



GRECCs: Clinical Innovations Benefitting Veterans of All Ages in All Settings

...what follows is a small sampling from over one hundred clinical innovations and demonstrations currently underway in VHA's Geriatric Research, Education and Clinical Centers (GRECCs).

Cleveland GRECC's Geriatric Emergency Room: Older Veterans represent about 45% of the patients seen in VA emergency rooms and generate many revisits and admissions. "GERI-VET" adds a comprehensive geriatric evaluation (CGE) performed by "intermediate care technicians" (former military corpsmen) to ER visits for Veterans older than age 75. Follow-up to address issues identified through the CGE is intended to prevent ER revisits and hospital readmissions. Over 250 Veterans have participated in GERI-VET to date outcomes confirm the program's effectiveness in reducing rates of hospitalizations and ED revisitations in this high-risk group.

Tennessee Valley GRECC Improves Care in Intensive Care Units through:

- Their ABCDE delirium prevention bundle results in less time on ventilators, 50% delirium reduction, 30% mortality reduction, more than a two-fold reduction in long term cognitive impairment, and reduced ICU and hospital lengths of stay. ABCDE achieves these impressive results by employing Awakening and Breathing trials through Coordinated efforts of nursing and respiratory therapy; Delirium surveillance, prevention, and treatment; and Early mobilization and ambulation.

- The THRIVE ICU Support Group: served ICU survivors and family members in 33 sessions offered October 2016 - July 2017. Of those surveyed, 93% felt emotionally supported, 91% learned from others, 77% now understand common situations related to prolonged ICU stay, 86% would strongly recommend group participation to a friend, and 42% expressed interest in volunteering to provide peer support to others

- ICU Diaries were kept by 29 staff in 2017. On a 100-point scale, diary knowledge increased from 38.8 to 71.85, belief that diaries are beneficial rose from 62.74 to 76, and comfort level with educating family from 44.4 to 78.46. Benefits noted included increased family engagement, enhanced communication, and an enriched frame of reference for hospitalization.

Puget Sound GRECC: Memory Support for Older Adults with Post-Traumatic Stress Disorder [PTSD] (MSOAP) provided an outpatient PTSD group the means to enhance memory skills and PTSD self-management. Alterations of attention/memory are among the diagnostic criteria for PTSD, and is a risk factor for dementia in older Veterans. After participating in the groups, questionnaires assessed PTSD symptoms, cognitive complaints, sense of self-efficacy, satisfaction with the group experience and materials, feedback on group improvement and indices of quality of life. Analyses demonstrate overall satisfaction, decreased depressive symptoms, no increase in PTSD symptoms, and increased sense of self-efficacy.

Local Spotlight on the Tennessee Valley GRECC (VISN 9, TVHS)

DINC (Do I Need a Catheter): The program is a 5-component intervention designed to reduced catheter use and CAUTI (catheter-associated urinary tract infections) while also addressing barriers to long-term success. Catheter use declined 35% and time between infections increased (longer is better) from 101 days at baseline to over 400 days following implementation of the DINC project. A multifaceted quality improvement strategy reduces the risk of catheter-associated urinary tract infection. *Int J Qual Health Care.* 2017 Aug 1; 29(4):564-570

Veterans Cognitive Assessment and Management Program (V-CAMP): V-CAMP provides distance dementia caregiver support. Operating under the GERI-PACT framework, rural patients receive dementia care and caregiver support using Clinical Video Telehealth (CVT). This project involves collaboration with five CBOC's affiliated with TVHS and is offered as part of the established Dementia Consult Clinic. Over a 13-month period, of 12 patient-caregiver pairs; 30% of patients had mid-stage and 70% had advanced vascular or Alzheimer's type dementia. 100% patient-caregiver pairs had positive receptiveness to CVT visits, 80% patients remained home, and 20% patients admitted to dementia care units. A total of 30% patients stopped medications because of adverse side effects or lack of perceived efficacy by caregivers.

The Surgery Telephone Postoperative Clinic: Development and evaluation of a general surgery telephone postoperative clinic at TVHS on 200 patients who underwent eligible operations. In-person clinic use decreased from 0.83 visits per eligible patient pre-clinic to 0.40 after clinic ($p < 0.01$) with no difference in rates of emergency room visits or readmission (0.17 visits/patient pre-intervention vs 0.12 post-intervention; $p = 0.36$). Complication rates were comparable in both groups (6% vs 8%; $p = 0.31$). *J Am Coll Surg* 2016 Oct; 223(4):644-51.

Local Spotlight

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