



WEBINAR

# Palliative Care Considerations for Older ED Patients in the Age of COVID-19

JUNE 1, 2020

3:00 PM EST

- 00:23:48 Don Melady: Hi Jake! Welcome!
- 00:24:21 Ula Hwang: Quick reminder to participants, to set your chat to "all panelists and attendees" so everyone can see your questions and comments
- 00:28:56 Ula Hwang: Quick reminder to participants, to set your chat to "all panelists and attendees" so everyone can see your questions and comments
- 00:29:06 Conor Sullivan: Dear Colleagues,

Thank you for participating in the Geriatric Emergency Department Collaborative's webinar, Key Palliative Care Considerations for Older Adults in the Emergency Department During the COVID-19 Pandemic.

Today's webinar is being recorded and a link the recording and the slides will be on the GEDC website event page, we have added a link to the webinar recording and slides:

<https://gedcollaborative.com/event/webinar-2020-06-01/>

Check out essential COVID Resources on the GEDC website:

<https://gedcollaborative.com/resources/>

Many thanks,

GEDC team

- 00:29:54 Conor Sullivan:  
\*\*\*Quick reminder to participants, to set your chat to "all panelists and attendees" so everyone can see your questions and comments\*\*\*
- 00:30:59 Conor Sullivan: Check out [GEDCOLLABORATIVE.com](https://gedcollaborative.com)  
Please follow us on Twitter @theGEDC  
and Don Melady @geri\_EM



- 00:32:26    Conor Sullivan:    Follow us: @the GEDC  
Join the GEDC: laura\_stabler@med.unc.edu  
URL for the Geriatric Emergency Department's website (<https://gedcollaborative.com/>)  
Check out COVID Resources on the GEDC website later today  
<https://gedcollaborative.com/covid-19-resources/> where you will be able to find the  
presentation slides upon conclusion of today's webinar.  
Thank you so much! Stay tuned for the GEDC's next webinar. Information coming soon!
- 00:33:17    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"
- 00:33:40    Jennifer Blatnik:    Cleveland VA...GERI VET ICT
- 00:33:43    Chris Carpenter:    Washington University in St. Louis, emergency physician
- 00:33:44    Mary Adami:        Asheville nc va
- 00:33:50    Deborah Grande:    Buffalo, NY    ED Nurse Manager
- 00:33:51    Sandra Fitzgerald: Newcastle Australia - Clinical Editor HealthPathways
- 00:33:55    Jennifer Wong:     Jen Wong, San Francisco, CA ED RN
- 00:33:55    Tess Hogan:        Chicago Emergency doc
- 00:34:00    Maranda Morrow: Florida, nurse practitioner. Geriatric practice primarily in long term  
and post-acute care
- 00:34:00    Pro Mukherjee:    Ireland, ER physician
- 00:34:02    Fernanda Bellolio: Rochester, MN. Research Chair Dept Emergency Medicine at Mayo  
Clinic.
- 00:34:03    Debbie Cooper NP:        NP LTC Parry Sound ON
- 00:34:05    Michael Jorolemon:        Syracuse, New York ED doc GEDA III
- 00:34:09    Patti Pagel:        Milwaukee WI Advocate Aurora RN
- 00:34:11    Susan Bower:        Rochester ,MN- ED RN
- 00:34:11    Lesley Peters:        Lesley, San Francisco, CA ED RN
- 00:34:12    Sarah West:        Sarah West and Mary Ann Hamelin- Mt. Sinai Hospital, Toronto. GEM  
RNs
- 00:34:12    Jake Sawa:        McGill Uni, Emerg resident
- 00:34:23    Christian La Riviere:        Winnipeg, Manitoba - Medical Director of Palliative Care  
Program and EM Physician
- 00:34:26    VHACLEKingD:        Debra King, Cleveland VAMC



- 00:34:35 Melanie Parks: Good afternoon! I'm Melanie Parks, Palliative Care RN with Indiana University Health Physicians
- 00:34:35 Lori Ritter: Lori Ritter, Duke Regional Hospital, Raleigh NC, Geriatric CNS
- 00:34:38 Amanda: Ottawa, Ontario, Military RN
- 00:34:40 Priya Shah: Nurse Practitioner Led Outreach Team (NLOT) in Hamilton
- 00:34:41 KJC: Kevin Corcoran Geriatric ED Medical Director Syracuse VAMC
- 00:34:42 Erin O'Connor: Hiya!
- 00:34:50 Lil Banchemo: Annapolis MD. Geriatric nurse manager
- 00:34:56 Conor Sullivan: JGEM Vol1 Issue6  
Palliative Care Considerations for Older Adults in the Emergency Department During the COVID-19 Pandemic
- 00:35:19 Nikki Webb: Duke Regional Hospital, Durham NC -Geriatrics Program Manager
- 00:35:22 Tiffany Floyd: CTRS G.V. (Sonny) Montgomery Medical Center
- 00:35:23 James Kenny: Columbia University Medical Center, ED attending, assistant medical director
- 00:35:32 Matthew Leyenaar: Matt, Ottawa, Paramedic PhD program @ McMaster University
- 00:35:47 Christopher Choudhry: Director of Ops, Dept of Emergency Medicine. Columbia University Irving Medical Center, NY
- 00:36:19 Kanwardeep Singh: Kanwardeep Singh, Geriatrician, Advocate Aurora Health, Milwaukee, WI
- 00:36:55 Emily Simmons: UAB Hospital in Birmingham, AL, Geriatric Programs Coordinator
- 00:37:41 Kelsey Sullivan: petawawa, Ontario, medical technician
- 00:39:25 Conor Sullivan: Welcome! Go Sullivan!
- 00:40:11 Mark Roboinson: Mark Robinson, MSW, UC Davis
- 00:42:23 Fernanda Bellolio: 12 hour
- 00:42:24 Erin O'Connor: 6-12 hra
- 00:42:29 Pro Mukherjee: 1-2 hours
- 00:42:30 Don Melady: 4-8 hours
- 00:42:38 Jaimie Ostrom: 12hr
- 00:42:39 Martine Sanon: 6-8 hrs
- 00:42:41 Michael Jorolemon: 3-4 hrs



- 00:42:44 James Kenny: 2-4 hours
- 00:42:46 Debbie Cooper NP: 48hrs
- 00:42:47 Chris Carpenter: In June about 4 hours. In March about 6-10 days
- 00:42:49 Katren Tyler: Depends on time of day we order it. Shortest is 3 hours, longest is 12 hours
- 00:43:21 Don Melady: Please be sure to change your setting to All panelists and attendees!
- 00:44:33 Ula Hwang: <https://www.vitaltalk.org/>
- 00:46:16 Conor Sullivan: Quick reminder to participants, to set your chat to "all panelists and attendees" so everyone can see your questions and comments
- 00:46:17 Fernanda Bellolio: all admitted are tested now
- 00:46:21 Erin O'Connor: All admitted at UHN
- 00:46:21 Chris Carpenter: Not testing all admitted patients.
- 00:46:32 Tess Hogan: U of C tests all admits NOT all ED patients
- 00:46:50 Jaimie Ostrom: not testing all admitted patients
- 00:46:52 Don Melady: we are using only the chat box – so if you have something to say, please add your question there.
- 00:47:06 Don Melady: we are using only the chat box – so if you have something to say, please add your question there.
- 00:51:07 Tess Hogan: are you telling all covid admits they will lose some function?
- 00:51:17 Don Melady: This is another example of where one of the core Geri EM tasks comes to the fore – the importance of baseline function and enquiring about frailty
- 00:54:51 Don Melady: From Lauren Southerland: My issue lately is that they are waiting to come into the ER until they are so sick that we can't have an honest goals of care discussion... and no family at the bedside due to COVID precautions.
- 00:55:41 Fernanda Bellolio: Agree with Lauren. COVID leave patients lonely and alone in the ED. :(
- 00:55:48 Chris Carpenter: Good news! Valid (accurate) and reliable measures of "frailty" now available for ED settings. See [https://linkinghub.elsevier.com/retrieve/pii/S0196-0644\(20\)30218-3](https://linkinghub.elsevier.com/retrieve/pii/S0196-0644(20)30218-3) and <https://onlinelibrary.wiley.com/doi/abs/10.1111/acem.13953>
- 00:55:49 Ula Hwang: Hi Lauren! Can you change your chat to "all panelists and attendees"?
- 00:56:10 Tammie Quest: lauren - delaying care is a big issue that is complicating the issues. In the discussion session we can/will discuss telehealth options.
- 00:56:20 Lauren Southerland: I did, sorry



- 00:57:12 Tammie Quest: We will find out more about outcomes of patients that get life sustaining therapy by default how they do.
- 00:57:19 Chris Carpenter: Even better news: ED instruments to predict populations at low risk of COVID diagnosis (CORC study led by Jeff Kline at IU) and high risk COVID mortality (led by University of British Columbia) underway!
- 01:06:39 Conor Sullivan: Dr. Erin O'Connor  
EPEC-EM  
<https://www.bioethics.northwestern.edu/programs/epec/LEAP-ED>  
<https://www.pallium.ca/>  
Hendin et al. End-of-life Care in the Emergency Department for the Patient Imminently Dying of a Highly Transmissible Acute Respiratory Infection (Such as COVID-19). CJEM. 2020 Mar 26;1-4.
- 01:13:33 Erin O'Connor: Morphine 1-2.5 mg subcut/IV q30min prn OR  
Hydromorphone 0.25-0.5 mg subcut/IV q30min PRN OR  
Fentanyl 12.5-50 micrograms subcut/IV q15min prn  
If severe, add Midazolam 0.5-1 mg subcut/IV q30min prn  
For severe respiratory distress, Ketamine in dissociative dosing (1-2 mg/kg IV or 4 mg/kg IM) as a temporizing measure until the above medications can be titrated to effect.
- 01:15:35 Conor Sullivan: Education in Palliative and End of Life Care, EPEC  
This is an online program designed to train physicians on the essential clinical competencies required to provide quality end-of-life care. A handbook and video version of the training are both available, as well as slide sets on many palliative care topics. Continuing Medical Education (CME) available.  
<https://waportal.org/resources/education-palliative-and-end-life-care-epec>  
\_Vital Talk and CAPC  
<https://www.vitaltalk.org/>  
<https://www.capc.org/>
- 01:17:12 Katren Tyler: Question for the panelists: do you find that ketamine for severe respiratory distress contributes to confusion?
- 01:18:12 Chris Carpenter: Question: While important for every frontline provider to be cognizant of palliative care principles, it is also important for general providers to have access to palliative care experts - yet many hospitals lack that access. See [https://www.medscape.com/viewarticle/930930?src=soc\\_tw\\_200531\\_mscpedt\\_news\\_mdscp\\_palliative&faf=1](https://www.medscape.com/viewarticle/930930?src=soc_tw_200531_mscpedt_news_mdscp_palliative&faf=1) How do the speakers recommend strategically using COVID-



19 epidemic to FINALLY compel our hospitals to invest in Palliative Care specialists available 24/7 to the ED?

- 01:19:53 Chris Carpenter: And once we've swayed the C-suite bean counters to invest in Palliative Care, how do we convince them to maintain 24/7 Palliative Care in the post-COVID era?
- 01:20:44 Ula Hwang: Example at Mount Sinai was COVID ushered in even greater synergistic collaboration of palliative care services IN the ED.
- 01:20:44 Tammie Quest: Great question! We have now to have a new "making the case" discussion because our healthcare systems are not financially challenged (at least in the US) and it will be harder than ever to get resources. We need to evaluate the outcomes of patients with and without palliative care during COVID. We saw up to 70% of all the patients that died of COVID and we will be doing an analysis of that group of patients. We have to keep telling the stories of impact followed by the data.
- 01:21:19 Tammie Quest: \*now financially challenges (not 'not')
- 01:21:31 Ula Hwang: Embedded Palliative care services in the ED, use of teleconsult palliative care services for use by ED clinicians and also teleconsult directly communicating with family members who could not be at bedside
- 01:21:56 Erin O'Connor: Hi Katren, When using Ketamine for Severe rest distress we are really talking about using it in dissociative (sedating) doses until the other medications - particularly opioids can be titrated up appropriately.
- 01:21:58 Tammie Quest: We also have found out how to work smarter
- 01:22:15 Conor Sullivan: <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0204>  
Summary  
Palliative care physicians can provide critical expertise in communication and symptom management to help seriously ill patients in the coronavirus disease 2019 pandemic. However, with an existing shortage of palliative care specialists, the surge of Covid-19 cases in New York City required rapid expansion of palliative care services, particularly to emergency departments (EDs). In response to these needs, the Icahn School of Medicine at Mount Sinai developed and adapted a 24-7 PALLIATIVE Care Help line (PATCH-24) with focused in-person ED supports to serve 873 of the sickest patients with Covid-19 over 4 weeks in late March and April 2020. The authors describe key principles and lessons learned from this process.
- 01:24:54 admin\_maacas: And Finland
- 01:25:01 admin\_maacas: Finland
- 01:25:27 Don Melady: Yay Finland!!!
- 01:27:08 Don Melady: Check out the GEDC webinar on implementing Telehealth services: In the discussion time period, you can ask me about telehealth options in the ED – In



the discussion time period, you can ask me about telehealth options in the ED  
<https://gedcollaborative.com/event/webinar-may-11-2020/>

01:27:58 Conor Sullivan: Dear Colleagues,  
Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on June 1, 2020.

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[EPEC-EM](https://www.bioethics.northwestern.edu/programs/epec/)

<https://www.bioethics.northwestern.edu/programs/epec/>

[LEAP-ED](https://www.pallium.ca/)

<https://www.pallium.ca/>

<https://pubmed.ncbi.nlm.nih.gov/32213224/>

Hendin et al. End-of-life Care in the Emergency Department for the Patient Imminently Dying of a Highly Transmissible Acute Respiratory Infection (Such as COVID-19). CJEM. 2020 Mar 26;1-4.

Education in Palliative and End of Life Care, EPEC

<https://waportal.org/resources/education-palliative-and-end-life-care-epec>

A Beacon for Dark Times: Palliative Care Support During the Coronavirus Pandemic

<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0204>

Vital Talk and CAPC

<https://www.vitaltalk.org/>

<https://www.capc.org>

01:28:55 Don Melady: Martine – were there any particular observations that the palliative care folks had about working in the ED?

01:30:25 Conor Sullivan: Thank you! GEDC Team

Follow us: @the GEDC

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

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EMERGENCY DEPARTMENT  
COLLABORATIVE  
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Thank you so much! Stay tuned for the GEDC's next webinar. Information coming soon!

01:30:31 Ula Hwang: Telehealth - we heard examples from Martine with teleconsult once patient in the ED. From Tammie to be sure you have in the ED established means to use telehealth modalities. Introducing earlier goals of care discussions with family members, especially when patients are less acute and stable.

01:31:28 Ula Hwang: Thank you panelists!

01:31:31 Tiffany Floyd: Thank you