



From the Director

As we approach the end of the calendar year it is my pleasure to welcome you to this edition of GRECC AdVAnces, where we highlight several projects of special interest.

In service of our nation’s older Veterans, the Gainesville GRECC’s Dr. Ron Shorr and team are working closely with VA architects on design strategies to minimize risk of falls, Bronx GRECC Acting Director, Dr. Ken Boockvar, is leading research on safer deprescribing practices and Eastern Colorado GRECC’s Dr. Kady Nearing is obtaining feedback on research and clinical projects. For more than 40 years, GRECCs have been improving care for older Veterans through their work in the background with well-designed research, translating that work into innovative clinical models of care and educating staff and trainees in best care practices for older adults. Enjoy this issue and [subscribe to our newsletters and updates](#).

Congratulations to:

Dr. Prasad Padala, Little Rock GRECC, has accepted the position of Program Director of University of Arkansas Medical Schools’ new collaborative psychiatry residency program with Baptist Health.

Dr. Jill Huded and team, Cleveland GRECC, on their manuscript “Association of a Geriatric Emergency Department Program with Health Care Outcomes Among Veterans.”

Unit Design and Hospital Patient Falls

According to The Joint Commission, the physical hospital environment contributes to nearly 40% of severe or fatal hospital falls, but there are significant gaps in our knowledge about the relationship between inpatient unit design and fall rates.

Funded by a grant from the Office of Research and Development, Gainesville GRECC, Tampa VAMC and University of Florida’s College of Design and Construction researchers are collaborating with the VA’s Office of Construction and Facilities Management (CFM) to identify unit design factors associated with higher rates of inpatient falls within acute care nursing units in the VHA.



Investigators are comparing design features of 50 VA nursing units, 25 with *high* 5-year fall rates and 25 with *low* 5-year fall rates, adjusting for patient-level risk factors and nurse staffing. Findings will inform the VA’s efforts to renovate or build physical spaces that improve Veterans’ safety. The project is described in this [podcast](#). For more information, contact [Dr. Ron Shorr](#).



Engaging Older Veterans in research and clinical projects

Veteran engagement helps ensure that research is relevant, clinical innovations are responsive and healthcare services are patient centered. The Eastern Colorado GRECC formed the Older Veteran Engagement Team (OVET), comprised of eight Veterans and one caregiver who range in age from 62 to 92. Team members represent the Korean and Vietnam war eras, multiple branches of the military, diverse civilian work histories and a range of socio-economic status backgrounds.

OVET meets monthly to provide feedback on GRECC aging-related research, clinical demonstration projects and trainee/fellow quality improvement initiatives. Results range from grant funding to improved healthcare quality/efficiency to social-emotional benefits. To date, funding awards total over \$2.3M for NIH and VA-funded projects, to which OVET provided substantive feedback, including detailed Letters of Support.

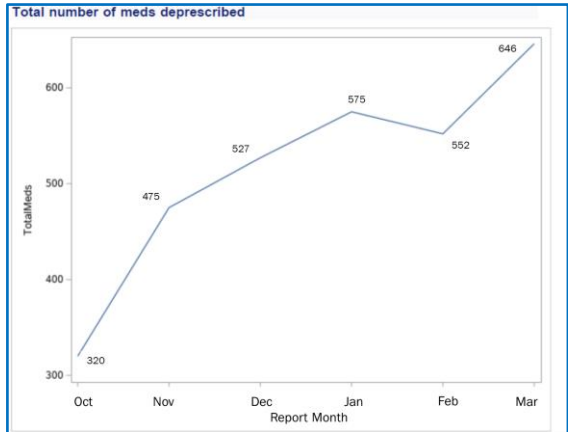
Documented impacts on healthcare include reductions in patient wait times, more appropriate utilization of services and increased patient satisfaction. Social-emotional benefits include generativity, as members contribute to improving clinical and community-based supports for Veterans.

OVET supports all three aspects of the GRECC mission: research, clinical innovation and education – by providing opportunities for members to meet VA researchers, healthcare providers and trainees/fellows, to contribute their knowledge and perspectives as well as a forum for Veterans to learn about VA efforts to improve care for older Veterans. For more information, contact [Dr. Kady Nearing](#).

www.va.gov/GRECC

Deprescribing Collaborative Helps Reduce Unnecessary Medication Use

Older Veterans are at higher risk of adverse effects from medications. Interventions to reduce medication use can improve health outcomes. The Center for Medication Safety in Aging, located at the J.J. Peters (Bronx) VA and supported by the VA National Center for Patient Safety, engages VA innovators and facilities to study implementation of deprescribing practice and to share best practices and findings in a learning network. In FY20, the Center conducted a Virtual Breakthrough Series Collaborative to assist 12 VA sites initiate a deprescribing intervention via learning sessions, phone meetings, data reporting, leadership development and education in QI methods. Participants reported a mean of 40 Veterans served and 53 meds deprescribed per site per month (see Figure). After 1 year, 82% of the programs were still operating – a strong result given the pandemic. We used results from this cohort to inform the launch of a second series, in which 10 new participants aim to implement deprescribing interventions by Jan 2022. For more information, contact [Dr. Kenneth Boockvar](#).



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