



Hartford Change AGENTS Action Awards Recipients

January 2016 – December 2016

Preventing Opioid prescription Theft and Ensuring seCure Transfer of Personal Health Information (PROTECT PHI) when Patients Transition from the Hospital and into a Nursing Home

Korey Kennelty, PharmD, PhD, MS, U of Wisconsin- Madison, William S. Middleton VA Hospital, Madison, WI

David Hager, PharmD, BCPS, University of Wisconsin Hospital and Clinics, Madison, WI

Domain of Practice Change: Redesigning delivery systems

Summary:

The goal of this project is to disseminate and adapt the PROTECT PHI intervention to non-VA hospitals. PROTECT PHI, an acronym for Preventing Opioid prescription Theft and Ensuring seCure Transfer of Personal Health Information, is a low-cost, low resource intervention that ensures successful and secure delivery of opioid prescriptions and personal health information (PHI) during the hospital-to-nursing home transition. The intervention encompasses four modifications to the hospital discharge process: 1) replacement of traditional hospital discharge envelopes with tamper-proof envelopes, 2) an updated hospital discharge checklist, 3) patients and caregivers receiving in-depth counseling on medications and hospital discharge packet contents, and 4) follow up with nursing homes. PROTECT PHI was developed at the William S. Middleton VA Hospital in Madison, WI and has proved to be very successful in the VA setting. The PROTECT PHI Toolkit will be freely accessible online.

Where the Rubber Meets the Road: Using Interactive Theater to Promote Conversations about Driving Safety for Persons with Dementia

Diane Pastor, PhD, MBA, NP-C, RN, University of North Carolina Wilmington, Wilmington, NC

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Domain of Practice Change: Transforming practice, care and services

Summary:

This project focuses on driving safety for persons with dementia (PWD). The interprofessional team will implement an intervention using a live interactive theater performance and produce an educational DVD based on a videotape of the performance and evidence. The DVD will be shared with state-level community partners to educate and guide health care providers (nurse practitioners and social workers), family caregivers and PWD in beginning to have conversations about driving safety. The performance and DVD will be developed and implemented in collaboration with three community partners: 1) North Carolina Nurses Association; 2) Alzheimers North Carolina; 3) Theater Delta in North Carolina.

Developing the Vulnerable Elder Protection Team: An Emergency Department-Based Multi-Disciplinary Intervention to Improve Care for Potential Victims of Elder Abuse and Neglect

Tony Rosen, MD, MPH, Weill Cornell Medical College Division of Emergency Medicine / New York-Presbyterian Hospital, New York, NY

Yvette Rolon, LCSW ACSW, New York-Presbyterian Hospital/Weill Cornell Medical Center, New York, NY

Risa Breckman, LCSW, Weill Cornell Medical College Division of Geriatrics and Palliative Medicine, New York City Elder Abuse Center, New York, NY

Michael Stern, MD, Weill Cornell Medical College Division of Emergency Medicine/New York-Presbyterian Hospital, New York, NY

Sunday Clark, ScD MPH, Weill Cornell Medical College Division of Emergency Medicine, New York, NY

Veronica LoFaso, MD, MS, Weill Cornell Medical College Division of Geriatrics and Palliative Medicine/New York-Presbyterian Hospital, New York, NY

Neal Flomenbaum, MD, Weill Cornell Medical College Division of Emergency Medicine/New York-Presbyterian Hospital, New York, NY

Mark Lachs, MD, MPH, Weill Cornell Medical College Division of Geriatrics and Palliative Medicine/New York-Presbyterian Hospital, New York, NY

Domain of Practice Change: Developing model programs

Summary:

Recognizing that an emergency department (ED) visit provides a unique opportunity to identify elder abuse, this project involves developing a first-ever ED-based, multi-disciplinary Vulnerable Elder Protection Team (VEPT) to improve identification, comprehensive medical and forensic assessment, and treatment for potential victims of elder abuse or neglect. Steps to accomplishing this includes: (1) conducting and analyzing focus groups with stakeholders from multiple disciplines to inform program development, (2) finalizing VEPT procedures and protocols among the leadership team and champions, (3) designing standardized informational/educational materials for ED providers on elder abuse and neglect and how to work with the team, and (4) developing an implementation, evaluation, and sustainability plan for the VEPT.

Expansion of Health Information Technology for Hispanic Dementia Caregivers

Nicole Ruggiano, PhD, MSW, Florida International University, Miami, FL

Ellen Brown, EdD, MS, RN, FAAN, Florida International University, Miami, FL

Domain of Practice Change: Transforming practice, care and services

Summary:

This project plans to enhance the Care Heroes health information technology to make it accessible and relevant to Hispanic caregivers of adults with Alzheimer's disease and other forms of dementia (AD). Care Heroes is a web-based and Android app with multiple functions that: assist and support the needs of AD caregivers; allow caregivers to self-assess their own symptoms of burden and depression; provide caregivers, Primary Care Providers, and home care case managers with the ability to share critical health-related information and updated AD patient information in real time; and offer access to vetted caregiving information and local resources. The findings from a recent pilot study of Care Heroes conducted in Miami, FL, demonstrated that the technology is valued, but that it should be translated into Spanish and include educational videos for caregivers to increase its potential impact before it is adopted for widespread use.

Bridging from Novice to Knowledge: Implementing a Geriatric Oncology Curriculum for Nurse Practitioner Students

Armin Shahrokni, MD, MPH, Memorial Sloan Kettering Cancer Center New York, NY

Sincere McMillan, RN, MS, ANP-BC, Memorial Sloan Kettering Cancer Center New York, NY

Domain of Practice Change: Connecting health professions education and practice

Summary:

The goal of this project is to increase the number of advanced practice nurses (APN) educated in geriatric-oncology by implementing a semester long intensive educational curriculum. Memorial Sloan Kettering Cancer Center (MSKCC) will serve as the primary training site and the Geriatric Service of MSKCC will provide the educational component. Each participant will complete a minimum of 100 clinical hours using this model. Once successfully implemented, the objective will be to expand the program and develop a year-long accredited fellowship for APNs that want expertise in the care of older cancer patients in the hospital and/or in the community.

Older Adults as Change Agents to Improve Mental Health Care in the Community

Juliette Shelman, PhD, APHN-BC, University of Connecticut School of Nursing, Storrs, CT

Karen Bailey-Addison, LCSW, Northend Senior Center, Hartford, CT

Domain of Practice Change: Developing model programs

Summary:

This project addresses the specific need for culturally-tailored mental health programs designed to assist older Black adults to manage their depressive symptoms through a program based on integrative reminiscence. Integrative reminiscence is grounded in the Theory of Cognitive Adaptation and has been shown to be an effective method to decrease depressive symptoms in older adults. Older adults will be trained to facilitate integrative reminiscence with their peers, guided by the Reminiscence Resource Guide, a tool developed through an interactive process at the Northend Senior Center in collaboration with the University of Connecticut School of Nursing.

National Healthcare Decisions Day “Ramp Up” Event

Casey Shillam, PhD, RN-BC, University of Portland School of Nursing, Portland, OR

Catherine Bree Johnston, MD, MPH, FACP, PeaceHealth St. Joseph Medical Center, Bellingham, WA

Domain of Practice Change: Transforming practice, care and services

Summary:

The purpose of this project is to engage the Whatcom County, Washington community in an advance care planning initiative to contribute to the “60 by 65 Campaign” to have 60% of those over 65 years of age in the region have an Advance Directive on file in the local hospital by 2017. The initiative was developed by Northwest Life Passages©, the organizational community partnership of the Whatcom Alliance for Health Advancement (WAHA), Western Washington University’s Palliative Care Institute, and PeaceHealth Medical Center Palliative Care service to transform the culture of palliative and end-of-life care. A National Healthcare Decisions Day (NHDD) “Ramp Up” event is scheduled for March 16, 2016, 30 days prior to NHDD on April 16. The goal is for the 10 largest area employers to have 30% of their employees complete their advance directives by NHDD.

Medication Therapy Management (MTM) in a Home Based Program

Sandra Spoelstra, PhD, RN, Grand Valley State University Kirkhof College of Nursing, Grand Rapids, MI

Evelyn Clingerman, PhD, RN, FNAP, Grand Valley State University Kirkhof College of Nursing, Grand Rapids, MI

Domain of Practice Change: Redesigning delivery systems

Summary:

The goal of this project is to disseminate and implement a medication therapy management (MTM) program in home-based settings of older adults. The MTM program will be incorporated into the Tandem365 program, a pilot project comprised of nine organizations in the Grand Rapids, MI area that is designed to meet the needs of older adults, particularly those who are frail, multimorbid, and medically complex with many medications prescribed. The objective of this project is to improve medication management, thus, further reducing adverse events, hospitalizations, and/or Emergency Department visits, and ultimately, improving the quality-of-life of those who receive services in Tandem365. MTM, which is defined as care provided by clinicians whose aim is to optimize drug therapy and improve therapeutic outcomes, has evolved as a complex, multi-modal intervention, which addresses issues of polypharmacy, preventable adverse drug events, medication adherence, and medication misuse.

Developing A Pragmatic Electronic Patient Visit Questionnaire (ePVQ) for Symptom and Function Assessment of Patients with Head and Neck Cancer

Janet Van Cleave, PhD, RN, New York University College of Nursing, New York, NY

Domain of Practice Change: Transforming practice, care and services

Summary:

This project will focus on developing and implementing a pragmatic 15 minute valid and reliable electronic patient visit questionnaire (ePVQ) for symptom and function assessment that older adults with head and neck cancer can easily use during clinical visits. The ePVQ will be a patient – centered questionnaire, composed of patient-reported outcomes of symptoms and function, based on existing valid and reliable instruments. The interdisciplinary team that will develop and implement the ePVQ is composed of physicians, nurses, speech pathology specialists, physical therapists, and a biostatistician. Of the 59,000 patients diagnosed with head and neck cancer each year in the United States, 73% are adults ages 55 and over and 43% are ages 65 and over. While current valid instruments to assess symptom and function exist, they do not fully capture the symptom experience and function impairments of older adults with this cancer during and after treatment completion.