



00:28:49 Conor Sullivan:

Dear Colleagues,

Thank you for participating in the Geriatric Emergency Department Collaborative's webinar, January 11, "Best Practices in COVID Care in the Geriatric ED: What have we learned?"

Today's webinar is being recorded and a link the recording and the slides will be on the GEDC website event page later today. Link to the webinar recording and slides:

<https://gedcollaborative.com/event/webinar-2021-01-11/>

Check out essential GED Resources on the GEDC website

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

Many thanks,

GEDC team

00:29:15 Conor Sullivan:

Don Melady @geri_EM

<https://geri-em.com> A website for education for doctors and nurses in the ED – CI and five other GED modules

00:29:41 Ula Hwang: Welcome participants. Please be sure to set your chat to All Panelists and attendees

00:30:58 Conor Sullivan: If you share our vision, your ED can join us, currently for free. Check out GEDCOLLABORATIVE.com Please follow us on Twitter @theGEDC.

Additionally, please review the GEDC Membership Criteria and Application.

<https://gedcollaborative.com/partnership>

00:31:33 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!

West health Resources Page <https://www.westhealth.org>

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00:31:56 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"

00:32:42 Conor Sullivan: Please Select "All panelists and attendees" when using the chat function, so your questions and comments can be seen by everyone.

00:32:57 Robert Hyde: Rochester, MN

00:33:00 Julia Danishek: Lyons, NJ

00:33:01 Ula Hwang: New Haven CT

00:33:01 Jessica Babbitt: Indianapolis, IN

00:33:01 Kawita Vichare: Pittsburgh PA

00:33:02 Alice Kindschuh: Omaha NE

00:33:02 Christian Nickel: Switzerland

00:33:03 Julie Considine: Good morning from Australia :)

00:33:05 Bridget Hood: Indianapolis, IN

00:33:08 Michael Malone: Brookfield, WI

00:33:08 Sarah West: Mount Sinai, Toronto

00:33:09 Rachel Skains: Birmingham, AL

00:33:09 Tonya Wilson: North Carolina

00:33:09 Gallane Abraham: NYC

00:33:11 Robert Hyde: Rochester, MN

00:33:11 Kevin Corcoran: Syracuse VA Medical Center

00:33:12 Amy Stuck: West Health Institute- San Diego

00:33:13 Jessica Stanich: Good afternoon from Mayo Clinic Rochester, MN

00:33:14 JAllen: Brandon Manitoba

00:33:14 Brandon Brent: Chicago IL

00:33:16 David Horn: Tucson, AZ

00:33:16 Martine Sanon: Mount Sinai- NYC

00:33:17 Katren Tyler: Sacramento CA

00:33:18 Michael Remoll: Annapolis, MD, USA

00:33:18 Kimberlin Pittman: New Orleans, LA

00:33:19 Chris Rubach - Advocate Aurora Health: Milwaukee, WI

00:33:19 Lori Ritter: from Durham NC. Duke Regional Hospital

00:33:20 David Larson: Ridgeview

00:33:22 Michael Kurliand: San Diego, CA woot woot

00:33:24 Lil Banchemo: Greetings from Annapolis MD

00:33:25 Swarna Meyyazhagan: Swarna from Cleveland Ohio

00:33:26 Konstantin Vatreko: western mass

00:33:26 Eria Markovitz: Ann Arbor, MI-VA (Home Based Prim Care), but interested in transitions

00:33:28 David Larson: Waconia Minnesota

00:33:30 Amy Stuck: West Health Institute- San Diego

00:33:32 Deirdre Breslin: Dublin, Ireland

00:33:39 Dr. Emerald Mapp-Lorde: Good day, Trinidad and Tobago

00:33:57 Brenda Oiyemhonlan MD, MHSA, MPH: Northern California - Kaiser and The Permanente Medical Group

00:34:09 Erica Gruber: indianapolis in VA ED

00:34:14 sandra: Port Hope, Ontario



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January 11, 2021
Best Practices in COVID Care in the
Geriatric ED
Chat Notes

- 00:34:14 tim thurman: Tim Thurman-Jackson Ms
- 00:34:25 Brittany Ellis: Saskatchewan, Canada
- 00:34:37 Rosa McNamara: Dublin, Ireland 😊
- 00:34:43 Conor Sullivan: Dr. James Kenny who is the Medical Director, New York Presbyterian - Columbia Geriatric Emergency Department in New York City. He has a particular interest in implementing telehealth within the ED.
- Dr. Maura Kennedy is the Division Chief of Geriatric Emergency Medicine at Massachusetts General Hospital and she has a particular interest in care of patients with delirium.
- Twitter: @MauraKennedyMD
- 00:35:08 Conor Sullivan: Dr Kevin Biese is the Academic Vice-chair and Director of the Division of Geriatric EM at University of North Carolina. He is also the Co-Lead of the GEDC and the Chair of the Geri ED Accreditation programme at ACEP. And as such has one of the widest perspectives of geriatric ED care around.
- 00:35:24 Conor Sullivan: Dr. Kevin Munjal is the Medical Director of Community Paramedicine at Icahn School of Medicine, Mount Sinai New York City
- 00:37:40 jane carmody: Thank you, GEDC team! And,, Don, for your always great moderation. The John A. Hartford Foundation (based in New York City) is pleased to support GEDC work with our funding partner, West Health. Thank you for this needed webinar.
- 00:39:09 Don Melady: From Jane Carmody: Thank you, GEDC team! And,, Don, for your always great moderation. The John A. Hartford Foundation (based in New York City) is pleased to support GEDC work with our funding partner, West Health. Thank you for this needed webinar.
- 00:40:27 Ula Hwang: Remote telehealth for acute care (mychart / Epic access and login to visit with clinician) allows expansion of care VS. ED telehealth (express care model from ED and patient can be seen virtually with ED clinician, utilizing while in ED to limit going into negative pressure rooms)
- 00:40:42 Conor Sullivan: Dr. James Kenny who is the Medical Director, New York Presbyterian - Columbia Geriatric Emergency Department in New York City. He has a particular interest in implementing telehealth within the ED.
- 00:41:56 Brenda Oiyemhonlan MD, MHSA, MPH: Did you need infection control buy in and a process for sterilizing/cleaning equipment for the iPads and technological equipment used by COVID- (+) during inpatient admissions?
- 00:43:46 Conor Sullivan: Racial and Socioeconomic Disparities in Access to Telehealth
<https://doi.org/10.1111/jgs.16904>
- 00:44:07 Kevin Biese: Telehealth is even more critical for older adults - if they don't need to come in to the ED to get care, all the better! Many older adults are avoiding care resulting in excess deaths - tele health for older adults is critical to providing safe acute unscheduled care
- 00:46:18 Julie Considine: Did emergency nurses play a role in telehealth and if so, what was their role?
- 00:46:33 Conor Sullivan: Dr. Maura Kennedy is the Division Chief of Geriatric Emergency Medicine at Massachusetts General Hospital and she has a particular interest in care of patients with delirium.



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Geriatric ED
Chat Notes

Twitter: @MauraKennedyMD

- 00:47:23 Conor Sullivan: November 19, 2020
Delirium in Older Patients With COVID-19 Presenting to the Emergency Department
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773106>
and
https://gedcollaborative.com/wp-content/uploads/2020/12/COVID-19-in-Older-Adults_-An-Update-for-Emergency-Providers.pdf
- 00:48:00 James Kenny: Great question. We had staff clean down as much as possible after each use and also had wipes next to the machines if possible.
- 00:48:18 Conor Sullivan: JGEM
LINK: Volume 2, Issue 2
<https://gedcollaborative.com/article/jgem-2-2>
- 00:48:37 James Kenny: Nurses were not as involved at our hospital
- 00:49:14 Conor Sullivan: COVID-19
Get the latest public health information from CDC: <https://www.coronavirus.gov>
Get the latest research information from NIH: <https://www.nih.gov/coronavirus>
Find NCBI SARS-CoV-2 literature, sequence, and clinical content:
<https://www.ncbi.nlm.nih.gov/sars-cov-2>
- 00:50:07 Don Melady: Julie Considine – great question re: nurse involvement in telehealth. I think that James used the term “mid-level provider” which is “American for nurse practitioners. I don’t know if front-line general ED nurses are involved in the programme?
- 00:51:01 Don Melady: From Brie Purcell: What test do you use in the ED to screen for Delrium?
- 00:51:35 Don Melady: Do you have a delirium order set you can share in the ED?
- 00:52:03 Eria Markovitz: we just obtained clear face masks to add to our toolbox
- 00:52:28 Don Melady: DTS plus b-CAM
- 00:52:29 David Horn: what hearing amplifier are you using?
- 00:52:44 Brittany Ellis: This is great to see. We have been on the other end - looking to implement a provincial ED pathway for delirium which was ground to a halt due to COVID. How was the importance of delirium brought forward to hospital and healthcare administrators and leaders during COVID when everyone seems to be fighting fires and missing the bigger picture?
- 00:52:47 David Larson: How do you disinfect headphones of hearing amplifiers between patients?
- 00:52:56 James Kenny: Thanks for the clarification, Don. Correct, general ED nurses were not but physician assistants and nurse practitioners did facilitate visits
- 00:52:58 tess hogan: JGEM has a great article on management of agitation in older adults we will put in the chat shortly
- 00:53:25 Julie Considine: Thanks James
- 00:53:47 Don Melady: Please select ball attendees
- 00:55:30 Don Melady: JGEM has a great article on management of agitation in older adults we will put in the chat shortly



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Geriatric ED
Chat Notes

- 00:55:33 Ula Hwang: Lorraine or Connor, are you able to help post the JGEM delirium resources? Tess also requested. I cannot find on our website
- 00:55:44 Simone Powell: The Canadian Coalition for Seniors Mental Health has produced national guidelines and related tools on assessment and treatment of delirium as well as awareness resources for older adults and their families: <https://ccsmh.ca/projects/delirium>
- 00:55:45 Don Melady: JGEM is available on the GEDC website
- 00:56:19 Conor Sullivan: Dr Kevin Biese is the Academic Vice-chair and Director of the Division of Geriatric EM at University of North Carolina. He is also the Co-Lead of the GEDC and the Chair of the Geri ED Accreditation programme at ACEP. And as such has one of the widest perspectives of geriatric ED care around.
- COVID and visitor restrictions
<https://blog.aarp.org/thinking-policy/theyre-not-visitors-covid-19-visitor-restrictions-highlight-need-for-change>
- Alone and Confused: The Effects of Visitor Restrictions on Older Patients and Families
<https://blog.aarp.org/thinking-policy/alone-and-confused-the-effects-of-visitor-restrictions-on-older-patients-and-families>
- 00:56:26 Maura Kennedy: @brie - my email is mkennedy8@partners.org, happy to send you what we are doing on the inpatient unit.
- 00:57:13 Maura Kennedy: thank you @simone - great resource!
- 00:58:29 Ula Hwang: <https://gedcollaborative.com/article/covid-19-delirium-care>
- 01:00:34 Maura Kennedy: I had a couple very memorial cases where after a caregiver was sent away providers spent MORE time in the room. So because we had not allowed a caregiver with the patient, staff used more PPE, staff had more exposure and importantly patients had a worse experience.
- 01:01:13 Conor Sullivan: COVID and visitor restrictions
<https://blog.aarp.org/thinking-policy/theyre-not-visitors-covid-19-visitor-restrictions-highlight-need-for-change>
- 01:01:44 Conor Sullivan: Alone and Confused: The Effects of Visitor Restrictions on Older Patients and Families
<https://blog.aarp.org/thinking-policy/alone-and-confused-the-effects-of-visitor-restrictions-on-older-patients-and-families>
- 01:01:46 Brandon Brent: Have restricting visitors/caregivers in older adults increased length of stay for the patient and burden operational efficiencies of the ED staff?
- 01:02:32 Maura Kennedy: @brandon - in my experience it takes longer to get history, provide updates, and make decisions about care transitions when caregivers aren't present
- 01:02:37 Rachel Skains: physician discretion to allow a caregiver in ED
- 01:02:50 Gallane Abraham: 1 caregiver at bedside, minimal rotation of caregivers
- 01:03:03 tess hogan: A single caregiver is allowed at U of C with any patient who has cognitive issues. However the physician or nursing staff needs to ok the entrance of that person
- 01:03:03 Rosa McNamara: nurse discretion in our ED



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- 01:03:09 Conor Sullivan: Dr. Kevin Munjal is the Medical Director of Community Paramedicine at Icahn School of Medicine, Mount Sinai New York City
- 01:03:56 Michael Remoll: We have just begun allowing one "support person" for each patient in the ED. Not a revolving door of caregivers, but one person during the stay. I agree with everything Kevin said about the essential nature of these folks, particularly for geriatric patients.
- 01:03:56 Don Melady: From Brie Purcell: At Uc San Diego Health We have started identifying caregivers and are allowing them into the ED with the patient. There collateral information is valuable.
- 01:04:00 Brandon Brent: Thank you Maura
- 01:04:14 Don Melady: can you change your setting to Panelists and Attendees?
- 01:05:09 Julie Considine: As an emergency nurses, access to caregivers is vital to patient safety and quality of care. Also, a core part of emergency nursing is patient advocacy: we need to push harder
- 01:05:42 Don Melady: Who has a Community Paramedicine programme at their site?
- 01:06:11 Robert Hyde: We have one...
- 01:06:44 Michael Remoll: Taking baby steps toward this in several counties that serve Annapolis.
- 01:07:03 Rosa McNamara: we have mixed model in our area. community para-medicine and our prehospital frailty team (OT/ED doc in car)
- 01:07:11 Kevin Biese: Friendly reminder to everyone to set your chat to panelists and attendees so everyone can see your comments
- 01:07:21 Maura Kennedy: There is also something to say not only about patient and caregiver experience but provider experience. Many of us are dealing with high stress and burn out levels. Providing better patient-centered care matters not only to patients, but to us as well. We feel better about our work and the care we deliver when we are able to have a supportive caregiver at bedside.
- 01:07:45 Jane Ren: How can we refer a patient to the Transport Plus service?
- 01:08:03 Suzanne Ryer: We have community paramedic partners in several communities in our Advocate Aurora footprint
- 01:08:10 Conor Sullivan: Jane Ren:How can we refer a patient to the Transport Plus service?
- 01:09:23 Jane Ren: -*
- 01:09:50 Ula Hwang: Community paramedicine 3 buckets:
1. 911 (patients call 911 and access paramedic personnel) VS
2. Community paramedicine (scheduled home assessments by paramedic personnel) VS
3. Acute unscheduled care (geriatrician / PCP + medical home care team + paramedic personnel)
- 01:12:15 Ula Hwang: For those with community paramedicine programs, can you please chat how your program works?
- 01:12:25 Maura Kennedy: Interesting to think about this from the US healthcare setting vs countries with single-payor systems. Is it easier to implement in a single payor system because of the cost-avoidance?



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COLLABORATIVE

EDUCATE IMPLEMENT EVALUATE

January 11, 2021
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Geriatric ED
Chat Notes

- 01:12:37 Amy Stuck: We did a study in collaboration with Beth Israel Deaconess that used EMT-enabled telehealth with emergency medicine- also showed reduced ED transfers from SNFs to ED <https://escholarship.org/uc/item/8s40w6kn>
- 01:14:41 Simone Powell: From Ontario, Canada:
<https://news.ontario.ca/en/release/59012/ontario-launches-innovative-solution-to-improve-long-term-care>
- 01:14:55 Maura Kennedy: Kevin - More feasible in metropolitan areas than rural?
- 01:16:13 Kevin Munjal: (Falls in Assisted Living Article) Williams JG, Bachman MW, Lyons MD, Currie BB, Brown LH, Jones AW, et al. Improving Decisions About Transport to the Emergency Department for Assisted Living Residents Who Fall. Ann Intern Med. 2018;168(3):179-86.
- 01:16:16 Don Melady: Interestingly some of the most impactful and active CP programmes in Ontario have been in rural areas where EMS is often the closest health resource.
- 01:16:28 Simone Powell: More re: Ontario:
<https://www.renfrewparamedics.ca/services/community-paramedic-response-unit-cpru>
<https://www.renfrewparamedics.ca/services/community-paramedic-response-unit-cpru>
- 01:16:29 Kevin Biese: Important to remember that telehealth is now reimbursed by CMS at same levels as in patient visits - it is very financially viable currently and can be of great benefit to patients
- 01:16:43 Rosa McNamara: our program (EDITH- ED in the home) consists of advanced paramedic, ED doc and OT. Team goes to 999 calls but also takes referrals from GPs and Nursing homes and will see older people they are thinking about sending to ED. also do supported discharge from EDs. >1600 calls done in 10 months almost 90% stay in usual place of residence.
- 01:16:58 Maura Kennedy: I've been struck by how much time it takes to provide care instructions - at least 2/3 of my telehealth visits are in providing instructions to patient/family.
- 01:17:03 Sandra MacLeod: Chief Paramedic Michael Nolan, Renfrew County, Ontario.- a leader in the field of supporting older adults at home.
- 01:17:28 Kevin Munjal: Rural makes the most sense from a societal perspective. Urban is more viable from a individual private organization perspective
- 01:18:02 Don Melady: from Sandra MacLeod: Chief Paramedic Michael Nolan, Renfrew County, Ontario.- a leader in the field of supporting older adults at home.
- 01:18:13 tess hogan: Is there any evidence of covid transmission to patients by ED visitors?
- 01:18:25 Conor Sullivan: Check out a past GEDC expert panel webinar from May 11, 2020 ED-based Models of Telehealth for Older Adults
Tips on setting up the system and delivering the care in the age of COVID-19
<https://gedcollaborative.com/event/webinar-may-11-2020>
- 01:21:33 Julie Considine: I know this webinar is ED related but one of the issue we had in Melbourne, Australia was a three month hard lockdown - no visitors to private homes, can't travel more than 5km from home, one hour exercise per day etc. Whilst giving and receiving care was a legal reason to leave home, and our lockdown was effective in halting community transmission, I think the impact of such social isolation for older persons is yet to come ...



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EDUCATE IMPLEMENT EVALUATE

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Geriatric ED
Chat Notes

01:22:14 Maura Kennedy: @Julie - emerging literature about mental health consequences of social isolation in older adults

01:22:14 Don Melady: yes.

01:23:59 Maura Kennedy: our geriatrician created programs to connect their communities including dementia caregiver community online - so important

01:24:53 Sandra MacLeod: The UK has a very active Campaign re- Loneliness...they do a lot of great work ! they also have Minister for Loneliness...huge health and social care costs associated with loneliness.

01:25:19 Conor Sullivan: Another interesting resource highlighted on the JAHF dissemination center...

HELP program

<https://www.johnhartford.org/dissemination-center/view/the-hospital-elder-life-program-help-covid-19-resource-hub-and-delirium-prevention-toolkit>

01:25:50 Conor Sullivan: Dear Colleagues,
Thank you for participating in the Geriatric Emergency Department Collaborative's webinar on January 11 , "Best Practices in COVID Care in the Geriatric ED: What have we learned?"
On the GEDC event page, we have added a link to the webinar recording, chat resources and slides that will be available for download later today:

<https://gedcollaborative.com/event/webinar-2021-01-11>

If you share our vision, your ED can join us, currently for free. Please follow us on Twitter @theGEDC.

URL for the Geriatric Emergency Department's website (<https://gedcollaborative.com/>)
Additionally, please review the GEDC Membership Criteria and Application.

<https://gedcollaborative.com/partnership>

Join the GEDC: laura_stabler@med.unc.edu

Thank you so much! Stay tuned for the GEDC's next webinar on February 22nd more information coming soon.

GEDC Team

01:25:52 Julie Considine: Thanks for a great session :)

01:26:03 Maura Kennedy: @Sandra - amazing idea!

01:26:14 Conor Sullivan: The GEDC is generously supported by the John A. Hartford Foundation and the Gary and Mary West Foundation. Thank you!

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01:26:39 Lil Banchemo: educational credits?

01:26:43 charles Stephens: Thanks All



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- 01:26:43 jane carmody: Excellent webinar!!!! Thank you!
- 01:26:44 Neha Raukar: THANK YOU ALL!!
- 01:26:44 Elizabeth Little: Thank you- fantastic session
- 01:26:45 Brie Purcell: From Jennifer Clay GENIE (Geriatric Emergency Nurse Initiative Expect) from UC San Diego Health. Great information today thank you
- 01:26:53 David Horn: thank you!!