

Medical Error in Public Eye at Geriatrics Meeting

Laird Harrison | May 13, 2016

LONG BEACH, California — New ways to reduce medical errors will figure prominently at the upcoming American Geriatrics Society (AGS) 2016 Annual Scientific Meeting.

The issue is particularly topical in light of the finding that medical error is the third leading cause of death, [as reported](#) by *Medscape Medical News*, said Christopher Callahan, MD, from the Indiana University Center for Aging Research in Indianapolis.

"The AGS has played a leadership role in this area, particularly when it comes to the safety of medication," Dr Callahan explained. Many presentations during the meeting will examine the topic.

In one session, investigators from the Department of Veterans Affairs will present results from the EQUIPPED — Enhancing Quality of Prescribing Practices for Older Veterans Discharged From the ED — study. The team used provider education, pharmacy order sets and links to geriatric content embedded with medical records, and peer benchmarking to reduce the prescription of potentially inappropriate medications.

And the success of a program to reduce urinary tract infections resulting from unnecessary catheterization in hospital internal medicine and surgical wards will be discussed by researchers from the University of Toronto during the same session.

Medical error is far from the only hot topic on the agenda at the meeting. Geriatricians are looking for ways to make the most of limited resources in the face of a growing tide of aging Americans, said Heather Whitson, MD, from Duke University in Durham, North Carolina, who is program chair for the meeting.

The silver tsunami is upon us.

"The AGS and its members are recognizing that we're at a critical juncture in healthcare," she told *Medscape Medical News*. "The silver tsunami is upon us; the aging demographic we've been talking about for 10 years is here."

The healthcare system in the United States is built to care for people with two chronic conditions, at most, she explained. But most geriatric patients live with five or more conditions. Having a different doctor treat each disease is expensive and can result in poor coordination of care, especially because the treatment of one condition can exacerbate another, she pointed out.

In one study addressing this challenge, Medicare beneficiaries discharged from emergency departments to home health were tracked by researchers at West Health in San Diego. As the poster describes, the researchers were "trying to see if there might be a way to keep more people out of the hospital if you expanded the home care," Dr Whitson told *Medscape Medical News*.

The coordination of care will be examined from a different angle during an educational session reviewing findings from SPRINT — the Systolic Blood Pressure Intervention Trial — that pertain to the prevention of fall risks in older adults.

And along similar lines, a poster will look at the risk for cognitive impairment in patients admitted to skilled nursing facilities after severe sepsis. The study was conducted by researchers at University of Wisconsin–Madison.

"The take-home message from that one, I would say, is that probably more rehab is needed, recognizing that severe sepsis, even when it's survivable, in older adults takes a significant toll on the whole body," Dr Whitson pointed out.

That study addresses another hot topic at the meeting: dementia. "We've talked about people who have multiple chronic conditions, but one condition, when it's present, really dictates a lot of the patient's needs and costs, and that is dementia, which is also drastically increasing," she said.

An examination of the internal consistency of the Alabama Brief Cognitive Screener, which might be an efficient alternative to the Mini Mental State Exam, will be presented in a poster by researchers from the University of Alabama, Dr Whitson reported.

Dementia will also be in the spotlight in Dr Callahan's keynote address, which will summarize state-of-the-art care for people with Alzheimer's disease.

Dr Callahan said he plans to emphasize exercise and diet in the talk. "There is no wonder drug out there that has changed the course of the disease," he told *Medscape Medical News*. Many researchers now believe the best chance of reducing the burden of Alzheimer's disease is to improve the health habits of young and middle-aged people.

In addition to these scientific presentations, meetings of special interest groups — such as those focused on education, people based outside the United States, and junior faculty — will provide opportunities for people interested in geriatrics, said Dr Whitson.

Organizers expect the conference to attract about 2600 people.

Dr Callahan and Dr Whitson have disclosed no relevant financial relationships.

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