GRECC CONNECT - CASE CONFERENCE SERIES

- **GRECC Connect Program (GC)** delivers virtual geriatric consultation with the aim to improve access to geriatric care for Veterans in rural areas. This project links geriatrics specialists from GRECCs (Geriatric Research, Education and Clinical Centers), located in urban tertiary medical centers, to providers and patients in rural areas. Clinical video telehealth, electronic consultation, and educational teleconferences bridge communication and access gaps that rural populations face.
- Through this project, we aim to equip rural providers and staff with the knowledge and skills to care for older adults. GC supports staff at rural clinics.
- Funded by the VA Office of Rural Health (ORH)

GRECC<->Connect

Geriatric Health Care for Rural Veterans

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MULTIDISCIPLINARY FALLS PREVENTION: VVC HOME SAFETY ASSESSMENT

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PURPOSE

Home safety assessments for falls prevention have traditionally been performed in-person; however, in rural areas, the time spent getting a highly trained staff/ team into the home can be cost-prohibitive. The purpose of this session is to examine the feasibility and challenges of using VVC or other virtual modalities to perform home safety assessments.

OBJECTIVES

The learner will:

1) Understand the strengths and challenges of virtual home visits in rural veterans.
2) Discuss emerging technologies that might assist virtual home safety visits
3) Describe how a home safety visit might be organized in a chart note
4) Describe approaches to findings in the virtual visit that might arise unrelated to home safety and fall prevention.

INTRODUCTION

A Tale of Two Programs:

GRECC:

- Eyes the behind camera
- Pre-operative eval/ Home safety (HPOC)

GAIT AND BALANCE CLINIC

- Multidisciplinary comprehensive falls assessment (face to face)
  (PT, Neurology, Pharmacist)

- Emergence of CVT Gait and Balance Clinics

- VVC Gait and Balance Clinic

The Leading Cause Of Injury In Old Men Is

Them Thinking They Are Still Young Men

CASE PRESENTATION

CASE PRESENTATION: REFERRAL FROM PCP TO G&B CLINIC

- Mr. J is an 87 y/o WM with chief complaint of slowly progressive imbalance and near falls. “Patient states at times he walks like he is drunk, "no balance whatsoever“ Pressure in his head.“
- He lives alone with his dog about 90 minutes from Gainesville, 30 minutes from CBOC
- Somewhat fearful about face to face visit due to COVID
- Seen by VVC

MR. J

- PMH: Neuropathy, Cervical & lumbar spondylosis, MCI, CAD, CRI, Anxiety, Allergies
- Medications: reviewed (B-12, Tamsulosin .4mg , Atenolol 12.5mg, Pravastatin 20 mg at bedtime)
- Falls history: 4-5 "near falls a day" can catch himself on nearby objects(walls, furniture)
- Pain: 3 /10 back/ hip
- No social support, only son lives up North. Loves his dog !

VVC G&B PT EVALUATION

- TUG test: 25 sec: slow and cautious gait
- Berg Balance Scale: reveals LE weakness during transfers, visual dependance for balance, falls with eyes closed) greatly decreased tandem and SLS (single leg stance)
- Moderate gait instability in Dynamic Gait Index
- DVA test: suspect vestibular hypofunction
- + report of numbness in feet (hx of neuropathy) diminished proprioception is assumed

ASSESSMENT

- A: Patient high risk for falls as evidenced by scores on ,Berg Balance Test tasks and Dynamic Gait Index 4., Multi-factorial balance impairment.

- Factors Contributing to risk for falls:
- 1) LE weakness: General deconditioning
- 2) Possible vestibular hypofunction/dysfunction: decline in VOR function
- 3) Decreased proprioception/sensation: dx neuropathy
- 4) slowed postural reflexes
- 5) Behavioral and environmental factors that may contribute to increased risk of falls

CLINICAL COURSE

- Seen once a week on VVC, balance training, LE strengthening…Felt like the exercises were helping.
- During the sessions admitted to feeling lonely, isolated, still missed his wife, very little joy.
- I felt that he would benefit from more comprehensive Geriatric evaluation

BARRIERS TO HOME SAFETY EVALUATION

- Limited to laptop computer, could not connect with cellphone
- Can't safely carry laptop around the house
- Wi-fi was fair at best
- VA I pad list had several months waiting list

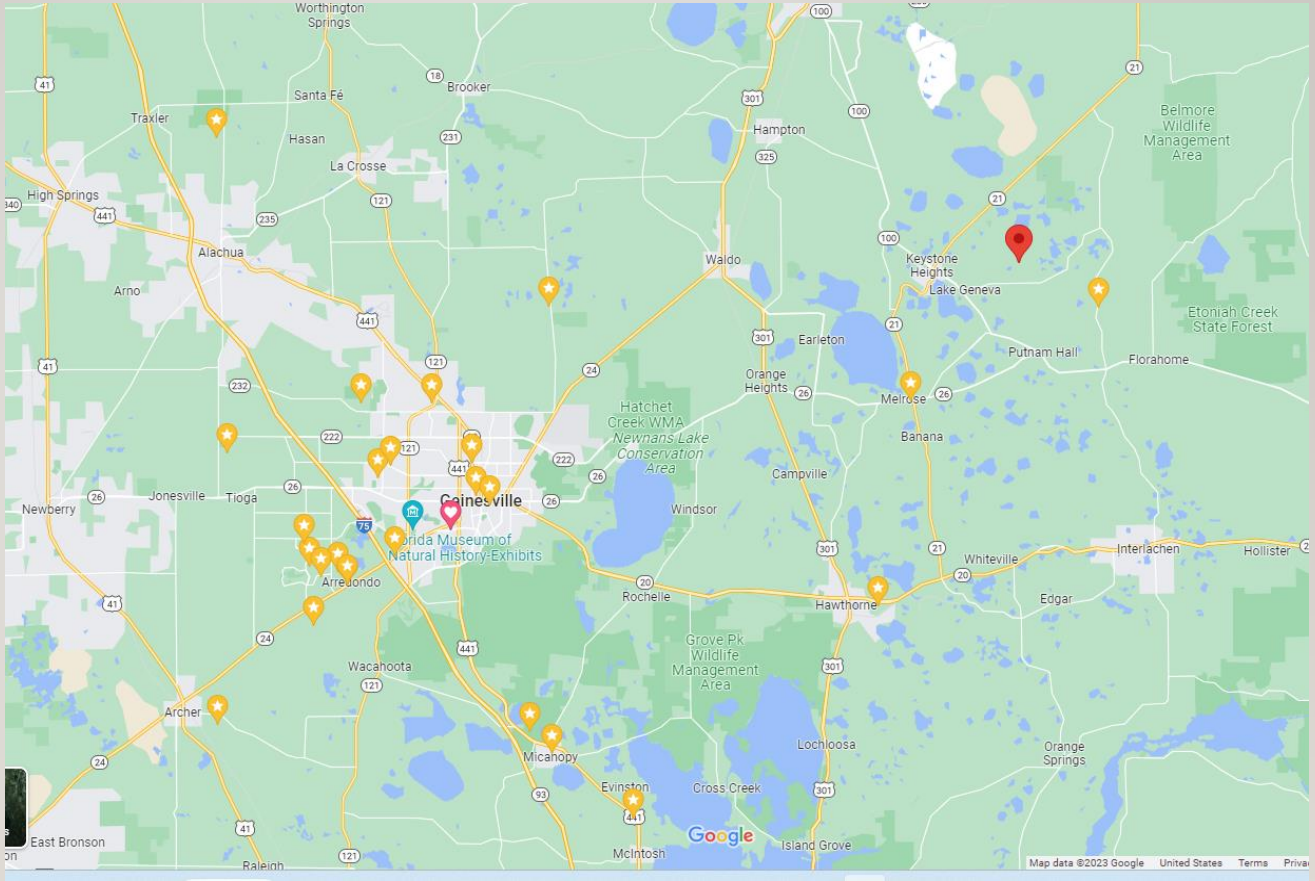
READING BETWEEN THE LINES

- Patient was improving physically but not as quickly as I expected
- Extrinsic risk factors were not fully assessed
- Patient started to miss some sessions surrounding the anniversary of wife's death

Referral to GRECC CONNECT

Called the Ron Shorr hotline: 1-800- help me now !

HOME VISIT


Worthington Springs
Santa Fé
Brooker
Traxler
Hasan
La Crosse
High Springs
Alachua
Arno
Hampton
Belmore Wildlife Management Area
Waldo
Keystone Heights
Lake Geneva
Etoniah Creek State Forest
Earleton
Putnam Hall
Florahome
Orange Heights
Melrose
Hatchet Creek WMA
Newnans Lake Conservation Area
Banana
Campville
Windsor
Jonesville
Tioga
Newberry
Gainesville
Florida Museum of Natural History-Exhibits
Archer Rd
Whiteville
Interlachen
Hollister
Rochelle
Hawthorne
Edgar
Grove Pk Wildlife Management Area
Wacahoota
Archer
Micanopy
Lochloosa
Orange Springs
Evinston
Cross Creek
East Bronson
Raleigh
McIntosh
Island Grove
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HOME LOCATION: DID WE SAY RURAL?

- https://goo.gl/maps/WJfTAQMPNtsGUDKG9

HOME VISIT

- More thorough physical therapy exam performed
- R foot drop noted: AFO was ordered
- Patient was delighted to have the visit
- During home safety assessment patient became tearful talking about his wife

HOME SAFETY TEMPLATE: CPRS

HOME SAFETY ASSESMENT:

- Entrance/Exit
- ( )Inspected-No Issues
- (X)Inspected-Issues: Stairs into house uneven especially top step.
- ( )Not Inspected
-
- Hallway/Stairs
- ( )Inspected-No Issues
- (X)Inspected-Issues: see stairs above
- ( )Not Inspected

HOME SAFETY (TEMPLATE...)

- Main Living Areas
- (X)Inspected-No Issues
- ( )Inspected-Issues:
- ( )Not Inspected
-
- Kitchen
- ( )Inspected-No Issues
- (X)Inspected-Issues: some items in areas not reachable
- ( )Not Inspected

HOME SAFETY TEMPLATE

- Primary Bedroom
- ( )Inspected-No Issues
- (X)Inspected-Issues: Mattress very high, throw rug at foot of bed.
- ( )Not Inspected

- Primary Bathroom
- ( )Inspected-No Issues
- (X)Inspected-Issues: ***Toilet low, shower without grab bars, towel bars came
- out of the wall with minimal manipulation
- ( )Not Inspected

HOME SAFETY TEMPLATE

- ASSESSMENT:
- Fall risk at home:
- ( )low
- ( )moderate
- (X)high

- Environmental risks include:
- 1) Bathroom
- 2) Front steps

HOME SAFETY ASSESSMENT

- PLAN: Home Modifications
- The following safety equipment is recommended:
- 1) Bathroom and shower modifications
- 2) Stair repair

- Home modifications recommended
- HISA grant:
- (x)yes
- ( )no

HOME SAFETY TEMPLATE

- Follow up by VVC HOME SAFETY ASSESSMENT TEAM:
- (X)yes
- ( )no
-
- The following additional referrals is(are) recommended:
- 1) Occupational Therapy for home modifications described above (HISA)
- 2) Mental health evaluation (Geropsych if available) for mood.

FUTURE DIRECTION

- TEAM: addition of OT with tech background, program assistant for home visit?
- TECHNOLOGY
- ROBOT
- https://www.doublerobotics.com/


OLD
LIVES
MATTER
OLD
LIVES
MATTER

REFERENCES

- Clinical Video Telehealth for Gait and Balance
- Nannette Barbara Hoffman, MD and Norma Marion Prieto, MSPT
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6368933/

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Eyes Behind the Video Camera: Partnering with Families for Home Safety

The *Florida Chart Book on Disability and Health* identifies that five of the top 10 counties with the highest proportion of elders with self care deficits lie within the catchment boundary of the North Florida/South Georgia Veterans Health System (NFSGVHS) (Figure 1).[1] The focus of the Geriatric Research, Education and Clinical Center (GRECC) of the NFSGVHS is the frail older adult. The mission of the health system's inpatient Geriatric Evaluation and Management (GEM) unit, which is the primary clinical demonstration and teaching site of the GRECC, is to provide geriatric rehabilitation, or restorative care, with the goal of returning frail elders back home.

Unfortunately, many of the veterans who live in rural north central Florida and south Georgia reside some distance from the health system's two medical centers, which are located in Lake City and Gainesville, FL. Therefore, it can be time prohibitive and costly for staff to perform adequate in-home safety assessments and make appropriate recommendations for home modifications when frail, elderly veterans are returning home after an inpatient stay. "Home Safety Assessment: A Pilot Project" was initiated on the GEM unit to examine whether a family member can act as the "eyes" of an occupational therapist registered/licensed (OTR/L) and obtain meaningful home safety assessment data.

WHY THE NEED FOR HOME SAFETY ASSESSMENTS?

Accidental falls are the leading cause of injury and death from injury in the aged.[2] Presently, half of the nation's elders live in nine states, led by California, Florida, and New York.[3] According to census data from 2000, over 700,000 older Floridians reported physical limitations in walking, lifting, reaching, and climbing stairs and approximately 200,000 indicated they had self-care problems.[1] Because of the growing elderly population, disability is becoming a national public health concern.[4] By 2020, fall-associated injury for people aged 65 and older is estimated to cost $54.9 billion per year in current U.S. dollars.[5]

Health care policy makers understand the link between health and housing. For example, a report on aging points out that "as the population ages in an aging housing stock, it becomes difficult to distinguish a health concern from a housing concern."[6] Life altering changes can occur in elders as a direct response to such relatively minor changes in physical function as the inability to climb steps due to arthritis. Policy makers realize that the cost of current long-term care models is not sustainable. "Aging in place" is one solution. The long-established aging in place concept is the ability for a person to grow older safely in noninstitutional housing of his or her choice by using assistive equipment, technology, and services as his or her function declines.[7] There is growing urgency for home assessments and home modifications to effectuate aging in place.

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The VHA's Geriatric Research, Education and Clinical Centers (GRECCs) are designed for the advancement and integration of research, education, and clinical achievements in geriatrics and gerontology throughout the VA health care system. Each GRECC focuses on particular aspects of the care of aging veterans and is at the forefront of geriatric research and clinical care. For more information on the GRECC program, visit the web site (http://www1.va.gov/grecc/). This column, which is contributed monthly by GRECC staff members, is coordinated and edited by Kenneth Shay, DDS, MS, director of geriatric programs for the VA Office of Geriatrics and Extended Care, VA Central Office, Washington, DC.