Geriatric Programs at Duke

May 6th, 2017
Heidi White, MD, Medicine
Sandhya Lagoo-Deenadayalan, MD, Surgery

Duke Center for Geriatric Surgery

EXPANSION OPPORTUNITIES

Unmet Needs in Elder Care

- Better knowledge of the biology of aging and its relation to adaptation to stress
- Better cognizance of the fundamental nature of age-related conditions
- Biologically based risk stratification tools
- Medication and surgical trials in the elderly
- Improved approaches to shared decision making and transitional care

Center for Aging and Human Development

Theme: To Better Understand and Optimize Physical Resilience

Figure 2: Organizational Structure of Duke OMC

POSH Perioperative Optimization of Senior Health
HOPE Health Optimization Program for Elders
NICHE Nurses Improving Care for Health System Elders
ELITE Exec. Leadership Immersion Training in ELDERcare
DEFT Duke Elder Family/Caregiver Training
DCGS Duke Center for Geriatric Surgery
Perioperative Optimization of Senior Health

- Individualized, goal-oriented care
- Interprofessional team
- Communication and coordination across settings
- Education and training for health professionals, patients, and family
- Performance improvement with patient and family input

Decreased length of stay
Decreased readmission rate
Increased discharge to home with self care

VA POSH: Educational

Health Optimization Program for Elders (HOPE)

- Optimize function
- Reduce risk of delirium & falls
- Enhance Geriatric Consult

Transitional Care (Bridging Transition)
- Medication review
- Provider-to-Provider communication
- Goals of care

Sub-acute care for at-risk elders
Early recognition of geriatric syndromes

Adult Care (Pre-discharge)

Health Optimization Program for Elders (HOPE)

Next Steps

- Improve risk stratification and growth efforts
- Further integration with available care management services
**Duke Elder Family/Caregiver Training (DEFT) Center**

Cristina C. Hendrix, DNS, GNP-BC, FAAN; Eleanor S. St. Crockett, PhD, MSN, RN, AGNP; Lori Mats, MEd, RN

Judy Prewitt, DNP, RN, ANP-BC, ACNS, Patricia Kramer, Ed.S., CCSC, CGN, NCC; Stephanie Burg, RN; Tamara Griffin, MSW; Doreen Matters, Program Director


**DEFT Workflow**

1. Consult order sent via EPIC/MC to DEFT Program
2. DEFT calls caregiver; Intake Screening (Demographics, Readiness, Preparedness, and Schedules F2F Training
3. Caregiver attends class
4. Patient transfers home
5. 1st Well Check Call by DEFT 3-5 Days Post Hospital Discharge; Connect to Community Resources
6. 2nd Well Check Call by DEFT 8-11 Days Post Hospital Discharge; Connect to Community Resources
7. Discharge from DEFT Call 14-15 Days Post Hospital Discharge; Connect to Community Resources

**Duke Elder Family/Caregiver Training Center**


Cristina Hendrix, DNS, GNP-BC, FAAN
Associate Professor, DUSON
Geriatric Investigator, GRECC, Durham V.A.
Center Director, DEFT

Stephanie Burg, RN
Nurse Coordinator

Doreen Matters
Program Director

Tamara Griffin, MSW
Case Manager/Social Worker

**Duke NICHE: Nurses Improving Care of Healthsystem Elders**

A partnership between DUSON and DUHS Nursing

Loretta Matters, MPA, RN
Director, Duke NICHE
Assoc. Director, CGNE

**Gero-Intensives Offered for ALL Staff**

Required of Geriatric Resource Nurses

How and Why Care of Older Adults is Different

Caring for the Confused Patient
Executive Leadership Immersion Training in ELDERcare (ELITE)

Duke Center for Geriatric Surgery

- Multidisciplinary
- Interprofessional
- Supporting advances for perioperative care for older adults
- Surgery
- Geriatrics
- Anesthesia
- Psychiatry
- Nursing
- Advanced practice providers
- Physical therapy
- Nutrition
- Pharmacy
- Social work

Build on Existing Alliances

- Clinical Care
- Education
- Research
- Policy
- Payment