

IPE Module Addressing A Rapid Geriatric Assessment (RGA) And Care Giver Well-being

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- ▶ The presenters confirm that they have no conflicts of interests to declare.



WHY: Meaningful IPE Designed to Prepare for IPCP

- ▶ The goal of IPE is to create collaboration-ready health care practitioners that are active members contributing to effective care teams.
- ▶ This project utilized the structure of an Interprofessional Team Seminar (IPTS) course to enable graduate level health professions students to develop applied skills in IPCP addressing the needs of elderly adults.



WHY: Early Assessment of Geriatric Patients



- ▶ Fear of potential health issues
- ▶ Fear of over-whelming cost of health care
- ▶ Management of multiple medications, as well as cost of medications
- ▶ Critical Events such as falls or accident resulting in disability, chronic pain, or limits to ADLs

The Challenge/Scope of the Problem

Aging population in MO and across the US. Percent and number of the total population that are older adults (>65) US Total: 323,127,513	United States (15.2%) 4,911,538	Missouri (16.1%) 980,973	STL County (17.3%) 172,755	STL City (11%) 35,122
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HRSA Geriatric Workforce Enhancement Program (GWEP)	Total
Screenings Completed	6,209
Prevalence of Geriatric Syndrome in Sample Population (Positive Screens)	35%

WHY: Engage IP Learners in Skills Building for Rapid Geriatric Assessment, Early Intervention and Collaborative Care

All aspects of the Triple Aim

- ▶ Individual patient care and outcomes
- ▶ Patient population and community health
- ▶ Cost effective care

Skills Building

- ▶ Coordinate full scope of care for family unit health & well-being
- ▶ Skills to apply, advocate for use of, & change intervention based upon outcomes of the RGA/CGA
- ▶ Engage in effective team based care



HOW: Geriatric Module within an Existing Interprofessional Team Seminar Course (IPTS)



Article: *Teaching the Art of Collaborative Practice* Sidebar: IPTS Course

<https://www.chausa.org/publications/health-progress/article/september-october-2017/teaching-the-art-of-collaborative-practice>

David Pole, PhD, MPH and Fred Rottnek, MD, MAHCM

Dr. Rottnek was also the guest editor for this issue of the journal

IPTS Format

Longitudinal Series of Six 90 min Seminars for Graduate Level HP Students (faculty facilitated)

7 Professions (Med, Nursing, PA, PT, OT, SW, Pharm) + (N&D, and AT added for case-specific role)

Embed IPCP practice behaviors and IPEC Competencies in Case-Based Learning modules

700+ graduate level students

- 1) IPCP and Pt Safety, Scope of Training
- 2) Complex DM case, fall, in/out patient, high risk hospital readmit
- 3) Elderly patient and care giver, RGA, CGA and team based care
- 4) On-field Injury, multiple care translongs
- 5) Case reports from students/peer learn
- 6) QI process MSN-CNL students co-facilitate Model for Improvement



HOW: Geriatric Case (IPTS Seminar #3)

- ▶ Conduct the **Rapid Geriatric Assessment** and patient interview with an SP who is experiencing cognitive impairment, difficulty with ADLs, and has a couple of falls
- ▶ Conduct the **Caregiver Well-Being Assessment** and patient interview with an SP “spouse” of the patient. The spouse is experiencing high levels of stress, anxiety, frustration, and anger due to the burden of caring for their spouse/partner.
- ▶ **Conduct an IP team meeting** to integrate understanding and outcomes of two assessment tools, identify patient and care-giver priorities, identify necessary patient and caregiver information and resources, and identify who needs to be involved in the implementation of the patient care plans.
- ▶ **IPEC Competencies: Values – 1, 4, 5. Roles – 3, 6. Comm – 2, 3. Team – 3, 4.**

WHAT: Build Case for Patient and Care Giver

Partner concerned due to fall last week and increasing concern for partner's well-being

Patient is 72 year old
community-dwelling adult

- ▶ Mild Cognitive Impairment
- ▶ Recurrent falls – high fall risk
- ▶ Unsteady gait
- ▶ Frailty
- ▶ Malnutrition and weight loss
- ▶ Polypharmacy
- ▶ Caregiver burden

Care Giver is 75 year old
community-dwelling adult

- ▶ The caregiver has been the patient's partner for 52 years.
- ▶ Feelings of concern & burden
- ▶ Also has feelings of exhaustion, frustration, isolation, and anger



WHAT: Assessments for Patient and Care Giver

Patient

Care Giver

Saint Louis University
Rapid Geriatric Assessment*

*There is no copyright on these screening tools and they may be incorporated into the Electronic Health Record without permission and at no cost.

ID#: _____ Sex: _____ Age: _____ Primary Care Provider Y / N
Ethnicity (circle): African/Am Asian Caucasian Hispanic Non-Hispanic

The Simple "FRAIL" Questionnaire Screening Tool

Fatigue: Are you fatigued?
Resistance: Cannot walk up one flight of stairs?
Aerobic: Cannot walk one block?
Illnesses: Do you have more than 5 illnesses?
Loss of weight: Have you lost more than 5% of your weight in the last 6 months?

Scoring: 3 or greater = frailty; 1 or 2 = prefrail

From Morley JE, Vellas B, Abellan van Kan G, et al. J Am Med Dir Assoc 2013;14:392-397.

Total FRAIL Score: _____

SARC-F Screen for Sarcopenia (Loss of Muscle)

Component	Question
Strength	How much difficulty do you have in lifting and carrying 10 pounds? Scoring: None = 0 Some = 1 A lot or unable = 2
Assistance in Walking	How much difficulty do you have walking across a room? Scoring: None = 0 Some = 1 A lot, use aids or unable = 2
Rise from a Chair	How much difficulty do you have transferring from a chair or bed? Scoring: None = 0 Some = 1 A lot or unable without help = 2
Climb stairs	How much difficulty do you have climbing a flight of ten stairs? Scoring: None = 0 Some = 1 A lot or unable = 2
Falls	How many times have you fallen in the last year? Scoring: None = 0 1-3 Falls = 1 4 or more falls = 2

Total score of 4 or more indicates Sarcopenia

From Malnstrom TK, Morley JE. J Frailty and Aging 2013;2:55-6.

Total SARC-F Score: _____

SNAQ (Simplified Nutritional Assessment Questionnaire)

My appetite is	Food tastes
a. very poor	a. very bad
b. poor	b. bad
c. average	c. average
d. good	d. good
e. very good	e. very good

When I eat

Normally I eat
a. I feel full after eating only a few mouthfuls
b. I feel full after eating about a third of a meal
c. I feel full after eating over half a meal
d. I feel full after eating most of the meal
e. I hardly ever feel full

Scoring: a=1, b=2, c=3, d=4, e=5.
A score ≤ 14 indicates ideal/least risk of at least 5%

Rapid Cognitive Screen (RCS)

- Please remember these five objects. I will ask you what they are later.
[Read each object to patient using approx. 1 second in silence.]
Apple Pen Tie House Car
- [Give patient pencil and the blank sheet with clock face. It is a clock face. Please put in the hour markers and time at ten minutes to eleven o'clock. [2 pts/hr markers ok; 2 pts/time correct]
- What were the five objects I asked you to remember? [1 pt ea]
- I'm going to tell you a story. Please listen carefully because afterwards, I'm going to ask you about it.

Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then topped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.
What state did she live in? [1 pt]

SCORING
8-10..... Normal



Caregiver Self-Assessment Questionnaire

How are YOU?

Caregivers are often so concerned with caring for the relative's needs that they lose sight of their own well-being. Please take just a moment to answer the following questions. Once you have answered the questions, turn the page to do a self-evaluation.

During the past week or so, I have ...

- | | | | |
|--|--|---|--|
| 1. Had trouble keeping my mind on what I was doing.... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had back pain..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Felt that I couldn't leave my relative alone..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Felt ill (headaches, stomach problems or common cold)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had difficulty making decisions..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Been satisfied with the support my family has given me..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Felt completely overwhelmed..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Found my relative's living situation to be inconvenient or a barrier to care..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Felt useful and needed | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. On a scale of 1 to 10, with 1 being "not stressful" to 10 being "extremely stressful," please rate your current level of stress. | _____ |
| 6. Felt lonely..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. On a scale of 1 to 10, with 1 being "very healthy" to 10 being "very ill," please rate your current health compared to what it was this time last year. | _____ |
| 7. Been upset that my relative has changed so much from his/her former self..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. Felt loss of privacy and/or alone time..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 9. Felt edgy or irritable..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 10. Felt sleep disturbed because of caring for my relative..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 11. Felt crying spell(s)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 12. Felt strained between work and family responsibilities... | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Comments:

(Please feel free to comment or provide feedback.)

WHAT: Develop Facilitator Guide

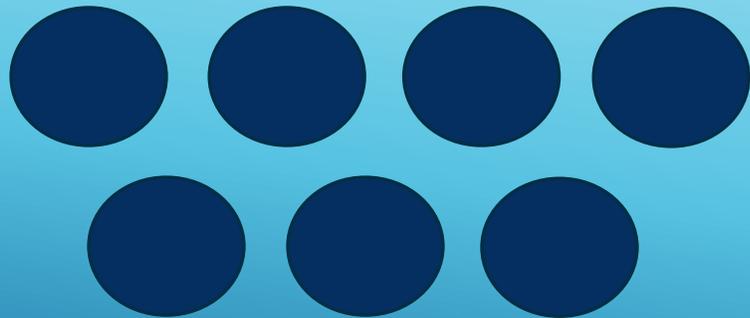
- ▶ **Key activities: (90 min)**
- ▶ Introduce the goals of the session:
~ **5-10 min**
- ▶ Round 1 of the SP Interview – RGA
~ **20 min**
- ▶ Round 2 of the SP Interview –CGA
~ **20 min**
- ▶ IP Team Meeting: share different assessments, discussion, identify care needs, priorities, and plans for both the patient and the care giver, identify who needs to be involved. ~**20-30 min**
- ▶ Facilitated Debrief, discuss with Standardized Patient, other information, feedback ~ **10 min**
- ▶ **The Rapid Geriatric Assessment (RGA)**
- ▶ This includes FOUR separate brief assessments
 - ▶ Frailty
 - ▶ Activities of daily living and falls
 - ▶ Appetite and weight loss
 - ▶ Rapid cognitive assessment for dementia or cognitive impairment
- ▶ **15 min instructional video of the RGA** being administered by Dr. Milta Little with an SP
<https://m.youtube.com/watch?v=z79-UQvTOXs>
- ▶ **Care Giver Assessment (AGS)**
 - ▶ Self-assessment tool, use as interview tool
- ▶ While opposite group interviews SP, support other team conducts brief-huddle and plans assessment or discuss outcomes



WHAT: Standardized Patient Interviews

- ▶ Team of 12-15 students representing at least 5 professions
- ▶ Split to two groups
- ▶ Team A interview Patient
- ▶ Team B interview Care Giver

Team A



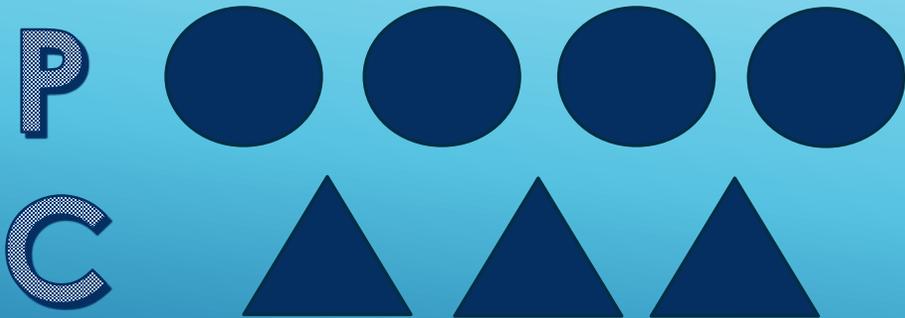
Team B



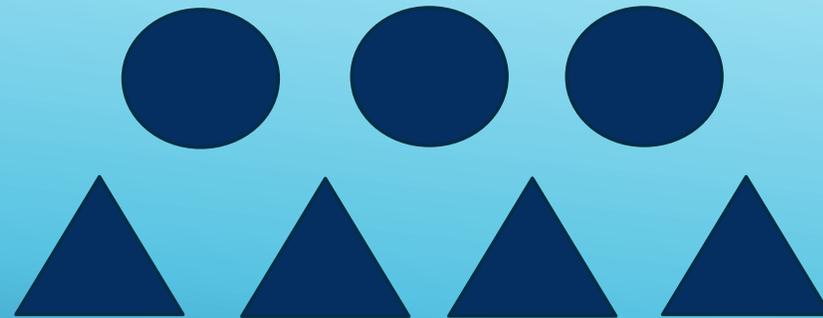
WHAT: Team Meeting

- ▶ **Intro to your team**, who is on the team
- ▶ **Shared Goal:** Older adult couple, determine next step in care, OK at home, support services at home, adult living with support services, full nursing care facility
- ▶ **Discuss:** Introduce two assessments, what assessed, what determined

Team 1



Team 2





WHAT: Facilitated Discussion Suggestions

- ▶ What are top health issues for older adults where early detection and intervention make a significant difference for ADLs?
- ▶ How do falls and fractures impact the health, well-being, and ADLs of older adults?
- ▶ What is involved in caring for an elderly patient with fractures, joint replacements, dementia or Alzheimer's?
- ▶ How would you describe the value of regular, preventative screenings for patients > 65y.o.?
- ▶ How do you see geriatric assessment tools providing advantages to patient care?

WHAT: Outcomes of the Pilot

- ▶ 559 completed evaluations represent all seven professions.
- ▶ **88%** indicate increased knowledge of geriatric medicine and assessment,
- ▶ **90%** indicate the IPTS session increased skills at conducting the RGA and CGA, and
- ▶ **89%** indicate increased confidence to administer the RGA and CGA in a clinical setting.



WHAT: Outcomes of the Pilot

- ▶ **STUDENT COMMENTS INDICATE:** a high value of assessing the older adult patient and caregiver in the same session, insight to caregiver stress-health issues, and value of IP team perspectives to address patient goals.



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WHAT: Outcomes of the Pilot

1. The integration of the RGA and CGA into an IP learning context is an effective model to increase knowledge, skills, and confidence to practice assessments in a clinical setting
2. Students demonstrate skills at engaging in effective IP team meetings that enhance elderly patient care.
3. Engaging in IP collaborations among the faculty to design, develop, and implement the learning module resulted in perceived higher value experiences by the students

WHAT: Next Steps

1. **Add** medical student leadership role through brief presentation on effective team-based care (Mitchell)
2. **Repeat** the same methods/process
3. **Add** “leadership role” for med students team mtg’s
4. **Strengthen** outcome self-assessment
5. **Add** facilitator observation assessment of team dynamics, team climate and related skills/behaviors



Artifacts Developed

- Video demonstration of use of the RGA with a patient
- Facilitator Guide
- Student Guide
- Student Worksheets
- Standardized Patient Scripts (Patient & Care Giver)
- ▶ **GOAL: MedEd Portal Curriculum Tool**

