Virginia Long-Term Care Clinician Network Monthly Forum

June 18, 2025

Welcome!

As you join, please turn on cameras and mic or unmute your phone and say hello to your Virginia colleagues.

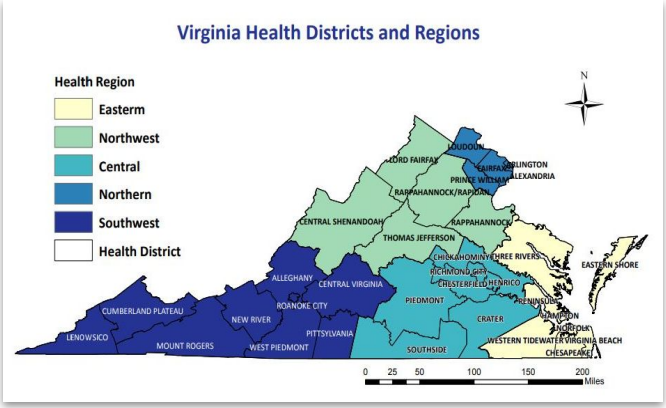
Please use the chat box:

Your name

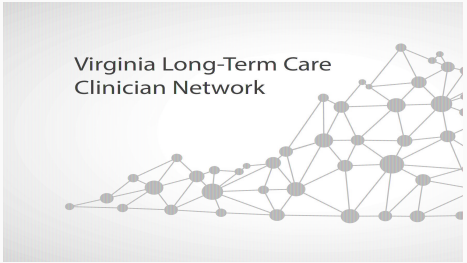
Ae you hurricane/summer storm prepared? Any new ideas to prepare?

Welcome New Members!

Barbara Pereira - Northwest, Central, Southwest
Amanda Bartley - Southwest



306 Members Strong!



For great resources: look for previous slide sets and newsletters under *Forums & Events* and *Resources* on our website.

Remind your work colleagues to attend so they can get Education, Support and CME!

ltccn.vcu.edu

Poll

A. We are fully staffed at most of our facilities

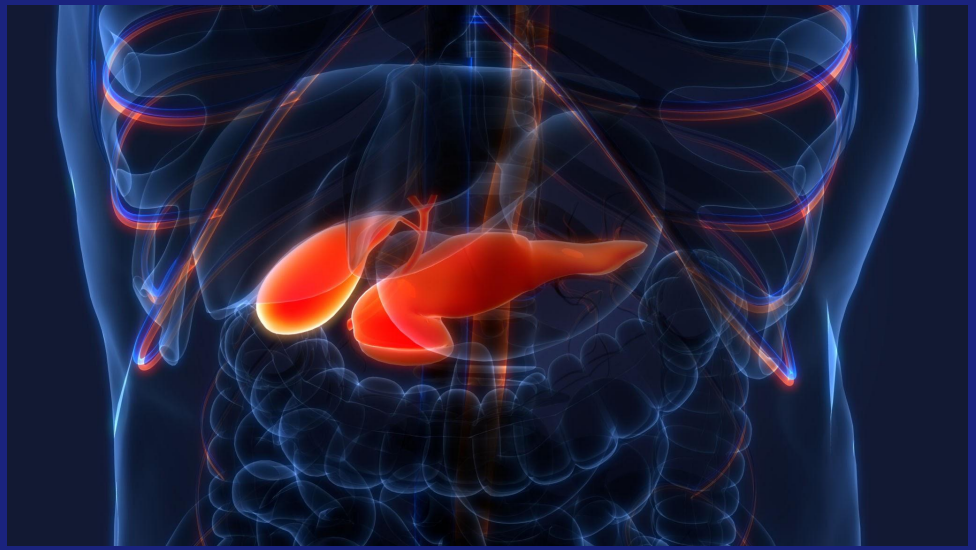
B. Staffing could be better

C. We don’t have close to enough staff and I’m nervous to go on vacation.

Now that summer is here, how is nurse staffing considering new graduates and summer vacations?

Gallbladder Disease

for PALTC Clinicians



Carl J. “Christian” Bergman, MD, CMD, FACP, AGSF
Associate Professor, Division of Geriatric Medicine, VCU

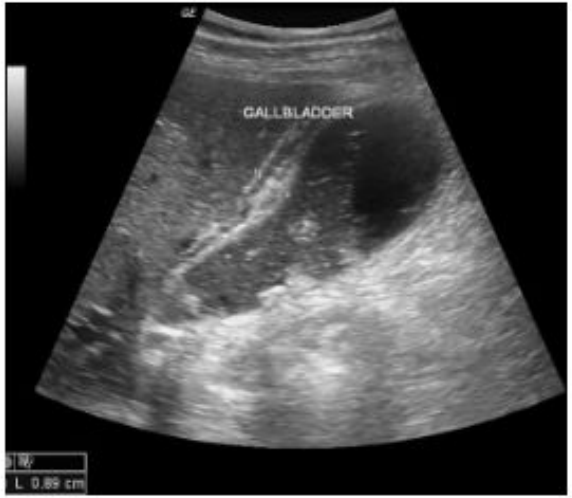
I have no relevant conflicts of interest.

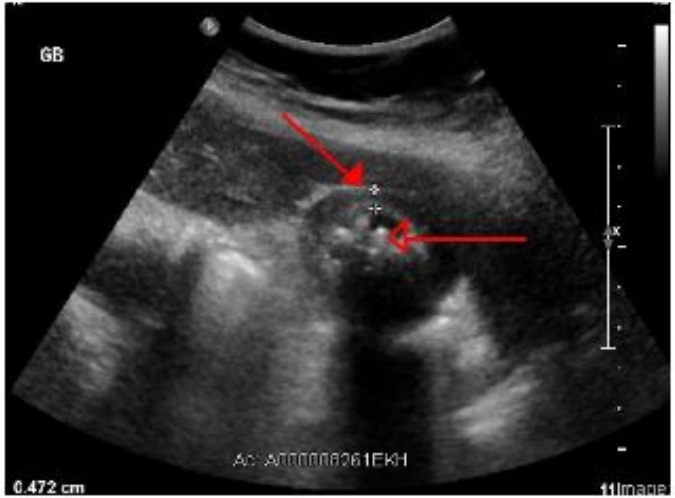
Case 1

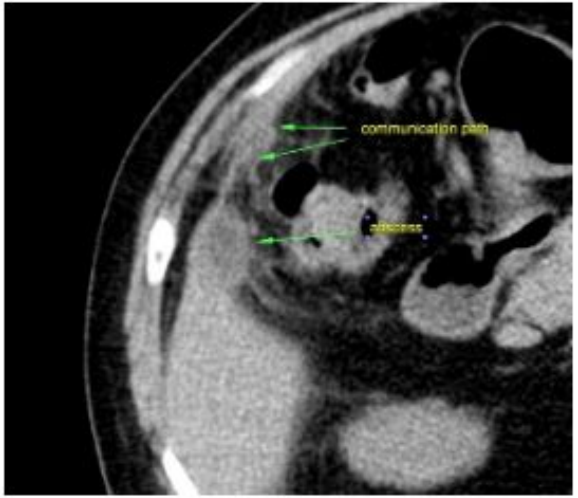
A 40-year-old obese woman presents to the emergency room for pain in her right upper quadrant of her abdomen. She reports that she has had similar pain on and off for the past few weeks, but this time the pain has persisted for over an hour. She also reports nausea, vomiting, and loss of appetite. On physical exam, she has right upper quadrant pain and inspiratory arrest with deep palpation of the area. An ultrasound of that area reveals distended gallbladder with thickened gallbladder wall and gallstones. She is admitted for further management and the general surgery team is consulted for possible surgery within the next 72 hours.

https://step2.medbullets.com/gastrointestinal/120163/acute-cholecystitis

Case 1







https://step2.medbullets.com/gastrointestinal/120163/acute-cholecystitis

ltccn.vcu.edu

Case 1

- Epidemiology - Female, 5F, gallstones, hormone replacement, obesity, hypertriglycerides.
- Etiology - EEEK bugs (E coli, Enterobacter, Enterococcus, Klebsiella)
- S/S - n/v, f/c, decreased appetite, abd pain (RUQ, shoulder)
- PE - Murphy Sign (arrest of inspiration), Boas Sign (hyperesthesia)
- Imaging - Ultrasound, HIDA, CT abd/pelvis (rule out other pathology)
- Labs - cholestatic picture (high alk phos) but can be mixed
- Treatment 1) IVF, pain meds, supportive care, 2) IV abx, 3) cholecystectomy (non emergent w/ 72 hours vs. emergent) vs. percutaneous cholecystostomy drain
- Complications: pancreatitis, cholangitis, gallbladder perf with peritonitis

https://step2.medbullets.com/gastrointestinal/120163/acute-cholecystitis

Surgery vs. Drain?

"Elderly patients with both acalculous and calculous acute cholecystitis managed with CTP have higher incidences of post-procedural morbidity and mortality, and longer post-procedure length of hospital stay, as compared to cholecystectomy. Unless prohibitive surgical risks exist, elderly patients with acute cholecystitis should undergo cholecystectomy."

ELSEVIER

Journal of Gastrointestinal Surgery

Volume 23, Issue 3, March 2019, Pages 503-509

2018 SSAT Poster Presentation

Cholecystectomy Vs. Cholecystostomy for the Management of Acute Cholecystitis in Elderly Patients

Francisco Schlottmann [1,2], Charles Gaber [1,3], Paula D. Strassle [1,3], Marco G. Patti [1,4], Anthony G. Charles [1]

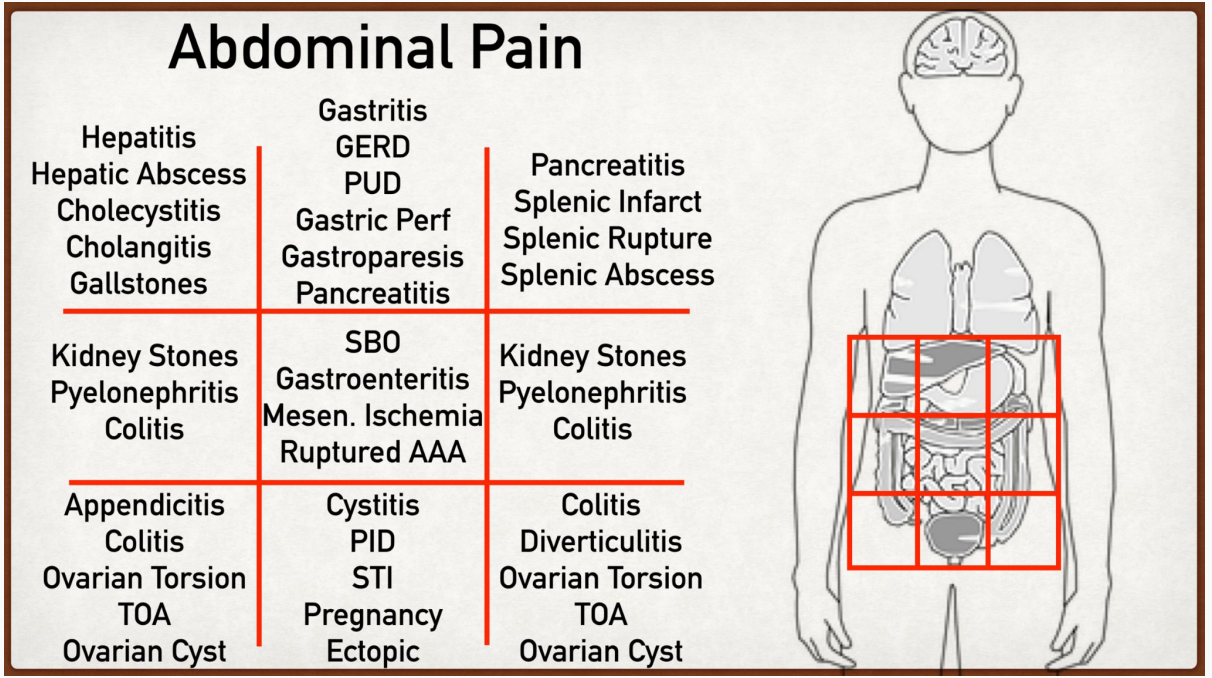
Show more

https://www.sciencedirect.com/science/article/abs/pii/S1091255X23019091

Differential Diagnosis

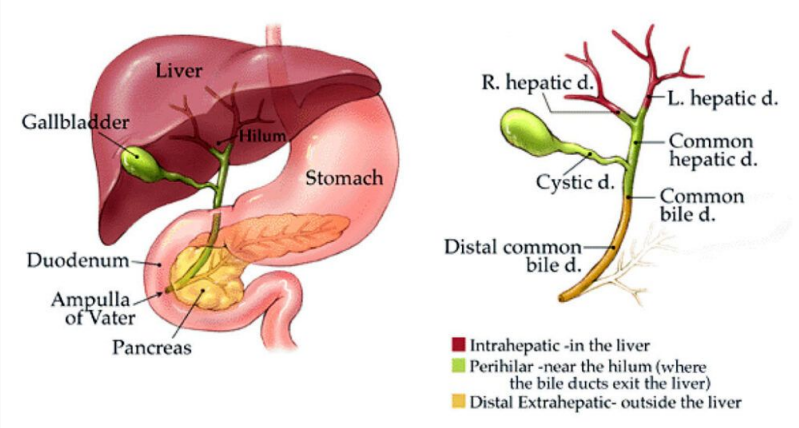
What is the Diagnosis?

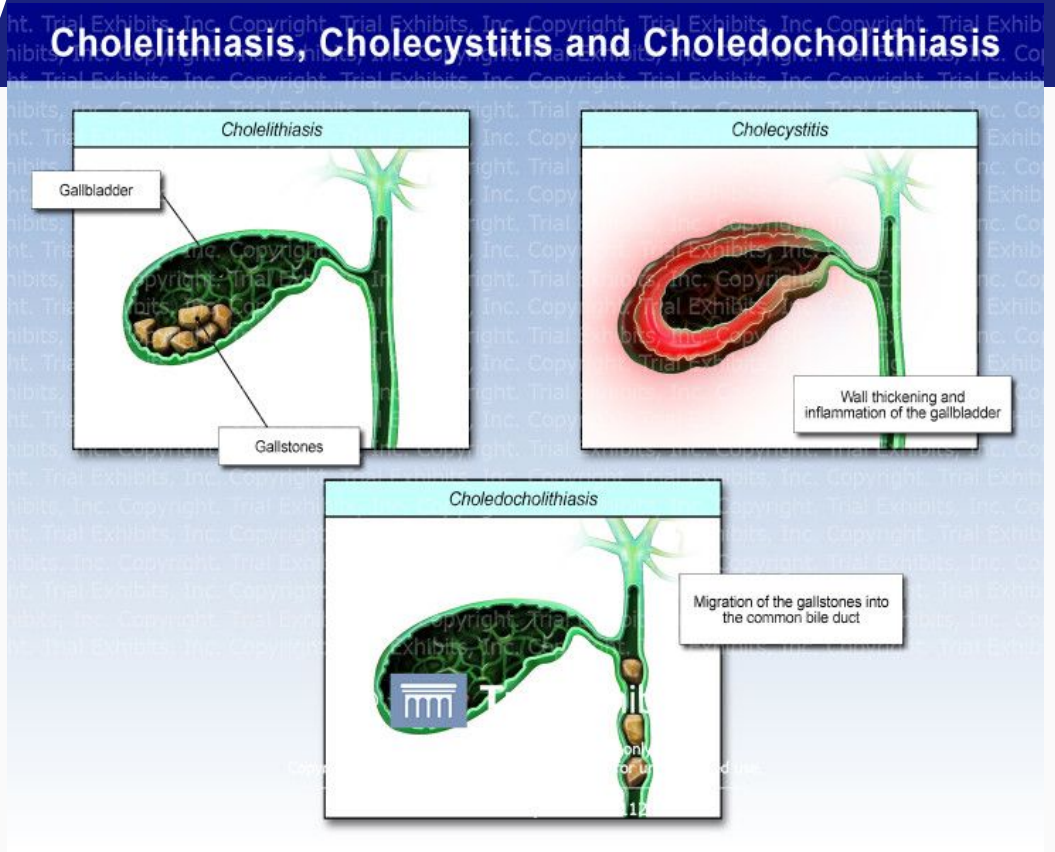
- Clinical picture?
- Pain? Location?
- Lab Abnl?
- Incidental Imaging?



https://www.ezmedlearning.com/blog/abdominal-pain-chart

Gallbladder Pathology





https://pathology.jhu.edu/gbbd/anatomy-physiology

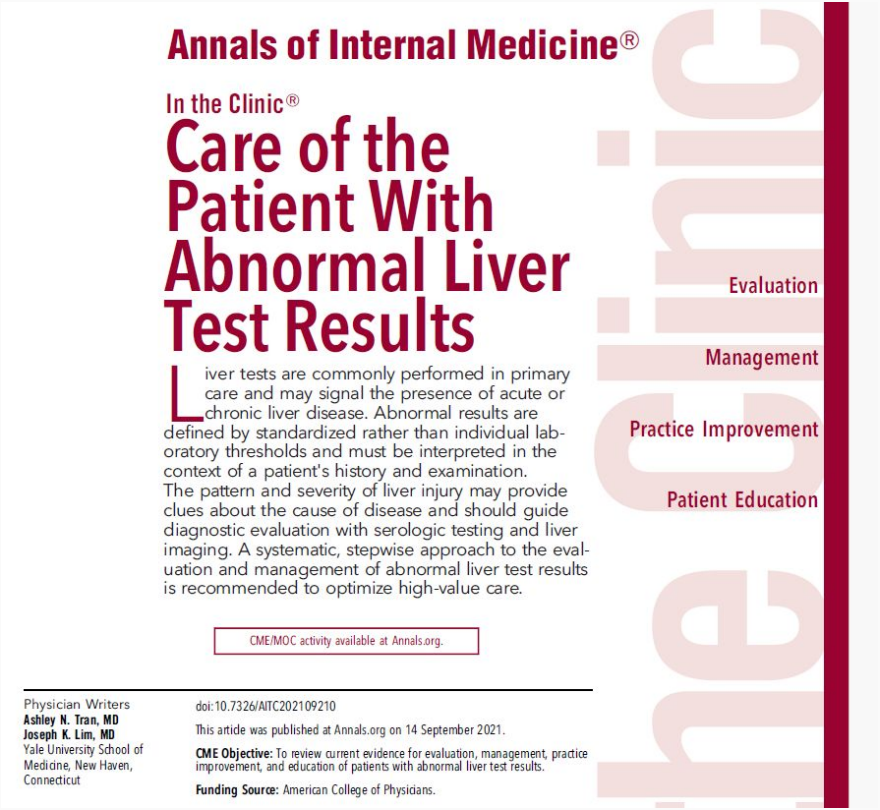
https://www.trialexhibitsinc.com/library/library-item/cholelithiasis-cholecystitis-and-choledocholithi

ltccn.vcu.edu

Lab Abnormality

Interpretation of LFTs

- Evaluation
- Management



Annals of Internal Medicine®

In the Clinic®

Care of the Patient With Abnormal Liver Test Results

Liver tests are commonly performed in primary care and may signal the presence of acute or chronic liver disease. Abnormal results are defined by standardized rather than individual laboratory thresholds and must be interpreted in the context of a patient's history and examination. The pattern and severity of liver injury may provide clues about the cause of disease and should guide diagnostic evaluation with serologic testing and liver imaging. A systematic, stepwise approach to the evaluation and management of abnormal liver test results is recommended to optimize high-value care.

CME/MOC activity available at Annals.org.

Evaluation

Management

Practice Improvement

Patient Education

Physician Writers
Ashley N. Tran, MD
Joseph K. Lim, MD
Yale University School of Medicine, New Haven, Connecticut

doi:10.7326/AITC202109210

This article was published at Annals.org on 14 September 2021.

CME Objective: To review current evidence for evaluation, management, practice improvement, and education of patients with abnormal liver test results.

Funding Source: American College of Physicians.

https://www.acpjournals.org/doi/10.7326/AITC202109210

Patterns of Hepatobiliary Disorders - Hepatocellular (AST/ALT HIGH)

Pattern	*Aminotransferases*	*Alkaline Phosphatase*	*Bilirubin*	*Albumin*	*Prothrombin Time*	*Associated Conditions*
Hepatocellular injury	↑↑↑ (acute) ↑↑ (chronic) AST-ALT ratio >2 suggests alcoholic liver disease	Normal to ↑ to <3 times ULN	Normal to ↑ Both fractions may be elevated	Normal or decreased	Normal or prolonged INR >1.5 that does not correct with vitamin K indicates severe injury	Acute: Acute viral hepatitis Acute ischemic injury Toxin- or medication-induced injury Acute autoimmune hepatitis Chronic: Hepatitis B and C Alcoholic liver disease NAFLD Chronic autoimmune hepatitis Wilson disease A1AT deficiency Hemochromatosis

https://www.acpjournals.org/doi/10.7326/AITC202109210

AST / ALT Ratio

AST / ALT

Elevations above the upper limit of normal

<5x	5-10x	>10x
NAFLD	EtOH	Viral Hepatitis
Drug Induced	Drug Induced	Acetaminophen
EtOH	Biliary Disease	Shocked Liver
		HELLP
		Autoimmune

https://www.tamingthesru.com/blog/r1-diagnostics/decoding-lfts

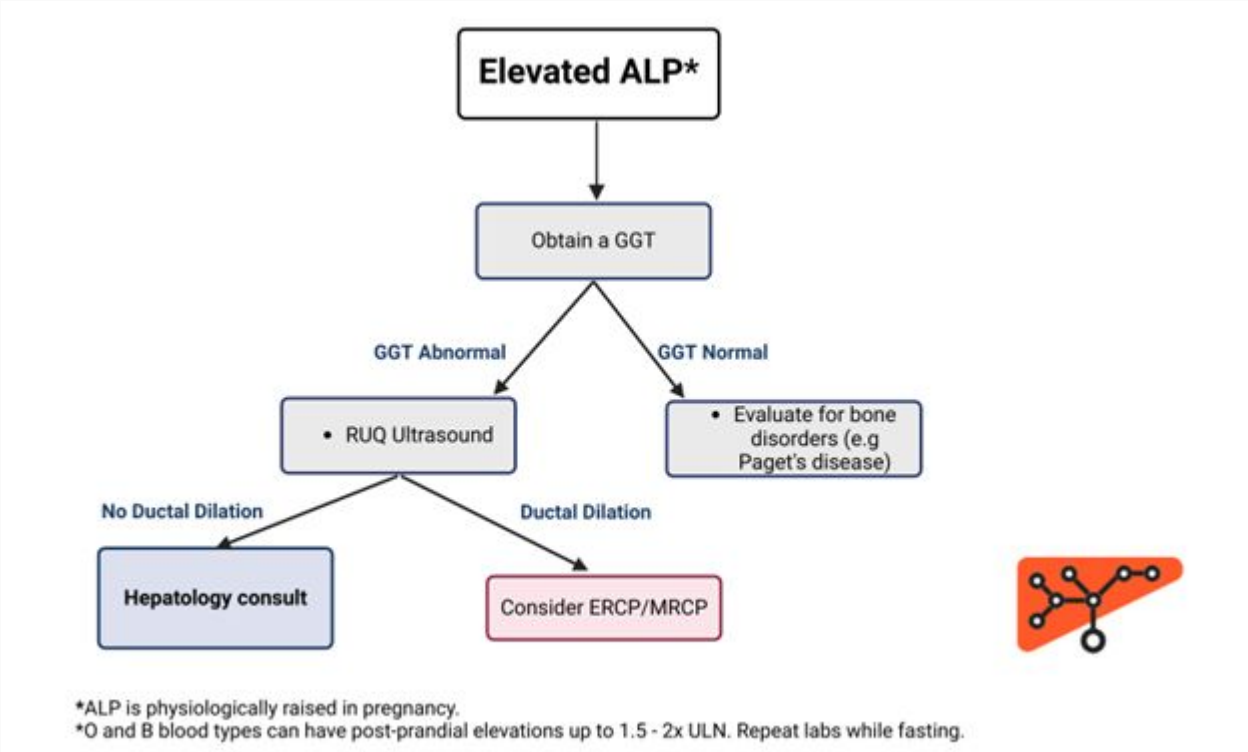
Patterns of Hepatobiliary Disorders - Cholestatic (HIGH Alk Phos)

Pattern	*Aminotransferases*	*Alkaline Phosphatase*	*Bilirubin*	*Albumin*	*Prothrombin Time*	*Associated Conditions*
Cholestatic injury	Normal to ↑↑↑	↑↑↑, often >4 times ULN	Normal to ↑	Normal or decreased	Normal	Acute: Choledocholithiasis Acute cholangitis Medication-induced injury Cancer Chronic: PBC PSC Autoimmune cholangiopathy Bile duct stricture Vanishing bile duct syndrome AIDS cholangiopathy Cancer

https://www.acpjournals.org/doi/10.7326/AITC202109210

ltccn.vcu.edu

When to get a GGT?



https://www.aasld.org/liver-fellow-network/core-series/back-basics/how-approach-elevated-liver-enzymes

Patterns of Hepatobiliary Disorders - Others

Pattern	Aminotransferases	Alkaline Phosphatase	Bilirubin	Albumin	Prothrombin Time	Associated Conditions
						Cancer
Infiltrative diseases	Normal to ↑	↑↑↑, often >4 times ULN	Normal to ↑	Normal	Normal	Sarcoidosis Granulomatous hepatitis Amyloidosis Tuberculosis Lymphoma Cancer
Hemolysis	Normal	Normal	↑ Indirect fraction elevated	Normal	Normal	Gilbert syndrome Sickle cell disease Hereditary spherocytosis Autoimmune hemolytic anemia Hematoma resorption

https://www.acpjournals.org/doi/10.7326/AITC202109210

ltccn.vcu.edu

Incidental Gallbladder Findings

Broad range of findings

- CT abd/pelvis with 1) stones, 2) inflammation, 3) dilatation → ultrasound
- Ultrasound with distention + Murphy sign but without dilatation or wall thickening → HIDA scan
- Porcelain gallbladder
- Stones, no symptoms
- Polyps

ACR Recommendations for Incidental findings of the Gall bladder and Bile ducts

https://www.jacr.org/article/S1546-1440(13)00307-4/abstract

Table 1. Summary of diagnosis and evaluation of incidental findings of the gallbladder and bile ducts (see text for details)

Finding	Finding/Diagnosis	Action
Gallstones, no mass	Gallstones	If symptomatic, ultrasound
Gallbladder wall calcification, no mass	Focal wall calcification or diffuse (porcelain gallbladder)	No follow-up recommended; if followed, use postcontrast CT
Dense gallbladder contents (20-100 HU)	Sludge, excreted contrast, hemorrhage, gallstones	No evaluation or follow-up recommended specifically for this finding
Diffuse gallbladder wall thickening >3 mm, no mass	Hepatitis, congestive heart failure, liver disease, pancreatitis, hypoproteinemia	No evaluation or follow-up recommended specifically for this finding
Focal gallbladder wall thickening or mass	Polyp, gallbladder cancer, cholesterolosis, adenomyomatosis	Evaluation and follow-up depends on mass size, other clinical factors; ultrasound may have specific features for adenomyomatosis
Gallbladder polyp ≤6 mm	Benign polyp	No evaluation or follow-up recommended
Gallbladder polyp 7-9 mm	Benign polyp, adenoma vs small cancer	Follow yearly with ultrasound; surgical consult if polyp grows
Gallbladder polyp ≥10 mm, mass	Benign polyp, adenoma vs small cancer	Surgical consult
Pericholecystic fluid	Gallbladder perforation, other collection	Individual assessment
Distended gallbladder	Fasting, obstruction	If asymptomatic, no evaluation
Ductal dilation >6 mm, if no cholecystectomy or >10 mm if gallbladder absent	Obstruction, postcholecystectomy	If laboratory results normal, no evaluation; if abnormal, ERCP, EUS, MRCP, or CT cholangiography as appropriate

Note: ERCP = endoscopic retrograde cholangiopancreatography; EUS = endoscopic ultrasound; MRCP = MR cholangiopancreatography.

My Opinions

- Person in PALTC with abdominal pain
  - Localize pain
  - Think through ddx
  - Determine acuity / severity
  - Can workup be done in facility?
  - Stat labs
    - CBC, BMP, LFTs, lipase (**note:** if you want to add GGT at this time, go ahead)
  - Wait for labs before ordering RUQ ultrasound
    - Based on labs, re-assess patient and determine acuity/severity
  - If colic pain, stable patient, ok to get RUQ ultrasound, find gallstones, refer to surgeon for elective removal
  - If patient unstable or with evidence of end organ damage (early sepsis, elevated AST/ALT, high T bili, AKI, high WBC), likely patient needs hospital level of care
  - Antibiotics - not indicated until diagnosis clarified.

Your Thoughts / Comments?

Open Forum

Any questions or ideas from the talk?

Share an unidentifiable case to discuss

Do you have resources or professional meetings you could share in chat?

News/Reminders

Report all suspected cases of measles to your local health department immediately to ensure rapid testing and investigation.

ACIP June Meetings: attend for updates with new board members
https://www.cdc.gov/acip/meetings/index.html#cdc_toolkit_main_toolkit_cat_3-upcoming-meetings

VAMDA Annual Conference - Excellence in Long Term Care
September 13, 2025
Virginia Beach

https://virginia.paltmed.org/meetings

PALTmed Advocacy Summit
Presented by the Post-Acute and Long-Term Care Medical Association
October 27-28, 2025
Kimpton Hotel Monaco, Washington, DC

CMS Announced New QIO Assignments

Virginia is no longer with our friends at Health Quality Innovators, but will be making new friends at https://ipro.org/

Region	CMS QIN-QIO Region	Awardee	States Served
1	Northeast CMS QIN-QIO (1)	Superior Health Quality Alliance, Inc. (SHQA)	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Puerto Rico, and the Virgin Islands
2	Mid-Atlantic CMS QIN-QIO (2)	Island Peer Review Organization, Inc. (IPRO)	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia
3	Southeast CMS QIN-QIO (3)	Health Quality Innovators HQI)	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

https://www.cms.gov/medicare/quality/quality-improvement-organizations/current-work

Request from Colleagues for information about telehealth

Help us learn about using telehealth for patients with dementia!

VANDERBILT UNIVERSITY MEDICAL CENTER

Researchers at Vanderbilt University are conducting an interview study to learn how telehealth is being used in nursing homes.

We are interested in talking with medical directors, nursing directors, administrators, and other staff about their experience of telehealth.

More information is available by scanning the QR code.

Request from Colleagues for participation in Study on Urinary Incontinence in PALTC

Dear Nursing Home Medical Providers and Directors,

We want to hear your perspective on urinary incontinence management in nursing homes!

My name is Stephanie Zuo, and I am a urogynecologist at UVA. I am leading a qualitative research study investigating the management of urinary incontinence in nursing homes. We are hoping to recruit **16** nursing home medical providers (physicians and APPs), **6** nursing home medical directors, and **6** long-term care pharmacists as part of our study to gather a range of perspectives. **Participation involves 2 virtual interviews over Zoom**. The first interview will take 30-45 minutes and the second interview will take 30 minutes. **Your perspective and experiences on this topic are extremely valuable and we hope you might consider participating.** We are offering $50 after the first interview and $25 after the second interview. There are no known risks involved in this research. The study was approved by UVA IRB-SBS, Protocol #7362 and by the Viginia Medical Director's Association.

If you are interested in participating, **please click this link or follow the website below.** Thank you so much for considering, and if you have any questions, please let me know.

https://redcapsurvey.healthsystem.virginia.edu/surveys/?s=RTAMMTRMRDEYTAAC

Stephanie W. Zuo, MD MS, Assistant Professor of Obstetrics and Gynecology, Division of Urogynecology and Reconstructive Pelvic Surgery, University of Virginia, JKT6MA@uvahealth.org

Accreditation

	In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
	VCU Health designates this live activity for a maximum of ***1.00 AMA PRA Category 1 Credits***^{TM}. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
	VCU Health Continuing Education designates this activity for a maximum of ***1.00 ANCC*** contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.
	VCU Health Continuing Education has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for ***1.00 AAPA Category 1 CME credits***. PAs should only claim credit commensurate with the extent of their participation.

Disclosure of Financial Relationships

Disclosure of Commercial Support:

We acknowledge that no commercial or in-kind support was provided for this activity.

Claiming CE Credit

Submit Attendance

1. *If you have **not participated in a VCU Health CE program** in the past:*
   a. Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number
2. Once you have registered or if you **have participated before:**
   a. Text the course code to (804) 625-4041.
   b. The course code for today's event is: **#####** *within **5** days of the event*

Complete Evaluation & Claim Credit, *(within 60 days of the event)*

1) Go to https://vcu.cloud-cme.com
2) Sign in using email address used above
3) Click "My CE"
4) Click "Evaluations and Certificates"

Need help? ceinfo@vcuhealth.org

OR

1) Open the CloudCME app on your device
2) Click "My Evaluations"
3) Click the name of the activity to complete evaluation

Thank you for joining us!

Updates and News - See News Updates via email

Next Monthly Forum: **Wednesday, July 16, 4-5 pm**

Your Calendar Link - In the Zoom Registration Confirmation email you received today, there's a calendar link to update your calendar for future meetings.

On your way out of our meeting today, kindly answer a brief feedback survey.

Stay in touch! Email us at vcoa@vcu.edu

Invite your colleagues! They can register at ltccn.vcu.edu