April 18, 2022
Delirium in the Geriatric ED:
Processes and Possibilities
Chat Notes

15:00:39 From Conor Sullivan to Everyone:

Dear Colleagues,

Welcome to the Geriatric Emergency Department Collaborative's webinar, April 18th, "Delirium in the Geriatric ED: Processes and Possibilities"

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

https://gedcollaborative.com/events/on-demand-webinars/

Additionally, check out essential GED Resources on the GEDC website https://gedcollaborative.com/resources/

Many thanks,

GEDC team

15:01:04 From Conor Sullivan to Everyone:

Today's webinar moderated by:

Don Melady, MD, MSc(Ed)

Emergency Physician

Mount Sinai Hospital, Toronto, Canada

GEDC Faculty

Follow me: @geri_EM

A website for education for doctors and nurses in the ED

https://geri-em.com/

15:03:17 From Vickie Moore to Everyone:

Asheville North Carolina

15:03:18 From Conor Sullivan to Everyone:

If you share our vision, your ED can join us, currently for free. Check out GEDCOLLABORATIVE.com

Follow us: @theGEDC.

Additionally, please review the GEDC Membership Criteria and Application.

https://gedcollaborative.com/partnership/

15:03:24 From Luna Ragsdale to Everyone:

Durham, NC

15:03:26 From Vickie Moore to Everyone:

Nurse Champion

15:03:27 From Kenneth Lam to Hosts and panelists:

San Francisco, CA

15:03:29 From Chris Carpenter to Everyone:

Professor of Emergency Medicine (researcher, clinician), St. Louis Missouri

15:03:29 From Ganesh Nagaraj to Everyone:

Kaiser Permanente Oakland, California. Emergency Physician.

15:03:31 From Katrina Rusaw to Everyone:

Syracuse VA. I am the ED Geriatric Case Manager

15:03:35 From Courtney Hall to Everyone:

Birmingham, AL - RN- Program Development Manager

15:03:37 From NEMAT ALSABA to Everyone:

Gold Coast Australia EM physician

15:03:37 From Marie-Pier Lanoue to Everyone:

Hi everyone, I am the geriatric emergency medicine fellow at mount sinai hospital, in Toronto, Canada.

15:03:37 From Cheryl Cowie to Everyone:

Social Worker at Aurora Medical Center Washington County WI

15:03:37 From Nancy Theado-Miller to Everyone:

Columbus, OH. NP for inpatient geriatric consult team

15:03:40 From Pedro Curiati to Everyone:

São Paulo, Brazil. Geriatric ED Physician.

15:03:41 From Sarah Palleschi to Everyone:

Yale CT, GEMS PA

15:03:43 From Jessica Wright to Everyone:

OHSU, Portland Oregon. physician assistant in geriatrics

15:03:50 From jane carmody to Everyone:

Jane Carmody, New York City, The John A. Hartford Foundation, senior program officer

15:03:51 From Jadalyn Story to Everyone:

Birmingham, Alabama - Program Development Manager

15:03:51 From Lori Ritter to Everyone:

Durham NC Duke Regional

Geriatric Clinical Nurse Specialist

15:03:52 From Jeremy Swartzberg to Everyone:

Oakland CA, Kaiser Permanente -- GED Development; Physician.

15:03:53 From Jinny Ye to Everyone:

Durham, NC--the VA, ED Attending

15:03:57 From Deanna Kollmann to Everyone:

Cincinnati, OH - ED RN

15:03:59 From Julie Rossie to Everyone:

San Jose California. Assistant Director of Nursing Clinical Practice

15:04:02 From Rachel Kinzler to Everyone:

Bridgeport Hospital/Milford Campus CT - GEMS APRN

15:04:05 From Kenneth Lam to Hosts and panelists:

San Francisco, CA - QI Lead for the Geri ED Accreditation program & Assistant Prof of Geriatrics @ UCSF

15:04:06 From Valencia Giles to Hosts and panelists:

Valencia Giles Geriatric Emergency Nurse at UNIVERSITY OF CALIFORNIA MEDICAL CENTER in Orange California

15:04:12 From Debra Tomasino to Everyone:

New Haven, CT. Research Associate in the ED setting focusing on older adults.

15:04:12 From Christine Ekas to Everyone:

Hello from Pittsburgh, PA ED Programmatic Nurse Specialist

15:04:13 From Linda Martin to Everyone:

Social Worker Aurora Medical Center Hartford WI

15:04:19 From Emily Weaver to Everyone:

WHI in San Diego, CA.

15:04:19 From Katrina Rusaw to Everyone:

Syracuse VA, Syracuse New York

15:04:20 From John Schumacher to Everyone:

John Schumacher, medical sociologist/gerontologist, Univ. of Maryland, Baltimore, MD

15:04:22 From Conor Sullivan to Everyone:

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https://gedcollaborative.com/partnership/

15:04:27 From Virginia "Ginny" Painter to Everyone:

Marrero, LA ED Navigator

15:04:30 From Laura Kolp to Everyone:

Milwaukee, WI Elder Life Specialist, AAH

15:04:34 From Catherine Norbutas to Everyone:

Kaiser South Sacramento, ED physician

15:04:35 From Joel Gernsheimer to Everyone:

Joel Gernsheimer, MD, FACEP ED Physician and director of the Geriatric EM Section, SUNY Downstate/Kings County

15:04:37 From Conor Sullivan to Everyone:

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

The John A. Hartford Foundation

https://www.johnahartford.org/

Follow us: @johnahartford

The 4Ms framework and Joining the Age Friendly Health System group

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx

West health Resources Page

https://www.westhealth.org/

Follow us: @WestHealth

West's specific work around GEDs here: https://www.westhealth.org/geriatric-emergency-care/

15:04:49 From Nicole Zito to Everyone:

Kaiser Permanente Woodland Hills, Emergency Department. Assistant Clinical Director

15:04:50 From Nikki Webb to Everyone:

Geriatrics Program Manager, Duke Regional Hospital, Durham

15:05:02 From Conor Sullivan to Everyone:

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https://gedcollaborative.com/events/on-demand-webinars/

15:05:04 From Jaime Aagaard to Everyone:

ED physician, Albuquerque NM VAMC

15:05:15 From Tess Hogan to Hosts and panelists:

Chicago emergency physician

15:05:21 From Eirin Ward to Everyone:

Shiprock, NM. ED assistant supervisory nurse

15:05:32 From Conor Sullivan to Everyone:

Resources from GEDC website:

GEDC's latest on-demand webinar on accreditation (level 3, 2, 1)

On-Demand: Accreditation of a Geriatric ED

Expert Panel Webinar

https://gedcollaborative.com/event/accreditation-of-a-geriatric-ed/

15:06:22 From Valencia Giles to Everyone:

CAM-ICU

15:06:29 From Fred FVeenstra to Everyone:

Fveenstra Owen Sound Ontario

15:06:39 From Erika Valdez to Everyone:

ED-Nothing at the moment

15:07:57 From Emily Simmons to Everyone:

UAB Hospital, Director Program Development

15:08:59 From Maciej Witkos to Everyone:

Witkos EM Physician, Loma Linda VA

15:09:30 From Conor Sullivan to Everyone:

Today's EXPERT PANEL

Debra Eagles, BSc (PT), MD, MSc

Emergency Physician,

Associate Professor,

University of Ottawa

Jin Han, MD, MSc

Emergency Physician,

Associate Professor,

Vanderbilt University

Tennessee Valley Geriatric Research,

Education, and Clinical Center

Atul Anand, MD, PhD

Geriatrician,

Senior Clinical Research Fellow,

University of Edinburgh

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

Program Director, Senior ER,

St. Mary Mercy Hospital, Livonia, Michigan

15:09:48 From Conor Sullivan to Everyone:

Debra Eagles, BSc (PT), MD, MSc

Emergency Physician,

Associate Professor,

University of Ottawa

Pitfalls of Delirium Screening in Older Adults

Volume 3 | Issue 1 | Article 1 - Topic Supplement

Danya Khoujah MBBS, MEHP, Debra Eagles MD, MSc, FRCPC

https://gedcollaborative.com/jgem/pitfalls-of-delirium-screening-in-older-adults/

AND GEDC GEMCAST PODCAST

https://gedcollaborative.com/podcast/acute-brain-failure-in-older-emergency-department-patient/

15:10:12 From jane carmody to Everyone:

So good to see and hear from Michelle !

15:10:46 From Michelle Moccia to jane carmody and all panelists:

Thank you.

15:13:01 From Ula Hwang to Everyone:

Delirium vs. Dementia. Assumption that confusion or memory problems is chronic.

COLLATERAL HISTORY is CRITICAL!!

Is this cognitive impairment new? If Yes, then evaluate for delirium.

15:14:28 From Ula Hwang to Everyone:

If patient has dementia, they are at increased risk for delirium. Check for additional risks around communication of dementia history to ALL ED Care members (ED to inpatient, ED to community).

15:15:35 From Kevin Biese to Hosts and panelists:

Collateral History = need to bring the care givers into the assessment and plan- caregivers are not visitors https://blog.aarp.org/thinking-policy/theyre-not-visitors-covid-19-visitor-restrictions-highlight-need-for-change. So important to bring care givers in (or call them) and proactively engage them

15:16:59 From Lawrence Melniker to Everyone:

Lawrence Melniker, Vice Chief for Quality, NYP BMH, ED.. I assume any altered mental status in mature adults is delirium and sepsis until shown otherwise.

15:17:46 From Chris Carpenter to Everyone:

Rapidly expanding body of ED delirium research exploring barriers to detection https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17581 + obstacles to effective delirium amelioration or prevention interventions https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17740 + high-yield ED-based research moving forward https://onlinelibrary.wiley.com/doi/10.1111/acem.14166 . Targeted screening is one approach and I am curious as to how the panel proposes balancing pragmatic realities of limited resources and evidence with the vision to reduce the horrible patient experience that is incident or prevalent delirium during an episode of emergency care (see https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17745)?

15:19:06 From Svetlana Burroughs to Everyone:

Fayetteville, NC ER Nurse Champion

15:19:28 From Ula Hwang to Everyone:

Implementation strategies for delirium screening is important based on your hospital. Consider targeted approaches instead of screening for all and if screen positive, then what it the plan for the patient and next steps for the delirium positive patient.

Delirium prevention in the ED is our responsibility (in the ED). So to prevent delirium you need to be able to recognize it.

15:19:39 From Michelle Moccia to Everyone:

I agree the diagnosis of delirium needs to be communicated during handover. Unfortunately the delirium screening result is often buried in the chart. It is very helpful for the ED physician to include delirium as an admit diagnosis and try to enhance your EMR to showcase DELIRIUM result as Sepsis is showcased.

15:20:10 From Conor Sullivan to Everyone:

Atul Anand, MD, PhD

Geriatrician,

Senior Clinical Research Fellow,

University of Edinburgh

@atula_tweets

15:20:25 From Conor Sullivan to Everyone:

(4AT)

https://www.the4at.com/

4AT meta-analysis

https://academic.oup.com/ageing/article/50/3/733/5974849?login=false

15:21:20 From Don Melady to Everyone:

Emergency department clinicians OWN delirium!!!!

15:21:38 From Chris Carpenter to Everyone:

@MichelleMoccia: I've been told by admitting services that "Acute Delirium" is not an admitting diagnosis because CMS won't reimburse for it. Hospitalists prefer (sometimes demand) that the emergency department provide a billable admitting diagnosis other than "acute delirium". This is problematic on multiple levels, including that the presence of delirium may not be clearly communicated and subsequent chart reviews may miss the admitting problem of delirium. How does your site manage this billing issue?

15:22:00 From Lorraine Trecroce to Everyone:

https://www.the4at.com/

15:23:25 From Don Melady to Everyone:

The Four As: Alertness; Abbreviated Mental Test (DOB, age, year); Attention (Months of year backwards); Acute change

15:23:58 From Lawrence Melniker to Everyone:

The duty of the emergency physician is that no one goes home with something they cannot go home with and this includes acute delirium. Billing relates to FINAL diagnoses and major comorbid conditions and is the responsibility of the upstairs world.

15:24:29 From Margaret Wallhagen to Hosts and panelists:

Is this being shared?

15:24:44 From Michelle Moccia to Everyone:

Our coders have asked us to link it: such as delirium due to known physiological ; delirium superimposed on dementia; alcohol abuse with intoxication delirium; delirium superimposed on dementia with behavioral disturbances; delirium due to unknown physiological condition are some examples.

15:24:52 From Don Melady to Everyone:

Reminder that Dr. Anand works in a system where patients can stay in the ED for a maximum of four hours.

15:25:16 From Conor Sullivan to Everyone:

Positive scores on the 4AT delirium assessment tool at hospital admission are linked to mortality, length of stay and home time

https://academic.oup.com/ageing/article/51/3/afac051/6548791

15:25:55 From Lawrence Melniker to Everyone:

We should always endeavor to be as specific as possible in admitting diagnoses, but it should not be required.

15:25:57 From Lorraine Trecroce to Everyone:

https://www.the4at.com/

15:27:05 From Lawrence Melniker to Everyone:

We are in the sensitivity business; upstairs requires specificity. We don't have that luxury.

15:27:49 From Ula Hwang to Everyone:

Choice of delirium tool is often based on system. Work with your system to integrate choice of instrument into your EMR to facilitate assessment and also tracking the screening and treatment of patients.

15:28:32 From Jin Han to Everyone:

It also depends what you do with a positive test.

15:28:53 From Conor Sullivan to Everyone:

Jin Han, MD, MSc

Emergency Physician,

Associate Professor,

Vanderbilt University

Tennessee Valley Geriatric Research,

Education, and Clinical Center

@JinHanMD

(DTS and bCAM)

bCAM

http://eddelirium.org/delirium-assessment/bcam-calculator/

DTS

http://eddelirium.org/delirium-assessment/dts-calculator/

15:30:11 From Chris Carpenter to Hosts and panelists:

No, the 4AT and bCAM are definitely competitors. Jin and Atul will need to televise a Saturday night wrestling match to settle this. 🤓

15:33:26 From Conor Sullivan to Everyone:

Can we improve delirium prevention and treatment in the emergency department? A systematic review

https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17740?mc_cid=64e846848f&mc_eid=UNIQID

15:33:59 From Ula Hwang to Everyone:

Han's etiology of DTS / bCAM:

- Need to screen for delirium

- Presence or absence of a tool drove him to develop objective testing.

- CAM ICU (short form algorithm) with objective testing for inattention and disorganized thinking to create the bCAM.

- But still too long, so developed the DTS that looks for 2 features out of the 4 that has high sensitivity. If positive, then move to the bCAM that has high specificity.

Pairing DTS and bCAM. DTS not standalone.

15:34:41 From Don Melady to Everyone:

Richmond Agitation and Sedation Scale

15:36:01 From Ula Hwang to Everyone:

DTS tests for 2 features:

- Alterness (RASS)

- Inattention (spell LUNCH backward)

15:36:24 From Jin Han to Everyone:

Attul is younger and stronger. :)

15:36:41 From Jin Han to Everyone:

Atul is younger and stronger...

15:37:04 From Don Melady to Everyone:

Old and cagey can be a strong advantage too

15:38:43 From Atul Anand to Everyone:

Definitely not stronger! I'll take younger though…

15:38:50 From Maura Kennedy to Everyone:

And the question about acute onset/fluctuation is the last question of the 4AT - this is often the hardest question to answer when sources of collateral (family, caregivers) is not available.

15:39:54 From Conor Sullivan to Everyone:

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

Program Director, Senior ER,

St. Mary Mercy Hospital, Livonia, Michigan

(ED-DEL toolkit)

https://gedcollaborative.com/toolkit/ed-del-change-package-and-toolkit/

https://s8637.pcdn.co/wp-content/uploads/2021/04/ED_Delirium_Toolkit_4.28.21.pdf

15:41:11 From Don Melady to Everyone:

“intermediate/basic” and that was probably overestimating!

15:43:06 From Don Melady to Everyone:

ABC = All Behaviour Communicates!

15:44:02 From Don Melady to Everyone:

“Altered” is the equivalent of “dizzy” — no one knows what it means!

15:44:46 From Ula Hwang to Everyone:

Moccia tips on implementation. Survey staff and ask them to:

- rate their knowledge about delirium, rates, features, management and prevention.

- describe what instruments the ED uses to assess for delirium?

- Describe the challenges they have with assessing delirium?

- Describe pharm and non-pharmacologic management of delirium (caution about benzodiazepines)

15:45:23 From Atul Anand to Everyone:

Agree Maura on challenge of Q4 of 4AT but this is critical - we found about a quarter of patients do not have a collateral history available at all, so as Debra suggested best to assume new confusion if lack history. But having prompt on 4AT encourages people to

try and find out! Similar with frailty screening if units are doing this - it is so important to know a patient's baseline.

15:45:40 From Conor Sullivan to Everyone:

Geri ED Cart Resource

Non-pharmacologic interventions improve comfort and experience among older adults in the Emergency Department

https://www.sciencedirect.com/science/article/pii/S0735675720303223?via%3Dihub

15:46:02 From Don Melady to Everyone:

Good geriatric care is good care for everyone.

15:46:16 From Lawrence Melniker to Everyone:

Altered means: change or cause to change in character or composition. Vague, but not the wastebasket term "dizzy"

15:47:11 From Kevin Biese to Everyone:

Great Delirium implementation tool kits available here:
https://gedcollaborative.com/resources/implementation-toolkits/

15:48:49 From Conor Sullivan to Everyone:

(ED-DEL toolkit)

https://gedcollaborative.com/toolkit/ed-del-change-package-and-toolkit/

https://s8637.pcdn.co/wp-content/uploads/2021/04/ED_Delirium_Toolkit_4.28.21.pdf

15:49:30 From Don Melady to Everyone:

It was a great collaborative project — led by Sharon Inouye, the patron saint of delirium — and Maura Kennedy, Ula, Michelle, Pam Martin — and many others.

15:51:20 From jane carmody to Everyone:

GEDC= great resources! wow

15:52:08 From Luna Ragsdale to Everyone:

Michelle, who performs the dts/bcam in your ED?

15:52:33 From Michelle Moccia to Everyone:

Our ED RNs

15:52:41 From Conor Sullivan to Everyone:

Other Resources:

A recent article in the Journal of Emergency Nursing,

Delirium in the Emergency Departments: Is It Recognized?

https://www.jenonline.org/article/S0099-1767(21)00283-X/fulltext?mc_cid=64e846848f&mc_eid=UNIQID

Delirium implementation toolkit on the GEDC website:

https://gedcollaborative.com/resources/implementation-toolkits/

ElderCare Locator (ACL funds) a national hot line that might find local services through its National Call Center (800.677.1116), and website (www.eldercare.acl.gov)

15:54:11 From Ula Hwang to Everyone:

Whomever is doing your delirium triage screening / assessment in the ED, it is helpful to have their engagement in the selection of which instrument is being used.

15:54:28 From Kenneth Lam to Everyone:

One of the challenges at our site with the DTS is that scoring LUNCH backwards continues to throw our triage RNs for a loop. Any suggestions on teaching how to score it quickly?

15:54:40 From Michelle Moccia to Everyone:

I agree Ula - nursing involvement is key.

15:55:31 From Michelle Moccia to Everyone:

In the toolkit is also information on the T-A-D-A- approach for agitation.

15:55:46 From Jin Han to Everyone:

I love the TADA approach.

15:55:50 From Maura Kennedy to Everyone:

@kenneth Lam - UB2 (Day of week, months of year backwards) is another brief screen - I know ppl who combine the two RASS +MOY backwards.

15:56:17 From Ula Hwang to Everyone:

We have Maura Kennedy in the audience, who is another international delirium expert with research and evaluation

15:56:52 From Jin Han to Everyone:

👍

15:58:14 From Ula Hwang to Everyone:

So the importance of working hard to make those calls and speak with family members. time spent here may save time with hospitalization

15:58:32 From Jin Han to Everyone:

Especially since delirious patients can't give an adequate history.

15:58:43 From Kevin Biese to Everyone:

One systematic approach to getting collateral history is to proactively bringing care givers into the diagnosis and treatment plan - they are a key part of the team - caregivers are visitors https://blog.aarp.org/thinking-policy/theyre-not-visitors-covid-19-visitor-restrictions-highlight-need-for-change

15:59:00 From Michelle Moccia to Everyone:

We use the UB2 to help us identify Feature 2: difficulty focusing attentions

15:59:08 From Kevin Biese to Everyone:

Oops caregivers are NOT visitors!

15:59:24 From Kenneth Lam to Everyone:

@Michelle: has that been validated?

15:59:29 From Michelle Moccia to Everyone:

Bravo - caregivers are not visitiors

15:59:44 From Kenneth Lam to Everyone:

(& @Maura)

16:00:03 From Conor Sullivan to Everyone:

Interested in learning more about Creating a Geriatric ED?

Consider ordering the new book from Cambridge University Press on this topic (co-author Dr. Melady and John Schumacher)

Creating a GED - A Practical Guide https://www.cambridge.org/core/books/creating-a-geriatric-emergency-department/8A860CD9BADB4E1C1509BDB49B814159#

Amazon:

https://www.amazon.com/Creating-Geriatric-Emergency-Department-Practical-ebook/dp/B09NRPJR9H

16:00:18 From Conor Sullivan to Everyone:

OUR NEXT GEDC

EXPERT PANEL WEBINAR

GEDC Webinar | Creating an educated workforce for the Geriatric ED

June 6, 2022 @ 3PM EST

Please register in advance:

https://us02web.zoom.us/webinar/register/WN_5VoGa4thS2KIg3mesiZrUA

16:00:27 From Nancy Wexler to Hosts and panelists:

Wow, fantastic session as always, GEDC colleagues!

16:00:40 From Conor Sullivan to Everyone:

Educational initiatives at your site that we can highlight on our next webinar?

Please Email Don Melady: don.melady@utoronto.ca

16:01:08 From Conor Sullivan to Everyone:

If you share our vision, your ED can join us, currently for free. Check out GEDCOLLABORATIVE.com

Follow us: @theGEDC.

Additionally, please review the GEDC Membership Criteria and Application.

https://gedcollaborative.com/partnership/

Interested in joining the GEDC? Please contact conor_sullivan@med.unc.edu

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