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Best Practices in COVID Care in the Geriatric ED: What have we learned?

Expert Panel Webinar

Monday, January 11, 2021

3:00-4:00 EST

Moderated by:



Don Melady, MD, MSc(Ed)

Emergency Physician

Mount Sinai Hospital, Toronto, Canada

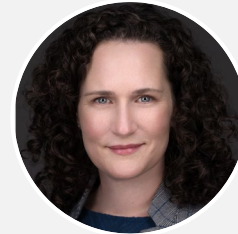
GEDC Faculty

EXPERT PANEL



James Kenny, MD

Medical Director, Geriatric Emergency Department
New York Presbyterian-Columbia,
New York City



Maura Kennedy, MD, MPH

Chief, Division of Geriatric Emergency Medicine
Massachusetts General Hospital,
Boston



Kevin Biese, MD, MAT

Academic Vice-chair

Director, Division of Geriatric Emergency Medicine
University of North Carolina



Kevin Munjal, MD, MPH

Medical Director of Community Paramedicine
Icahn School of Medicine, Mount Sinai,
New York City



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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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Webinar Pointers

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3. Click on **Chat** function, the icon on lower right. Select "All panelists and attendees"

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Webinar RECORDING & SLIDES will be available at **gedcollaborative.com**

COVID-19 in Older Adults: An Update for Emergency Providers

Volume 2, Issue 2

DECEMBER 16, 2020

Michael L Malone, MD, Teresita M Hogan, MD, FACEP, Adam Perry, MD, Kevin Biese, MD, Alice Bonner, PhD, RN, FAAN, Patti Pagel, RN, Kathleen T Unroe, MD, MHA, Maura Kennedy, MD

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LINK: Volume 2, Issue 2

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IMPLEMENTING ED TELEHEALTH

Dr. James Kenny



DELIRIUM IN OLDER ED PATIENTS

Dr. Maura Kennedy



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Table 1: Presenting Symptoms of COVID-19 Infection Among Older Adults

Symptoms	Neumann-Podczaska et al ¹²	Kennedy/Helfand et al ¹⁴
Fever	83.6%	56%
Cough	62.7%	50%
Shortness of breath	25.5%	51%
Fatigue*	19.9%	26%
Hypoxia (oxygen saturation <90%)	NR	40%
Weakness	NR	30%
Delirium	NR	28%
Fatigue and Myalgias*	8.0%	NR
Myalgias*	4.6%	12%
Chest pain/tightness	15.3%	6%
Sputum production	17.7%	NR
Diarrhea	13.0%	16%
Anorexia	8.4%	15%
Fall	NR	11%
Dizziness/syncope	NR	9%
Sore Throat	NR	6%
Acute Respiratory Failure	NR	7%
Abdominal pain	NR	8%
Headache	NR	6%
Others	20.6%	13%





Agitation

- May be delirium
- But also may be mechanism of communication of
 - Pain
 - Physical need
 - Fear

Place yourself in the shoes of someone with dementia or delirium

- ED and hospital may be disorienting or fear provoking
- Visitor policies may not allow caregivers to be present

ED CAREGIVER POLICIES

Dr. Kevin Biese

CAREGIVER

- Communication
- Surrogate decision making
- Advocacy
- Care coordination
- Hands on care
- Re-direction
- De-escalation
- Emotional support

VISITOR

- Socialization
- Companionship

AARP » AARP Blogs » Thinking Policy

They're Not Visitors: COVID-19 Visitor Restrictions Highlight Need for Change

By Susan Reinhard, Karen Drenkard, Rita Choula, Alyson Curtis, July 28, 2020 04:14 PM



COMMUNITY PARAMEDICINE

Dr. Kevin Munjal



Mount Sinai Community Paramedicine

Rapid evaluation and in-home treatment
for patients with acute symptoms





Q & A

Ask your questions
in the CHAT

We will try to get to everyone

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Past

DEC 7
2020

Webinar – Implementing an Observation Unit Model in the Geriatric ED

An Expert Panel Webinar exploring strategies to extend the assessment of complex older patients, funding models for observation units, workflows and assessment tools, and real-world experiences from international contributors.

JAN 11
2021

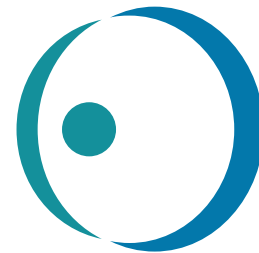
Webinar – Best Practices in COVID Care in the Geriatric ED

An Expert Panel Webinar discussing what we've learned with respect to best practices in COVID for older adults in the ED.

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