



GAPN Systems Leadership: Creating an Age-Friendly Health System

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STRATEGIES

Met with Key Stakeholders:

Acute Care	Primary Care	Systemwide
<ul style="list-style-type: none"> Nurse Manager Medical Director Advanced Practice Registered Nurse Nurse Educator Unit-based Professional Practice Council Pharmacist Physical Therapist Patient Advisor 	<ul style="list-style-type: none"> Office Practice Supervisor Wellness Nurse Nurse Educator Pharmacist Primary Care Physician 	<ul style="list-style-type: none"> Data Management External Affairs IT Patient Experience Hospitalist group Chief Learning Officer Pharmacy Director Therapy Vice President Fall Prevention & Mobility Team Injury Prevention Coordinator

METHODS

- Obtained approval by Senior Leadership to participate in the Age Friendly Initiative (AFI)
 - Aligned with organization's mission & core values
- Obtained IRB approval
- Implementing the 4Ms on the Acute Medicine Service line & ALL primary care practices with wellness nurses was included on the Nursing & Patient Experience Strategic Plan for FY2020

Acute Care

- Embedding into electronic record using Cerner's "Know Me" tab

Primary Care

- Created a 4M quick text for the 4Ms for electronic documentation
- Embedded the 4 Ms into onboarding for ALL Nurses

Introduction / Background

In the United States today, there are three factors that affect caring for older adults which include demography, complexity and disproportionate harm. Together these factors make a compelling case for health systems to better support the needs of older adults and caregivers.

Methods

In 2017, The John A. Hartford and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), set the bold aim that 20% of US hospitals and health systems would be Age-Friendly Health Systems by June 30, 2020.

Purpose

The purpose of this project was to participate in the AFI to test the 4 Ms between September 2018 – March 2019 on one acute care unit and in one primary care practice at a large health system in the mid-Atlantic region.

Study Design

This was a quality improvement project.

Setting

The acute care unit selected was the 39 bed Acute Care of the Elderly (ACE) unit at Christiana Hospital. A wellness nurse was selected from primary care practice in Newark, Delaware.

ABOUT CHRISTIANA CARE

Christiana Care Health System is one of the country's largest health care providers, serving more than 600,000 patients yearly, placing it as the 17th leading hospital in the nation and 10th on the East Coast in terms of admissions. Christiana Care includes two hospitals with 1,100 patient beds, two Acute Care of the Elderly (ACE) units, a home health care service, preventive medicine, rehabilitation services, a network of primary care physicians and an extensive range of outpatient services including the Swank Center for Memory Care & Geriatric Consultation.

The 4 Ms - ACUTE CARE	What Matters Most to the Patient	Medication	Mentation	Mobility
Description	Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to end-of-life	If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation	Prevent, identify, treat, and manage delirium	Ensure that each older adult moves safely every day to maintain function and do What Matters Most
Assessment	What matters most to the patient	Review high-risk medication use	Screen for delirium	Screen for mobility
Specific Question	What matters most to you?	High-risk medications present?	Delirium present?	Mobility status?
Primary Responsibility	Nurse	Provider	Nurse	Nurse
Secondary Responsibility	Physician PCT	Pharmacist	Physician	PCT PT
Frequency	At Bedside Shift Report		Every 12 hours	Daily
Goal	Align the care plan with What Matters most	Avoid or deprescribe the medications that may interfere with What Matters and the Mentation and safe Mobility of older adults. These medications, individually and in combination, increase risk of confusion, delirium, unsteadiness, and falls. Beers Criteria for Potentially Inappropriate Medications	*Ensure sufficient oral hydration *Orient older adults to time, place, and situation *Ensure older adults have their personal sensory adaptive equipment *Prevent sleep interruptions; use non-pharmacological interventions to support sleep Delirium Work Up	Ensure early and safe mobility Ambulate often OOB for all meals
	NEW	Beers Criteria embedded into electronic record	Improving CAM/ Delirium work up	Activity & Mobility Promotion Program

The 4 Ms PRIMARY CARE	What Matters Most to the Patient	Medication	Mentation #1	Mentation #2	Mobility
Description	Know and align care with each older adult's specific health outcome goals	If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation	Prevent, identify, treat & manage depression	Prevent, identify, treat & manage dementia	Ensure that each older adult moves safely every day to maintain function and do What Matters Most
Assessment	What matters most to the patient	Review high-risk medication use including OTC meds	Screen for depression	Screen for dementia	Screen for mobility
Specific Question	What are your healthcare goals? What concerns you most when you think about your health and health care in the future? What would make tomorrow a really great day for you?	High-risk medications present?	PHQ2 If + then client screened with PHQ9 -Overall mood for past 4 weeks	Mini-Cog	TUG -Safety Questionnaire -Fall Risk Past year -Fallen -Fear of Falling -Dizzy standing Up -Assistive Devices
Responsibility	Wellness Nurse	Wellness Nurse	Wellness Nurse	Wellness Nurse	Wellness Nurse
Frequency	Annual Visit	Annual Visit	Annual Visit	Annual Visit	Annual Visit
Goal	Align the care plan with What Matters most Review 5 Wishes	Avoid or deprescribe the medications that may interfere with What Matters and the Mentation and safe Mobility of older adults. These medications, individually and in combination, increase risk of confusion, delirium, unsteadiness, and falls. Beers Criteria for Potentially Inappropriate Medications Benzodiazepines, Opioids, Highly-anticholinergic medications (esp diphenhydramine) All prescriptions and OTC sedatives & sleepers Muscle relaxants Tricyclic antidepressants Antipsychotics	Identify and manage factors contributing to depression	Consider further evaluation and manage manifestations of dementia or refer	Ensure safe mobility Manage impairments that reduce mobility Create a home environment that is safe for mobility Support older adults to identify a daily mobility goal that supports What Matters
	Follow-up with provider	Follow-up with provider	Referral to Behavioral Health	Referral to Swank Memory Care Center	Provides education (Fall prevention at home) A matter of balance info Referral to Safe Steps Program
	NEW	NEW	Currently part of the workflow	Currently part of the workflow	Currently part of the workflow

MEASUREMENT

Acute Care

LOS
30 day Readmission
Fall rate
Fall w/ major injury
HCAHPS
Delirium - # of + CAMs
White Board Audits (4Ms)

Primary Care

30-day readmissions
ED visits
CAHPS
Counts of people (volume) < 65

FY2020: # of Patients Reached

Acute Care Patients

11 units: 2 ACE; 2 ICU; 3 Step Down; 4 Medicine
FY18: 9,115 pts > 64

Primary Care Patients (Annual Wellness Visit)

1 AWN: 5 pts/ day; 25 pts/ week; 650 pts/ year
4 AWN: 20pts/ day; 100 pts/ week; 2,600 pts/ year
12 AWN: 60 pts/ day; 300 pts/ week; 7,800 pts/ year