

ASP-CHEST FOUNDATION OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS GERIATRIC DEVELOPMENT RESEARCH AWARD

Award Recipient:



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PROJECT:

A MULTIDISCIPLINARY INTERVENTION TO OPTIMIZE THE RECOVERY OF ELDERLY PATIENTS HOSPITALIZED WITH COMMUNITY ACQUIRED PNEUMONIA

MENTORSHIP TEAM:

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|----------------------|--------------------|
| THOMAS B. CASALE, MD | WES ELY, MD |
| BARBARA FLYNN | DONALD R. FREY, MD |
| EUGENE C. RICH, MD | DAN SCHULLER, MD |

The objective of my research as a Williams Scholar is to assess the effects of a pneumonia-specific geriatric assessment (PSGA) on the duration of hospital stay, hospital disposition, and the quality of life of elderly patients hospitalized with pneumonia. This research is important given the rapidly growing number of older people, high rates of pneumonia in this population, and the increased likelihood of adverse events in hospitalized geriatric patients.

Although several relatively simple interventions such as early mobilization and bedside incentive spirometry shorten the duration of hospital stay for patients with pneumonia, they have not been rigorously studied in the elderly population. Other interventions such as diet optimization, early social work assessment, swallow evaluation, and medication review by a geriatric pharmacist have shortened the hospital stay of elderly patients hospitalized for various conditions but have unproven benefit in pneumonia. The incorporation of such therapies into an individualized, multidisciplinary, patient-centered intervention (PSGA) may improve the quality of care for the hospitalized elderly patient. Disease-specific assessments have reduced the cost of care, increased patient satisfaction, and improved the quality of care provided to elderly patients with chronic congestive heart failure or stroke.

As such, we will evaluate a novel intervention that maximizes biological, social, and functional status on an individualized level. In keeping with the philosophy of geriatric medicine, this intervention is multidisciplinary. PSGA is composed

of elements that are relatively inexpensive, widely available, commonly accepted, and easy to implement without consultation from a geriatrician. By shifting from a passive and often fragmented utilization of the services comprising the PSGA to a more aggressive and cohesive strategy, we hope to reduce the complications attributed to the acute illness.

The results of this study will provide important insight regarding the effects of acute illness on the functional status of the vulnerable elderly population. Ideally, an improved understanding of these complex interactions will challenge the widely held misconception that a loss of functional independence is an inevitable consequence of hospitalization among older patients.

My background thus far for a career in academic pulmonology has included strong clinical fellowship training, completion of a master's degree in clinical research design and statistical analysis, and ongoing mentored clinical research in a collaborative environment. With the support of the ASP-CHEST Foundation of the American College of Chest Physicians Geriatric Development Research Award, I intend to continue my independent research efforts with ongoing mentorship from a team of dedicated investigators with expertise in geriatric medicine, pulmonary medicine, and clinical research. This award will also facilitate formal training in clinical geriatric medicine, geriatric research methods, development of a joint geriatric pulmonary medicine curriculum, and educational resources.

