The Geriatric Interdisciplinary Team

Clinical Pharmacist Activities: 
- Analyze patients on Intermediate Care Unit (5 South) for weekly NICHE rounds
- Drug interaction check performed
- Calculate creatinine clearance (CRI) and adjust medications accordingly based on renal function
- Identify possible medications that should not be prescribed in the elderly-Beers Criteria
- Look for possible Adverse Drug Reactions and Medication Errors

Clinical Pharmacy Team Created the Following Reference Chart for Nursing, Pharmacy, and Prescribers: 
Inappropriate medications used in the elderly Drug-induced dysphagia
- “Do Not Crush” list as per Hunterdon Medical Center formulary
Class overviews: Statins, Bisphosphonates

Pharmacy and Therapeutics Meetings to be followed by Medical Executive Committee:
- Auto-substitution
- Zolpidem (Ambien®) 10 mg PO at bedtime to zolpidem (Ambien®) 5 mg PO at bedtime in patients 65 years of age and older
- Remove alendronate (Fosamax®) from formulary in order to prevent adverse reactions such as esophageal erosions, particularly in the geriatric population who are at greater risk of esophageal erosions

Geriatrician, Dr. Shekar Chakravarthi Testimonial
Provide a Geriatrician’s perspective and insight into the team discussion
Acknowledge and validate ideas and concerns of the nursing staff and provide support
Function as a liaison between the interdisciplinary team and the treating physicians
Be a resource to the interdisciplinary team

Patient Care Manager, Rose Sieglen, Testimonial
Geriatric Rounds provides education for the patient, family, and members of the healthcare team
Individual patient issues are addressed and resolved
Physician to Physician discussion is fostered

Outcomes
- Increased communication between all disciplines where pertinent information is shared
- Patient safety issues are reviewed and addressed in real time
- Beers Criteria was introduced in the Hunterdon Medical Center formulary
- Geriatric consult checklist was created for all healthcare providers
- Nurse-initiated bowel regimen protocol began in October 2010
- Amplifiers for hearing were made available
- Orthostatic vital signs are now completed on all ‘at risk’ or syncopal patients before Physical Therapy
- Encouraged regular timed administration of analgesics
- Increased consultations to Ethics, Palliative Care, Speech, and Hearing, and Geriatrics on complex patients
- Advanced Directives are addressed
- Nurse autonomy occurs due to immediate collaboration and response
- Complex patient-family issues, capacity, and guardianship are addressed
- Nurses serve as patient advocates and communicate their wishes to the treating team

Meet Joint Commission Standards: PC.02.01.05 The hospital provides interdisciplinary collaborative care, treatment, and services. NICHE standard: The care, treatment, and services provided to hospitalized older adults is interdisciplinary.

Conclusion and Future Plans
- In-services will be provided by the PharmD residents on medication updates related to older adults
- Communication will continue across the disciplines
- Physical Therapy, Nutrition Support, Wound Care will be invited to join rounding on each individual geriatric patient with the interdisciplinary team
- was suggested by Ashmi Philips PharmD, Clinical Coordinator
- Re-evaluation of Physical Therapy and timing of medication administration
- Expand Geriatric rounds to all other nursing units
- Continued identification of Geriatric issues and patients at risk by staff RNs and interdisciplinary team members
- Identification and development of best practice related to improved care of the geriatric population

References

Acknowledgements and Contact Information

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