

## Geriatrics and Palliative Care - Clinical Quality Overview

Division Clinical Units and Leads	Quality Committees and Roles
Division Chief: Raymond Yung Quality Council Representative: Lillian Min Division Administrator: Stephanie Gatica Associate Chief for Clinical Affairs: Jocelyn Wiggins ACU Medical Director: Ted Suh	<i>Quality Groups and Committees</i> <ul style="list-style-type: none"> <li>• Monthly conference with geriatrics inpatient team to discuss operations and QI</li> <li>• Monthly outpatient pod meetings about quality (usually case-based, some operations) – social workers, doctors, and nurses in each of the three pods</li> </ul>
Highest Volume Conditions	Division Specific Specialty Conditions
<ol style="list-style-type: none"> <li>1. Gait impairment/falls # (# related to re-screening)</li> <li>2. Cognitive impairment # (# related to re-screening)</li> <li>3. Multiple chronic conditions (e.g., hypertension, diabetes, heart disease, etc.)</li> </ol>	None specified at this time.
Measurement – Peer Review Metrics	Measurement – Registries and Other Data
<u>Rate-Based Indicators</u> <ul style="list-style-type: none"> <li>• HTN, CAD, CHF, CKD, immunizations</li> </ul> <u>Case-Based Indicators</u> <ul style="list-style-type: none"> <li>• Unknown</li> </ul>	<i>Registries</i> <ul style="list-style-type: none"> <li>• None</li> </ul>
Choosing Wisely – Selected Measures	Quality Improvement Priorities
<ol style="list-style-type: none"> <li>1. Don't recommend percutaneous feeding tubes in patients with advanced dementia; instead offer oral assisted feeding.</li> <li>2. Don't use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia.</li> <li>3. Avoid using medications to achieve hemoglobin A1c &lt;7.5% in most adults age 65 and older; moderate control is generally better.</li> <li>4. Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.</li> <li>5. Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.</li> <li>6. Don't prescribe cholinesterase inhibitors for dementia without periodic assessment for perceived cognitive benefits and adverse gastrointestinal effects.</li> <li>7. Don't recommend screening for breast or colorectal cancer, nor prostate cancer (with the PSA test) without considering life expectancy and the risks of testing, over diagnosis and overtreatment.</li> <li>8. Avoid using prescription appetite stimulants or high-calorie supplements for treatment of anorexia or cachexia in older adults; instead, optimize social supports, provide feeding assistance and clarify patient goals and expectations.</li> <li>9. Don't prescribe a medication without conducting a drug regimen review.</li> <li>10. Avoid physical restraints to manage behavioral symptoms of hospitalized older adults with delirium.            →Status: practice all of these (#3 is a bit controversial)</li> </ol>	<ul style="list-style-type: none"> <li>• Identifying and transferring patients to appropriate level of care when patients remain in indeterminate legal guardianship state</li> </ul>