Dementia in the Geriatric Emergency Department

September 14, 2020

A GEDC Expert Panel Webinar

Moderated by:

Don Melady, MD
Emergency Physician
Mount Sinai Hospital, Toronto, Canada
GEDC Faculty

GEDC EXPERT PANEL

Adam Perry, MD
Emergency Physician/Geriatrician,
Thomas Jefferson University, Pennsylvania

Michelle Moccia, RN, DNP
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Linda Schnitker, PhD, MANP, BSNursing
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Pamela Martin, RN, MN
Program Director,
Geriatric ED,
Bon Secours-St. Mary's Hospital,
Virginia

Chris Carpenter, MD
Emergency Physician
Washington University
GEDC Faculty

A Warm Welcome
To Our Special Guest:

Morgan Daven
Vice President,
Health Systems,
Alzheimer's Association

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Our Vision

A world where all emergency departments provide the highest quality of care for older patients

Our Mission

We bring best practice into action.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

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GEDC Toolkits

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Emergency Department Care of Individuals Who Have Dementia

An Implementation Toolkit

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What's Inside

Many older patients are in the ED not because of dementia but *with* dementia. This Implementation Toolkit contains resources that can help you make changes in your ED to provide better care for those patients. It includes resources and tools and links to the evidence to support their implementation.

Education ↓

Policies & Procedures ↓

Screening & Assessment ↓

Physical Environment ↓

Support Programs ↓

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Webinar Pointers

1. All microphones have been muted.
2. Hover your mouse over the Zoom window to bring up icons in the bottom center
3. Q & A Function has been disabled.
4. Click on **Chat** function, the icon on lower right. Select "All participants"

Webinar RECORDING & SLIDES will be available at ged**collaborative**.com

Technical difficulties

Please text:

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- Conor Sullivan: 910-200-1312

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Expert Panel Webinar

Geriatric Emergency Department Collaborative
September 14, 2020

@theGEDC

Meet Your Expert Panel

Adam Perry
MD

Emergency Physician/Geriatrician, Thomas Jefferson University, Pennsylvania

GEDC Faculty

Chris Carpenter
MD, MSC, FACEP FAAEM AGSF

Professor, Emergency Medicine, Washington University St. Louis, Missouri

GEDC Faculty

Linda Schnitker
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Nurse Clinician, Researcher, Queensland University of Technology, Australia

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RN, MN

Geriatric ED Nurse Specialist, Program Director, Geriatric ED, Bon Secours-St. Mary's Hospital, Virginia

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Michelle Moccia
DNP, ANP-BC, CCRN, GS-C

Geriatric ED Nurse Specialist, Program Director, Senior ED, St. Mary Mercy Hospital, Michigan

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 https://geri-em.com/cognitive-impairment/mrs-perdito/

Morgan Daven

Vice President, Health Systems,
Alzheimer’s Association

Building Better Outcomes:
Partnering to Support Emergency
Departments in Alzheimer's Care.

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The Alzheimer's Association as Your Partner

alzheimer's association®

REDUCE THE BURDEN ON CLINICIANS

Empower clinicians with:

- **training**
- **resources**
- **support**

to improve care management through an interdisciplinary approach that optimizes the roles of all members of the health care team.

ENHANCE THE PATIENT EXPERIENCE

Ensure clear communication that provides educated answers and well-planned next steps, so that individuals and their families can:

- **access care services**
- **make future financial plans**
- **participate in clinical trials.**

MORE EFFECTIVELY MANAGE THE COST OF CARE

When patients are diagnosed with dementia earlier in the disease process, treatment can be modified with knowledge of a patient’s cognitive impairment.

Patient and Caregiver Resources

The Alzheimer's Association offers reliable resources, support and information to all those affected by Alzheimer's and other dementias, including:

Free 24/7 Helpline (800.272.3900) staffed by master's-level clinicians and specialists, providing confidential support and information all day, every day.

Face-to-face support groups and education programs available across the country. Find your local chapter at **alz.org/CRF**.

Care consultations over the phone or in-person where available. To schedule, call **800.272.3900**.

Online information and resources at alz.org to help people facing the disease navigate the challenges that accompany a diagnosis, create customized action plans and more.

Alzheimer's Association TrialMatch® a free clinical studies matching service at alz.org/trialmatch.

The Alzheimer's Association will partner with you to develop a customized strategy to transform patient management.

THANK YOU

Morgan Daven
Vice President, Health Systems
mdaven@alz.org

alzheimer's association®

Adam Perry, MD
Emergency Physician and Geriatrician
GEDC Faculty

Identifying dementia in the ED: Does it matter?

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Why is Dementia Important?
The “Poor Historian”

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Patient Safety: Missed and/or Delayed Diagnosis

- Incomplete History and Physical
- Atypical Presentations
- "Abnormal"
  (urinalysis, EKG, Chest X-ray…)
- Acute change in status?

Hazards of ED and Hospitalization

- BPSD: exit seeking, resistance to care
- Delirium: hypo and hyperactive
- Adverse Medication Events
- Deconditioning/functional decline
- Goal-Discordant Care
- Informed Consent for tests, admission
- Risk/Benefit/Alternative to admission

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Team Discharge Planning: Inpatient or Outpatient

Chris Carpenter, MD, MSC, FACEP, FAAEM
Emergency Physician, Washington University
GEDC Faculty

Dementia screening tools for the ED: What works best?

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How do you screen for dementia in your emergency department?

AD8

If the patient has an accompanying reliable informant, they are asked the following questions.

Has this patient displayed any of the following issues? Remember a "Yes" response indicates that you think there has been **a change in the last several years** caused by thinking and memory (cognitive) problems.

1) Problems with judgment (example, falls for scams, bad financial decisions, buys gifts inappropriate for recipients)?
2) Reduced interest in hobbies/activities?
3) Repeats questions, stories, or statements?
4) Trouble learning how to use a tool, appliance, or gadget (VCR, computer, microwave, remote control)?
5) Forgets correct month or year?
6) Difficulty handling complicated financial affairs (for example, balancing checkbook, income taxes, paying bills)?
7) Difficulty remembering appointments?
8) Consistent problems with thinking and/or memory?

Each affirmative response is one-point. A score of ≥ 2 is considered high-risk for dementia.

Accuracy of dementia screening instruments in emergency medicine: a diagnostic meta-analysis, *Acad Emerg Med* 2019; 26: 226-245.

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Abbreviated Mental Test-4

1) How old are you?
2) What is your birthday?
3) What is the name of this place?
4) What year is this?

Any error is considered high-risk for dementia.

Accuracy of dementia screening instruments in emergency medicine: a diagnostic meta-analysis, Acad Emerg Med 2019; 26: 226-245.

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Ottawa 3DY

1) What day is today?	**Correct**	**Incorrect**				
2) What is the date?	**Correct**	**Incorrect**				
3) Spell "world" backwards	Number correct					
	0	**1**	**2**	**3**	**4**	**5**
4) What year is this?	**Correct**	**Incorrect**				

A single incorrect response on any of these four items is consistent with dementia.

Accuracy of dementia screening instruments in emergency medicine: a diagnostic meta-analysis, Acad Emerg Med 2019; 26: 226-245.

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Physician and Nurse Acceptance of Technicians to Screen for Geriatric Syndromes in the Emergency Department

Christopher R. Carpenter, MD, MSc*
Richard T. Griffey, MD, MPH*
Susan Stark, PhD, OTR/L†
Craig M. Coopersmith, MD‡
Brian F. Gage, MD, MSc§

* Washington University School of Medicine, Division of Emergency Medicine, St Louis, Missouri
† Washington University School of Medicine, Division of Occupational Therapy, St Louis, Missouri
‡ Emory University School of Medicine, Division of Critical Care, Atlanta, Georgia
§ Washington University School of Medicine, Division of General Medical Sciences, St Louis, Missouri

West J Emerg Med 2011; 12: 489-495

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Additional Considerations

- Alternative instruments?
- Which subset of ED patients to screen (or not screen)?
- How to discuss dementia screening results with patient/family?
- Actionable response to abnormal screen?

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Questions?

Linda Schnitker, PhD, MScN, BScN
Dementia Collaborative Research Centre
Centre for Healthcare Transformation,
Faculty of Health,
Queensland University of Technology.
Australia

Quality ED care for persons with dementia: What does it look like?

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Older ED population with cognitive impairment

- Complex care needs[1]
- Responsive behaviour (BPSD)[2]
- Safety / ethical issues
- Burden of care
- Caregiver stress/burden
- Increased risk delayed pain assessment and treatment[3]
- Increased risk delirium[4]

[1] Schnitker et al. 2016
[2] Erel 2013
[3] Fry et al. 2015, Terell et al. 2009, Hwang 2006, Meldon et al. 2003, McCusker et al. 1999
[4] Han et al. 2009, Weber et al. 2004, Elie et al. 1998, Inouye et al. 1993

CRICOS No.00213J

At increased risk for adverse health outcomes

The Identification of Seniors at Risk (ISAR) tool: (ISAR)[1]:

		Hospital use only
1. Before the illness or injury that brought you to the Emergency, did you need someone to help you on a regular basis?	YES	1
	NO	0
2. Since the illness or injury that brought you to the Emergency, have you needed more help than usual to take care of yourself?	YES	1
	NO	0
3. Have you been hospitalized for one or more nights during the past 6 months (excluding a stay in the Emergency Department)?	YES	1
	NO	0
4. In general, do you see well?	YES	0
	NO	1
5. In general, do you have serious problems with your memory?	YES	
	NO	0
7. Do you take more than three different medications every day?	YES	1
	NO	0
	TOTAL:	

The Triage Risk Screening Tool (TRST)[2]:

- History or evidence of cognitive impairment (poor recall or not oriented)
- Difficulty walking/transferring or recent falls
- Five or more medications
- ED use in previous 30 days or hospitalization in previous 90 days
- RN professional recommendation*

[1] McCusker et al.1999
[2] Meldon et al. 2003

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What data reflects quality of care of older ED patients with cognitive impairment?

Phase 1

- Extensive literature review
- Potential **quality indicators** created by expert panel

Phase 2

- Field work
- **Quality Indicators** testing

Phase 3

- Final **quality indicators** with definitions and scoring rules

https://www.pxfuel.com/en/free-photo-oznmc

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Process and Structural Quality Indicators

https://pubmed.ncbi.nlm.nih.gov/25754937/

ORIGINAL CONTRIBUTION

Process Quality Indicators Targeting Cognitive Impairment to Support Quality of Care for Older People with Cognitive Impairment in Emergency Departments

Linda M. Schnitker, MS, Melinda Martin-Khan, PhD, Ellen Burkett, MBBS, Elizabeth R. A. Beattie, PhD, Richard N. Jones, ScD, and Len C. Gray, PhD, The Research Collaboration for Quality Care of Older Persons: Emergency Care Panel*

https://pubmed.ncbi.nlm.nih.gov/25754936/

ORIGINAL CONTRIBUTION

Structural Quality Indicators to Support Quality of Care for Older People With Cognitive Impairment in Emergency Departments

Linda M. Schnitker, MS, Melinda Martin-Khan, PhD, Ellen Burkett, MBBS, Caroline A. Brand, PhD, Elizabeth R. A. Beattie, PhD, Richard N. Jones, ScD, and Len C. Gray, PhD, The Research Collaboration for Quality Care of Older Persons: Emergency Care Panel*

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Quality Care for Older People with Cognitive Impairment in ED –Structure

Policies outlining:

1. Management of older people with cognitive impairment and their carers
2. Assessment and management of behavioural symptoms
3. Delirium prevention
4. Pain assessment and management

Picture from: https://www.process.st/policies-and-procedures/

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Quality Care for Older People with Cognitive Impairment in ED – Process

1. Cognitive screening (new, existing, acutely changed)
2. Screening for delirium
3. Assessing and managing delirium risks
4. Identify a potential aetiology when delirium is suspected or definite
5. Notify and involve nominated support person
6. Collateral history
7. Pain assessment using a verbal and a behavioural or proxy report of pain

Pain Assessment IN Advanced Dementia PAINAD

	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations	
Negative Vocalization	None	Occasional moan or groan. Low level speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial expression	Smiling, or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched, Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
				TOTAL

Warden et al. 2003

http://dementiapathways.ie/_filecache/04a/ddd/98-painad.pdf

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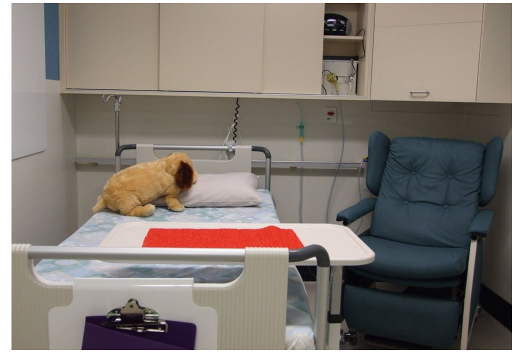
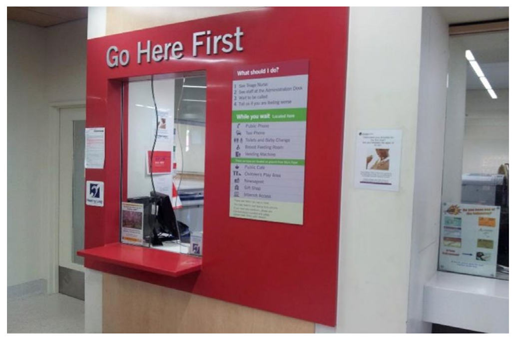
Quality Care for Older People with Cognitive Impairment in ED

1. Multidisciplinary approach
2. Person-centeredness
3. Communication

https://www.dementia.org.au/sites/default/files/helpsheets/Helpsheet-CaringForSomeone01-Communication_english.pdf

4. Address caregiver stress
5. Delirium prevention
6. Meaningful activities https://pubmed.ncbi.nlm.nih.gov/32162351/
7. Physical environment
8. Prevent challenging behaviour
9. Staff training
10. Clinical leadership





With courtesy to Dr James Hughes and Dr Ellen Burkett

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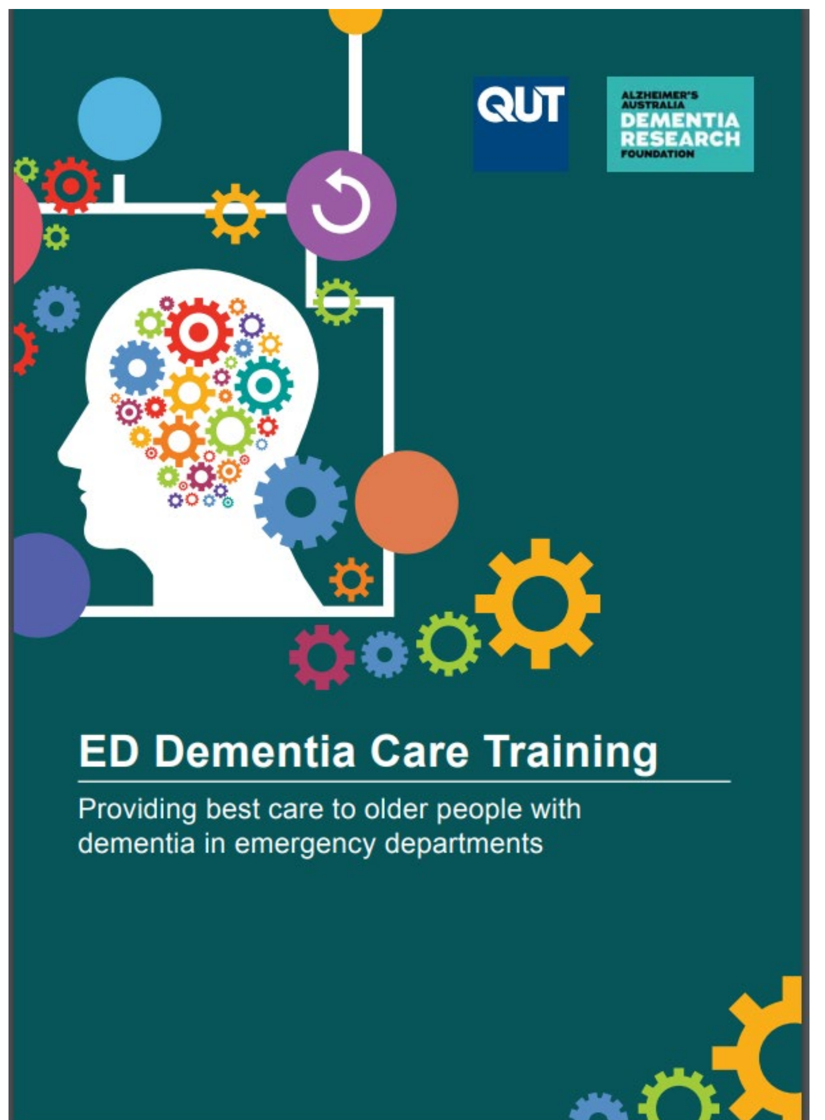
Education Resource:

https://www.dementia.org.au/sites/default/files/NATIONAL/documents/ED-Dementia-Care-Training.pdf



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Thank you.

"A society that does not value its older people denies its roots and endangers its future. Let us strive to enhance their capacity to support themselves for as long as possible and, when they cannot do so anymore, to care for them."

Nelson Mandela

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GEDC Faculty

Michelle Moccia, RN, DNP, ANP-BC, GS-C
Program Director,
Senior ED,
St. Mary Mercy Hospital, Michigan

Dementia Care in the ED:

How can we improve?

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ED Care for a Person Living with Dementia

Deliver care with their needs in mind; **D**etermine patient values and goals

Elicit ADL capability “what can they do”?

Mentation “what is their baseline”?

Emphasize every behavior has a meaning

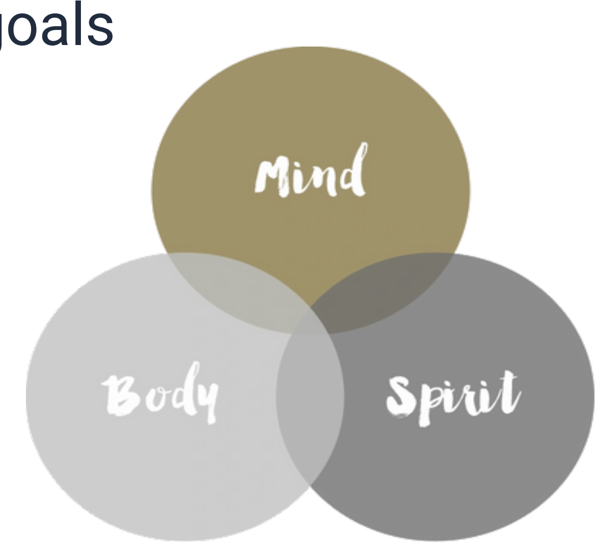
Nutrition – diet type; time they eat; swallowing difficulties

Tolerate **A**nticipate-**D**on’t **A**gitate (T-A-DA)

http://eddelirium.org/what-to-do-when-delirium-is-detected/

Involve care person; offer resources; engage volunteers

Avoid diminishing self-image; maximize **A**utonomy with safety in mind



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Establishing Community Relationships

- Alzheimer's Association
  - First responder education
    EMS, fire, police
  - Placement of Alzheimer's Association staff in ED or hospital for immediate education/support to families
  - Contact when family crises occur in ED
- Area Agency on Aging
- Local Assisted Living and Memory Care facilities
- Local trusted Senior Advisors
  - Can help family navigate ALF/LTC
- Insurance - Managed care plan contacts
  - In my area we have, JenCare and CareMore

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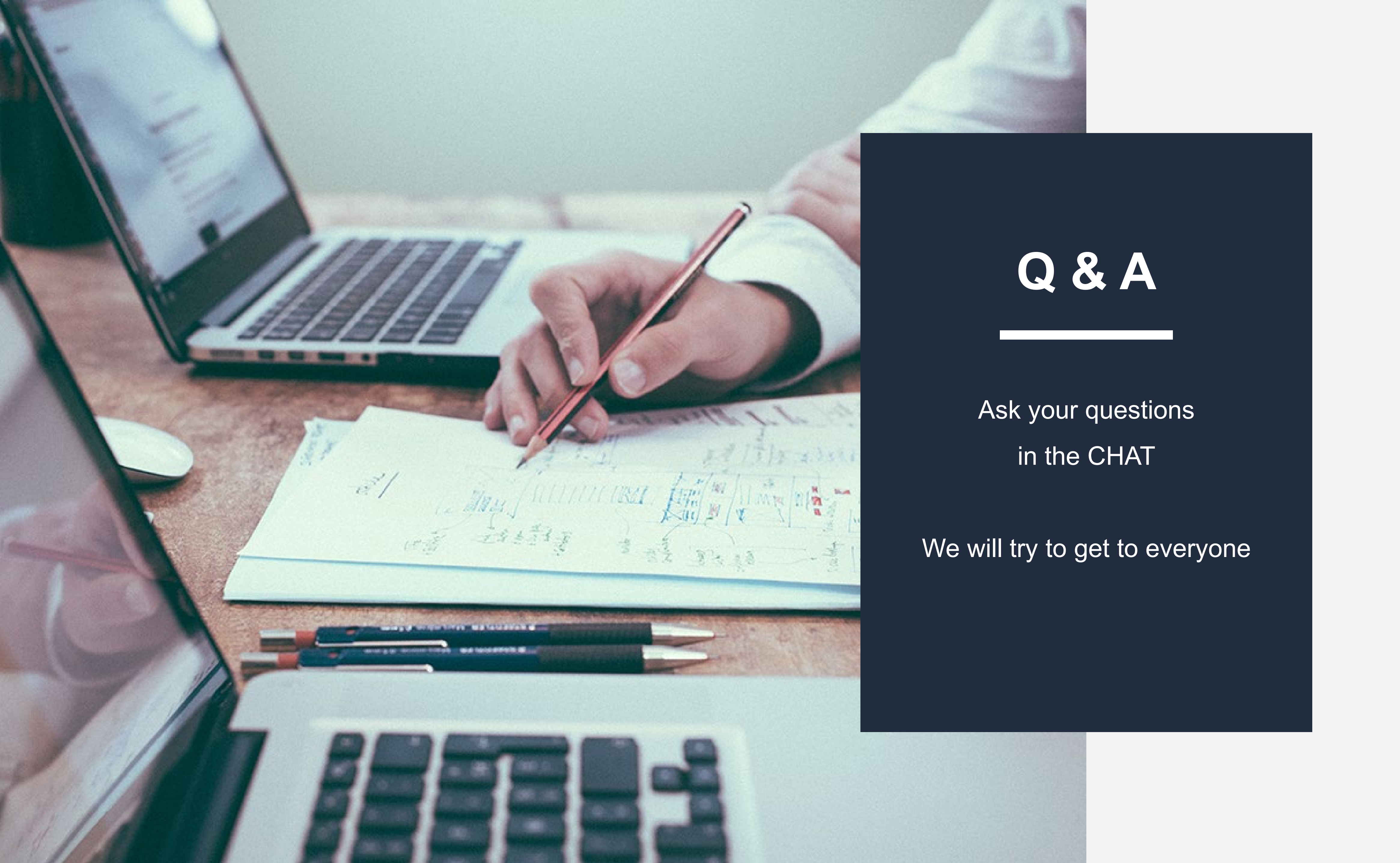

Q & A

Ask your questions

in the CHAT

We will try to get to everyone

GEDC Toolkits

gedcollaborative.com/quality-improvement

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Geri EM Education

Geri-EM

Personalized E-Learning in Geriatric Emergency Medicine

www.geri-EM.com

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Click on the button below to register now. Registration gives you access to interactive exercises, discussion boards, and much more. Register today.

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Cognitive Impairment | Medication Management | Trauma and Falls | Atypical Presentations | Functional Assessment & Discharge Planning | End of Life Issues & Symptom Management

What is Geri-EM?

Who Can Use Geri-EM?

This e-learning website was designed primarily for Physicians working in Emergency Departments who want to provide optimal care to their older patients.

It will also be of interest to all health-care providers who see older patients as part of their practice – in primary care, in hospital, in long-term care, or in the community.

Members of the public with an interest in geriatric care are welcome to explore the content on this website. We encourage you to register and participate in group discussions and interactive content.

What's Included?

Each of the six modules in this website is designed to provide in-depth knowledge about issues in geriatric emergency medicine and includes:

- recommended readings
- resources for use in the ED
- knowledge assessments (pre-tests)
- knowledge checks (post-tests)
- teaching material
- in-page question and answers with immediate feedback
- videos of simulated patient encounters
- discussion boards

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NOV 6
2020

Acute Care for Elders (ACE) 2020 National Conference

Microsoft Teams Broadcast
9:00 AM - 11:45 AM CST

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There will be no registration fee for ACE 2020!

Information on registration is not yet available. Please join our mailing list below to receive updates!

gedcollaborative.com/events/

Details

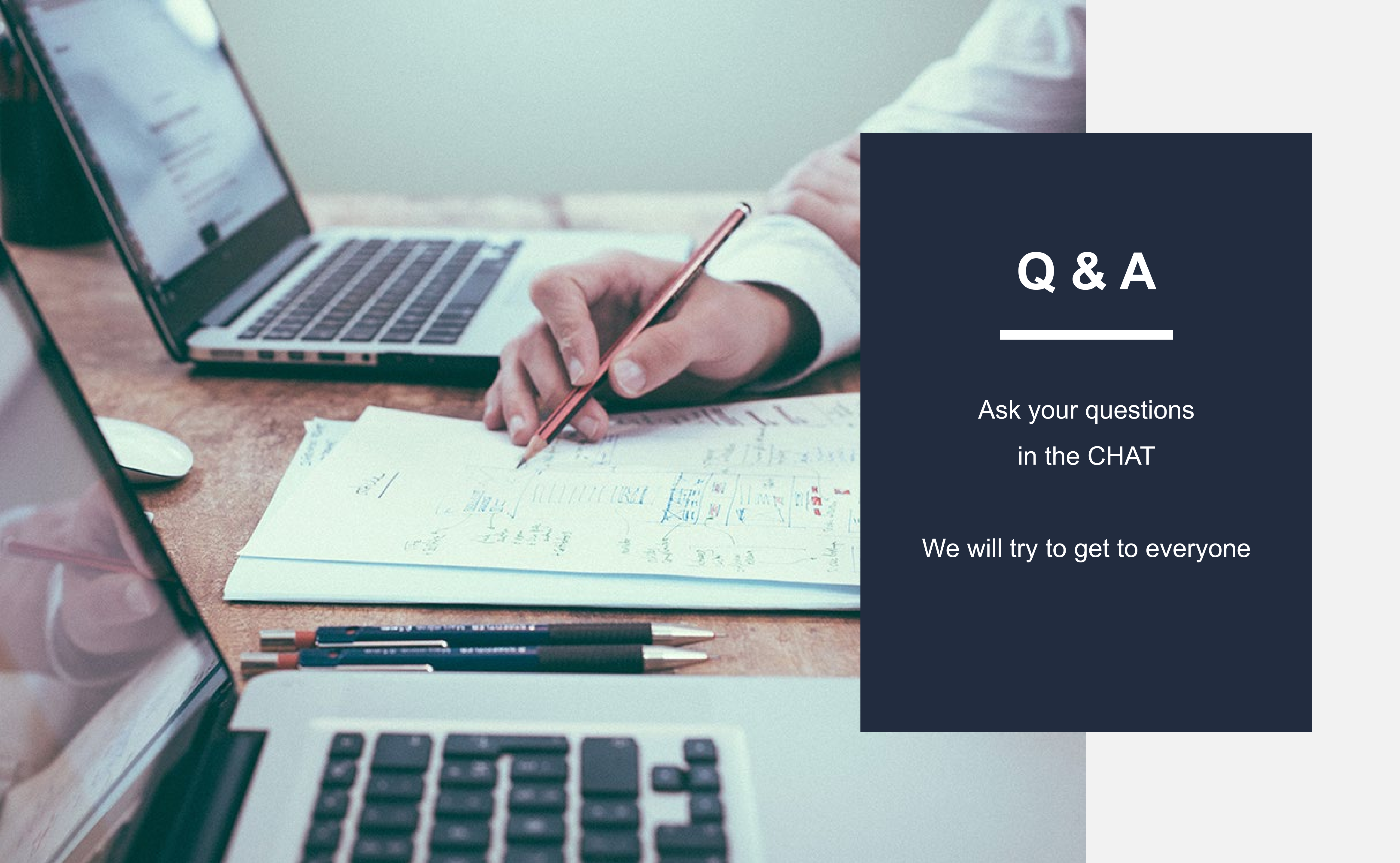
TARGET AUDIENCE

Physicians, nurses, physician assistants, physical/occupational/speech therapists, social workers, and other allied health care providers involved in the care of older adults.

LEARNING OBJECTIVES

At the end of this conference, learners should be able to:

1. Identify and address the unique vulnerabilities of older adults who are acutely ill or injured.
2. Describe practice improvements to better address the needs of older individuals in the emergency department, in our hospitals, in programs to avoid hospitalization, and in transition between health care settings.
3. Describe key lessons learned as our health systems prepare to care for populations of older Americans.



Q & A

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