



GRECC Clinical Innovations Enrich the Range of Options for Veterans With Chronic Care Needs

*...what follows is a **small sampling** from among the many Clinical Innovations efforts currently underway in VHA's Geriatrics Research, Education, and Clinical Centers.*

Bronx GRECC's Interdisciplinary ALS Palliative Care Clinic: The goal of the interdisciplinary ALS program is to provide comprehensive care for Veterans with Amyotrophic Lateral Sclerosis ("Lou Gehrig's Disease"—for several years a service-connected condition linked to Agent Orange exposure). All team members (case manager, neurologist, social worker, OT/PT, psychologist, dietician and speech and language therapist) received palliative care training and all patients receive the service. Currently, 39 Veterans are actively receiving care through this program. Home hospice is offered in combination with clinic care for patients with advanced disease. The ALS Clinic also serves as a clinical training site for Palliative Care trainees.

Madison GRECC's "PROTECT PHI": The "PREventing Opioid prescription Theft and Ensuring seCure Transfer of Personal Health Information" (PROTECT PHI) program improves patient safety and post-discharge outcomes by helping to ensure secure delivery of opioid prescriptions while protecting personal health information during transitions from hospital to nursing home setting. The intervention was developed by an interdisciplinary hospital discharge team in response to instances of opioid prescriptions disappearing when discharged hospital patients were admitted to nursing home. PROTECT PHI has four steps: 1) use of tamperproof envelopes; 2) thorough medication discharge counseling; 3) updated hospital discharge checklist; and 4) follow up with nursing home to ensure all documents were received. PROTECT PHI has been used successfully with over 300 patients.

Pittsburgh GRECC compares Home-based to Mixed Hospital- and Home-Based Cardiac Rehabilitation. Supported by funds from the Office of Rural Health, Veterans referred for Cardiac Rehabilitation (CR) consultations are recruited into a home-based program or a hybrid program, in which many of the services begin in the hospital and then transition to the home. The purely home-based participants are low risk and able to complete all activities following a 45-60 minute orientation plus staff-provided weekly calls and education sessions. Hybrid CR participants are more medically complex, may be at greater risk for falls, and may have limited capacity to learn new tasks. Both programs include clinical videotelehealth to facilitate monitoring and communication. This program stands out for being able to accommodate patients with a range of medical complexities and the logistic challenges of living far from the VA campus. The goal of the program is to reduce mortality, morbidity, and hospital readmission; and improve physical function, quality of care, and understanding of disease.

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EQUIPPED Program Improves Medication Safety for Older Adults Discharged from Emergency Department

EQUIPPED (Enhancing Quality of Provider Practices for Older Adults in the Emergency Department) is a multicomponent quality improvement initiative combining education, electronic clinical decision support, and individual provider feedback to influence prescribing and improve medication safety for older adults. EQUIPPED includes education to Emergency Department (ED) providers regarding medications that are potentially inappropriate in older adults, using the American Geriatrics Society 2012 Beers Criteria, enhancements in the electronic medical record system (CPRS) to embed warnings and order sets to assist providers' choice of medication use, and provider feedback. The clinical demonstration program was implemented at the James J. Peters VA Medical Center, in collaboration with VA Medical Centers in Atlanta, Birmingham, Durham, and Tennessee. The aim of the program is to reduce the number of potentially inappropriate medications (PIMs) prescribed to older adults discharged from the ED. The project represents a collaboration of GRECC with the JJP VAMC pharmacy department and ED. The program was effective and sustained reduction in PIMs use for older Veterans 65 years or older discharged from the ED. At 12 months following the intervention, PIMs use was reduced by approximately 25% from 7.4% to 5.7% post-intervention. These results suggest that EQUIPPED was able to influence provider prescribing behavior leading to safer prescribing for older adults discharged from the ED at the James J. Peters VA Medical Center.

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