

## ED Delirium Implementation for Persons with Dementia

With Dr. Sharon Inouye

- 00:20:37 Don Melady: Interested to hear more about your education programme!
- 00:26:53 Ula Hwang: Hi All, please feel free to include your chat questions here.
- 00:27:18 Don Melady: Who does the hip block? EM? Anesthesia? Ortho?
- 00:27:31 Nida Degesys, UCSF, (she/her): Hip block: EM does it usually
- 00:27:53 Nida Degesys, UCSF, (she/her): Sometimes if there is no time and the patient is going to OR then anesthesia will do it, but usually EM
- 00:27:55 Don Melady: Is everyone trained? What percentage of hip fractures get a hip block?
- 00:28:53 Martin, Pamela Y: How did you get nursing staff to buy in to doing the 3 additional assessments/screens? What is your compliance rate with those?
- 00:29:12 Nida Degesys, UCSF, (she/her): The 3 screening tools take less than 3-5minutes to complete
- 00:29:25 Nida Degesys, UCSF, (she/her): Once the RN is trained.
- 00:30:28 Nida Degesys, UCSF, (she/her): we have RN SuperUsers, who train the other nurses one on one, and who have experience using the tools. We went to nursing leadership and nursing staffing meetings
- 00:32:10 Nida Degesys, UCSF, (she/her): I forgot to mention that if GED patients also trigger positive scores that the GEDI will also more comprehensively evaluate the patient
- 00:33:41 Don Melady: One advantage of COVID here is that "hallway beds" have disappeared!
- 00:33:59 Nida Degesys, UCSF, (she/her): yes! For us to @don, no hallways due to covid :)
- 00:36:10 Sasha Binford (she/her): What barriers are you all experiencing with institutional policies restricting family/ caregivers to stay at bedside w patients in ED?
- 00:38:09 Don Melady: How long do patients stay in your ED?
- 00:38:44 Jeremy Swartzberg: Language alternatives? (for DTS/bCAM)  
Reassessment for delirium frequency?  
Pain assessment when delirium?  
Utility of FAM-CAM in initial and serial reassessments
- 00:39:25 Vanja Douglas: I have to run off to another meeting; thank you everyone and Sharon for your time! Great to see the progress at Kaiser and sorry to miss the SFGH presentation.
- 00:39:43 Sharon Inouye: Hey Vanya--thanks~ ! great to hear from you. SHaron
- 00:40:26 Nida Degesys, UCSF, (she/her): @don last month for DCed GED patients is about 7 hours, admitted is way longer like 14hrs!
- 00:41:13 Nida Degesys, UCSF, (she/her): @zsfsg so nice to have windowed rooms! So jealous
- 00:41:31 Nida Degesys, UCSF, (she/her): And I like calling it a gift basket!
- 00:41:40 Martin, Pamela Y: I like the geriatric gift basket idea
- 00:46:03 Don Melady: A wise geriatrics nurse taught me 20 years ago that the highest yield question is "what has changed?"
- 00:47:15 Martin, Pamela Y: I agree with Don. What is different today that prompted the ED visit is a question I will often use
- 00:47:35 Nida Degesys, UCSF, (she/her): even with surge right now we have made explicit exceptions for GED patients to be able to have their caregivers at bedside. We also are launching a video volunteer visit during day time hours (but hoping that in person caregiver is willing to stay)
- 00:48:12 Don Melady: And I did a three-month Trauma elective at SFGH ED in 1991
- 00:50:32 Jeremy Swartzberg: I love that approach
- 00:50:55 Ula Hwang: Does the caregiver policy apply to patients of all ages above 65+, or explicitly for conditions like dementia? nida, you just answered for UCSF
- 00:51:48 Ula Hwang: Dementia and cognitive impairment allows caregivers at the bedside.



- 00:55:06 kevinbiese: At UNC caregivers were for people over age 65 (for no great reason) - we currently allow one visitor but this could change again as cases increase
- 00:55:45 A2 Marlena Tang: ED caregiver policy at Kaiser is for anyone who requires a caregiver for their ED visit (mostly peds and frail seniors)
- 00:57:30 Conor Sullivan: Upcoming Webinar on Family Caregivers...  
How will you build a culture where family caregivers are #morethanavisitor?  
Join AARP Public Policy Institute in this final conversation for 2020 with healthcare leaders innovating on hospital front lines in support of family caregivers.

Leading & Implementing Systems Change  
Emerging Supports for Family Caregivers Providing Complex Care

Join us on Tuesday, December 8th from 12:00 pm – 1:00 pm ET.

<https://aarp.cvent.com/events/leading-implementing-systems-change/registration-d9130c9976c04c80b7a432d53ae24625.aspx>

- 00:57:51 Don Melady: I know it's not possible at this particular time, but have any of you considered adding trained volunteers to work with older people? Good evidence that it reduces the incidence of delirium.
- 00:58:16 Nida Degesys, UCSF, (she/her): Yes @don. Once covid is over we do have a ged volunteer plan both in the ED and the WR
- 00:58:32 Nida Degesys, UCSF, (she/her): Ones who have similar training to those volunteers on the ACE unit
- 00:58:41 Jeremy Swartzberg: some of the language challenges... w/ DTS and bCAM, some of the questions don't lend themselves to specific languages (like LUNCH backwards or months of the year backwards in Cantonese).
- 00:58:55 Nida Degesys, UCSF, (she/her): AWOL is in several languages
- 00:58:56 Todd James: Yes, we'll use the same Volunteer training pathway as the ACE unit.
- 00:59:14 A2 Marlena Tang: Our volunteers are trained to "just be" friends and talk with older patients- Don do you have a specific training you use for volunteers to watch for delirium?
- 01:00:45 Nida Degesys, UCSF, (she/her): What is "digit spans" does that mean count backwards by 7?
- 01:00:45 Don Melady: No, there is nothing specific for delirium – except we teach them what delirium is and looks like. But, really, the things that volunteers do – talk, stimulate, support, comfort, mobilize, provide food – are all things that prevent delirium.
- 01:01:39 kevinbiese: Volunteer training for older adults with eyes on Delirium - CARE program  
<https://www.mountsinai.org/locations/mount-sinai/about/volunteer/patient>
- 01:01:44 Jeremy Swartzberg: digit spans I think is "repeat after me... 2,5,3" then keep increasing the number of digits and if 5 or more then unlikely delirium
- 01:02:22 Nida Degesys, UCSF, (she/her): thanks Jeremy!
- 01:02:38 A2 Marlena Tang: Our pilot video volunteer last Friday shared with our hospital leadership that he felt extremely moved and proud to be able to volunteer again at the hospital and help out...he is an older adult himself and a long time volunteer—I never thought about how this might not only help the patients, but also our older adult volunteers as well :)
- 01:03:11 Todd James: That is great to hear Marlena.
- 01:03:12 Nida Degesys, UCSF, (she/her): That's so wonderful @marlena. It goes both ways!
- 01:03:24 Ula Hwang: Awesome Marlena!
- 01:03:34 Nida Degesys, UCSF, (she/her): i can't wait til we can have volunteers back in the hospital. Is kaiser allowing volunteers back inside?
- 01:03:42 Nida Degesys, UCSF, (she/her): Oh this was a video volunteer.
- 01:03:48 Nida Degesys, UCSF, (she/her): but still very cool pilot project



**GEDC**

THE GERIATRIC  
EMERGENCY DEPARTMENT  
COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

December 7, 2020  
SF Dementia Care Office Hour  
Chat Notes

- 01:04:37 Don Melady: We just a grant to develop a volunteer-run “friendly visitor” programme for ED patients who report social isolation and loneliness.
- 01:04:39 kevinbiese: This is an incredibly inspiring session, as Ula said your sites are doing great work - wow and thank you all
- 01:04:41 Don Melady: Phone and video
- 01:04:43 Malini K Singh: Thank-you Sharon..really makes sense.
- 01:07:13 Nida Degesys, UCSF, (she/her): Yes @don. If the family says the patient is confused or is acting differently is so much more informative than via interpreter
- 01:07:20 A2 Marlana Tang: Don- yes! one of the reasons we were so curious about the famcam as a tool
- 01:08:00 Todd James:Yes, this topic of the “change” is what the “I” in AWOLi is informing us about.
- 01:08:00 Nida Degesys, UCSF, (she/her): good point @sharon, family members correct all the time
- 01:08:08 James Hardy: I love the caregiver vs translation insight.
- 01:08:19 A2 Marlana Tang: I can barely do serial 7's myself- wondering if we have a simple validated tool for delirium screening in Asian languages that we can trust to screen delirium in the ED
- 01:08:52 Jennie Chin Hansen\*San Francisco: Do we have colleagues in Hong Kong we can ask re tools?
- 01:09:21 Don Melady: I have a number of close Geri ED collaborators in HK whom I can ask.
- 01:09:23 Todd James:We are taken with the Gift Basket idea – what might be some of the items that we could include in this?
- 01:10:24 Eric Isaacs (He/Him/His): There are disposable/one time use hearing devices, reading glasses, non-slip socks, activity belt (don't get to keep this one), possibly hydration.
- 01:10:48 Nida Degesys, UCSF, (she/her): I have to hop off I have a 2:30pm meeting. But thank you Sharon for coming to chat with us. Lets all keep collaborating! See many of you on 12/10!!!!
- 01:10:51 Don Melady: Dr. Patrick Leung is the chair of Geri EM for the HKCEM: leunglp@hku.hk
- 01:10:55 Todd James:Thanks Eric!
- 01:10:57 A2 Marlana Tang: Thank you!
- 01:11:01 Jeremy Swartzberg: thank you!
- 01:11:01 Malini K Singh: It would be a specific color to identify the GED patients
- 01:11:33 Jennie Chin Hansen\*San Francisco: Thanks, Sharon and all. Great discussion and exchange
- 01:12:40 Ula Hwang: Thank you Sharon, Nida, Jeremy, Marlana, and Eric for your presentations!