



## GRECC Clinical Programs Offer Value to Veterans and Caregivers

*...what follows is a small sampling of initiatives from among the many Clinical Activities currently underway in VHA's Geriatric Research, Education and Clinical Centers (GRECCs).*

**Gainesville GRECC:** Think Delirium is a program that began as a non-institutional long-term care nurse driven project to early identify and treat hospitalized patients at risk for delirium. An interdisciplinary Delirium Consult Team consisting of nursing, psychiatry, geriatrics, and pharmacy was developed and is currently active at Gainesville and Lake City, FL VA Medical Centers. In addition, an electronic Delirium Response Order set is fully operational in both location thanks to the Veterans Integrated Service Network (VISN) 8 which funded the project. To date, over 898 consults were completed with an average of 5 new consults per day. Among Veterans in whom a consult was completed, 50% were discharged back to home and the 30-day re-admission rate was 22%. Most of the consult recommendations involved reducing polypharmacy and potential drug-drug interactions, using non-pharmacological approaches to delirium and addressing behavioral issues. For more information, please contact Rebecca Beyth by email at [Rebecca.Beyth@va.gov](mailto:Rebecca.Beyth@va.gov) or by phone at 352-548-6000 x. 6895.

**Minneapolis GRECC:** Improving the Diagnosis and Management of Neurocognitive Disorders (NCD) in Patient Aligned Care Teams (PACT) was initiated in 2014. The University of Minneapolis School of Nursing agreed to address this initiative as a QI project for students in their Doctor of Nursing Practice (DNP). In 2017, the SKY PACT, a pilot clinic for this new model, began collecting outcome data. They collected data on 39 specific parameters for Veterans with suspected cognitive impairment. In 2018, the student DNPs worked with the biostatistician and GRECC staff to refine process and outcome variables. Their focus is on the updated 2016 Dementia Management Quality Measures with special attention to Advance Care Planning and palliative care counseling; education and support of caregivers; and screening and management of behavioral symptoms. For more information, please contact Riley McCarten by email at [Riley.McCarten@va.gov](mailto:Riley.McCarten@va.gov) or by phone at 612-467-3314.

**Palo Alto GRECC:** E-Consults and Dementia is a new collaborative project, initiated in 2017, between the GRECC and the Palo Alto Health Care System Medical Service. Comprehensive E-consults involving chart review and phone evaluation are utilized to provide management of disruptive behaviors in Veterans with dementia who are physically or geographically otherwise unable to assess such expertise by other modalities. Providing the consult requires that the consulting geriatrician review the electronic chart and make telephone calls to family caregivers, or to both family and caregiving staff, to ascertain details about the Veteran's behaviors, triggers for the behaviors, management attempts, and other information. Developed plans include both behavioral and environmental management techniques and, if necessary, prescribing of medications. All medications are prescribed and reviewed by the consulting geriatrician. For more information, contact Joyce Tenover at [Joyce.Tenover@va.gov](mailto:Joyce.Tenover@va.gov) or by phone at 650-849-0580.

### **Falls Assessment of Medications in the Elderly (FAME)**

Funding by the Patient Safety Center of Inquiry, the Durham GRECC is part of a new Patient Safety Center of Inquiry focused on medication safety in older adults with West Haven, Puget Sound, San Francisco, Palo Alto and coordinated through Bronx. Durham's Team will pilot a new clinical program, **Falls Assessment of Medications in the Elderly**.

**Rationale for the pilot:** Falls are the most common and costly medication-related safety event in older adults, with a fall occurring in the U.S. every 17 seconds. In 2014, older Americans experienced 29 million falls causing seven million injuries and costing \$31 billion to Medicare. A robust body of evidence supports medications as a major causal factor for falls in older adults. Psychoactive medications including benzodiazepines, antidepressants, antipsychotics, and anticholinergic medications have been consistently associated with a 2-fold or higher risk of falls and fractures in older populations.

Deprescribing fall-related medications, defined as intentionally stopping or reducing the dose of a medication to improve health or reduce the risk of adverse effects, is therefore a key step in reducing the burden of falls in older Veterans.

### **Process:**

Identify Veterans 65 years of age and older at high risk of falls who are on one or more target medications. Provide a Fall Medication E-Consult with recommendations to the PCP.

### **Multi-Disciplinary Team:**

- Contact the Veteran regarding recommendations
- Provide falls/medication education and follow-up
- Monitor compliance to the prescribed plan
- Communication with PCP

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