The Farewell Column

Ana Tuya Fulton, MD, FACP

After four and a half years and 54 topics, the time has come for a transition in this column. It is with mixed emotion that I write this final column; proud to see it run its course, sad to have the topic change from geriatrics, relieved to pass the torch to others for their fresh thoughts, but overall proud that it served the community and was a forum for a monthly conversation on geriatrics topics.

The column first ran in January of 2007 and was envisioned as a vehicle to share resources and knowledge to help all practitioners care for the often complicated and challenging older adult population. There have been 44 different topics discussed since then, and two especially dedicated nursing home editions of the journal with ten more in-depth articles. Topics have been varied and have covered many of the commonly encountered medical conditions, as well as general issues on caring for older adults (Table). Column authorship was broad with articles written by senior academic geriatricians, junior faculty, geriatrics fellows in training, residents, nurse practitioners and other health professionals. The unifying theme among the authors has been a desire to improve the awareness of geriatrics issues and to provide all practitioners with knowledge and tools they need to care for older persons.

Today marks the final installment of “Geriatrics for the Practicing Physician”. The column will be reborn in July as “Quality Improvement and Patient Safety for the Practicing Physician” edited by Drs. Brian McGillen and Sarita Warrier. Quality and patient safety have become a major focus for the practice of medicine and among accrediting organizations. All hospitals and practitioners are being challenged to adhere to new standards and further improve quality.

It is fitting that the column is going from a column on Geriatric medicine to one focused on quality and patient safety. Older adults are those that are often at highest risk for entering into health care systems, having adverse outcomes and experiencing...
a greater number of health care transitions. At the March 2011 Quality Partners of Rhode Island (QPRI) sponsored Transitions of Care Summit it was clear to me that our state is poised to be at the forefront of the sea of change in health care transitions. The changes coming to improve the quality of patient transitions will bring with them attention to patient safety and quality of care. Additionally, the incentives being promoted by the Affordable Care Act will push the focus on quality of care and patient safety even more to the forefront. There will be more incentives to support high quality care, reduce adverse events, and improve prevention and screening. It is an exciting time both locally and nationally with all of the ongoing and new initiatives to improve what we do and how we do it. The new column will be poised to share this with the readership. I am excited to follow the new column and the changes that are coming.

Acting as editor of this column has been a remarkable opportunity for me, and one from which I have learned a great deal. I would like to take this opportunity to thank all of our supporters. You, for your readership and the feedback you have given me to help improve the column over time and to suggest and contribute topics. Thanks also to all of the contributors (62 by my count) who have submitted articles. Thanks to those who have helped review and edit articles while sharing your area of expertise. Finally, the Centers for Medicare & Medicaid Services (CMS) whose support through QPRI, the Medicare quality improvement organization for Rhode Island, have provided the funding permitting monthly publication of the column. These articles have fostered better, safer and timelier care of our older adults, along the themes of the prior 8th and current 9th scope of work QPRI does under contract with CMS.

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Disclosure of Financial Interests

The author and/or spouse/significant other has no financial interests to disclose.

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