Attitudes, Characteristics, and Patterns of Marijuana Use in Older Adults in two Outpatient Geriatric Clinics in Colorado

Reynolds, IR; Fixen, D; Parnes, B; Lum, H; Church, S; Linnebur, S; Orosz, G
Division of Geriatric Medicine
University of Colorado Anschutz Medical Campus

Where in the U.S. is medical marijuana legal?

www.drugpolicy.org
When Retirement Comes With a Daily Dose of Cannabis

By WOOLRICH FEB 19, 2017

Related Coverage
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Seniors with access to medical marijuana use fewer prescription drugs

By WOOLRICH FEB 19, 2017

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Marijuana plants are seen in an indoor cultivation in Monticello December 6, 2013. JERSEY/Andrew Gruen
Seniors and marijuana

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Can it really be true that so many older people nowadays will "Just Say Yes"? Yes to using marijuana, that is? Our Cover Story is reported by Barry Petersen:

Sue Taylor works hard to stay fit, and stay healthy. This 68-year-old is regular at the gym, eats kale to keep her cholesterol down, and at home, "homemade" is her motto.

But there’s one thing in her healthy lifestyle that may come as a surprise: she includes MARIJUANA in her quest to stay youthful.

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Taylor was a high school principal, preaching the dangers of drugs. But after her son got into the pot business, and as she began to learn more about marijuana, she

Marijuana Use In Adults: Are You Too Old For Pot?

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Methods

• Anonymous Survey
• English speaking, cognitively intact
• Two Clinic Locations
• Assessed Lifetime MJD Use
• Focus on those who have used since legalization in CO
Methods

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Methods

• Anonymous Survey
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• **Assessed Lifetime MJ Use**
• Focus on those who have used since legalization in CO
# Demographics

## Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>&lt;65</td>
<td>5</td>
</tr>
<tr>
<td>65-69</td>
<td>19</td>
</tr>
<tr>
<td>70-74</td>
<td>79</td>
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<td>75-79</td>
<td>90</td>
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<td>80-84</td>
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<tr>
<td>85-88</td>
<td>47</td>
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<tr>
<td>89+</td>
<td>32</td>
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## Sex

<table>
<thead>
<tr>
<th>Gender</th>
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<tr>
<td>Male</td>
<td>97</td>
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<tr>
<td>Female</td>
<td>165</td>
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## Ethnicity

<table>
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<tbody>
<tr>
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<tr>
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<tr>
<td>Native American</td>
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<tr>
<td>Non-White/Hispanic</td>
<td>14</td>
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<tr>
<td>White/Caucasian</td>
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<tr>
<td>Other</td>
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## Marital Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>179</td>
</tr>
<tr>
<td>Single</td>
<td>16</td>
</tr>
<tr>
<td>Divorced</td>
<td>51</td>
</tr>
<tr>
<td>Widowed</td>
<td>102</td>
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## Education

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<thead>
<tr>
<th>Education</th>
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<tr>
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<td>8</td>
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<td>66</td>
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Survey

Have you ever used marijuana or marijuana products?

☐ No, I have never used marijuana - You have completed your survey. Please return it. Thank you!
☐ Yes, I have used or currently use marijuana

If you answered “yes” to the above:

At what age(s) did you or have you used marijuana (please check all that apply)?

☐ 10-20  ☐ 21-40  ☐ 41-60  ☐ 61-70  ☐ 71-80  ☐ 81-89  ☐ 89+

When did you last use marijuana?

☐ Greater than 3 years ago - You have completed your survey. Please return it. Thank you!
☐ Within the last 3 years
☐ Within the last 6 months
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Current Marijuana Users
Current MJD Users

Individuals who have used marijuana products within the past 3 years (since legalization of recreational marijuana sales in CO)

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
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<tr>
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<td>234</td>
</tr>
<tr>
<td>Yes</td>
<td>113</td>
</tr>
<tr>
<td>Total</td>
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# Surveys at UCH Seniors = 287
Current Users = 53
18.5%

Current MJD Users

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<td>113</td>
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<tr>
<td>Total</td>
<td>347</td>
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</tbody>
</table>

# Surveys at Lone Tree = 62
Current Users = 2
3.2%
Current MJD Users

Individuals who have used marijuana products within the past 3 years (since legalization of recreational marijuana sales in CO)

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<td>113</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>347</strong></td>
</tr>
<tr>
<td><strong>Current Users</strong></td>
<td><strong>55</strong></td>
</tr>
</tbody>
</table>

How did/do you obtain the product *(please check all that apply)*?

- [ ] With a Prescription (Medical Marijuana Card)
- [ ] I obtain the product on my own
- [ ] With help from my Family/Home Health Aid/CNA/Care Taker
- [ ] Through a delivery or courier system
- [ ] Other (specify): ________________________________
Marijuana Acquisition

Recreational | Prescription | Family/Care Taker/Aide | Other
---|---|---|---
30 | 15 | 10 | 5

On average, how often did/do you use?

- Daily
- Weekly
- Monthly
- Yearly or less
Frequency of Marijuana Use

0 2 4 6 8 10 12 14 16 18

Daily Weekly Monthly Yearly N/A

What type of marijuana or marijuana products do/have you used (please check all that apply)?

- Smoking
- Vaporizing
- Edibles
- Patches
- Oils
- Pills
- Lotion
- Sub-lingual Spray
- Dabbing
- Other: ________________________________
### Method of Marijuana Use

<table>
<thead>
<tr>
<th>Method</th>
<th>Count</th>
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<tbody>
<tr>
<td>Edibles</td>
<td>25</td>
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<tr>
<td>Smoking</td>
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<tr>
<td>Lotion</td>
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<tr>
<td>Oil</td>
<td>5</td>
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<tr>
<td>Pills</td>
<td>2</td>
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<tr>
<td>Vaporizing</td>
<td>1</td>
</tr>
<tr>
<td>Spray</td>
<td></td>
</tr>
<tr>
<td>Dabbing</td>
<td></td>
</tr>
</tbody>
</table>

###symptoms and helpfulness

For what symptoms did/do you use marijuana and how helpful did you find it *(Please check all that apply)*?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Extremely Helpful</th>
<th>Somewhat Helpful</th>
<th>Minimally Helpful</th>
<th>Not at all Helpful</th>
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<tbody>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Depression</td>
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<tr>
<td>Insomnia/Sleep</td>
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<tr>
<td>Weight Loss/Appetite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraines/Headaches</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Nausea/Vomiting/Diarrhea</td>
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<tr>
<td>Glaucoma</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dementia/Memory Loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson’s</td>
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<tr>
<td>Seizures/Epilepsy</td>
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<tr>
<td>Post-Traumatic Stress Disorder</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other.</td>
<td></td>
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Targeted Symptoms for Marijuana Use and its Efficacy

- Pain: Helpful 35, Unhelpful 1
- Sleep: Helpful 20, Unhelpful 5
- Anxiety: Helpful 15, Unhelpful 10
- Depression: Helpful 10, Unhelpful 15
- Appetite: Helpful 5, Unhelpful 20
- Memory: Helpful 0, Unhelpful 30
- Migraines: Helpful 0, Unhelpful 40
- GI: Helpful 0, Unhelpful 0
- Glaucoma: Helpful 0, Unhelpful 0
- PD: Helpful 0, Unhelpful 0
- PTSD: Helpful 0, Unhelpful 0
- Seizure: Helpful 0, Unhelpful 0

Have you ever experienced side effects related to marijuana use?

- Yes
- No
- Unsure

If yes, please describe:
Side Effects

“Loss of Balance”

“Dizzy, strange feelings”

“Blurred vision and dry mouth from cookies”

“Anxiety and racing thoughts”

“I couldn’t even read the newspaper”
Side Effects

“About 45 years ago I smoked some and felt that my mind was removed from the present and was a dislocation I did not like. Recent use of lotion - no side effects”
Comparing Demographics Between Users and Non-Users

Sex

OR: 0.991
P-value: 0.984
Comparing Demographics Between Users and Non-Users
Race/Ethnicity

OR: 0.799
P-value: 0.627
### Comparing Demographics Between Users and Non-Users

#### Education

<table>
<thead>
<tr>
<th>Education Level</th>
<th>% Current Users</th>
<th>% Non-users</th>
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<tbody>
<tr>
<td>Less than High School</td>
<td></td>
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**OR: 0.855**

**P-value: 0.664**
Comparing Demographics Between Users and Non-Users

Age

OR: 0.974
P-value: 0.797
Comparing Demographics Between Users and Non-Users

Marital Status

Married Single, Never married Divorced/Separated Widowed Missing

% Current Users % non-users

OR: 1.601
P-value: 0.564
Comparing Demographics Between Users and Non-Users

**Marital Status**

- **Married**
  - Current Users: 50%
  - Non-users: 20%
  - OR: 2.674
  - P-value: 0.038*

- **Single, Never married**
  - Current Users: 10%
  - Non-users: 5%

- **Divorced/Separated**
  - Current Users: 30%
  - Non-users: 20%

- **Widowed**
  - Current Users: 10%
  - Non-users: 5%

- **Missing**
  - Current Users: 5%
  - Non-users: 5%

**Comparing Demographics Between Users and Non-Users**

**Marital Status**

- **Married**
  - Current Users: 60%
  - Non-users: 40%

- **Single, Never married**
  - Current Users: 5%
  - Non-users: 10%

- **Divorced/Separated**
  - Current Users: 20%
  - Non-users: 15%

- **Widowed**
  - Current Users: 15%
  - Non-users: 10%

- **Missing**
  - Current Users: 5%
  - Non-users: 5%

**OR: 1.929**

**P-value: 0.148**
Discussion

• High survey response rate (N= 630; 55.2% response rate)
• Of survey respondents, marijuana use was not uncommon (15.8%)
• Marijuana used for a variety of conditions
  • Pain
  • Insomnia
  • Anxiety
• Most MJD users did not experience side effects or have adverse reactions
• Divorced/Separated patients were significantly more likely to use MJD than married patients, even when correcting for age, sex, and education
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• Divorced/Separated patients were significantly more likely to use MJD than married patients, even when correcting for age, sex, and education
Questions?
University of Colorado Geriatric Fellowship
Walk with a Doc Chapter

Drs Janna Hardland and Emma Bjore
Geriatric Fellows

Background

• Physical activity benefits in the elderly
  • reduces all-cause mortality
  • decreases falls
  • decreases depression
  • slows cognitive decline
• Walk with a Doc (WWAD)
  • International program to encourage physical activity
Purpose

• To create a sustainable community outreach program which educates and encourages the geriatric population outside of the office!
Methods

• Twice monthly sessions at Kavod Senior Life
• Participants recruited from Kavod, University of Colorado Seniors Clinic, Denver VA Geriatrics Clinic, Denver community
• 15 minute geriatric health-related discussion
• 30 minute walk
• Post-walk 8 item survey on personal goal setting, health literacy and level of physical activity, and the World Health Organization (WHO)-5 Well-Being Index

Discussion topics

• Benefits of walking
• Depression
• Sleep
• Fall prevention
• Healthy eating
• Bladder control
• Memory concerns
• Osteoporosis
• Bowel health
• Over the counter medications
• Advanced Care Planning
• Blood pressure
• Aches and pains
• Brown bag pharmacy review
Results

Age of Participants

- <65: 6.8%
- 65-74: 32.2%
- 75-84: 35.6%
- 85+: 25.4%

n=60 surveys

Photography by James Libbon
Average WHO-5 Wellbeing index score by number of walks completed

- **All Participants**
- **1-2 Walks**
- **3+ Walks**

### Walk With a Doc Has Helped Increase Overall Level of Physical Activity

- **Number of Walks Completed**
  - 3+ times
  - 1-2 times

### Walk With a Doc Has Helped With Personal Goal Setting

- **Number of Walks Completed**
  - 3+ times
  - 1-2 times

### Walk With a Doc Has Helped With Personal Health Literacy

- **Number of Walks Completed**
  - 3+ times
  - 1-2 times
Conclusion

• A multidisciplinary approach and emphasis on personal goal setting with the well-established mission of WWAD has received strongly positive results

• This may be an effective program to increase physical activity and well-being in older adults
Walk With a Doc Presents

Walk By Me

You never have friends like the ones when you’re 72

Photography by James Libbon
Are patients with heart failure in skilled nursing facilities receiving standard heart failure disease management?

Andrea Daddato, MS
Arthur Runkle, MPH, Erin C. Leister, MS,
Paula M. Meek, PhD, RN & Rebecca S. Boxer, MD, MS

Andrea.Daddato@ucdenver.edu

Funding

National Institutes of Health –
National Heart, Lung, and Blood Institute
R01 HL 113387
Heart failure in skilled nursing facilities (SNFs)

- HF one of the most common hospital diagnoses requiring SNF care
- 25% of HF patients discharged from hospital to SNF
- HF patients discharged to SNF (compared to those discharged home) at a greater risk for rehospitalization and mortality at 30 days (27% vs. 24%; 14% vs. 4%)
- Predicted 72% increase in individuals 65+ with HF from 2012-2030


SNFConnect study

- Randomized trial
  - Heart Failure Disease Management (HF-DMP) v. Usual Care (UC)

- HF-DMP
  - RN directed care
  - Follows standard HFDM recommendations

- UC
  - Models the HF-DMP
  - Chart abstraction
Heart failure disease management

<table>
<thead>
<tr>
<th>Documentation of ejection fraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight management</td>
</tr>
<tr>
<td>Symptom and activity assessment</td>
</tr>
<tr>
<td>Dietary surveillance</td>
</tr>
<tr>
<td>HF-specific education to the patient/proxy</td>
</tr>
<tr>
<td>Discharge instructions</td>
</tr>
<tr>
<td>Follow-up appointment</td>
</tr>
</tbody>
</table>

Usual care  - SNF descriptions

- 28 SNFs in Denver, CO
  - For-profit status
    - 2 not for profit
  - Chain affiliated

- 25 SNF physicians
### Descriptive statistics

<table>
<thead>
<tr>
<th>Age</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 &lt; 69</td>
<td>46 (18%)</td>
</tr>
<tr>
<td>70 &lt; 89</td>
<td>159 (61%)</td>
</tr>
<tr>
<td>90+</td>
<td>54 (21%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>149 (58%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American</td>
<td>18 (7%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>15 (6%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ejection fraction</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50% (±16)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HF type</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preserved (EF 41+%)</td>
<td>179 (69%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of stay</th>
<th>Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21 days (±13)</td>
</tr>
</tbody>
</table>

### Usual care - Chart abstraction

<table>
<thead>
<tr>
<th>Usual care</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EF available in the SNF</td>
<td>165 (64%)</td>
</tr>
<tr>
<td>Blood pressure daily documentation</td>
<td>208 (84%)</td>
</tr>
<tr>
<td>Daily documentation of weight</td>
<td>35 (14%)</td>
</tr>
<tr>
<td>Daily documentation of at least 1 of 6 symptoms</td>
<td>107 (43%)</td>
</tr>
<tr>
<td><em>Fatigue, paroxysmal nocturnal dyspnea (PND), sob, lower extremity edema, orthopnea, chest discomfort</em></td>
<td>107 (43%)</td>
</tr>
<tr>
<td>Placed on a low sodium diet</td>
<td>30 (12%)</td>
</tr>
<tr>
<td>HF Education</td>
<td>Signs and symptoms</td>
</tr>
<tr>
<td></td>
<td>HF medication</td>
</tr>
<tr>
<td></td>
<td>Weight monitoring</td>
</tr>
<tr>
<td></td>
<td>Low sodium diet</td>
</tr>
<tr>
<td></td>
<td>Physical activity</td>
</tr>
</tbody>
</table>
**Usual care – Chart abstraction continued**  
*\( N = 201 \)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge instructions reviewed</td>
<td>153 (76%)</td>
</tr>
<tr>
<td>Copy of medication list given to patient</td>
<td>150 (75%)</td>
</tr>
<tr>
<td>7-day follow-up appointment scheduled</td>
<td>27 (13%)</td>
</tr>
<tr>
<td>PCP or cardiologist visit within 7 days of SNF discharge attended</td>
<td>77 (38%)</td>
</tr>
</tbody>
</table>

*Does not include patients who were rehospitalized or passed away

---

**Is the type of nursing documentation method a factor in HF symptom management?**
Documenting in nursing notes

1) Daily nursing notes - checklist

<table>
<thead>
<tr>
<th>RESPIRATORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. WNL ✔</td>
</tr>
<tr>
<td>2. Dyspnea ✔</td>
</tr>
<tr>
<td>3. SOB □</td>
</tr>
<tr>
<td>3a. On exertion □</td>
</tr>
<tr>
<td>3b. At rest □</td>
</tr>
<tr>
<td>4. Abnormal lung sounds □</td>
</tr>
<tr>
<td>5. Cough present □</td>
</tr>
</tbody>
</table>

VS

2) Daily nursing notes – free text

03/17/2017
13:29
Pt continues on skilled services for AFIB and CHF. Pt is able to make needs known. Lung sounds are clear, no edema noted this shift. Pt is continent of bowel and bladder. Dressings changed to BLE, scabs intact, no s/s of infection noted. Pt denies any pain or discomfort at this time. Pt eating lunch in dining room at present, all needs met.

03/16/2017
12:30
Pt continues on skilled services for AFIB and CHF. Pt is able to make needs known. Lung sounds are clear, no edema noted. Pt is continent of bowel and bladder. Pt continues on PO ABX for UTI with no s/s of adverse reaction. Pt denies any pain or discomfort. Pt left resting in room with daughter at bedside, call light and items within reach, all needs met at this time.

Daily documentation of HF symptoms by charting method

- Fatigue
- Shortness of breath
- Chest discomfort
- Paroxysmal nocturnal dyspnea
- Orthopnea
- Lower extremity edema

- Checklist
- Free text
Conclusion

• Number of HF patients (65+) expected to increase in the years to come

• Missed opportunity

• Inconsistency

• EMR daily nursing assessments show promise

Special thanks to:

Arthur Runkle, MPH
Erin C. Leister, MS
Paula M. Meek, PhD, RN
Rebecca S. Boxer, MD, MS

Department of Gerontology,
McCormack Graduate School of Policy
and Global Studies
University of Massachusetts Boston
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Andrea.Daddato@ucdenver.edu
Improving the Transition Process for Veterans Hospitalized at Non-VA Medical Centers

A VA-ROSE MEDICAL CENTER TRANSITIONS OF CARE PROJECT

JAMES V. LIBBON, MD; C. MEG AUSTIN, MD; LETA GILL-SCOTT, MSN, CCM, IRNPA, LNC; ROBERT E. BURKE, MD MS

JAMES.LIBBON@UCDENVER.EDU

Disclosures

- University of Colorado
  - Resident in Primary Care Internal Medicine
  - Geriatric Fellow
- Owe a lot of money to the Department of Education
- Not selling or marketing a particular product
Outline

- Objectives:
  - 1.) Discuss the pre-intervention situation
    - The process between RMC and the VA before our Intervention
  - 2.) The Intervention Development and results
  - 3.) Touch on the future

Transitions of Care
Problem

“What we have here is failure to communicate.”

Principles

- Tenets of Transitions of Care
  - High risk Cohort
  - Discharge Planning
  - Medications
  - Timely Communication
- Structured Templets to Communicate Information
- Available same-day Discharge Summary
- Engaging Key Stakeholders
- Follow Up and early Follow Up
The State of Veterans Transitioning

Pre-intervention TOC process between Rose and VA

- Veteran D/C from Rose
- AOD may add addendum to CPRS notifying Veteran D/C
- Veteran calls Apat line for f/u
- Typical: OBM receives D/C instructions only
- OBM provider checks Vista for D/C summary (Typically nothing)
- Makes decisions based on general D/C instructions
- Sends Veteran to Rose to obtain records (rarely received)
- Gets RO

Medical records (Typical)
- Firm nurse gets RO at time of appt
- Firm nurse
- A (2 RNs in closet): Att (box), Resp (generic box), OBM (??)
- B (3 RNs/pos front desk): Att (box), Resp (Diane), OBM (??)
- C (4 RNs/pos front desk): Att (box), OBM (??)
- Records
  - Have name and "Pep"?
  - Yes: Available 5-7 business days
  - No: Attempts to get information
  - Release?
  - Shredded

The Intervention

- Looked at what worked
- Other hospitals in similar situations
  - Close proximity
  - Separate systems
  - Developed intervention that worked
- Engaged key stakeholders
Met with Case Managers at RMC

- Ensured they were able to determine when Veterans were being admitted
  - Payor source
- Developed a process map for case managers to follow
The Intervention

- Met with Firms A, B & C
- Developed a plan
  - Staff enthusiastic
  - Allowed them to act quickly on urgent items
    - Prescription authorizations
    - Referrals
    - Home Health
Methods

- Tracking Data
  - Gathered Veterans hospitalized at Rose
    - Case managers collected data
    - Stored in Excel spreadsheet behind VA firewall
    - Chart Review in CPRS
  - Monitored Data Points
    - TOC documents arrived at clinic prior to appointment
    - Veteran attended follow up appointment
    - Discharge Diagnosis
    - Duration of stay
    - 30 day ED visit/hospitalization

- Eligible
  - Veteran or other VA benefit recipient who gets care at Firm A, B or C
  - Unassigned Veterans
  - Hospitalized at Rose Medical Center Medicine/Surgical Service

- Ineligible
  - Only evaluated in ED
  - PCP not in Firm A, B or C (Aurora, Golden)
  - Veteran who gets services through HBPC
  - Discharged to SNF or LTC after hospitalization
  - Transferred prior to discharge
  - Expired during hospitalization
Methods

- Veterans
  - Pre-Intervention Period – July 2014 thru December 2014: #24
  - Intervention Development Period – January 2015 thru June 2015: #39
  - Intervention Period – July 2015 thru December 2015: #41

- Outcomes:
  - Primary: TOC documents arrive prior to Veteran’s follow up appointment
  - Secondary: Veteran attends follow up appointment
  - looked into re-admission/ED visit within 1 month

- VHA research and development committee and well as Colorado Multiple IRB
  - was deemed quality improvement
  - Protocol Number: 15-1107

PDSA Cycles

1.) RN and PCP associated with patient/follow up clinic would process documents received.
2.) Firm A, resident only clinic
3.) VA Scheduling Directive
Methods

Gathered data on Veterans for previous 6 months

PDSA cycle #1: Intervention Development and VA process to receive TOC Documents.

Soft start

Intervention in full effect

PDSA cycle #2: Integrating Primary Care Clinic (resident only clinic) into the process.

PDSA cycle #3: Overcoming VA Scheduling Directive and Final evaluation

Results

Shift above the overall median during full intervention period

Transitions of Care Documents Received Prior to Appointment %

TOC docs PTA %
1st Tertian Median
2nd Tertian Median
3rd Tertian Median
Overall Median

Pre-Intervention
Initiation of Intervention
Intervention in full effect
Results

Percentage of Veterans who attended follow up appointment

<table>
<thead>
<tr>
<th></th>
<th>July-Dec 2014</th>
<th>Jan-June 2015</th>
<th>July-Dec 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 of 24</td>
<td>21 of 39</td>
<td>29 of 41</td>
<td></td>
</tr>
<tr>
<td>25%</td>
<td>53.8%</td>
<td>70.7%</td>
<td></td>
</tr>
</tbody>
</table>

Not powered to test significant difference in 30 re-admission/ED visit

No trend towards harm in analysis of the data

Subjective

VA

Dan, RN, Firm A, “It was great, seemed to work really well.”

Dr. McBryde, Attending Firm C, “It was nice having the paperwork ahead of time.”

Dr. Knudsen, Attending Firm B, “It was perfect, we had everything there, the discharge summary, the medication list, the appointment was set up.”
The Future

- Expanding to other VA clinics
- Expanding to include other clinics
- Expanding to include other hospitals
- Using the Intervention SAR → Home

Summary

- About TOC
  - Great improvement in endpoints
  - Really needs to be addressed at multiple levels and multiple points
  - Patient education and empowerment is an important part of the process
  - Communication is key
  - Sustainability

- About The project
  - To our knowledge, first inter-facility project
  - Required a lot of coordination
Questions

???

“Please Applaud”
References


