September 27, 2021
Webinar: Falls Assessment in the Geriatric ED
Chat Notes

00:30:00	Susie Stanley:	Hi
00:30:16	Erica Gruber:	Joining in from a dental cleaning :) haha
00:30:37	Shan Liu:	That is dedication Eric Gruber!
00:30:47	Shan Liu:	Erica Gruber I mean!
00:30:55	Ula Hwang:	Welcome everyone to our GEDC Expert Panel on "Falls Assessment in the Geriatric ED"! Delighted to have you join. You are in for a great session and discussion about real world experiences with ED falls programs!
00:31:01	Conor Sullivan - GEDC:	Dear Colleagues, Welcome to the Geriatric Emergency Department Collaborative's webinar, September 27th, "Falls Assessment 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/ Check out essential GED Resources on the GEDC website https://gedcollaborative.com/resources/ Many thanks, GEDC team
00:31:14	Conor Sullivan - GEDC:	Today's webinar moderated by: **Don Melady, MD, MSc(Ed)** Emergency Physician Mount Sinai Hospital, Toronto, Canada GEDC Faculty Follow me on Twitter: @geri_EM A website for education for doctors and nurses in the ED https://geri-em.com/
00:33:09	Conor Sullivan - GEDC:	If you share our vision, your ED can join us, currently for free. Check out: https://gedcollaborative.com Please follow us on Twitter: @theGEDC. https://gedcollaborative.com/news/ Additionally, please review the GEDC Membership Criteria and Application. https://gedcollaborative.com/partnership/
00:34:25	Conor Sullivan - GEDC:	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 on Twitter: @johnahartford

		West health Resources Page https://www.westhealth.org/ Follow us on Twitter: @WestHealth West's specific work around GEDs here: https://www.westhealth.org/geriatric-emergency-care/
00:35:05	Kathryn Bommer:	Scranton PA, Trauma Educator
00:35:08	Rhian Dyer:	ED doctor, South Wales, UK
00:35:11	Sarah Connelly:	Ann Vo and Sarah Connelly, Toronto
00:35:12	Toni Jones:	Richmond VA Hospital. ED Social Work Supervisor
00:35:13	Christopher Carpenter:	Washington University in St. Louis, emergency physician and health outcomes researcher
00:35:14	Christina Bartholomew:	ED Nurse Manager, Wisconsin
00:35:18	Ayden O Jones:	New York State, Falls Prevention Consultant
00:35:18	kara mc loughlin:	Hi. My Beaumont hospital in dublin ireland. Clinical specialist OT
00:35:19	Michael Abdalla:	Paoli Pennsylvania, Clinical nurse educator
00:35:19	Rebecca Hayden:	Geriatric Specialist PT at Des Moines VA
00:35:20	Conor Sullivan - GEDC:	Reminder: For all your questions and comments to be seen, please be sure to have your chat set to "ALL PANELISTS AND ATTENDEES" OR “EVERYONE”
00:35:26	Rose Nelson:	Hartford, WI. Rehab Director
00:35:28	Christopher Bean:	Durham VA Medical Center, nurse practitioner
00:35:28	Carly Braun:	University of Kentucky PhD student and Occupational Therapist
00:35:29	Emily Simmons:	UAB Hospital, Program Development Manager
00:35:30	Bryan Laviolette:	Simcoe County, Ontario. Community Paramedic
00:35:31	John Schumacher:	Baltimore, MD Faculty
00:35:32	Sue Toale Knapp:	Des Moines Ia VA med center. OTR providing services in the ED
00:35:32	Jessica Babbitt:	Indianapolis, IN, Inpatient and ED PT
00:35:36	jane carmody:	WE are honored to support this important work !
00:35:37	Gloria Santamaria:	ED & ICU Manager - Camarillo, CA
00:35:37	Erica Gruber:	Erica Gruber Indy VA ED and National Geriatric ED Core Team Lead

00:35:39	Kevin Biese:	Kevin Biese GEDC West Health and UNC health care, emerg med doc
00:35:42	Erica Gruber:	AGPN
00:35:42	Susan Harvey:	Hi I am the NICHE Coordinator at Advocate South Suburban Hospital in Hazel Crest, Illinois
00:35:43	Lorna Mangus:	Lorna Mangus, Kentucky Safe Aging Coalition Coordinator, in Lexington KY
00:35:44	Sarah Palleschi:	Geri ER provider (PA), New Haven CT
00:35:48	Nikki Webb:	Geriatric Program Manager, Duke Regional Hospital, Durham, NC
00:35:48	Lisa Kennedy:	ED Nurse, Ireland
00:35:50	Aura Moise:	Romania. ED Consultant
00:35:52	Cheryl Dankiewicz:	Cheryl Dankiewicz, Geriatric CNS in Vallejo CA
00:35:53	Rachel Frazier:	Public Health Educator Knox County Health Department Knoxville TN
00:35:54	Pamela martin:	Yale New Haven Health, New Haven CT
00:35:54	Thomas Dreher-Hummel:	Thomas Dreher, ANP ED Universitätsspital Basel Swizzerland
00:35:54	Sekhar Santapur:	Advanced Physiotherapist, NHS Scotland
00:35:55	Nicholas Christian:	Hi. Patient Safety at NYP Columbia
00:35:57	Suzie Ryer:	Geriatric Physical Therapist/ Project Coordinator, Advocate Aurora Health Wisconsin
00:35:58	Joe Middleton:	Bristol, England. Advanced Physiotherapy Practitioner - Geriatric Emergency Medicine Service.
00:35:58	jane carmody:	Graduate intern at JAHF
00:36:00	Sarah Caines:	Physiotherapist Same Day Emergency Care England (NHS)
00:36:00	Todd James:	Todd James, UCSF, Geriatrician
00:36:06	Stephanie Johnson:	ED Nurse Manager, VA Madison WI
00:36:06	Patricia DeCamp:	Paty DeCamp, Partners in Care Foundation, California. LTSS Operations Manager.
00:36:12	Conor Sullivan - GEDC:	Today's Expert Panelists: **Shan Liu, MD, SD** Emergency Physician Harvard University Boston, Massachusetts **Elizabeth Goldberg, MD, ScM** Emergency Physician

		Brown University Providence, Rhode Island
		Jessica Babbitt, PT, DPT, CEEAA Inpatient Physical therapist Indianapolis, Indiana
00:36:12	Ethan Jetter:	National VA Geriatric ED Core Team Program Manager, Gainesville FL
00:36:20	Grzegorz Drozdz:	London, Trust Falls Lead Practitioner, Physiotherapist
00:36:22	jane carmody:	The John A. Hartford Foundation. New York City.
00:36:26	Kevin Corcoran:	Kevin Corcoran Syracuse VA Medical Center GED Medical Director
00:36:34	Jettie Stevenson:	Jettie Stevenson, Pike County Senior Program, KY
00:36:38	cherie robert-cannon:	Cherie Robert-Cannon ED RN and Clinical Nurse Coordinator Madison, WI VA Hopsital
00:36:51	Conor Sullivan - GEDC:	Quick Poll: What is the most important component of a falls program in a geriatric ED?
00:36:52	Susie Stanley:	Susie Stanley, Director Belfry Senior Citizens Center. Belfry KY
00:36:52	aaron malsch:	Aaron Malsch, Advocate Aurora Geri ED Program Manager (WI and IL)
00:37:07	Sylvia Bonaparte:	Columbia University Emergency Medicine Department- geriatric ED care coordination
00:37:26	Kathryn Bommer:	Screening for falls after leaving
00:37:30	Thomas Dreher-Hummel:	B
00:38:13	Erica Gruber:	That is a hard one
00:38:19	Louise Hummel:	Media, Pennsylvania. Clinical Director Senior Services
00:38:29	Gloria Santamaria:	no
00:38:32	jane carmody:	no
00:38:35	Rachel Frazier:	no
00:38:40	Pamela martin:	Yes, Erica. I think all are needed.
00:39:15	Carol Lyons:	They are all components
00:40:17	Gloria Santamaria:	staffing
00:40:19	Jessica Babbitt:	Time
00:40:19	Kathryn Bommer:	staffing

00:40:25	Rose Nelson:	Time
00:40:26	Louise Hummel:	Not enough time
00:40:28	Jenine Melo:	Time
00:40:29	Rhian Dyer:	Buy in by all clinicians as to its need. Time. Knowledge
00:40:30	Susan Harvey:	Throughput and long wait times'
00:40:30	Nicholas Christian:	competing priorities/overall workload
00:40:30	Sarah Caines:	Time
00:40:30	Lisa Kennedy:	Time
00:40:31	Ayden O Jones:	staff availability and training
00:40:34	Grzegorz Drozdz:	Time
00:40:35	Michael Abdalla:	Staffing
00:40:36	Maura Kennedy:	knowledge of what is optimal
00:40:37	Susie Stanley:	Time
00:40:37	Rachel Frazier:	getting seniors to submit to the assessment
00:40:38	aaron malsch:	Short term Covid…long term staff buy in
00:40:38	Sekhar Santapur:	Time & Staffing
00:40:40	KIMBERLY GORMAN:	staff available
00:40:40	Todd James:	Perception that falls assessment is too time consuming.
00:40:40	Cheryl Dankiewicz:	time and knowledge
00:40:40	Pamela martin:	Space limitations and NOT having PT readily available in ED
00:40:41	Sue Toale Knapp:	time to get people seen, around all the other testing going on.
00:40:42	jane carmody:	time
00:40:43	Erica Gruber:	Screener availability
00:40:43	Suzie Ryer:	Time and training
00:40:44	Sarah Connelly:	falls assessment being completed for all at risk patients by frontline RNs
00:40:44	Christopher Bean:	time

00:40:45	John Schumacher:	Perception it takes too much time
00:40:49	cherie robert-cannon:	Staffing and Resources to address the fall risk
00:40:50	Rebecca Hayden:	Not having PT in ED
00:40:51	Christopher Carpenter:	Overcoming inertia - multiple competing priorities & lack of evidence that post-ED falls can be prevented (and not reimbursed for falls screening in ED)
00:40:52	Thomas Dreher-Hummel:	Gait Assessments
00:40:54	Swarna Meyyazhagan:	space time and PT availability
00:40:57	Bryan Laviolette:	lack of access to Interprofessional team
00:40:57	Sarah Caines:	appropriate environment for assessment
00:40:58	Toni Jones:	not having PT readily available
00:41:03	Patricia DeCamp:	Training
00:41:08	Mindy Kurtz:	Patient wanting assistance and recognizing decline. Staff time.
00:41:11	Claire James:	time, training
00:41:17	Lorna Mangus:	staff incorporating into role
00:41:58	Conor Sullivan - GEDC:	**Shan Liu, MD, SD** Emergency Physician Harvard University Boston, Massachusetts @shan_lliu635 SLIU1@mgh.harvard.edu
00:41:59	Carol Lyons:	Staff knowledge in general
00:42:54	Margaret Wallhagen (she, her, hers):	Meg Wallhagen; SFVA/UCSF VAQS
00:44:57	Ula Hwang:	• Falls are frequent (1:3 older adults in community fall annually). • Fall now = flag for more falls in the future (sentinel event!) • When starting a falls program in the ED, who will you target? How will you screen for this group?
00:45:15	Jessica Babbitt:	That is a lot of things to consider!
00:46:05	Don Melady:	Who does our audience think should be targeted by a Falls Assessment programme?
00:47:01	KIMBERLY GORMAN:	all patients who are flagged as frail or had a fall

00:47:07	Rachel Frazier:	another important component to our response to falls in the elderly are community resources which is what I focus on in my job
00:47:13	Erica Gruber:	Could be “ISAR +” and/ OR by presenting chief complaint.
00:47:14	Carol Lyons:	Initially first fallers should have intervention but all 65 years and older should have at least a screen for falls
00:47:26	Erica Gruber:	Or both!
00:47:46	Bryan Laviolette:	frailty score and presenting complaint
00:50:45	Kevin Biese:	Of note, we also tried a follow up appointment for frail older adults at UNC - trial of over 1000 patients, many of these had fallen, only 10% followed up in geriatrics clinic - ie are with point that follow up clinic may not work
00:50:51	Elizabeth Goldberg:	Excellent, thank you Dr. Liu
00:50:59	Ula Hwang:	• Assessments in the outpatient setting may not translate well into the ED (e.g., STEADI might be hard to do in the ED if patient fell and has ankle sprain) • Barriers with falls initiatives in the ED include education around interventions that are pragmatic (referral to a falls clinic is easier said than done). • No easy quick solution because falls etiology are multifactorial
00:51:29	Jessica Babbitt:	I wonder if home care follow up might work better for a follow up if a patient is interested
00:51:42	Conor Sullivan - GEDC:	7 Step Fall Challenge Falls can be serious events, even fatal ones. One in 3 people over 65 years of age fall each year. The number increases as you get older. Drs. Shan Liu and Katie Davenport, who are emergency physicians, walk you through how to avoid falls and what to do in case of a https://www.youtube.com/watch?v=-ehHhdoJ2k8
00:52:50	Conor Sullivan - GEDC:	**Elizabeth Goldberg, MD, ScM** Emergency Physician Brown University Providence, Rhode Island @LizGoldbergMD elizabeth_goldberg@brown.edu
00:54:12	Conor Sullivan - GEDC:	Liz’s Resources: Can an Emergency Department–Initiated Intervention Prevent Subsequent Falls and Health Care Use in Older Adults? A Randomized Controlled Trial https://t.co/wP3pzbjdVI?amp=1 GAPcare: the Geriatric Acute and Post-acute Fall Prevention Intervention—a pilot investigation of an emergency department-based fall prevention program for community-dwelling older adults https://t.co/TxMvWGTzLN?amp=1

		GAPcare: The Geriatric Acute and Post-Acute Fall Prevention Intervention in the Emergency Department: Preliminary Data
		https://t.co/2X8VQzXeLS?amp=1
00:56:34	Don Melady:	It's amazing the simplicity of some of these interventions — don't take a sedating medication in the morning!
00:56:51	Shan Liu:	Dr. Goldberg's work is so encouraging. Hard to underscore how exciting her research is.
00:57:12	Carol Lyons:	A lot of falls management is common sense
00:57:24	Jessica Babbitt:	I completely agree, Carol :)
00:57:44	Ula Hwang:	GAPcare is a great example of a transdisciplinary falls program: ED clinicians, pharmacists, patient shared decision making, discussion with primary care physicians by the patient, physical therapy.
00:57:45	Don Melady:	From Carol Lyons: A lot of falls management is common sense
00:58:22	Shan Liu:	Definitely Ula -- must have been so much work to set up!
00:59:57	Ula Hwang:	Also worked with her EMR (Epic) team to coordinate reports and referrals. Lots of work and coordination across many different teams, specialties, programs.
01:01:05	Shan Liu:	Dr. Goldberg, if we wanted to ask our Department how much this program would cost to implement, what would an estimated budget be?
01:01:28	Erica Gruber:	Has anyone done anything like this in CERNER?
		Wondering r/r VA transitioning to CERNER
01:01:49	Ula Hwang:	ED LOS did NOT increase for the GAPcare patients. (likely because time was saved with earlier evaluation by pharmacist and care coordination that would have occurred anyways)
01:01:55	Don Melady:	SNF = skilled nursing facility + nursing home/rehab
01:02:55	Jessica Babbitt:	Those are awesome results!!
01:03:35	Kevin Biese:	Could Dr. Goldberg comment on how these results differ from CDC STEADI results and maybe why?
01:03:59	Ula Hwang:	GAPcare patients (vs. control):
		All caused ED visits - reduced!
		Fall return ED visits - reduced!
		ED LOS no change!
01:04:24	Christopher Carpenter:	Answering Shan Liu question. Lauren Southerland estimated cost savings for reducing post-ED falls was $80,000 over a year and that the break-even point to pay a pharmacist to review meds was 7.7 med rec consults per day and for PT 5 consults per day. See http://pmid.us/32338422 for more details.
01:05:00	Shan Liu:	Thanks Dr. Carpenter!
01:05:09	Shan Liu:	Great presentation Dr. Goldberg!

01:05:18	KIMBERLY GORMAN:	thank you
01:05:18	Conor Sullivan - GEDC:	Chris Carpenter: Answering Shan Liu question. Lauren Southerland estimated cost savings for reducing post-ED falls was $80,000 over a year and that the break-even point to pay a pharmacist to review meds was 7.7 med rec consults per day and for PT 5 consults per day. See http://pmid.us/32338422 for more details.
01:05:49	Shan Liu:	Rhode Islanders are much more motivated!!!
01:05:54	Christopher Carpenter:	Two subsequent editorials explored the cost-benefit equation of falls prevention & geriatric EM in general: http://pmid.us/32338413 and http://pmid.us/32335974
01:06:03	Kevin Biese:	Sorry typo yes Stride study
01:06:03	Conor Sullivan - GEDC:	**Jessica Babbitt, PT, DPT, CEEAA** Inpatient Physical therapist Indianapolis, Indiana Jessica.babbitt@va.gov
01:06:14	Elizabeth Goldberg:	@shan I wish that were true re motivation of Rhode Islanders!
01:06:37	Conor Sullivan - GEDC:	Chris Carpenter: Two subsequent editorials explored the cost-benefit equation of falls prevention & geriatric EM in general: http://pmid.us/32338413 and http://pmid.us/32335974
01:06:54	Erica Gruber:	Jessica is amazing! Indy VA ED is so lucky to have her And the PT/OT engagement
01:06:56	Todd James:	In what manner was it determined that the patients had cognitive impairment in Dr. Goldberg's study - in ED assessment, ICD10, etc?
01:07:36	Christopher Carpenter:	The multi-million dollar STRIDE randomized controlled trial also demonstrated significant problems with patient follow-up (and adherence to recommendations): http://pmid.us/33079398. Note that STRIDE did NOT recruit patients from the ED, so perhaps an opportunity to intervene upstream from the geriatrician's office.
01:08:00	Elizabeth Goldberg:	@ToddJames we performed the six item screener on every patient & used any prerecorded diagnoses as well as asked patients & caregivers about dementia diagnosis
01:09:14	Ula Hwang:	1. What happens when you fall? 2. If your legs give out, are you dizzy, are you weak? 3. What is the frequency of your falls (one time, or many times?)? 4. When did the falls start?
01:09:52	Conor Sullivan - GEDC:	Chris Carpenter: The multi-million dollar STRIDE randomized controlled trial also demonstrated significant problems with patient follow-up (and adherence to recommendations): http://pmid.us/33079398. Note that STRIDE did NOT recruit patients from the ED, so perhaps an opportunity to intervene upstream from the geriatrician's office.
01:10:39	Elizabeth Goldberg:	Re cost of GAPcare, this work was funded by an R03 - small project grant - from the National Institute on Aging. When we presented our results and did a cost analysis for our hospital we found that after staffing EDs with PT and pharmacy

		services there would still be approx. $2000 cost saving per patient. This likely varies by hospital - how fast you are at discharging inpatients. Cost savings likely greater for ACOs & payors.
01:12:15	Erica Gruber:	What happens when you fall?…. What a treasure trove question
01:12:27	Diann Ramlackhan:	what is the role of orthostatic bp measurement in evaluation of falls?
01:13:16	Pamela martin:	Anyone using the AMPAC-6 in the ED?
01:13:21	Bryan Laviolette:	id say polypharmacy is more important vs orthostatics
01:13:46	Elizabeth Goldberg:	@pamela We did AMPAC 6 clicks in our study. Was very helpful for PTs in determining suggested disposition
01:14:06	Don Melady:	Pam Martin — What is AMPAC-6?
01:14:32	Maura Kennedy:	@Diann - in the US the orthostatic VS questions is really controversial! I tried to get at it in : https://onlinelibrary.wiley.com/doi/10.1111/1742-6723.13119 and https://gempodcast.com/2018/08/14/orthostatics/
01:14:33	Conor Sullivan - GEDC:	Video examples to illustrate Jessica's points are available on YouTube here: Wide stance: Wide BOS - YouTube Shuffling gait: Shuffling gait - YouTube Furniture cruising: Furniture Cruising - YouTube Special tests | fall mitigation (References): Timed up and go: The timed "Up & Go": a test of basic functional mobility for frail elderly persons - PubMed (nih.gov) 5x sit to stand: Five times sit to stand test is a predictor of recurrent falls in healthy community-living subjects aged 65 and older - PubMed (nih.gov)
01:14:48	Elizabeth Goldberg:	@Maura I agree. We do not do it.
01:14:52	Suzie Ryer:	AMPAC 6-clicks is a great basic mobility screening, had been designed for acute care - looks at bed mobility, transfers, standing
01:15:14	Ula Hwang:	https://www.apta.org/patient-care/evidence-based-practice-resources/test-measures/activity-measure-for-post-acute-care-am-pac--6-clicks-inpatient-short-forms
01:16:12	Pamela martin:	https://pubmed.ncbi.nlm.nih.gov/29106679/
01:16:19	Adam Perry:	Among GapCare patients, was there a significant difference between intervention and control groups relative to "Nursing Home" (SNF/LTC/AL/IL) placement immediately from the ED or on follow-up?
01:17:35	Jessica Babbitt:	We use AMPAC-6 in the inpatient setting, but not the ED
01:17:45	Jessica Babbitt:	But only the PTs, not nursing
01:18:02	Ula Hwang:	- Do more than just prevent a fall in the ED and in the hospital. Can lead to deconditioning by restricting patient mobility and leaving them in the bed .

01:18:17	Ula Hwang:	- involve case management for assessment of patient access to resources
01:18:24	Elizabeth Goldberg:	@Adam, there was no significant difference in ED disposition. Here's the published results https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.16210
01:19:06	Ula Hwang:	- involve patients in decision making and what they value for important outcomes.
01:19:41	Ula Hwang:	- pharmacist evaluation for patient medication education may be key to help patient understand their medications.
01:21:07	Conor Sullivan - GEDC:	Video examples to illustrate Jessica's points are available on YouTube here (With Links Included): Wide stance: https://www.youtube.com/watch?v=XcyjjFKgFTs Shuffling gait: https://www.youtube.com/watch?v=WUppJpidDyg Furniture cruising: https://www.youtube.com/watch?v=Xw0SbAWtCxI
01:22:02	jane carmody:	all related: meds, mobility, and mentation and what matters,
01:22:04	Erica Gruber:	The questions PT and OT ask target uncovering true issues and practical solutions
01:22:25	Ula Hwang:	- physical therapy roles can happen in the ED, but also later with home OT/PT assessments or even referral direct from the ED to subacute rehab.
01:23:42	Ula Hwang:	$2000 cost savings per GAPcare patients! likely from an averted hospitalization.
01:23:52	Jessica Babbitt:	That is amazing!!
01:24:13	Erica Gruber:	The questions PT and OT ask target uncovering true issues in daily life and practical , implementable solutions
01:25:07	Christopher Carpenter:	Previous GEDC webinar on financing the Geriatric ED in May 2021 https://gedcollaborative.com/event/webinar-2021-05-17/
01:25:38	Conor Sullivan - GEDC:	The Geriatric ED: Making the Case for Its Financial Impact https://gedcollaborative.com/event/webinar-2021-05-17/
01:25:39	Christopher Carpenter:	STRIDE reduced fall rates, but not injurious falls - so not a complete loss
01:25:41	Sarah Caines:	Jessica if a patient cannot stand up without using their arms to push up do you modify the x5 sit to stand test?
01:26:05	Jessica Babbitt:	I do; however, that skews your results. There is no literature on the modified 5x sit to stand
01:26:12	jane carmody:	adding the 4Ms framework http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx
01:26:24	Sarah Caines:	OK thanks
01:26:28	Conor Sullivan - GEDC:	Chris you have to toggle to "everyone"
01:26:52	Don Melady:	From Chris Carpenter: STRIDE reduced fall rates, but not injurious falls - so not a complete loss

01:26:59	Ula Hwang:	ED is fertile ground of a captive group of vulnerable patients (who just fell) to engage in a falls prevention internvention
01:30:07	Christopher Carpenter:	Thanks Shan, Liz, Jessica, Ula, & Don! You've saved us all from "falling behind". 🤓
01:30:30	jane carmody:	GEDC team. great webinar. Love the take away messages. Thanks
01:30:33	Conor Sullivan - GEDC:	On the GEDC website you'll find a podcast by Dr. Christina Shenvi and today's Shan Liu on the now-banned term "mechanical fall": excellent listening! https://gedcollaborative.com/podcast/retiring-the-term-mechanical-fall-for-older-patients/
01:30:47	Kathryn Bommer:	thank you for the great resources!
01:30:53	Elizabeth Goldberg:	Thank you Drs. Melady, Carpenter & Hwang for the invitation and moderation
01:30:55	Conor Sullivan - GEDC:	Don's colleagues in Toronto have dedicated two podcasts to falls and geriatric trauma on the podcast EM Cases : Ep 159 Geriatric Trauma Part 1: The Under-Triaging Problem, Resuscitation, Airway, Head and C-spine Imaging, Clearing the C-spine https://emergencymedicinecases.com/geriatric-trauma-under-triaging-resuscitation-airway-head-c-spine-imaging-clearing-c-spine/ Ep 160 Geriatric Trauma 2 Rib Fractures, Pelvic Fractures, Prognostication, Elder Abuse, Discharge Planning https://emergencymedicinecases.com/geriatric-trauma-rib-fractures-pelvic-fractures-prognostication-elder-abuse-discharge-planning/
01:30:56	Shan Liu:	Thanks Chris and to Don and the rest of the awesome panelists/GEDC staff and for the great questions!
01:31:14	Conor Sullivan - GEDC:	GEDC Resources: https://gedcollaborative.com/resources/ JGEM: https://gedcollaborative.com/jgem/management-of-fall-patients-what-should-be-done-for-emergency-department-fall-patients/ Falls and Mobility Toolkit: https://gedcollaborative.com/toolkit/falls-and-safe-mobility-2/ Falls and Safe Mobility Clinical Curriculum: https://gedcollaborative.com/clinical-curriculum/
01:31:17	Elizabeth Goldberg:	And to Laura & Conor for organizing and facilitating
01:31:22	Bryan Laviolette:	great episodes!
01:31:27	Jessica Babbitt:	Thank you to all of the participants for making this interactive :)
01:31:29	Carol Lyons:	Thank U
01:31:39	Jessica Babbitt:	Along with all of GEDC for making this possible
01:31:41	Pamela martin:	Excellent webinar. Thanks everyone

01:32:01	Conor Sullivan - GEDC:	Thank you so much! Stay tuned for the GEDC's next webinar on Elder Abuse and Neglect in the Geriatric ED on November 8! Co-moderated with our GEDC faculty member, Dr. Tony Rosen. Register Now: https://gedcollaborative.com/event/elder-abuse-and-neglect/
01:32:06	Lisa Kennedy:	Thank you everyone!
01:32:17	Conor Sullivan - GEDC:	adding the 4Ms framework http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx
01:32:34	Kevin Corcoran:	Thank you!
01:32:39	Neha Raukar:	Thank you very much!!
01:32:44	Conor Sullivan - GEDC:	Dear Colleagues, Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on September 27th, "Falls Assessment in the Geriatric ED" On the GEDC event page, we have added a link to the webinar recording, chat resources and slides that will be available for download: 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/)
01:32:49	Margaret Wallhagen (she, her, hers):	One thing that was not mentioned was screening for hearing loss as it is correlated with falls
01:32:50	Claire James:	thank you all
01:32:52	Todd James:	Thanks!
01:32:59	Kaishawn McDuffie:	Thank you