Department of Veterans Affairs

GERIATRIC RESEARCH, EDUCATION AND CLINICAL CENTER

Annual Report: Fiscal Year 2008

Part II: Accomplishments

NOTE: The **GRECC Annual Report** reflects status and accomplishments of **GRECC Core Staff** * (as defined below) only. The **"Report Year"** is from October 1, 2007 through September 30, 2008.

You are welcome to use this report format for your own internal reporting purposes, in which case you may exceed the recommended limits of numbers of responses and their length ("list no more than…" "Describe the three most important…" "limit your response to five lines or fewer")

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Please limit **to ten pages or fewer** the version **SUBMITTED TO VACO.**

***GRECC Core Staff** is limited to either **Primary Core**, **Affiliated Core**, or **Research Core**:

- **Primary Core =** positions authorized by the original GRECC allocation plus any addition in ceiling from VA Central Office specifically designated for GRECC.

- **Affiliated Core** = Staff who work full- or part-time in direct support of the GRECC's research, education or clinical activity.
    - May be either "contributed" by the VA Medical Center or
    - May have been acquired through centralized enhancements/awards for programs (e.g., Home-Based Primary Care, Geriatric Evaluation and Management Program, etc.)
    - To be considered Affiliated Core, staff must be organizationally aligned under the GRECC or specifically identified by the Medical Center as **"GRECC-affiliated staff."**

- **Research Core** = Full-or part-time staff who devote 51% or more of their total time to GRECC research and whose salaries are supported by research funds (either VA or non-VA). Includes all GRECC staff whose salaries are paid from research funds, e.g.:
    - Associate Investigator
    - Assistant Research Scientist
    - Senior Research Career Scientist
    - Research Career Scientist
    - Advanced Research Career Scientist.

***IMPORTANT:* Throughout this report, please AVOID/MINIMIZE JARGON. Each response is much more likely to be included in secondary communications derived from the Annual Reports if it can be readily understood by a non-technical readership.**

1. GRECC NAME/LOCATION

a. **GRECC Name:** SLC GRECC
b. **Location** *(facility, VISN)*: VA SLCHCS, George E. Wahlen VA Medical Center, VISN 19

2. CONTACT PERSON

a. **Name:** Charlene R. Weir, Ph.D., RN
b. **Position:** Associate Director Education and Evaluation, GRECC
c. **Phone, e-mail:** 801-582-1565, ext 5114; Charlene.weir@va.gov

Reviewed: 4/13/2009

3. GRECC FOCUS AREA(S)

NOTE: *Please succinctly list your GRECC's Focus Area(s), one per line below. After each focus area listed, please indicate with a check mark (**P**) which of the research type(s) suitably describes the work conducted (including planning, implementation, analysis, and dissemination/publication) within that focus during the Report Year. Add additional lines by positioning your cursor at lower right side of the table and striking the "Tab" key.*

GRECC Focus Area	Research Type			
	Basic Biomedical	Applied Clinical	Health Services	Rehabilitation
Altered inflammatory status in peripheral tissues and in the brain	✓			
Emphasis on interactions among cholinergic systems, inflammatory cytokine systems and anti-inflammatory modalities	✓			
Patient-oriented studies to determine neuro-humoral and genetic characteristics of geriatric hypertension and contributors to vascular stiffness	✓	✓		
Testing interventions to improve outcomes		✓	✓	
Acquiring new knowledge about care and disease processes		✓	✓	
Medical informatics and computerized clinical systems with respect to decision support tools and collection of data for surveillance, analysis, and program evaluation			✓	
Effects of aging and exercise on vascular blood flow regulation.		✓		✓
Identifying risk factors to patients safety and designing interventions to prevent and minimize patient harm.			✓	
Testing structural and process interventions to improve patient outcomes.			✓	

4. ADMINISTRATION

a. **GRECC Impact on Host VAMC in Report Year***: list **the most important ways** in which the GRECC has had specific impact on **host VAMC's** research, staff education, program evaluation, or clinical care improvements for elderly veterans (i.e., how the GRECC has "made a difference" in these areas within the entire host VAMC) during the Report Year.* ***Please limit your response to 5 or fewer "ways"; and please limit your description of each of the five "ways" to five lines or fewer.***

- ***MOVE!* Program**: The GRECC has been involved in evaluating the *MOVE!* Obesity and Exercise Program at VASLCHCS. The ADEE for GRECC continues to provide ongoing evaluation activities and provides needed information to support program enhancements. In addition, the ADEE for GRECC serves as a local PI for an HSR&D study currently being conducted in SLC.
- **Falls Prevention Program:** The ADEE for GRECC participates regularly in the local VAMC Falls Committee, a patient safety program charged with evaluating the incidence and causes of falls every quarter. She leads the evaluation activities of the committee, and assists in analyzing data to be reported to both Medical Center and VISN leadership. In addition, she assists in the design and implementation of educational programs targeted at nursing and physician staff.
- **QI Hypertension project in SLC Primary Care**. GRECC staff GRECC investigators provided expert consultation for quality improvement and evaluation to faculty in the General Internal Medicine Section regarding the management of blood pressure for primary care patients. Improvements were presented as two separate abstracts and the Annual Research Meeting of the Society for General Internal Medicine this year.
- **Minimizing Risk and Maintaining Resilience in a Cognitive Impaired Adult Conference**. This conference was designed to meet the needs of nursing, social work and other staff at the SLCHCS. Over 60 attended of

which 31 were from the local VA.

- **Nursing Care for Patients with Delirium**: This power-point program is a core component of the SLCHCS mandatory requirements for nursing staff in the acute care setting. It is accessible through the learning management system and attendance and evaluations are recorded. In FY08, 451 nurses completed the program.

b. **GRECC Impact on VISN in the Report Year:** *list **the most important ways** in which the GRECC has had specific impact on the **host VISN's** research, staff education, program evaluation, or clinical care improvements for elderly veterans (i.e., how the GRECC has "made a difference" in these areas within the entire host VISN) during the rating period.* ***Please limit your response to 5 or fewer "ways"; and please limit your description of each of the five "ways" to five lines or fewer.***

- **VISN Education Committee**: The SLC GRECC actively participates in the VISN 19 Education Committee. This committee establishes priorities for education initiatives within VISN 19, identifies educational implications of the VISN strategic plan and provides feedback to VISN leadership regarding educational issues. GRECC participates in geriatric educational needs assessments and advises on geriatric related educational programs.
- **Rocky Mountain Geriatric Conference**: The 6th Annual Rocky Mountain Geriatric Conference was held September 3rd-6th in Salt Lake City, UT. It was advertised widely throughout VISN 19. One hundred and three attended, and 87 were physicians, nurses, psychologists and social workers attended. Over half (n=46) of the attendees were from the VA. Evaluations were very positive.
- **AGE QI (AGE Quality Improvement)**: The Division of Geriatrics and the SLC GRECC collaborated on an educational intervention funded by D.W. Reynolds Foundation to improve geriatric care in the community setting. Primary care clinics from VISN 19, are being targeted for a six-month intervention that starts with a 2-hour educational session, followed by a 1-hour quality improvement seminar and 5 months of weekly support. To date, 40 CBOC staff, including 14 providers and 26 staff members have participated.
- **CME Activities:** An important aspect of the AGE QI program is the ability to provide CME credit for providers who complete the QI project. Combined with the Rocky Mountain conference, 62 VA providers external to the SLC catchment area participated in GRECC-sponsored geriatric education activities that provided a total of 665 hours of Category 1 CME credit to these individuals.

c. **GRECC Trend-Setting Innovations since October 1, 2003**: *list **the most significant** GRECC research, education or clinical innovations in the past five years. For each item, provide date or date range, GRECC core staff responsible, and a description.* ***Please limit your response to 5 or fewer innovations; and please limit each of the five innovation descriptions to five lines or fewer.***

- **Geriatric Grand Rounds – live video streaming (Supiano)**: The GRECC and the Division of the Geriatrics present monthly grand rounds that is broadcast live via web-streaming for CME credit. The series is video recorded and stored on a web-accessible archive at Eccles Medical Library and can be viewed or downloaded at a later date. http://medicine.utah.edu/internalmedicine/geriatrics/Seminars_Conferences/grandrounds.htm. In addition, the video is then edited and produced for placement in the VISN 19 Content Distribution Network for viewing by all VISN 19 employees.
- **Anti-oxidants negated positive effects of exercise (Richardson)**: Dr. Richardson's lab found that whereas six weeks of exercise training reduced systolic and diastolic blood pressure, and improved vascular function after

training antioxidants negated these exercise-induced improvements, returning subjects to a hypertensive state and blunting improvements in vascular function.

- **Veterans Informatics Computing Infrastructure (VINCI) (Nebeker):** GRECC staff participated in the creation of a site specific integrated suite of databases to support research in electronic text across the VA. This site is unique and will create a centralized, high-performance-computing environment that allows faster and more secure data processing and facilitates auditing of compliance in accordance with new VA policies concerning data security and use.

- **CME program for Quality Improvement in AGE QI Program (Supiano).** The GRECC has collaborated with the University of Utah Division of Geriatrics with the support of a D.W. Reynolds Grant to create a comprehensive program to enhance geriatric care in the primary care setting using quality improvement strategies. The GRECC and the Division of Geriatrics have worked with University of Utah CME office to provide the first program in the nation that provides CME for a quality improvement activity. The program is divided into three parts and offers a total of 20 CME for a combined set of activities that included instruction, a QI project and selected readings.

- **Dementia Treatment Tracking Clinic (Bair):** This clinic was implemented last year and is primarily led by PharmD's with experience in drug utilization review. Eligible patients are identified by reviewing VISTA data of dementia medication usage and dementia related diagnoses. These patients were scheduled into clinic, where they had a thorough review of their diagnostic history and medication usage. The Dementia Tracking Sheet, developed, by Dr. Byron Bair, was used to communicate, refine, and measure progress toward treatment goals. When appropriate, this tool was used during supervised trials of drug withdrawal. A template developed specifically in CPRS was used to communicate results of the visit across the multi-disciplinary provider team. This demonstration is supported by VISN funding via a GRECC / VISN memorandum of understanding.

5. RESEARCH

a. ***Key Findings Published in the Report Year on projects for which GRECC Core Staff was PI or Co-PI:***
*list **five or fewer;** for each item provide GRECC Core Staff name(s), journal reference, and description of topic/ method/results/clinical significance. Please limit each response to 5 lines or fewer.*

1. **Key Finding**: We found a clear age-related hypersensitivity to angiotensin II in the leg at rest, with the infusion of angiotensin II (Ang II) (a potent endogenous vasoconstrictor) and the assessment of skeletal muscle blood flow. This hypersensitivity may contribute to the diminished blood flow in this condition with age. However, during exercise there was no longer a clear age-related difference and little response to the Ang II infusion, revealing that the elevation in Ang II type I receptor sensitivity does not contribute to the blunted exercise hyperemia in older people.

   GRECC Core Staff: Richardson, RS (PI)
   Publications: Wray DW, SK Nishiyama, RA Harris, and RS Richardson (2008) Angiotensin II in the elderly: Impact of angiotensin II type 1 receptor sensitivity on peripheral hemodynamics Hypertension 51: 1611-17.

2. **Key Finding:** Aging is associated with alterations in the production of mediators that regulate inflammation. One of the mediators of inflammation that is dysregulated with aging is tumor necrosis factor (TNF). Our research demonstrates that TNF is capable of modulating the expression of a neurotransmitter receptor that is involved in memory, the neuronal nicotinic acetylcholine receptor (nAChR). Our studies describe the cellular mechanism(s) induced by TNF that affect the expression of nAChR. This research furthers our understanding of the immunobiology of aging and how control of the inflammatory system can impact on how well the brain functions.

   GRECC Core Staff: Gahring, LC (PI); Rogers, SW (Co-PI)
   Publications: Gahring, L.C., A. Osborne-Hereford, G. Vasquez & S.W. Rogers. 2008. TNFalpha enhances nicotinic receptor up-regulation via a p38MAPK-dependent pathway. J. Biol. Chem. 283:693-9.

3. **Key Finding:** Monoclonal antibodies that are designed to modulate the immune response are emerging as potential new therapies for autoimmune diseases such as Multiple Sclerosis (MS). In this publication we compared the potential mechanisms, reported relative efficacies, potential limitations and reported side effects of monoclonal antibody therapies currently in development for treating MS. Monoclonal antibody-based immunomodulatory therapies can be quite effective in treating MS and may also be useful for treating other autoimmune diseases and aging-associated autoimmunity.

   GRECC Core Staff: Carlson, N (Co-PI)
   Publications: J.W. Rose, J. Foley and N.G. Carlson. 2008. Monoclonal Antibodies for Treatment of Multiple Sclerosis" Current Neurology and Neuroscience Reports 8(5): 419-426.

4. **Key Finding**: The interaction between exercise training, oxidative stress, arterial blood pressure, and vascular function in older people is not well understood. In the naive state acute antioxidants had not effect, whereas six weeks of exercise training reduced systolic and diastolic blood pressure, and improved vascular function. Paradoxically, after training antioxidants negated these exercise-induced improvements, returning subjects to a hypertensive state and blunting improvements in vascular function.

   GRECC Core Staff: Richardson, RS (P.I.)
   Publications: Wray DW, A Uberoi, L Lawrenson, DM Bailey, and RS Richardson (2008) Oral antioxidants and cardiovascular health in the exercise trained and untrained elderly: a radically different outcome Clinical Science 51: (in press).

b. Key Findings Published in the Report Year on work in which GRECC Core Staff served as Co-Investigators to a Non-GRECC PI: *list* ***five or fewer****; for each item provide GRECC Core Staff name(s), journal reference, and description of topic/method/results/clinical significance. Please limit each response to 5 lines or fewer.*

1. **Key Finding**: Adverse Drug Event surveillance of hospital administration data is an attractive source for surveillance of Adverse Drug Events. However, limiting surveillance to expert-generated rules that rely on the presence of International Classification of Diseases, 9th Clinical Modification (ICD-9-CM) codes have limited accuracy. This study demonstrated the accuracy and efficacy of a *hierarchically optimal classification tree analysis*, especially for bleeding/anticoagulation and delirium/psychosis.

   GRECC Core Staff: Rupper, R.
   Publication: Nebeker, JR, Yarnold, PR, Soltysik, RC, Sauer, BC, Sims, SA, Samore, MH, **Rupper**, RW, Swanson, KM, Savitz, LA, Shinogle, J, Xu, W (2007). Developing indicators of inpatient adverse drug events through nonlinear analysis using administrative data. Med Care. 45(10 Supl 2): S81-8.

2. **Key Finding:** Adoption of strict computerized protocols to support and guide clinical decision-making is a key component of improving the quality of care for older adults. This study reports the results of the development of an adoption model that identifies 4 key factors to provider's adoption of a protocol. These include: 1) efficacy in using the system; 2) role clarity and control in usage; 3) confidence in the accuracy of the information; and 4) social pressure.

   GRECC Core Staff: Weir, C.
   Publication: Phansalkar, S, Weir, CR, Morris, A, Warner, H. (March, 2008). Clinicians' perceptions about use of computerized protocols: A multi-center study. International Journal of Medical Informatics. Volume 77, Issue 3, Pages 184-193

3. **Key Finding:** An administrative intervention designed as a quality improvement project targeted to decrease the prescription rates of five potentially inappropriate medications for older patients that employed a CPRS reminder, provider education, and reinforcement by the Chief of Staff was found to be effective in reducing the rates of prescription for these medications.

   GRECC Core Staff: Supiano, M.
   Publication: Zillich AJ, Shay K, Hyduke B, Emmendorfer TR, Mellow AM, Counsell SR, **Supiano MA**,

Woodbridge P, Reeves P. (2008). Quality improvement toward decreasing high-risk medications for older veteran outpatients. *J Am Geriatr Soc*, *56*(7), 1299-305.

6. EDUCATION

NOTE: DO NOT *list trainee and conference data --those data are reported in the GRECC Electronic Database.*
NOTE: *You may list educational activities here even if they were supported by funds that qualified for inclusion in the ePROMISE (RDIS) database if you wish.*

a. ***Innovations in Educational Activities Implemented during the Report Year*** *(list five or fewer. Please limit each item to 5 lines or fewer and include clarification of how each activity is innovative.)*

1. **Conference "Minimizing Risk and Maintaining Resilience in the Cognitively Impaired Older Adult"**; This conference, organized and developed by GRECC staff, focused on the quality of life of older adults with cognitive impairments. Sixty-one attended, 31 from the local VA. All ratings from the initial evaluation of how the program compared with others and whether it met the overall objectives were both in the excellent or good category. Ratings of individual presenters were also consistently high with 90% respondents rating speakers as either excellent or good. Follow-up evaluation consisted of e-mails given to participants asking if they found the program useful, examples of how it might have impacted their work (4 questions on a 1 to 5 Likert scale) and requested suggestions for improvement.

2. **Rocky Mountain Geriatric Conference**: The 6th Annual Rocky Mountain Geriatric Conference was held September 3rd-6th in Salt Lake City, UT. It was advertised widely throughout VISN 19. One hundred and three attended including 87 physicians, nurses, psychologists and social workers attended. One half (n=46) of the attendees were from the VA. Initial evaluations were very positive. Follow-up evaluation is ongoing and consists of an e-mail sent to participants, asking them if they have found the information to be applicable to their work (3 questions on a 1 to 5 Likert scale) and open-ended comments about the program overall. Results are pending for the follow-up post evaluation.

3. **Geriatric Grand Rounds**: The GRECC and the Division of the Geriatrics conduct monthly grand rounds that is broadcast live for CME credit. The series is also video-recorded and stored on a web-accessible archive at the Eccles Medical Library so that any of the series can be viewed or downloaded at a later date. The web link is: http://medicine.utah.edu/internalmedicine/geriatrics/Seminars_Conferences/grandrounds.htm. In addition, the video is then edited and produced for placement in the VISN 19 Content Distribution Network (CDN) for viewing by all VISN 19 employees. Six programs were uploaded to CDN. We are not able to track attendance on the live web nor usage of the CDN.

4. **Educational Needs Assessment for Geriatrics:** A VISN-wide needs assessment was conducted across three disciplines (social work, nursing and outpatient medicine) regarding educational needs in the field of geriatrics. The process was 2-staged, consisting first of 23 interviews across the roles of nursing, physicians and social work. These interviews were transcribed and analyzed qualitatively. A questionnaire was constructed based on the results of the first stage. The survey was sent to all clinicians in the above categories in VISN 19 and currently we have about a 40% response rate. Initial descriptive results indicated that respondents were *highly interested* in almost all areas, with the highest ranking being behavioral issues, cognitive impairment, caregiver stress, and community services.

5. **AGE QI (AGE Quality Improvement)**: The Division of Geriatrics and the SLC GRECC collaborated on an educational intervention funded by DW Reynolds to improve geriatric care in the community setting. Primary care clinics from VISN 19, as well as the University of Utah and the Intermountain Health Care are being targeted for a six-month intervention that starts with a 2-hour educational session, followed by a 1-hour quality improvement seminar and 5 months weekly support. To date, 40 CBOC staff, including 14 providers and 26 staff members from St. George, Ogden, Orem and Pocatello have participated. Those providers who have completed the program (St. George) have received 20 CME credits. Ogden, Orem and Pocatello are continuing in the program.

Exportable Educational Products First Available for Distribution in Report Year *List five or fewer of the most*

important products. For each item, limit the response to five lines summarizing content, target audience, format, and product evaluation plan and results. ***Include educational products developed in previous years ONLY if this is the first year they have been available for distribution.***

1. **Attitudes toward Geriatrics as a Career:** A new instrument based on the Theory of Planned Behavior and Intrinsic Motivation theories was created as part of the Reynolds grant. The instrument consists of 14 items designed to assess intentions, normative, self-efficacy, control and outcome beliefs regarding choosing a career in geriatrics. This instrument is available for exportation.

2. **Educational Needs Assessment for Geriatrics:** The VISN-wide needs assessment questionnaire was constructed by the GRECC based on the literature and qualitative work and is available for exportation.

3. **Development and Distribution of CDN of Geriatric Grand Rounds for VISN 19**: The GRECC has edited and produced selected Geriatric Grand Rounds for placement in the VISN 19 Content Distribution Network for viewing by all VISN 19 employees. Overall, we have produced and disseminated 6 programs to the VISN 19 library.

c. **Educational programs offered by your GRECC during the report year that were evaluated for impact both immediately and at a later time, as described in "FY08Instructions" for Performance Measure 7.** *Describe at least **TWO**, each of which had at least 25 participants: one in which the majority of participants was from your GRECC's host facility; and one in which the majority of participants were from VAs other than your GRECC's host facility. For each, describe the educational intervention briefly and then the evaluations, including in your description of the latter the evaluation methodologies, findings, and conclusions. If the second evaluation has not yet occurred during the report year, describe your plans for it. Limit your description of each intervention and its evaluation to one-half page.*

1. **Conference "Minimizing Risk and Maintaining Resilience in the Cognitively Impaired Older Adult"**; This conference, organized and developed by GRECC staff, focused on the quality of life of older adults with cognitive impairments. Sixty-one attended, 31 from the local VA and none from another VA. All ratings from the initial evaluation of how the program compared with others and whether it met the overall objectives were both in the excellent or good category. Ratings of individual presenters were also consistently high with 90% respondents rating speakers as either excellent or good. Follow-up evaluation consisted of an online survey given to participants asking if they found the program useful, if it have impacted their work (4 questions on a 1 to 5 Likert scale) and requested suggestions for improvement. The means on all questions 4 or greater.

2. **Rocky Mountain Geriatric Conference**: The 6th Annual Rocky Mountain Geriatric Conference was held September 3rd-6th in Salt Lake City, UT. Out of 103 participants, 22 were from VAs other than the host facility and 16 were from SLC. Follow-up evaluation assessments were sent out using an online survey tool in November and we are continuing to get responses that we will summarize in the next annual report.

7. CLINICAL DEMONSTRATION PROJECTS

NOTE: *A clinical demonstration program is defined as:*

- *an ongoing, clinical, cooperative collaboration between the GRECC and host VA medical center;*
- *that carries out and evaluates assessment strategies, management approaches and/or specialized investigations*
- *of a targeted or focused group of elderly patients*
- *with the intention that findings will be disseminated for the advancement of the field.*

A clinical demonstration program is comprised of one or more clinical demonstration projects, each of which is defined as:

- *a set of one or more clinical activities*
- *integrated and coordinated under a specified protocol*
- *designed to permit evaluation(s) of processes and/or outcomes.*

Evaluation of a clinical demonstration program may be a comprehensive assessment of the activity and/or the

clinical outcomes. Alternatively, evaluation may concentrate on a prioritized and feasible set of more focused or specific, project-related questions, e.g. related to improved diagnosis, quality of care, patient satisfaction, drug compliance, functional status, etc. Ongoing and subsequent modifications of the care model may also be evaluated as may be the practicability and outcomes of exporting new clinical models or variations of models to general care settings and/or smaller, more resource-limited VA medical centers or outpatient facilities.

a. **Clinical Demonstration Projects Underway in Report Year***: list **all** GRECC Clinical Demonstration Projects underway. For each item, indicate whether New or Ongoing in Report Year. You may include up to five lines of descriptive text for each Project.*

NOTE: The number of Projects listed should be equal to the number of Clinical Demonstration Projects you have listed and named in the GRECC Electronic Database.

1. **Poly-pharmacy Telemedicine (O)**: We have continued quality improvement of our telemedicine care-management support module adapted to veterans with complex care needs rather than single disease entities. While we continue to identify potential participants using by reviewing veterans with previously high resource utilization, we are also receiving more provider-initiated referrals as familiarity and acceptance of the program becomes more widespread.

2. **Dementia Treatment Tracking Clinic (O):** This clinic was implemented last year, primarily led by PharmD's with experience in drug utilization review. We identified eligible patients by reviewing VISTA data of dementia medication usage and dementia related diagnoses. These patients were scheduled into clinic, where they had a thorough review of their diagnostic history and medication usage. The Dementia Tracking Sheet, developed, by Dr. Byron Bair at our GRECC, was used to communicate, refine, and measure progress toward treatment goals. When appropriate, this tool was used during supervised trials of drug withdrawal. A template developed specifically in CPRS was used to communicate results of the visit across the multi-disciplinary provider team. This demonstration is supported by VISN funding via a GRECC / VISN memorandum of understanding.

b. **Evaluation of Clinical Demonstration Projects:** *for each GRECC Clinical Demonstration Project listed in 7a above, summarize the evaluation activity. If no evaluation results are available, be explicit as to the focus of the planned evaluation, and when it is anticipated to occur. If the project has been completed during the Report Year, provide key findings and their significance.*

NOTE: Do not list patient service use data here. Those data are reported in the GRECC Electronic Database.

1. **Poly-pharmacy Telemedicine (QI):** This is being evaluated as a quality improvement project. We maintained an average enrollment of 65 veterans per month in the program. Veterans enrolled in the program interacted with a care-manager an average of five times per week. Overall satisfaction with the program remained high, at 86%. Reported medication adherence for program participants was 97%. Participation in the program led to a relative reduction of 56% in the number of bed days of care.

2. **Dementia Treatment Tracking Clinic:** We have identified 1054 veterans who are eligible for the demonstration project based on dual use of memantine and an anti-cholinesterase inhibitor. Evaluation data is presented for the initial 100 veterans who attended the clinic. Initial patients have had either one or two visits. The anti-dementia medication discontinuation rate for these patients is currently 21%. The continuous evaluation results have contributed to modifications of the program that will be implemented in a revised clinical demonstration project for FY09.

c. **New Clinical Models developed at your GRECC that were exported in the Report Year** *(list up to five examples, up to two lines each; provide name of new clinical model, name of VA or non-VA facility to which it was exported, and method of export, such as "Falls Clinic protocol sent to X VAMC"):*

1. The CPRS clinical template for tracking the use of anti-dementia medication treatment and withdrawal in multi-disciplinary settings was exported across the VISN for adaptation and use at VISN 19 sites.

8. COLLABORATION ACTIVITY

***NOTE**: Increasingly, VACO is seeking to characterize the GRECCs as not only isolated programs of excellence, but also, as a group, a potent and effective system for investigating issues, demonstrating efficacy, and implementing change. In order to assist the GEC office in building a resource set of examples of GRECCs working in complementary manners to advance their own goals and those of the Department, you asked to provide up to five (5) examples of collaborative activities you have underway with one or more GRECCs other than your own. If possible, please try to include at least one Clinical Demonstration, one Education, and one Research example. Be sure to specify the GRECC or GRECCs with whom you are collaborating; and a description, limited to 6 or fewer lines, of the collaborative activity.*

1. **Tampa GRECC Conference**: The Associate Director for Education and Evaluation presented at the Tampa GRECC sponsored pre-conference at the 2008 Pre-conference of the International Conference on Aging, Disability and Independence February 20, 2008. Her talk was entitled: "The VA MOVE program and the Aging Adult: Is it a good fit."

2. **Delirium MIND ICU Research Project**: Dr. Wes Ely from Nashville GRECC has received funding from VA Research on a grant studying delirium in ICU. SLC GRECC staff is participating in the research project and data collection. Dr. Ely visited the SLC GRECC in April and presented at a GRECC sponsored Grand Rounds.

3. **HSR&D Proposal**. Dr. Weir submitted a proposal to HSR&D in June 2008 as the PI and Dr. Ken Boockvar from the Bronx GRECC as the Co-PI entitled "Assessing the impact of a communication tool on clinical practice" which focused on enhancing communication regarding medication management in acute care VA settings. A revision will be submitted in June.

4. **GRECC Fellowship Curriculum Development**. Dr. Jonathan Nebeker has been collaborating with the Palo Alto GRECC in developing and disseminating curriculum for the VA Geriatric Fellows. This collaboration involved weekly calls, exchange of information and materials and participation by the fellows themselves.