



From the Director

Welcome to this edition of GRECC AdVAnces. Since our last edition, we have seen dramatic changes in our country and the world: discovery and deployment of a vaccine to address a global pandemic, an election and change in Federal administration and holidays celebrated virtually and “socially distanced.” Yet the GRECCs continue to pivot and move forward. I am pleased to see the creative ways in which many have modified study protocols, clinical demonstration projects and educational strategies to meet the challenges brought on by COVID-19. Enjoy the articles published here that describe the wonderful work happening in GEC and GRECC programs nationwide.

Covid-D: Epidemic within a Pandemic

During the pandemic, Tennessee Valley GRECC published results of a COVID-D study in *The Lancet Respiratory Medicine* of 2,088 COVID ICU patients from 69 enrolling centers in 14 countries (headed through the Nashville VA and our Critical Illness, Brain Dysfunction, and Survivorship (CIBS) Center.

Investigators found that delirium and coma have become the epidemic within the pandemic. These forms of severe acute brain dysfunction are ravaging patients with COVID-19 such that out of 21 days, they spent only 5 days free of delirium and coma. Statistical analysis showed that the main two predictors of the duration of delirium and coma were overuse of benzodiazepines and underuse of family. (See Figure 1 - bottom left)

These two elements of care are well incorporated into the ABCDEF (A2F) safety bundle developed by the VA through the GRECC. This is well founded on highly evidence-based principles (NEJM, JAMA, Lancet), studied in over 25,000 patients, and mainly emphasizes waking patients up by stopping sedation each morning, getting patients out of bed with mobilization techniques, and involvement of family at the bedside and on rounds. To learn more about the ABCDEF bundle or similar work visit

www.icudelirium.org.

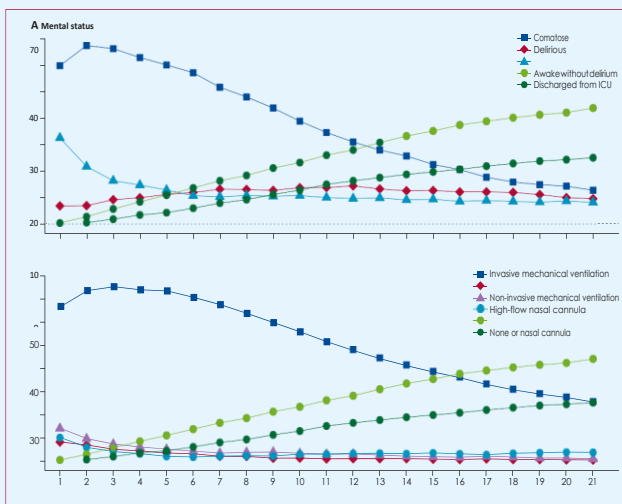


Figure 1: Mental status and respiratory support status in the 21-day study period (n=2088)



Interprofessional Competencies for Video Telehealth with Older Adults

The VIRTUAL Geriatrics Education Workgroup at the San Antonio GRECC is in the process of finalizing competencies for interprofessional (IP) teams who provide video telehealth services in the home for older adults. IP teams caring for older adults have faced unique clinical challenges transitioning to virtual visits during the pandemic. Creation of educational materials to address these challenges requires defining what competent IP care looks like in the virtual setting.

The VIRTUAL Geriatrics program has been providing virtual IP care to older rural Veterans since 2014. The experiences of clinician educators in this program uniquely positioned them to define the skills needed for successful IP team virtual visits with older adults.



Teaching Interprofessional Providers Best Practices in Video Telehealth for Older Veterans

Competencies in telemedicine visits were divided into the following categories:

- 1) overarching issues, 2) pre-visit preparation, 3) beginning of the visit, 4) history taking and communication, 5) examination (following the 5Ms framework), and 6) post-visit coordination.

Competencies were sent for 2 rounds of outside input including VA and Non-VA IP providers including GRECC AD EEs and two professional societies. The end goal of this project is to use these competencies to create a comprehensive curriculum in IP video telehealth in the home with older adults. To learn more, contact [Becky Powers](#).

Geriatric Emergency Room Innovations for Veterans (GERI-VET)

Emergency Department (ED) visits are a missed opportunity to optimize patient care for older adults by recognizing the root cause of the visit, preventing decline, and decreasing ED revisits or hospital admissions. In partnership with the Cleveland GRECC, Dr. Jill Huded started GERI-VET in 2016 to address these opportunities. GERI-VET provides comprehensive geriatric-focused care by detecting geriatric syndromes, providing evidence-based emergency care, ensuring comprehensive care coordination and timely referrals. As importantly, GERI-VET provides training for ED staff on geriatric screens for delirium, cognitive impairment, functional status, fall risk, caregiver burden, elder abuse and polypharmacy to champion this care.

When compared to a matched control group, patients seen by GERI-VET experienced a 9.4% lower rate of admission from the ED (48.6% vs. 58%). This translates to an estimated savings of \$30,780 per prevented admission. Additionally, referral rates for VHA home and community resources were notably higher for GERI-VET patients upon discharge from the ED.

Implementation of the GERI-VET program allows VA EDs to apply for the [American College of Emergency Physicians Geriatric ED Accreditation](#) (GEDA). [Cleveland](#) was the first VA to obtain Level One Accreditation. Geriatric EM Programs based on GERI-VET have been implemented at 18 other Vas, which have since applied or received GEDA. To learn more about GERI-VET or GEDA contact [Colleen McQuown](#) or visit our [SharePoint site](#) or [Diffusion Marketplace](#).

