

An Acute Care Age-Friendly Journey

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Objectives



Examine the John A. Hartford Foundation and Institute for Healthcare Improvement Age-Friendly Health Systems 4Ms Model of Care.



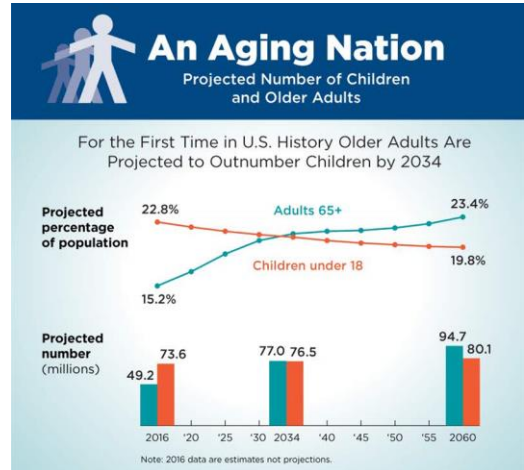
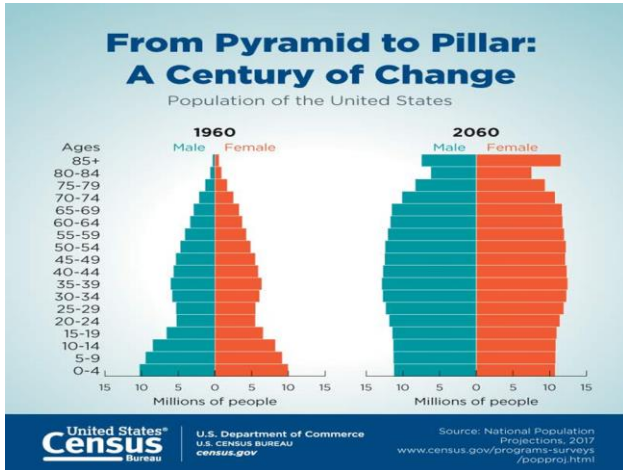
Review the CMS Age-Friendly Hospital Measure and the crosswalk to the 4M's



Discuss innovative ways to implement interventions focused on What Matters, Medications, Mentation and Mobility in acute care.

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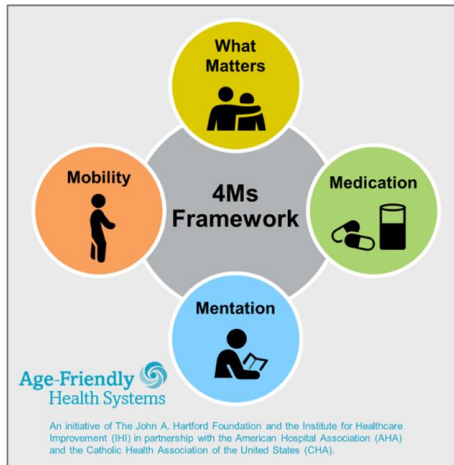
Ageing Statistics



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4M's Model of Care

4Ms Framework of an Age-Friendly Health System



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

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Age-Friendly Hospital Measure's 5 Domain Attestations

Domain 1: Eliciting Patient Healthcare Goals

Domain 2: Responsible Medication Management

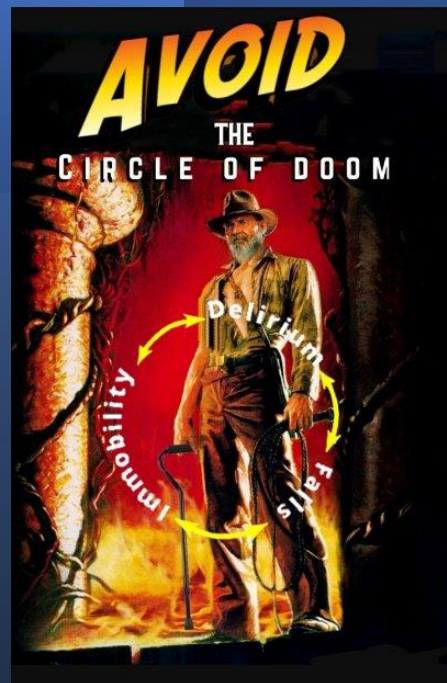
Domain 3: Frailty Screening and Intervention

Domain 4: Social Vulnerability


Domain 5: Age-Friendly Care Leadership

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- More patients enter the hospital walking than patients that leave walking.
- For every ONE DAY on bedrest, it takes ONE WEEK to recover to pre-hospital condition.
- Despite known benefits, physical activity is not routinely encouraged in hospitals.
 - Older hospitalized patients spend > 90% of their hospital stay in bed.
- OAs account for 80% of inpatient falls.
- OAs with cognitive impairment are 2-4x more likely to fall during hospitalization.
- Nearly 50% of hospitalized OA experience delirium.
- Delirium increases hospital LOS by an avg of 5 days.



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Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

Exemplar
NICHE
Nurses Improving Care for Healthsystem Elders
2024

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Nebraska Methodist Health System

- Composed of 4 hospitals in Nebraska & Southwest Iowa, more than 30 clinic locations & Nebraska Methodist College.
- Nebraska Methodist Hospital, is a not-for-profit, 475 Licensed bed acute care hospital serving the metropolitan-Omaha area.
 - Magnet Hospital
 - NICHE Exemplar Status
 - 5 Anchor Service Lines
 - > 50% of patients age 65 years or older

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Strategic Plan and System Strength

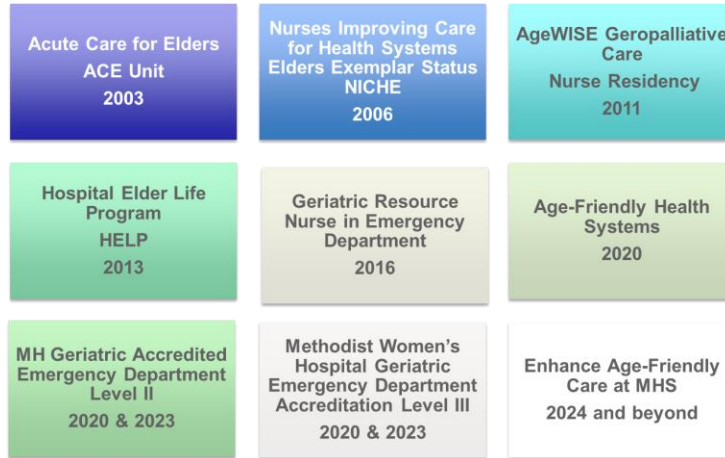
Create a system-wide solution to meet the unique needs of older adults

Our Aim: Implement the 4Ms Model of Age-Friendly Health Care.



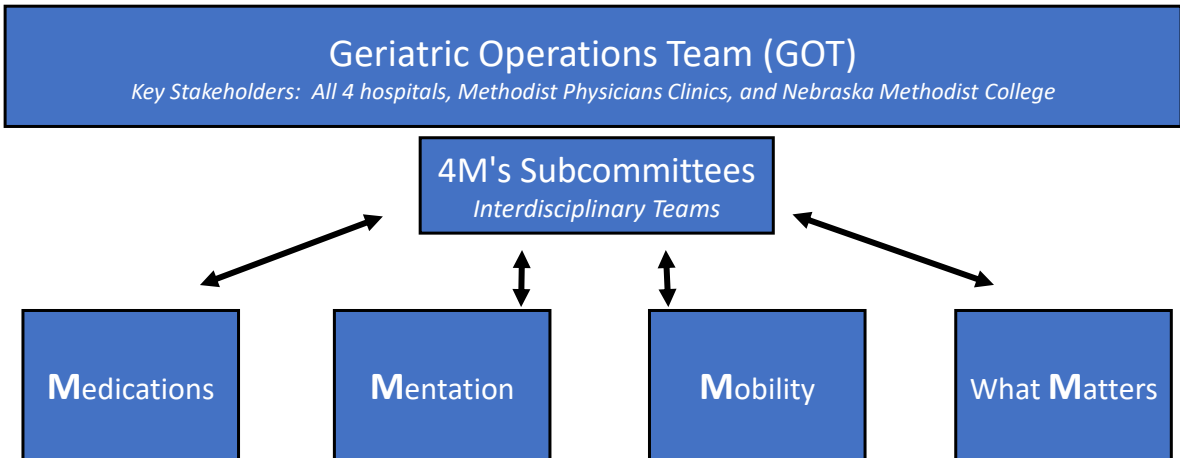
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Geriatrics Models of Care at Methodist Hospital



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AFHS Structure



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4M's: What Matters

- Created 'My Story' tool
- Encouraged staff to ask all patients 'What Matters?'
- What matters to me clings applied to whiteboards on all inpatient units
- Advanced care planning
- Animal assisted therapy
- Music Therapy

What matters to me...

My Story

Name _____

I like to be Called _____

I am From _____

My Spiritual Preference is _____

My Occupation is/was _____

My Family and Loved Ones Include _____

Pets _____

My Favorites

TV Show _____

Movie _____

Music _____

Sport _____

Food _____

Activities & Hobbies _____

Achievements of Which I am Proud _____

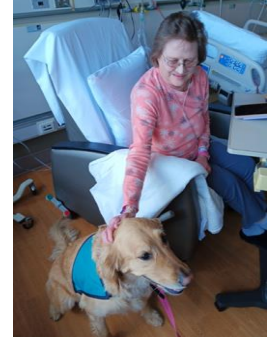
Things That Help Me Relax _____

Things That Cheer Me Up _____

Things That Matter to Me Include _____

At Home I Use

Glasses	Hearing Aids	Dentures	Contacts
Walker	Cane	Other	



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What Matters: Older Americans Month

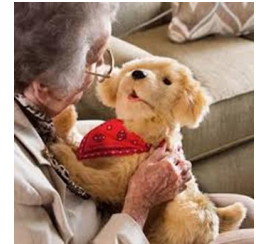
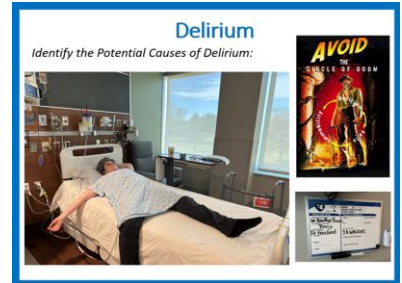
Patient permission obtained for photos

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4M's Mentation

Delirium:

- Implementation of Delirium Screening
 - Nurse Delirium Screening Scale (NuDESC)
 - CAM-ICU utilized in ICU
- House wide education for nurses and providers
 - Nonpharmacological prevention & treatment Interventions
- Care plan
- Order set
- Dashboard
 - Incidence & prevalence of delirium, hospital LOS, screening compliance
- Robotic pets
 - https://www.youtube.com/watch?v=vq-mmnWY_yc



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4M's Mentation

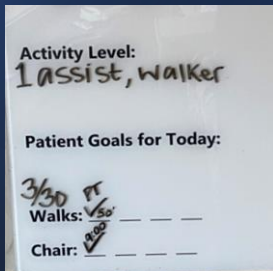
Dementia:

- Dietary consult built into dementia care plan
- NCCDP Alzheimer's Disease and Dementia Care Seminar embedded into AgeWISE Geropalliative Nurse Residency Program
 - Completion of seminar is a requirement for the Certified Dementia Practitioner Certification (CDP)
 - Currently have 49 CDP certified RNs – soon to be 17 more.



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4M's Mobility



Implemented Mobility Assessment

- Bedside Mobility Assessment Tool (BMAT)
 - Allows for early mobilization
 - Guides SPH equipment use
 - Fires tasks in EMR to mobilize patient

Developed Mobility Care Plan

- Goals to get patient up in chair
- Ambulation distance goals

Updated Whiteboard

- Activity level
- Walks and time up in chair

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Getting Creative with Mobility

- Mobility Dashboard
 - Set goals to increase mobility
- Mobility game / Staff Challenge
 - For patients and staff
- Implementation of a Mobility Tech
- No stocking external catheters on inpatient units
- Creating destinations of interest




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4M's: Medications



- Focused efforts on High-Risk Medications and De-prescribing
- Created de-prescribing recommendations for Opioids, Benzodiazepines, and Antipsychotics
- Created patient education :Safely Reducing the Number of Medications You Take"
- Created Geriatric Pain, Nausea, Constipation protocol
 - EMR automatically filters to correct plan based on age
 - Includes Age-Friendly Medications
 - Safe & effective medications/doses with a lesser likelihood of causing poor outcomes such as delirium and falls.

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Implementation of a Systemwide Age-Friendly Delirium Prevention, Identification & Treatment Initiative

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Background

- ❑ In the absence of delirium screening, approximately 70% of delirium cases go unrecognized by clinicians.
- ❑ Delirium affects up to 60% of hospitalized older adults and up to 80% of those treated in intensive care units.
- ❑ Delirium is linked to negative outcomes which include:
 - Prolonged hospital length of stay (LOS)
 - Higher mortality rates
 - Cognitive decline
 - Decrease in motor function
 - Ongoing need for long-term care institutions
 - Higher likelihood of discharge to destinations other than home

Purpose

- ❑ Improve recognition and treatment of delirium in hospitalized patients.
- ❑ Utilize the Age Friendly 4M's framework to develop and implement strategies to reduce and prevent delirium in older adults.

Methods

- ❑ Implement delirium screening utilizing the Nurse Delirium Screening tool (NuDESC).
 - Education provided to staff
 - Screening implemented
 - CAM-ICU utilized on all ICU patients
 - Nurses notify providers when patients screen positive
- ❑ Geriatric Pain Nausea Constipation (P/N/C) order set developed.
 - Includes Age Friendly medications
 - Safe and effective medications/ doses with a lesser likelihood of causing poor outcomes such as delirium and falls
 - August 2022 -Providers able to choose which P/N/C protocol (original vs geriatric)
 - January 2023 – Electronic Medical Record (EMR) selects appropriate P/N/C protocol based on age
- ❑ Delirium provider order set developed.
 - Assists with identifying and treating the cause(s) of delirium
- ❑ Nurse directed care plan developed.
 - Includes non-pharmacological delirium prevention and treatment interventions

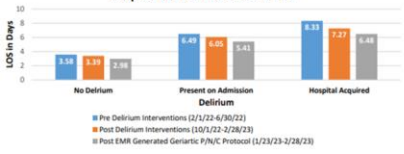
Outcome/Results

- ❑ Dashboard developed to collect and analyze delirium scores at a systems, hospital and unit level.
- ❑ Data collection includes:
 - Overall Delirium Prevalence
 - Delirium Prevalence on admission
 - Hospital acquired delirium
 - Delirium Prevalence on discharge
 - Hospital LOS
- ❑ Positive delirium scores directly related to increased hospital LOS.
- ❑ Reduction in hospital LOS captured following implementation of delirium prevention & treatment interventions.

Next Steps/Future Research

- ❑ Expand the use of HELP volunteers throughout the health system.
- ❑ Engage bedside nurses from all departments to participate in the 4M's Mentation subcommittee.
 - Improve delirium screening frequency and accuracy
 - Increase delirium education opportunities
- ❑ Offer dementia care training to all patient care staff.
 - Increase staff certification for Dementia Care Practitioner


Hospital LOS for Older Adults > 65



Category	Pre Delirium Interventions (1/1/22-4/30/23)	Post Delirium Interventions (10/1/22-2/28/23)	Post EMR Generated Geriatric P/N/C Protocol (1/23/23-2/28/23)
No Delirium	3.58	3.39	2.98
Present on Admission Delirium	5.49	5.05	5.41
Hospital Acquired Delirium	8.31	7.27	6.48


Conclusion

Nurses play a vital role in prevention and management of delirium. Collecting delirium data allows the ability to measure outcomes after implementation of delirium prevention and/or treatment interventions. Using the 4Ms framework to improve care in mobility, medications and what matters to the patient, improves mentation and has a positive impact on hospital length of stay.



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References



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THANK YOU!

In an Age-Friendly Health System, value is optimized for all patients, families, caregivers, health care providers, and the overall system.

Contact Information

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