

GERIATRICS PROGRAM -OMAHA
VA NEBRASKA/WESTERN IOWA HEALTH CARE SYSTEM

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INTRODUCTION:

Geriatric medicine is the prevention, diagnosis, care and treatment of illness and disability in older adults. Health care for older adults is most effective in an interdisciplinary setting that considers the interaction of diseases, age, medication regimens, and functional, personal, environmental and social factors specific to groups of elders as well as to individuals. Health care professionals in geriatrics acknowledge that there are positive aspects to the aging process and that physical and mental deterioration are not necessary consequences of growing older. Geriatrics exists to:

- maximize the independence of the individual patient;
- ensure physical and emotional comfort;
- optimize quality of life and a sense of well-being;
- prevent premature or untimely death;
- provide high-quality, efficient and cost-effective care.

SPECIAL GERIATRICS PROGRAM:

The Special Geriatrics Program is located on the ninth floor (Room 9020) of the Omaha Veterans' Affairs Medical Center, 4101 Woolworth, Omaha, NE.

This program consists of the following initiatives that address health care for older veterans:

- CLINICAL
- EDUCATIONAL
- RESEARCH

Clinical:

Geriatric evaluation and management
Palliative Care Consult Team (PCCT)
Home Based Primary Care (HBPC)

Education:

Monthly rotation for Creighton University Internal Medicine Residents.
Practicum experiences for graduate nursing students from Creighton University School of Nursing and University of Nebraska College of Nursing.
Rotation by fellows from UNMC Geriatrics and Geropsychiatry Program.
Practicum experiences for registered nurses in BSN completion programs at area colleges and universities.
Educational rotations by arrangement for students in related health care disciplines.
Community and regional education in geriatrics.
Continuing education for staff at OVAMC.

Geriatric rotation components

- A) Home Based Primary Care (HBPC)**
- B) Geriatric Evaluation & Management Clinics (GEM)**
- C) Outpatient management of GEM patients with Nurse Practitioner**
- D) Small group sessions --- Basic Geriatric Topics**
- E) Palliative Care Consult Team and Clinics**

A) Home-Based Primary Care (HBPC)-longitudinal experience

Goals and Objectives:

Goal: The home visit allows the fellow to provide medical care longitudinally in the home and recognize the value of home-based medical assessment and treatment. The experience will foster an appreciation of the interaction between the elder's physical health, his/her environment and psychosocial situation, and provide an opportunity to practice "the art of medicine". This positive experience is designed to generate an increased interest in providing home visits after his/her training is completed.

Objectives:

At the end of the home visit, the fellow will be able to:

- Discuss appropriate indications for home visits.
- Describe the advantages of providing medical care in the elder's home.
- Discuss barriers to and limitations of house calls.
- Discuss equipment, supplies, and forms that may be useful to bring for a home visit, realizing that a stethoscope is often the only medical equipment that may be necessary.
- Describe documentation requirements for physician home visits.
- Discuss environmental assessment to identify hazards and barriers in the home (Home Safety Evaluation), and recognize potential safety hazards in the home.
- Contrast out-of-pocket costs for the elder considering home treatment of an acute illness (e.g., course of I.V. antibiotics administered at home for pneumonia) vs. the elder's deductible expense for an acute care admission.
- Discuss strategies to maximize the efficiency of house calls.
- Discuss the value of the interdisciplinary team process to provide optimal care in the home.
- Identify situations when home care is not appropriate or safe for the elder.
- Discuss procedures to ensure the safety of the health care provider.
- Describe how house calls can enhance the physician-patient relationship.
- Describe the advanced treatment interventions that can be provided in the home setting.
- Demonstrate ability to function in an Interdisciplinary Team.

Process: see Policy and Procedures at time of orientation to rotation

READINGS:

Reading list: (some of these articles will be provided in Home Care binder or at geriatrics website, geriatrics.UNMC.edu under Fellowship education-HBPC).

Recommended to read first;

1. Levine S et al. Home care. JAMA 2003;290:1203-1207.
2. Leff B, Burton JR. The future history of home care and physician house calls in the United States. J Gerontology: Med Sci 2001;56A(10):M603-M608.
3. Katz P, Karuza J. Community-Based Care . Geriatric Review Syllabus. 6th edition. Chapter 17 pages 125-133

The following can be read in any order:

1. Stuck AE et al. Home visits to prevent nursing home admission and functional decline in elderly people: Systematic review and meta-regression analysis. JAMA 2002;287:1022-1028.
2. Hughes SL et al. Effectiveness of team-managed home-based primary care: A randomized multicenter trial. JAMA 2000;284:2877-2885.
3. Smith KL et al. Brief communication: National quality-of-care standards in home-based primary care. Ann Intern Med 2007;146:188-192.
4. Leff B et al. Satisfaction with hospital at home care. J Am Geriatr Soc 2006;54:1355-1363.
5. Elkan R et al. Effectiveness of home based support for older people: systematic review and meta-analysis. BMJ 2001;323:719.
6. Clark J. Preventive home visits to elderly people: Their effectiveness cannot be judged by randomized controlled trials (editorial). BMJ 2001;323:708.
7. AMA's Medical Management of the Home Care Patient: Guidelines for Physicians. (Found in Fellow's reading binder)

Visit times: see monthly schedule

B) Geriatric Evaluation & Management Clinic

Clinics goals: To comprehensively assess frail elderly with multiple problems.

To provide intermediary management to the following end points:

1. maximal benefit
and/or
2. problem stabilization.

Fellow's goal:

- **To understand, perform and master comprehensive assessments.**
- **To formulate evaluation and management plan based on the assessment and team evaluations.**
- **To participate and lead intermediary management on an interdisciplinary team.**
- **To understand and perform *functional screening*.**
- **To generate and implement an evaluation and treatment plan for problems discovered on screens.**
- **To educate residents and students on geriatric topics.**

GEM rotation objectives:

1. Understand the appropriate use of a Geriatric comprehensive assessment.
2. Master Comprehensive Geriatric assessment techniques.
3. Become familiar with the use of indications and limitations of the components of a Geriatric Assessment.
4. Master the performance a Comprehensive History and Physical Exam.
5. Integrate effectively and efficiently the information from the various providers involved in the GAC.

6. Master the diagnosis and management of the common Geriatric syndromes and problems encountered in the GEM .and in consultations.
7. Lead the interdisciplinary team in the assessment and management and in the intermediate management.
8. Take the lead position and perform successfully the GEM follow-up conferences with family and patients.
9. To function as an effective teacher to residents and students in the GEM.

Fellow's responsibilities:

To assess all new patients comprehensively.

(note: it is recommended to "preview" charts by asking Shirley Tiger (346-8800 ext 4083) or your attending who is assigned to them.

To preview charts on assigned new and follow-ups prior to clinic.

To provide appropriate documentation on all assessments and f/u.

Clinic times and sequence:

Tuesday & Thursday and some Fridays

0800-0900, 9th floor (Geriatrics office room 9020-ask for directions)

Team conference on new assessments of previous week or as assigned.

0900-1200 Geriatric Assessment Clinic 1st floor, Green (west) clinic.

Attending: Tuesday----- Dr Vandenberg

Thursday----- Dr Lyons

alternate Fridays----- Dr. Vandenberg (for specific dates see schedule)

REMINDER: To make the clinic operate efficiently, as soon as you are out of the room with the patient immediately think what the nurses need to do while you are out: (e.g. PVR?, Immunizations, EKG, educational materials, other)

Documentation: two options

Option A: Free text typing

Option B: Use Geriatric templates:

How to access: Go to : Templates then to Shared Templates, then to Omaha Shared Templates then to Geriatric Assess Tools folder then to Comprehensive Assessment History and/or & Comprehensive Assessment Physical Exam

Note: this is a long document, it is split into the History and the Physical exam portions. YOU DO NOT HAVE TO FILL ALL THE BLANKS BUT RATHER ONLY WHAT YOU DID

C) Outpatient management of GEM patients with Physician Assistant

Clinic goals:

perform intermediary management of GEM patients.

Fellow's goals: **-learn teaming techniques in outpatient management with Kenita Johnson, PA 346-8800 EXT 4187 or VA pager 131**
-learn and perform outpatient management of multiple problems.

Resident's responsibilities:

-act as advisor to the nurse practitioner or nursing services in management of GEM patients.

D) Small group sessions & individualized learning ----Basic Geriatric topics

Fellow's goals: -b to provide basic geriatric education to the residents and students.

How: -small group sessions with attending's to cover topics (1-2 per month)

Recomend

- **Individualized learning** using web site at geriatrics.unmc.edu,
click on " GERI Pearls".

Time: 2 hours per month (minimum)

E) Palliative Care Consult Team and Clinics (PCCT)

Goals: Fellow will develop basic skills in palliative care and end of life care.

Objectives:

Resident will:

1. assist patient and family or surrogate decision maker in:
 - a. Identification of expectations and goals of care;
 - b. Development of plan of care consistent with a);
 - c. Understanding and making an advance directive.
2. evaluate and manage symptoms and issues of dying
3. develop a palliative care plan

Responsibilities:

Resident will be responsible for:

1. Performing consult and follow up consultative care:
 - a. To document consult in CPRS. (Form attached.)
 - b. Present case to attending physician. (Tuesday PM)
 - c. Readings will be assigned for discussion.
 - d. If no consultations, then Tuesday time will be dedicated to discussion.

Meeting times:

Meet with PCCT attending at 1: 30 pm Tues 9th floor office, 9010
Perform consult within 24 hours of request or reassign to residents
Palliative Care Clinics
Friday morning-(VA-Green Clinic)

Process:

Ask either Shirley Tiger ext 4187, or Dr Eberle regarding consults due

Attending:

Primary: Catherine Eberle MD (888-1178)

Alternates: William Lyons, MD or Ed Vandenberg, MD

PRIORITIZATION:

Because there are multiple demands on you in this rotation, this is the priority in which you should consider your responsibilities given to you.

- 1st-----Your own personal clinics.
- 2nd----- Geriatric Clinics (GEM)
- 3rd ----- HBPC & IDT designated days
- 4th ----- PCCT consults

GERIATRIC EVALUATION and MANAGEMENT SERVICE

OVERVIEW OF CLINICAL SERVICE:

The purpose of the Geriatric Evaluation and Management Service (GEM) is to provide timely, efficient, complete and individualized consultative care to older veterans at Omaha VAMC. Patients and referring physicians are our customers and are deserving of our respect. The GEM service is similar to those described in the geriatric literature, but focuses attention on evaluation and management of complex health care issues of the older veteran.

Geriatrics at OVAMC operates from a team perspective and the input of each discipline is valued. The quality of care is no better and no worse than the contribution of each team member.

PATIENT REFERRAL SOURCES:

Various physician services in the medical center; self or family referral; referral from community agencies; other VA facilities.

INTAKE PROCEDURE:

Outpatient referrals are processed and screened for appropriateness by the GEM staff physician. Pertinent information includes a description of the present problem, any prior evaluations, services currently being provided and pertinent medical and social history. (also see Geriatric electronic consult request)

GEM CLINIC OPERATIONS:

Outpatient Geriatric Evaluation and Management Clinic (GEM) is scheduled for each Tuesday and Thursday, in the AM. The interdisciplinary team interviews and assesses the veteran and also obtains collateral information from family/caregivers during the initial appointment. The interdisciplinary team is made up of; Geriatrician, PA/NP, Nursing, Social Worker, Pharmacist. Also a Psychologist, Dietitian (as indicated). Patients are evaluated by each team member and a report of that evaluation is generated. The depth of each assessment requires a time slot of three to four hours for each patient. The philosophy is to provide multiple disciplines and diagnostic tests in one location and on one day to minimize travel and disruption to patients and caretakers lives.

EVALUATION PROCEDURE:

Pre-Clinic: In proceeding week prior to appointment, geriatrician reviews of patient chart and other available information before the patient is seen, and designates tasks for clinic.

Clinic Day

1. 8-9 a.m. evaluation by nursing performing symptoms screen, full vital signs, assessment of functional status (ADLs, IADLs, MMSE, Geriatric Depression Scale.)
2. 9-12 a.m.
 - Social Worker Assessment: Assessment by social worker of support systems, financial status, screening for depression and social history and issues.
 - Neuropsychological testing (on as needed basis, as indicated after initial chart screen by geriatrician.
 - Nutritional assessment (on as needed basis): Evaluation by nursing for current nutritional patterns and status.
 - Pharmacist review of medication regimen: A Pharmacist obtains computer profile and compares with regimen described by the patient, reviews the medicines brought in by the patient. They will assess adherence, patient understanding of medications, polypharmacy, potential for adverse medication effects and interactions. They will also teach the patient about medication effects and interactions, and work to improve adherence. The pharmacist will provide a summary during staffing with the attending.
 - Physician or Nurse Practitioner or Physician Assistant:

Medical history: Identification of prior medical history, history of present illness, review of systems, evaluation of acute and chronic medical problems, and identification of expectations for outcomes. Functional Screen.

Physical examination: Special attention to mental status, thyroid, detailed cardiopulmonary, GI (stool guiac), neurological exam (peripheral perception, pathological reflexes, balance, sensory), GU. Determine other evaluations to be done (Lab, X-ray, vision, dental, etc).

Definition of desired outcome: By obtaining information from the patient and caregivers/family, goals for outcomes of assessment are identified (eg, live at home with more support; placement; no change).

Lab studies: For cognitive problems; CBC, chem profile, electrolytes, B12, folate, TSH, ESR, other as indicated by individual health care concerns. Clean catch urinalysis.

Imaging/other tests:

For cognitive problems CT or MRI of head.. Pelvic and pap smear for females as indicated.

Health Care Maintenance: (as indicated) Immunizations, PSA, Mammography, Lipids, Hemocults, Smoking status .

TEAM CONFERENCE:

An interdisciplinary team conference takes place every Tuesday and Thursday morning at 8:00. Room 9713-VA Chief of Staff Conference room. In this conference the findings of the previous clinic evaluations are discussed and a plan of care is developed. Each case is allotted thirty minutes in which team members are to briefly and concisely present their findings and recommendations. The case manager will prepare a written plan of care based on the discussion.

FOLLOW-UP VISIT:

Follow-up family conferences are schedule follow-up. At this time the patient and family/caregivers return to clinic, usually 3-4 weeks after the initial geriatric assessment, to review the findings and the plan of care:

- Review of diagnostic data and any new medical problems by physician.
- Review of social issues by social worker.
- Review of functional status, teaching of health maintenance and prevention by clinical nurse specialist.
- Review of nutritional status by dietician. (if indicated)
- Review of psychological or other evaluations done.
- Review of medication regimen by pharmacist and/or physician.
- Discussion of details of the diagnostic and treatment plan as recommended to the patient and family/caregiver. The team provides assistance to access needed services.

Additional follow-up visits may be scheduled to facilitate the highest level of health and function possible before the patient is referred to primary physician/service for ongoing management. The patient may continue to call the GEM for questions as needed for problems that may arise while the patient is part of the GEM service.

GEM INTERMEDIATE MANAGEMENT CLINIC:

The GEM Intermediate Management Clinic is held on Tuesday and Thursday mornings in conjunction with the Assessment Clinic beginning at 0800. Also a continuity clinic is with the NP as primary. The purpose of this clinic is to follow patients who have undergone outpatient geriatric assessment or for the inpatient consultation. This is a form of primary care, we do manage patients over a period of time to assure stabilization and/or resolution of their geriatric care issues. The goal is to return the patient to their primary care clinic when that person is at the highest possible level of physical and psychological function.

NEUROLOGICAL EXAM for COGNITIVE EVALUATIONS

Level of **Alertness**

Level of **Attention**

Handedright or left?

Affect

Cranial nerve I-12

(include smell and corneal reflex)

Motor: -posture

-tone (with and without augmentation)

-strength & symmetry

Sensory

-pin-prick (monofilament).... *Remember press to monofilament till it bends*

-touch

-proprioception

-vibratory

- Stereognosis; *verification of common objects by touch.. do both hands*

-Graphesthesia .. *identification letters drawn in hand.....do both hands*

Two point extinction; *positive = cannot differentiate two taps from one on same side*

DTR'S

Planter flexors

Hoffmans..... *grasp middle finger, flick distal tip volarly; positive = contracture hand or thumb*

Frontal Release signs

-glabellar; *tap forehead, positive = eyes continuing to twitch after four taps*

-snout;.... *tap frenulum; positive = involuntary motion of lips in response*

-root..... *stroke side of upper lips; positive = involuntary motion of lips*

-jaw jerk.... *tap downward on chin to stretch masseter muscles; positive = jaw snaps shut*

-palmomental... *scratch thenar eminence; positive = twitch chin ipsilateral side*

-hand grasp..... *press your digits 2 & 3 into palm of hand; positive = involuntary grasp*

Coordination

-finger to nose

-heel-knee-shin

Rapid alternating movements

Tremor

Gait and Station

-*"Get up and go"; arise without use of arms, walk 10 feet, \leq three step turn, return and sit safely*

Rhomberg

Postural sway

Sternal nudge; *stand behind pt, warn pt what you are going to do, nudge sternum, Pos. = fall back 1 step*