



GEDC

THE GERIATRIC
EMERGENCY DEPARTMENT
COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

March 2, 2021
Healthcare Systems Roundtable
Hosted By: Mayo Clinic
Chat Notes

00:23:07 Adriane Lesser: Thanks, Conor. More detail on West's specific work around GEDs here:
<https://www.westhealth.org/geriatric-emergency-care/>

00:24:24 Conor Sullivan: Use the QR code on your phone OR
You Can Also Go to:
www.menti.com

And use the code:
76 28 24 8

00:26:02 Hilary L.S. Hawkins: Can you put it in the word cloud feature?

00:27:10 Michael Malone Geriatric medicine AAH: Are there some themes here?

00:29:05 Teresa Amato: got on late. not sure if discussed. more about tele medicine

00:32:39 Conor Sullivan: Jessica Stanich M.D., M.S.
stanich.jessica@mayo.edu | Mayo Clinic

Delirium Screening: Navigating An Iterative Pathway To Change

00:36:15 Conor Sullivan: REDEEM: Recognizing Delirium in Emergency Medicine: Lessons
Learned

00:43:16 Aurora- Aaron Malsch: I always find it interesting on the different approaches for
different disciplines.... RN respond to empathy and Providers respond to the #s. In these
efforts we have to accommodate both approaches to achieve buy in with our champions

00:48:07 Aurora- Aaron Malsch: Jessica, would you be willing to share the data elements of the
Delirium Epic report you created?

00:50:13 Conor Sullivan: Dr. Han, the creator of DTS/bCAM, has published online instructions
videos for both tools. The videos include simulation cases.

How to Perform the DTS Video:

<http://fast.wistia.net/embed/iframe/dtegpsx4bh?popover=true>

DTS Practice Video #1:

<http://fast.wistia.net/embed/iframe/cm7p8z2x6j?popover=true>

DTS Practice Video #2:

<http://fast.wistia.net/embed/iframe/y09qgilx16?popover=true>

00:50:37 Conor Sullivan: How to Perform the bCAM Video:

<https://fast.wistia.net/embed/iframe/cj2ydgpd1k?dnt=1&popover=true>

bCAM Practice Video #1:

<https://fast.wistia.net/embed/iframe/wm18c1jw7q?dnt=1&popover=true>

bCAM Practice Video #2:

<https://fast.wistia.net/embed/iframe/49sl2mwoe5?dnt=1&popover=true>

00:54:40 Lori Scanlan-Hanson: There are resources in the field of Change Management that
has tools to assess the "staff and environment" change aptitude based on change volume,



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- impact, size of change ext. This is why Change Management is important part of change that involves flow and care practices.
- 00:58:56 Conor Sullivan: Emergency Department Treatment for Delirium:
-STOMP delirium prevention tool
- 01:00:05 Conor Sullivan: -Geriatric cart publication here
[https://www.ajemjournal.com/article/S0735-6757\(20\)30322-3/fulltext](https://www.ajemjournal.com/article/S0735-6757(20)30322-3/fulltext)
- 01:00:23 Conor Sullivan: Treatment of agitation in elderly guideline
- 01:03:36 Conor Sullivan: Nursing Home Discharge Transitions of Care Hand Off Tool:
- 01:05:23 Conor Sullivan: Iterative Pathway To Change:
Be flexible and move around road blocks
Identify teammates
Stick to methodology
Set up measurement tools early & use them often
- 01:05:33 Teresa Amato: thank you for this presentation.
- 01:05:45 Ula Hwang: Excellent work by Mayo GED team with perseverance with delirium implementation effort. Sharon Inouye is developing a Delirium Implementation tool kit that will debut in the near future. While not helpful at this point for Mayo, may be down the road and for other hospitals.
- 01:08:13 Jessica Stanich: in patient transition of care is our next step!
- 01:11:49 Teresa Amato: what do you do for non English speaking patients.
- 01:13:46 Lori Scanlan-Hanson: Awareness of the concepts of Geriatric care related to delirium has also crept into the adverse event review process within the ED at Mayo Rochester. Ability to see if screens have been done and how or if delirium is associated with any adverse outcomes or events. This has had become increasingly important with strict, limited visitation policies under Covid. Synergy begins to happen as staff have increase situational awareness of what delirium is and how it effects the patient care and experience.
- 01:24:33 Aurora- Aaron Malsch: Focused Triage vs comprehensive triage is always a struggle
- 01:27:43 Aurora- Aaron Malsch: How do we structure or prompt all these screenings...especially if there are 20 protocol screenings in a GEDA Level 1?
- 01:33:23 Jeremy Swartzberg: We definitely recognize the need to have these screens built into the EMR. Did any of you need to initially implement with a more manual/"on paper" screening process (before the actual build of the EMR tools)? If so, how did you overcome the challenges with this more manual process?
- 01:35:43 Jessica Stanich: but the crisis ended up being the major motivator for change
- 01:39:34 Conor Sullivan: Steve Meldon: next step will be smarter EMRs which screen for us. We are using EMR to recognize high risk criteria
- 01:42:45 Conor Sullivan: Dear Colleagues,
Thank you for participating in the Geriatric Emergency Department Collaborative's Healthcare System Roundtable. Outstanding presentation, community and discussion today. Once again, profound gratitude to Dr. Stanich and the Mayo team for leading our discussion on, "Delirium Screening: Navigating An Iterative Pathway To Change".

Visit our HCS landing page - Slides, presentation, chat notes and other resources available for download. <https://gedcollaborative.com/hcs-roundtable/>

Many thanks,

GEDC and West Teams

The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!

01:43:22 Jessica Stanich: hope to share our outcome data soon which will help with this question!

01:43:59 Aurora- Aaron Malsch: Thanks Jessica and the Mayo team! Great presentation and discussion!!!

01:44:07 Steve Meldon: great job

01:44:12 Teresa Amato: great conversation