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# Delirium in the Geriatric ED: Processes and Possibilities

## Expert Panel Webinar

Monday, April 18, 2022

3:00–4:00 EST

Moderated by:



**Don Melady, MD, MSc(Ed)**

Emergency Physician

Mount Sinai Hospital, Toronto, Canada

GEDC Faculty

## EXPERT PANEL



**Debra Eagles, BSc (PT), MD, MSc**

Emergency Physician, Associate Professor,  
University of Ottawa



**Atul Anand, MD, PhD**

Geriatrician, Senior Clinical Research Fellow,  
University of Edinburgh



**Jin Han, MD, MSc**

Emergency Physician,

Associate Professor, Vanderbilt University

Tennessee Valley Geriatric Research, Education,  
and Clinical Center



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

Program Director, Senior ER,

St. Mary Mercy Hospital, Livonia, Michigan



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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.

# GEDC Partners

[gedcollaborative.com/partnership](https://gedcollaborative.com/partnership)

## Partnership

GEDC Partners work together to transform ED care of older adults; catalyze action at local and national levels to support these care transformations; and evaluate the impact of these new models of care for older people.

## Join the GEDC

- Access to GEDC community
- Share best Geri ED practices
- Access to education tools
- Implementation tools and training
- Evaluation resources

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## Expert Panel Webinar

The Geriatric Emergency Department Collaborative  
April 18, 2022

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What question do you have  
for our panelists?





In your ED,  
what  
screening  
tool do you  
use for  
delirium?

# Meet Your Expert Panel



**Debra Eagles, BSc (PT), MD, MSc**  
Emergency Physician,  
Associate Professor,  
University of Ottawa



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Program Director, Senior ER,  
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Livonia, Michigan



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Research Fellow,  
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Vanderbilt University  
Tennessee Valley Geriatric  
Research, Education, and  
Clinical Center

# Debra's Main Messages



Don't assume cognitive impairment is chronic.....get collateral history!



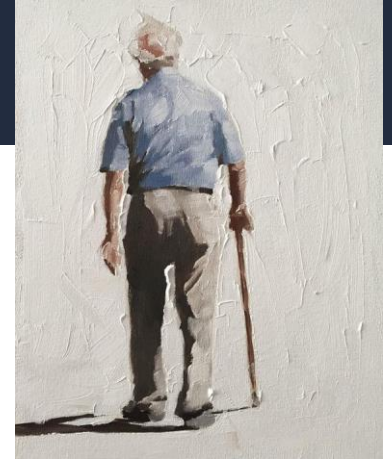
Communicate the diagnosis of delirium to all team members, particularly during transitions in care



Tailor the delirium screening program to the needs and resources of your department



# Atul's Main Messages (4AT)



Delirium screening should be everyone's responsibility

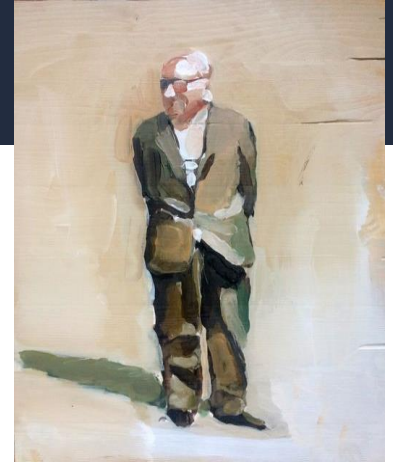


Hypoactive patients should not be 'untestable' - they benefit from a delirium diagnosis and care



A collateral history is key for assessing acute change

# Jin's Main Messages (DTS/bCAM)



The negative DTS can rapidly (<30 seconds) rule out delirium, but a positive DTS needs a confirmatory delirium assessment like the bCAM.



The bCAM is a modification of the CAM-ICU and has very good sensitivity and excellent specificity.



Delirium screening can be tailored to the needs of each ED. The bCAM can be used without the DTS. Another confirmatory delirium assessment, such as the 4AT or CAM, can be used with the DTS.

# Michelle's Main Messages (ED-DEL toolkit)



Survey



Education with Snacks



Monitor, Measure, followed by positive Feedback

# Creating a Geriatric Emergency Department

A Practical Guide

John G. Schumacher and Don Melady



CAMBRIDGE Medicine

A practical guide to getting started with lots of personal stories and resources from around the world

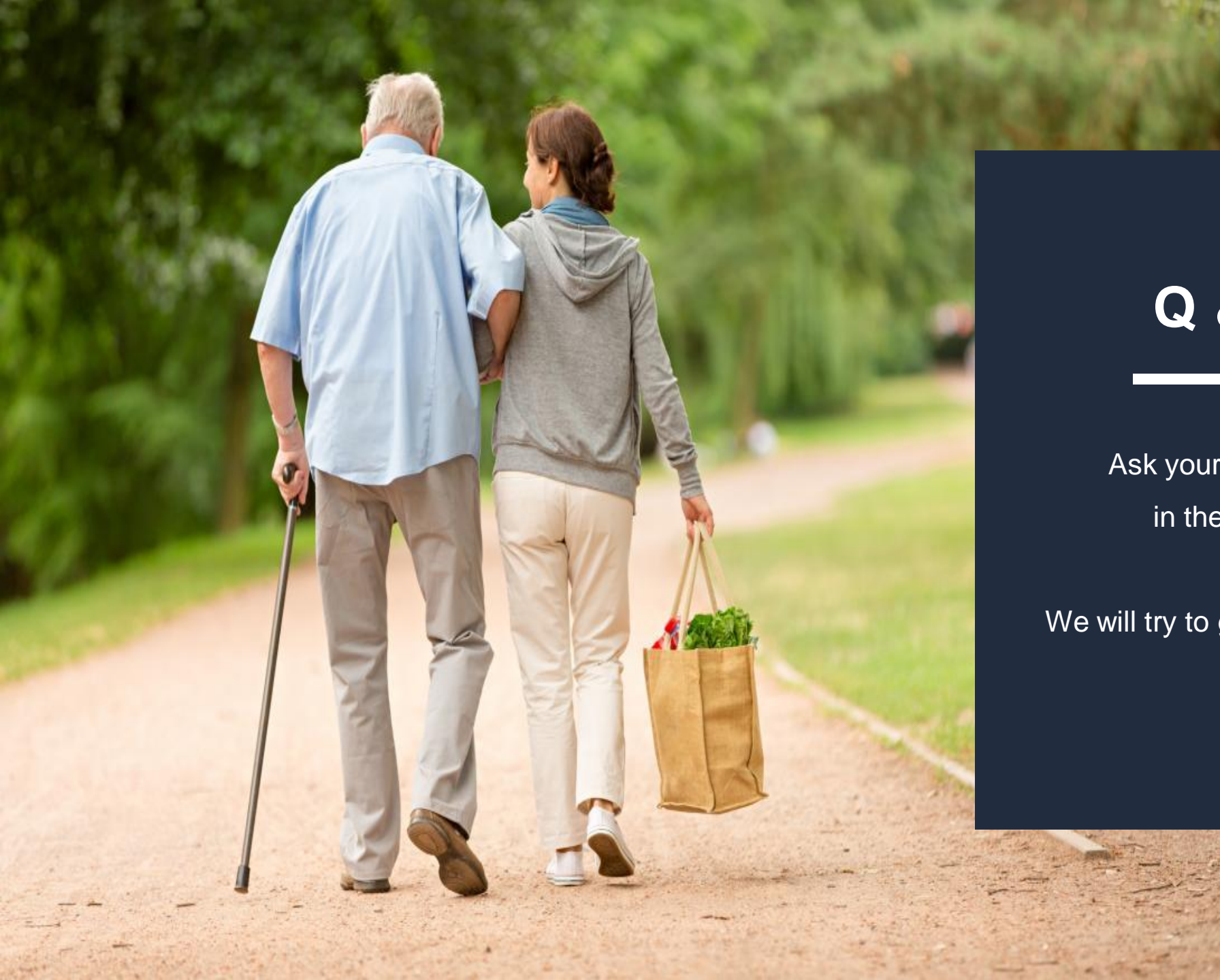
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## Q & A

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Ask your questions  
in the CHAT

We will try to get to everyone



OUR NEXT GEDC  
EXPERT PANEL WEBINAR

# GEDC Webinar | Creating an educated workforce for the Geriatric ED

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**June 6, 2022 @ 3PM EST**

Please register in advance:

[https://us02web.zoom.us/webinar/register/WN\\_5VoGa4thS2Klg3mesiZrUA](https://us02web.zoom.us/webinar/register/WN_5VoGa4thS2Klg3mesiZrUA)



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# APPENDIX



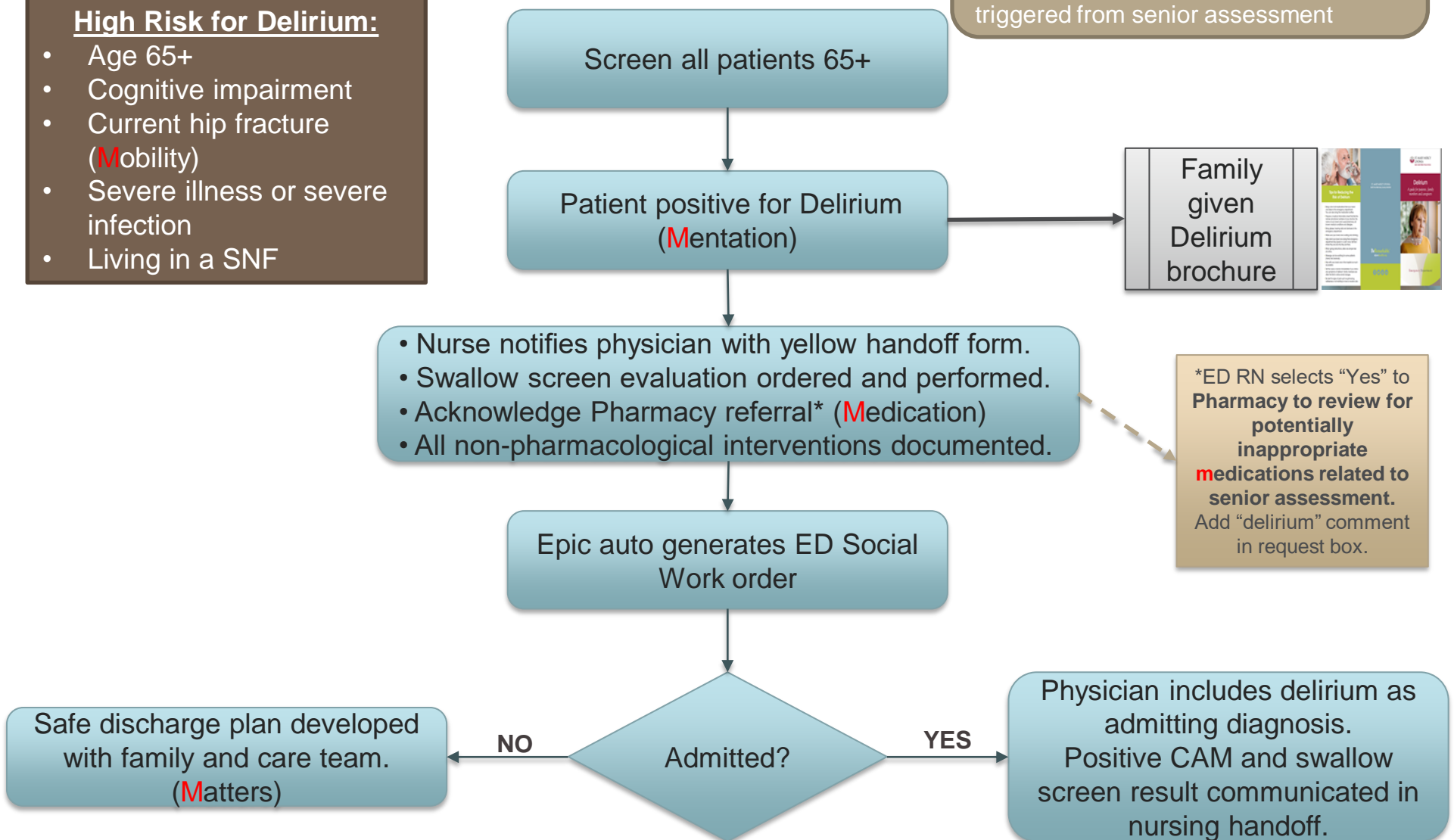
# ED Delirium Process

## High Risk for Delirium:

- Age 65+
- Cognitive impairment
- Current hip fracture (M)obility
- Severe illness or severe infection
- Living in a SNF

**Future State: BPA fires with CAM+**

- Allows RN to document interventions
- Alert care team via patient storyboard
- Alert pharmacy through consult triggered from senior assessment



# Inpatient Delirium (Mentation) Process

