:59:26	Don Melady:	Listen to paramedics!!Even seek them out to get helpful information.
00:59:30	Alice Page:	social workers can be the bridge to APS
00:59:51	Don Melady:	Our ED could not function without our SWs — 16 hours a day.
01:00:12	Toni Jones:	We have 24/7 ED SW staff. But afterhours resources are limited.
01:00:28	Terry Fulmer:	91.
01:00:29	Deanna Kollmann:	SW 10 hours M-F, however our afterhours needs are much more common than day shift
01:01:01	Chris Carpenter:	ED Social Workers available 24/7 (usually >1) but already stretched too thin providing shelter resources, prescription assistance, family notifications of demise, substance abuse resources, etc. Also, SW implies that they have little training on the issue of older adult abuse.
01:01:03	Alice Kindschuh:	12 hours per day Monday-Saturday
01:01:30	Terry Fulmer:	91. Fulmer, T., Paveza, G., Vandeweerd, C., Guadagno, L., Fairchild, S., Norman, R.G., Abraham, I., & Bolton-Blatt, M. (2005). Neglect Assessment in Urban Emergency

Departments and Confirmation by an Expert Clinical Team. Journal of Gerontology: Medical Sciences, 60(8), 1002-6.

01:02:31 Conor Sullivan: Alyssa's Resources:

- To help you manage these challenging cases without social work or case management. After submitting your zip code, you are provided a list of local resources
  Find Help: https://www.findhelp.org

- To identify your local APS office and make a referral
  APS: https://www.napsa-now.org/get-help/

- Tips for addressing all types of mistreatment, catered to the ED
  Elder Abuse Emergency: https://elderabuseemergency.org

https://pubmed.ncbi.nlm.nih.gov/19016966/

https://canadiem.org/crackcast-e069-elder-abuse/

There are very helpful resources on the National Center on Elder Abuse including APS flowchart https://ncea.acl.gov/NCEA/media/Publication/APS-Flow-Chart.pdf

For communities that have them, you can refer to a local elder shelter https://www.springalliance.org/

Alyssa's Takeaways:

1) **Social workers can play a critical in assessment of elder neglect / unmet social needs and in offering resources and developing a plan to ensure safety**
2) **Consider holding older adults in the ED until morning for a social work evaluation and additional collateral**
3) **For EDs without access to social work, consider developing a local resource guide that may be used, build connections with community partners, check findhelp.org**

01:03:26 Kevin Biese: What fantastic resources in the chat from all our panelists. Thank you!!

01:03:31 Ula Hwang: Elman highlights:

• Patients and families often do not recognize unintentional neglect occurring and may be a flag for unmet social needs overall.

• Social Workers are key to connecting resources to address unmet social needs. If you do not have in your ED, see if your hospital SW can assist in the ED. Also check with care coordinators (if those are available)

• Connect (call) and get to know your local community agency people (e.g., knowing the specific people (by name) who work at your Adult Protective Services)

01:04:01	Dixis Kuruc-Vega:	Does VA have social workers for the community?
01:04:28	Conor Sullivan:	**Terry Fulmer, PhD, RN, FAAN** President The John A. Hartford Foundation
01:05:01	Brenda Oiyemhonlan:	Does anyone have a workflow or schematic diagram that outlines how to recognize abuse and then what happens from there? Social work, completion of required documentations, notification of APS, referral to legal resources, referral to specific geriatric abuse resources that can be digested by ALL seniors (i.e. culturally sensitive, cognitive impairment, education level, language, ect.
01:05:38	Don Melady:	Our ED social workers have been super helpful in developing care plans for heavy users that pulls together all the information available about this particular patient and what resources are available in the community. It means that we don't have to re-invent the wheel each time the person presents.
01:05:53	Karen Sundstrom:	SWrks at EDs are already over-stretched, local resources are often very limited or non-existent, APS extemely limited locally and often cases do not meet criteria for APS involvement. These speakers may be in states with much greater resources. Majority of states in our region do not have this level of resources at all. These suggestions are just not feasible for many states where resources are drastically limited.
01:06:39	Susan Bower:	Unfortunately, many referrals to outside resources require private pay-not covered by insurance or medicare- (home health aids, elder services). This can be a limiting factor for patients and families who can't afford post-ED discharge care options.
01:07:30	Chris Carpenter:	@KarenSundstrom - GREAT point! I'd be interested to hear if the speakers believe this spectrum bias (access to resources) is real and measurable? And how to overcome a dearth of resources when local politics/resources seem to be less available?
01:09:33	Conor Sullivan:	**Terry's Resources:** • **JAHF Eldercare Resources** **https://www.johnahartford.org/dissemination-center/** • **Another excellent resource for EDs** **https://eldercare.acl.gov/Public/About/Aging_Network/AAA.aspx** • **RAND Study: An Initial Evaluation of the Weinberg Center for Elder Justice's Shelter Model for Elder Abuse and Mistreatment: https://www.johnahartford.org/dissemination-center/view/rand-study-an-initial-evaluation-of-the-weinberg-center-for-elder-justices-shelter-model-for-elder-abuse-and-mistreatment** • **Full study and executive summary on the Weinberg Center site here: https://theweinbergcenter.org/rand-study/** • **JAHF grant, National Collaboratory to Address Elder Mistreatment: Expanding the Impact of the Elder Mistreatment Emergency Department Toolkit: https://www.johnahartford.org/grants-strategy/national-**

		collaboratory-to-address-elder-mistreatment-expanding-the-impact-of-the-elder-mistreatment-emergency-department-toolkit
01:10:01	Karen Sundstrom:	Yes to above comment, most of the seniors @Susan Bowers. These speakers make good points but their suggestions DO NOT relate to local/states where there are so few resources.
01:10:27	Kevin Biese:	Many great points of concern on the chat of "can we really do anything to help older adults for whom we have concerns of abuse or neglect?" For sustainable recognition and intervention in the ED the ED team needs to know who to contact on a reliable basis and get closed look communication on the interventions that took place in reponse to their concerns
01:11:21	Kevin Biese:	Completely agree with Terry - set up your protocol!! Needs to be a clear protocol for the ED team even if we never have as many resources as we want to have
01:12:34	Conor Sullivan:	Terry's Takeaways: 1) It's our job to orient ED teams to look for subtle signs of neglect 2) Neglect is a lethal issue: people die because of neglect 3) Transitions of care are essential in managing neglect – know your community resources and link to them
01:12:52	Ula Hwang:	**Fulmer highlights:** • Interdisciplinary coordination is essential. • ED is an important setting where patients may communicate elder abuse and neglect • If clinical presentation does not make sense, this is a FLAG. If there is any abuse and/or neglect (elder mistreatment) suspected and AP services not available, consider putting the patient into observation. • If you don't have these, consider developing a protocol - screen, then who does your first call go to? APS? administrator on call? SW? Get the ball rolling on a problem you have identified. This will start the process of developing an elder mistreatment strategy.
01:13:04	Kathryn Sharp Sapp:	Brenda - There are very helpful resources on the National Center on Elder Abuse including APS flowchart https://ncea.acl.gov/NCEA/media/Publication/APS-Flow-Chart.pdf
01:13:39	Terry Fulmer:	My observation is many low resource locations do amazing work- it takes a champion and the will to make it happen along with administrative support and recognition.
01:14:36	Don Melady:	How many people work in an ED where there is some sort of standardized protocol to hold patients overnight for further assessment?
01:15:12	Karen Sundstrom:	@Chris Carpenter - Yes, It seems these speakers are not recognizing the reality of dramatically limited resources in so many states. ED staff do not want to leave elder

		patients without help but who should Ed staff contact if resources are so dramatically limited?
01:15:38	Sydney Palinkas:	For communities that have them, you can refer to a local elder shelter https://www.springalliance.org/
01:16:26	Brenda Oiyemhonlan:	The strategies for each of these patients would be very different - fall prevention program, care at home, delirium admission, medication reconciliation, conservatorship (?)
01:17:12	Lacey Donle:	For the second example, maybe hospice or palliative care at home, or skilled nursing to help with dressing changes at home.
01:17:13	Terry Fulmer:	@Brenda- totally agree
01:17:14	Chris Carpenter:	@DonMelady - we are discouraged/prohibited from keeping patients overnight in ED. And the hospital stripped us of our Observation Unit, so our two options are admit or discharge. With 30-50 patients in the waiting room all night long every night (anyone of whom may have a time-dependent emergency), we (hospital and unseen patients) cannot afford holding in ED room.
01:17:17	NEMAT ALSABA:	If Elder abuse or neglect has been suspected patient get admitted to (Medical assessment unit) MAU to allow social worker and geriatrician input as this needs more time to uncover and analyse the social issue
01:18:37	Brenda Oiyemhonlan:	Does the infrastructure bill have monies for supporting low income seniors? Reducing rx costs?
01:19:14	darlene cannaday:	home health and/or personal care services
01:19:20	Brenda Oiyemhonlan:	That's a question for the US audience
01:19:59	Chris Carpenter:	How do Geriatric Emergency Medicine physician champions ensure that their Department of EM Social Workers are receiving appropriate "elder abuse" training and maintaining network of resources appropriate for our region? Physicians don't know what training SW should or could receive, nor do we know what we don't know about local resources that SW should know about.
01:20:08	Bryan Laviolette:	definitely would benefit from a Housing First approach
01:20:33	Lacey Donle:	He's in the shelter system, so try and build relationships with shelter staff and maybe they can make a plan to lock up his meds and keep them safe for him. Harm Reduction.
01:20:48	Karen Sundstrom:	Reality for these elders is very different depending on the states or locations where they live. Local APS etc are _severely_ underfunded in Many many states. These speakers do not reflect reality for most of us.'
01:21:06	Marlena Tang:	Excellent question, Chris!
01:22:34	Conor Sullivan:	**Kristin Lees Hagerty, PhD** Project Director National Collaboratory to Address Elder Mistreatment Education Development Center

klees@edc.org

01:23:22	Chris Carpenter:	@KarenSundstrom is making pertinent points about blind spots. Are all of the speakers from liberal states (rather than flyover America where state governments too often ignore these social issues and funding for the resources). I know that Tony and Terry are East coasters, although I appreciate Terry's discussion of upstate New York. I think we'd hear a different story if talking with urban or rural Missouri, where state policy-makers are not sympathetic to these social issues.
01:26:02	Terry Fulmer:	This work starts with one person starting the conversation in their home setting. i am happy to brainstorm with any of our guests today email: terry.fulmer@johnahartford.org
01:27:01	April DeValkenaere:	Terry, Thank you, I will be reaching out!
01:27:11	Terry Fulmer:	Thanks April!
01:28:25	Kevin Biese:	Thx Chris. Great points and conversation indeed. I do think that the profoundly inconsistent reporting laws and access to resources has contributed to learned helplessness on elder mistreatment for ED clinicians. I think in parallel to advancing social awareness around this key issue and advocating for resources, we can also encourage each of us to identify what resources we do have available, and establish consistent protocols in our EDs to connect our patients to those resources, even when those resources are inadequate for many of our patients. We will help many of our patients this way, though admittedly not all.
01:29:21	Terry Fulmer:	@Kevin- I so agree!
01:29:31	Ula Hwang:	**Lees Hagerty highlights:** • ED should/could explore more with resources they may not be available to access. There may be resources in the hospital the ED currently doesn't have access to that can now be connect to - if they reach out about it. • ED Elder Mistreatment Toolkit: a. EMEDAP survey - staff perceptions of resources b. Training c. Screening & Response d. Community Connections Roadmap - teaches hospitals how to leverage existing resources at the hospital. • Don: Making more with what we have - make the case and advocate for these resources to the ED.
01:29:45	Kevin Biese:	Great points and conversation indeed. I do think that the profoundly inconsistent reporting laws and access to resources has contributed to learned helplessness on elder mistreatment for ED clinicians. I think in parallel to advancing social awareness around this key issue and advocating for resources, we can also encourage each of us to identify what resources we do have available, and establish consistent protocols in our EDs to connect our patients to those resources, even when those resources are

		inadequate for many of our patients. We will help many of our patients this way, though admittedly not all.
01:29:48	Scott Bane:	The sites:
01:31:35	Kristin Lees Haggerty:	Heywood hospital, MA; St Joseph's hospital, NJ ; LBJ Hospital, TX ; Eastern Niagara Hospital, NY; Hillsboro Hospital, NC; Cleveland OH VA ED
01:32:22	Beverley Laubert:	What about older adults who live in long-term care facilities?
01:32:46	darlene cannaday:	A barrier which I see a lot is that the bed is needed and the discharge plan is pushed for ASAP.
01:32:50	Jaime Halaszynski:	This was a great presentation, thank you so much!
01:33:09	Lacey Donle:	For those with limited resources, what about part of the protocol being to contact PCP for the patient as a regular practice, even just sending the D/C summary with a note.
01:33:14	Claire James:	thank you very much
01:33:27	Jennifer Blatnik:	Thank you so much for this presentation
01:33:31	Chris Carpenter:	@Lacey - >80% of our inner city patients do not have a PCP.
01:33:38	Terry Fulmer:	thank you international friends and all guests today!
01:33:42	Chris Carpenter:	And our university does not have a Primary Care program.
01:34:56	Conor Sullivan:	**Kristin's Resources:** • Article on the EDC website: Why COVID-19 May Increase Elder Abuse—And How We Can Prevent It: https://www.edc.org/why-covid-19-may-increase-elder-abuse-how-we-can-prevent-it • Spring 2020 Issue of ASA's Generations - Taking Action Against Elder Mistreatment: https://www.johnahartford.org/dissemination-center/view/spring-2020-issue-of-asas-generations-taking-action-against-elder-mistreatment https://online.flippingbook.com/view/185807/
01:35:06	Lacey Donle:	That's interesting Chris, thanks for sharing. Are you in a US state that did not expand Medicaid?
01:35:24	Conor Sullivan:	Next webinar will be Monday, December 13 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
01:35:27	Chris Carpenter:	1. @Lacey Yes, I am in such a state in the US.
01:35:34	Karen Sundstrom:	Decision-makers, elected officials are the ones who need to hear directly about the size and severity of sbuse and neglect. . They need to hear directly from front line workers (social workers and ED staff) Elected officials hold the $$ and rarely hear the horror stories and the very painful reality of elder neglect.
01:35:52	Lacey Donle:	THat makes sense, Maine was in that position too until our governership changed, it's a hard place to be. Slide 20 Additional GEDC resources on Elder neglect: GEMCast Podcast: How to Identify and Intervene in Cases of Elder Abuse With Dr. Tony Rosen https://gedcollaborative.com/podcast/how-to-identify-and-intervene-in-cases-of-elder-abuse/ JGEM: Unmet Needs and Social Challenges for Older Adults During and After the COVID-19 Pandemic: An Opportunity to Improve Care Volume 2 | Issue 11 | Original Research https://gedcollaborative.com/jgem/unmet-needs-and-social-challenges-for-older-adults-during-and-after-the-covid-19-pandemic-an-opportunity-to-improve-care/ GEDC Blog: **Identifying Elder Abuse Victims – An Important Component of a Senior-Friendly ED** Dr. Tony Rosen https://gedcollaborative.com/article/identifying-elder-abuse-victims-an-important-component-of-a-senior-friendly-ed/ Slide 21: Upload Flipping book and link Spring 2020 Issue of ASA's Generations - Taking Action Against Elder Mistreatment:

		https://www.johnahartford.org/dissemination-center/view/spring-2020-issue-of-asas-generations-taking-action-against-elder-mistreatment
		https://online.flippingbook.com/view/185807/
		Slide 22:
		Next webinar will be Monday, December 13 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
01:35:53	Conor Sullivan:	Dear Colleagues,
		Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on November 8th, "Elder abuse and neglect: Addressing unmet social needs in the Geriatric ED"
		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/
		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
		The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!