



The Duke University Center for the Study of Aging and Human Development and the Claude D. Pepper Older Americans Independence Center present



the Center Report

HOPE Reduces Readmission Rates



Heidi White, MD

By Heidi White, MD

HOPE (Health Optimization for Elders) is an inter-professional clinical demonstration program involving:

- Duke University Hospital System (DUHS)

- Division of Geriatrics
- Duke University School of Nursing
- Skilled Nursing Facilities (SNF)

Purpose: to improve care transitions and reduce unnecessary readmissions of older adults discharged from the Duke Hospital to SNF. The Duke Hospital had the highest 30 day-readmission rate from SNFs (16.7%, 2012) of the three hospitals within the DUHS.

The project began with identifying factors contributing to this rate of readmission and sharing this information with clinical stakeholders and SNF partners. As a result, we developed a process which involves:

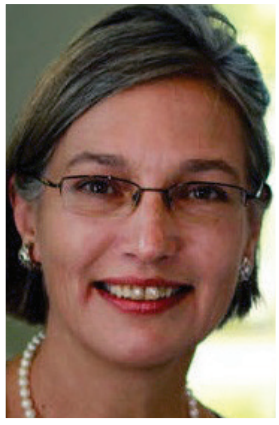
- SNF/DUHS quarterly meetings
- Identification of high risk elders through case reviews
- Quality improvement initiatives
- Geriatric consultations

- Telephone conversations between hospital and SNF providers at the time of discharge and within 72 hours after discharge

Results: HOPE has seen a slightly lower 30-day readmission rate and a significantly lower 10-day readmission rate than General Medicine overall. None of HOPE's readmissions have been for a diagnosis related to a patient's index admission. A new and consistent process for better communication between inpatient medicine and the SNF staff is now in place. A nurse practitioner has been hired through a Geriatrics Division and Duke University Hospital partnership in order to expand the pilot into a fully functional hospital supported program. ■



FEATURED RESEARCHER: Eleanor (Ellie) McConnell, PhD, RN, GCNS-BC



Eleanor (Ellie) McConnell

As an undergraduate nursing student at Duke, I vividly recall preparing for “*the dreaded nursing home rotation*,” an experience that was widely heralded as involving a LOT of hard work with little reward – the antithesis of the high-tech Duke we all embraced. Our preparation was a combination of “handoffs” from other nursing students regarding the idiosyncrasies of the residents in our care, and, pivotally, a guest lecture from Dr. Virginia Stone about age-related changes in the sensory system and how we could use that knowledge to improve our ability to communicate with these vulnerable older adults. Our predictions about the effort required by the rotation were well-founded; however, no one could have predicted the tremendous impact of that experience

on my clinical and research career. For a young health professional-in-training, the nursing home held a treasure trove of lessons about complex chronic illness, family dynamics, and health care policy, and showcased the vital influence of nursing practice on outcomes of care for frail older adults. A student-led elective on successful aging, to which Dr. George Maddox contributed, and a community health rotation in the United Kingdom exposed me to important alternative models of care for frail elders that opened up the possibility of a career in geriatrics where I could make a difference.

After holding a series of clinical positions in both residential long-term care and geriatric community mental health, I joined the faculty of the fledgling Program on Aging at University of North Carolina at Chapel Hill (UNC-CH). There I learned the power of interdisciplinary team collaboration with medicine, social work, and rehabilitation professionals, who worked together to infuse geriatrics content into health professions curricula, provide clinical consultations in primary care, and engage with community partners to provide alternatives to nursing home care – work that I pursue to this day as co-leader of Duke’s newly funded Geriatric Workforce Enhancement Project (GWEP). I launched my research career with Drs. Virginia Neelon and Mary Champagne, as we led the first

NIH-funded study at UNC-CH School of Nursing, focused on describing the natural history of acute confusion (delirium) in hospitalized elders. The NEECHAM scale, one of the first clinical measures of delirium was developed during this study, along with additional important insights such as the vulnerability of delirious patients to under-nutrition while hospitalized. Under the mentorship of Dr. Carol Clarke Hogue, I completed my PhD in nursing, examining the combined effects of cognitive and physical impairment on disability among nursing homes residents with dementia. During this time, I returned to the “Duke orbit” by accepting a position with Dr. Stephanie Studenski, as a Clinical Nurse Specialist

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**SLOGAN FOR THE DAY:
Grow old with me. The best is yet to be.
(Robert Browning)**

EDITORIAL* Meals on Wheels Work



Meals on Wheels America recently published findings from a research study it commissioned from Brown University. The study involved more than 600 senior participants and compared the experience and health outcomes realized by the older adults who received three different levels of service: daily traditional meal delivery, once weekly frozen delivery, and a control group of those on a waiting list for meals.

Those who received the daily-delivered meals experienced the greatest improvements in health and quality of life indicators compared to the other two groups. The daily-delivered meals group reported greater benefits from their meals delivery than those receiving frozen meals once a week, and they reported less worry about being able to remain at home, as well as less feelings of isolation and loneliness.

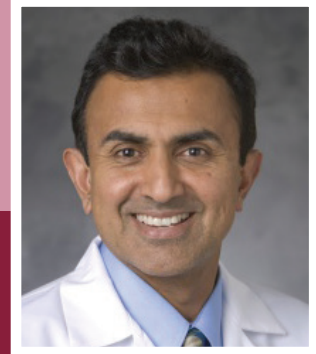
This is good news for those of us who volunteer to deliver daily meals on wheels to shut-ins and vulnerable seniors. I would encourage all our readers to join us in delivering these hot lunches. Anyone with a car can do it and our clients are so grateful for this service.

For more information, visit www.mealsonwheelsamerica.org/MTAM. ■

*The opinions in this editorial are those of the editor and do not necessarily reflect Center policy.

IN THE NEWS

P. Murali Doraiswamy, MBBS FRCP, Professor of Psychiatry and Medicine at Duke University and Senior Fellow at the Center on Aging, is the coauthor of an article published on January 18 by the World Economic Forum titled, "Is this the key to fighting Alzheimer's"?



P. Murali Doraiswamy,
MBBS FRCP



Kimberly Johnson, MD

Kimberly Johnson, MD, Senior Fellow at the Center, is quoted in *The AnSCO Post* of December 25, 2015, as saying that the racial disparity in quality end-of-life care may stem partly from a general mistrust of the health-care system. "Many African Americans feel they receive lower quality health care services than white Americans. So if you believe that the system is unfairly prejudiced against you and someone proposes hospice as a choice, which essentially focuses entirely on comfort instead of the more costly disease-modifying therapies, you're probably going to be suspicious and far less likely to embrace hospice." (Read more at ANSCOPost.com.)

on an inpatient rehabilitation service at the Durham Veterans Affairs (VA) Medical Center, later transitioning to a position within the Durham VA's Geriatric Research, Education and Clinical Center (GRECC). Today I continue my work at the Durham GRECC as a core investigator. I also serve as a tenured Associate Professor at the Duke University School of Nursing, and Director of the Duke Geriatric Nursing Center of Excellence, a member of the John A. Hartford national CGNE network, a focal point for integrating scholarship in research, education, and clinical practice in nursing care of older adults at Duke. One of the signature accomplishments of the Duke CGNE has been the development of the Duke NICHE (Nurses Improving Care of Health System Elders) programs, in partnership with colleagues in the Duke University Health System.

Two overarching aims drive my current research program: (1) How best to design, implement, and evaluate care approaches to improve the quality of life of older adults who have major neurocognitive disorders, and (2) How best to accelerate the process of implementing scientific discoveries in residential long-term care to improve resident outcomes. To address those aims, I am engaged in a variety of interprofessional research and education teams. Three ongoing studies illustrate how my program of research is unfolding. One study I currently lead focuses on establishing the feasibility of preparing master trainers to teach direct care staff, Adaptive Dementia Care Skills, in governmentally-run nursing homes in the US and in China. Funded by the School of Nursing's NIH-funded ADAPT Center, this study examines the amount of time required to teach registered nurses how to observe behavior sequences and adapt their care approach based on

patient behavioral responses to specific approach and cueing techniques during basic care. Ultimately, the goal is to develop a scalable approach to teaching caregivers essential person-centered dementia care skills, taking into account cultural differences in the dementia care experience. Key collaborators on this study include Cheng Yun, Chief Nursing Officer at Huadong Hospital, one of the top geriatric hospitals in China, and Dr. Bei Wu, Director of International Research at the Duke School of Nursing. This project is helping to lay the foundation for ongoing collaborations between the School of Nursing and other key academic partners, including Duke Kunshan University (DKU) in China.

A second ongoing study, funded by the VA's Health Services Research and Development (HSR&D) Quality Improvement Research Initiative (QUERI), for which I serve as site-principal investigator, involves a mixed-method, multi-center study, to examine the processes required to implement a home safety toolkit (HST) for Veterans who have dementia. Disciplines involved include advanced practice geriatric nursing, neurology, occupational therapy, and systems engineering. In a prior randomized trial, the HST was effective in improving caregiver self-efficacy and reducing caregiver burden. We are now examining clinical processes to promote rapid dissemination of this toolkit among primary care providers within two regions in the Veterans Health Administration (VHA). The ultimate goal of this work is to understand processes that support rapid adoption of evidence-based dementia care practices within large, integrated health care systems.

A third line of research, conducted in collaboration with Duke School

of Nursing faculty colleagues Drs. Kirsten Corazzini and Lisa Day, concerns strengthening nursing practice in nursing homes at the clinical microsystem-level, to prevent avoidable hospitalizations. Building on work supported with funding from the Health Resources and Services Administration (HRSA) that supported a Dementia Grand Challenge to motivate improvements in care of people with dementia by linking continuing education learners, pre-professional learners, and faculty, we were approached by a nursing home corporate leader to assist with teaching nursing staff assessment skills to increase their capacity to prevent avoidable hospitalization among their residents with dementia. Dr. Day, who is an expert in situated learning, developed a continuing education series, using narrative pedagogy and unfolding cases to teach nursing home staff how to more effectively use approaches from INTERACT-II: a national program to prevent avoidable hospitalization. Early results are promising, and have led to a recent NIH submission by Drs. Corazzini and Vogelsmeier (University of Missouri) to study these approaches in a multi-state trial.

My colleagues and I welcome the opportunity to work with undergraduate students, graduate students, post-doctoral fellows, and faculty from a variety of professions and disciplines who share our passion for generating and implementing research-based approaches to address the many challenges facing older adults who live with major neurocognitive disorders and other complex chronic illnesses that lead to a need for long-term care. ■



FREQUENTLY ASKED QUESTIONS*

Why do eyes tend to water more in old age?

“I’m not crying. These are tears of joy.”

Watery eyes are usually caused by a combination of eye lids loosening so that some of the normal eye fluids may leak out, and less

efficient fluid absorption by the tissues next to the nose which are supposed to pump the fluid out of the eyes. This is no cause for alarm and the only prob-

lem may be that your handkerchief gets damp from wiping up the tears. ■

*Adapted from Palmore, *Older Can Be Bolder*. (Amazon, 2011)



Connie Bales, PhD

RESEARCH GRANT AWARDED

Connie Bales, PhD, Associate Professor of Medicine, was recently awarded a research grant for a project titled “Does Beef Protein Preserve Muscle Mass and Function During Weight Loss in Frail, Obese Older Adults? A Follow-Up Study” from the National Cattlemen’s Beef Association. This 18-month project with a February 1, 2016, start date, builds on a recently completed trial from the same sponsor and targets obese older adults over the age of 60 who participated in the original trial. Participants will be invited to return for re-assessments regarding changes in body composition, function, and muscle strength. ■

Recent Publications

There have been three recent publications related to The Center’s history and activities:

- The first recounted the early years and recent developments of The Center. It pointed out that we are the oldest continually funded center on aging in the USA. It also recounted how we have always included the three basic aspects of Gerontology: research, teaching, and service. George, L.K., Palmore, E., Cohen, H.J. “The Duke Center for the Study of Aging: One of our earliest roots.” *Gerontologist* 2014; 54(1):59-66.
- Another article was by our Director, Harvey J. Cohen, MD, which recounted how he was attracted to geriatrics without really planning to become a geriatrician. Cohen, H.J. “An accidental career in geriatrics”. *Journal of the American Geriatrics Society*, 2015; 63(9):1945-1948.
- Palmore’s article on “Ageism Comes of Age” was an editorial in a special section of the *Journals of Gerontology* dealing with ageism. It pointed out the importance of ageism in our society, what we know about how pervasive it is, and what we need to know about it. Palmore, E. “Ageism Comes of Age”. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2015; 7:873-875.



COMING EVENTS



March 31-April 3: 37th Annual Meeting of the Southern Gerontological Society at Charlottesville, VA. Contact Ferguson at 866-920-4660.

**May 19-21: American Geriatrics Society Annual Meeting at Long Beach, CA.
Contact: www.americangeriatrics.org/annual_meeting.**

**October 3-5: 4th International Conference on Geriatrics & Gerontology.
Contact: geriatrics-gerontology.conferenceseries.com.**

**November 16-20: "New Lens on Aging: Changing Attitudes, Expanding Possibilities."
Annual Scientific Meeting of the Gerontological Society of America in New Orleans, LA.
Contact: www.geron.org/2016.**

July 23-27, 2017: "Global Aging and Health: Bridging Science, Policy, and Practice", IAGG World Congress of Gerontology and Geriatrics. San Francisco, CA. Contact: iagg2017.org.