

The Impact of Age Friendly Unit in Achieving Patient and Financial Outcomes

Presenters:

Elena Memoracion, DNP, RN, NEA-BC, FACHE, CPHQ

Debra Recchia, BSN, RN, NE-BC

1

Objectives

At the end of this presentation, the attendees will be able to:

- 1. Identify the key components of the care model that resulted in positive patient experience and organizational outcomes.**
- 2. Explain the care model structure and process.**
- 3. Describe two performance measures that define success of the quality improvement.**

2

Conflict of Interest

- The presenters do not have a conflict of interest to disclose.

3

North Shore University Hospital Overview

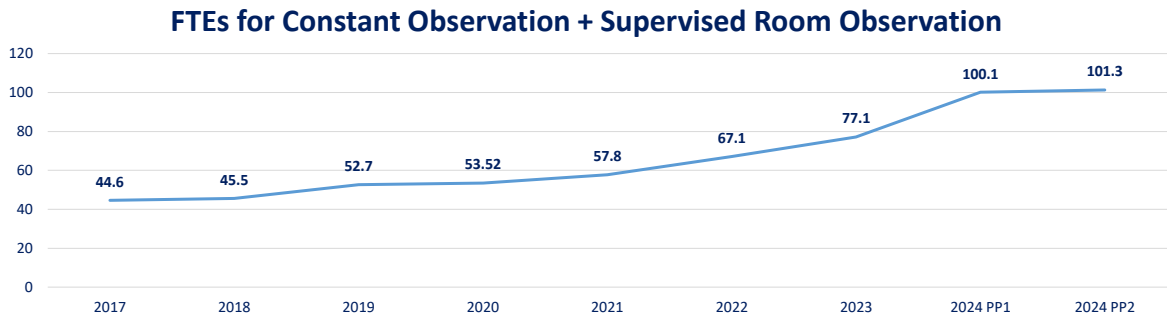


- Quaternary Acute Care Facility of Northwell Health
- 756 licensed beds academic center affiliated with Hofstra Northwell School of Medicine
- Transplant Center: Heart, Liver, Lung, Kidney
- Katz Women's Hospital
- ACS Verified Level 1 Trauma Center
- Lantern Award for Emergency Department
- JC Advanced Comprehensive Stroke Certification
- JC Advanced Palliative Care Certification
- JC Advanced Hip, Knee and Spine Certification
- JC Advanced LVAD Certification
- AHA Stroke Gold Plus Award
- Bariatric Center of Excellence
- Gold Beacon Award for Excellence – Adult Critical Care units, RCU, PCU, PACU, NSCU
- Recipient of Healthgrades' Patient Safety Excellence Award 2019-2023
- Diagnostic Imaging Center of Excellence

4

Background / Challenge

- **73% increase in FTE utilization from 2017 to 2023**
- **Unprecedented number of older adults with unique care needs**
- **Call to action: a person-centered approach that improves health outcomes and prevent avoidable harm in older adults**



5

New Care Model

- **ACE Model of Care Unit – 10 bed suite**
 - **Provides specialized, comprehensive and coordinated care of older adults**
- **Promote healing and wellness in a safe caring, patient-centered environment**
- **Staff assessing, implementing interventions and monitoring patients at a higher safety risk**
- **Leadership visibility, support and “modeling the way”**
- **4Ms framework**



6

Structure

The ACE Unit has a proactive, pre-habilitative approach, comprising five components:

- Prepared environment: Physical environment that promotes mobility and orientation (e.g. uncluttered hallways, handrails, anti-slip measures, raised toilet seats, space for socializing clocks, calendars, pictures)
- Interprofessional, team-based patient-centered care with registered nurse-initiated protocols for independent self-care, nutrition, sleep hygiene, skin care, mood and cognition
- Early rehabilitation from physical therapists or occupational therapists, who provide therapy services and are integrated into the care team
- Early planning for discharge with goal of returning home when feasible, accompanied by social work intervention to mobilize a patient’s family and other resources
- Medical review to promote optimal prescribing and protocols to minimize adverse effects (e.g. medication reconciliation and avoidance of urinary catheterization)

7

Process

North Shore University Hospital
Northwell Health

Division of Hospital Medicine

3 Acute Care for Elders (ACE) Unit Model Guide



(Updated 03. 15. 2024)

TEAM MEMBERS	
1.	Physician Leads – Winnie Chu
2.	Nurse Manager / Nurse Liason – Debra Recchia
3.	ACPs –
4.	Case managers – Marissa Luciano
5.	CSA / Unit clerk –
6.	Physical Therapist –
7.	Clinical Pharmacist –

	TIME	VIRTUAL/IN PERSON	LOCATION	COMMENTS
IDRs	8:30 AM	In-Person	Nurses Station	<ul style="list-style-type: none"> Room 393D then continue down the list. ACPs: Brief patient description/one-liner (age, gender, pertinent PMHx, reason for admission) Nurses: <ul style="list-style-type: none"> Mentation (Dementia? FAST Scale) Ambulation (AM-PAC Score) Central Lines/Foleys (if Foley present, is it new or chronic?) Last BM Skin findings (e.g. pressure ulcers, wounds) Nutrition (diet, concern for dysphagia) PRNs (e.g. benzodiazepines, antipsychotics) administered (if any) Code Status Physician Lead: Medical barriers to discharge (e.g. pending testing, procedures, antibiotic duration) CM/SW: Disposition (e.g. home, SAR, ALF, hospice) status/other social barriers to discharge <ul style="list-style-type: none"> PL also places PAD orders as needed to help expedite procedures and plan ahead for the anticipated D/C date.
Afternoon Huddle		Via MS Teams		Updates/check-ins via MS Teams as needed throughout the day.
Unit Level Meetings	TBD	TBD	TBD	TBD

The interdisciplinary team are provided with a copy of the Unit Model Guide for their IDRs.

A mini copy of the Unit Model Guides are provided to ACE RNs and PCAs for a quick reference guide. This includes;

The 6Ps:

- Pain
- Possessions
- Personal Items
- Plan of Care
- Peaceful Environment

The 4Ms:

- Mobility
- What Matters
- Medication
- Mentation

8

Outcomes

- **Financial Impact Post Implementation**
 - FTEs utilized = 70 ave./pay period vs. 101
 - 31% reduction in FTEs utilization
 - 31 FTEs (PCAs); \$2.7M
- **Increase in Patient Experience Top Box**
 - 19% increase in Communication with Nurses
 - 28% increase in Responsiveness to Call
 - 6.15% increase in Discharge Information
- **RN Satisfaction That Outperformed National Benchmarks**
 - Above 75th percentile in Job Enjoyment
 - Above 90th Percentile in Autonomy



9

Implications for Nursing Practice

- Older adults have unique care needs. Nurses need the training and competence in 4Ms framework and adopt the evidence-based care framework effectively and consistently across healthcare settings.
- Nurses have a significant role in working with interprofessional teams and serve as leaders in Age-Friendly Care.
- Engaging the healthcare team including older adults, families and caregivers with the 4Ms framework can help to ensure that older adults receive the best care possible inclusive of preventing avoidable harm.
- The influence of Acute Care of the Elderly units on patient outcomes has been widely documented. The ACE model of care requires a change in culture, effective leadership and team engagement in transforming the care of older adults.

10

References

Adler-Milstein J, Thombley J, Rosentahl BA, Rosner B, Rogers S. Assessing Equitable Adherence the Age-Friendly Health System's 4Ms Framework in an Academic Inpatient Setting. *The Journal of Health Care Organization*, 2024(61):1-9. DOI:10.1177/00469580241285598.

Mate K, et al. Evidence for the 4Ms: Interactions and outcomes across the care continuum. *Journal of Aging and Health*, 2021;33(7-8):469-481.

Petitis J. Nurse leading the way to age-friendly care using the 4Ms model. *Geriatric Nursing*, 2020(41):195-197.

Sinvani L, et al. Constant observation practices for hospitals with dementia: A survey study. *American Journal of Alzheimer's Disease and other Dementias*, 2019; 34(4):223-230.

Tiburcio E, Mack L, Zonsius M, Carbonell E, Newman M. The 4Ms of an Age-Friendly Health System. *American Journal of Nursing*, 2021; 121(11):44-49.

11



12