Showcase of 2022 Stipend Recipients

The New York State Age-Friendly Action Community awarded 20 teams a $10,000 stipend each to support the implementation of age-friendly care during 2022. Highlights of how some of the teams used these funds are shared below.

Glens Falls Hospital’s Center of Excellence for Alzheimer’s Care

Glens Falls Hospital’s Center of Excellence for Alzheimer’s Care collaborated with the hospital physician group and two primary care practices in the community (Irongate Family Practice and Hudson Headwaters) to identify opportunities for improving care of aging patients in the community.

The behavioral and psychological symptoms of dementia can make it much harder to transfer a patient to a skilled nursing facility or discharge to home. This creates significant downstream impact to the patient and healthcare system, causing congestion across care settings, leading to longer lengths of stay and fewer available beds for other patients.

Funds from the stipend were used to train registered nurses from the primary care practices on the Patient Review Instrument and screen to identify the appropriate level of care needed for nursing home placement, ensuring patients awaiting a bed at a nursing facility have a greater chance of transferring sooner.
Catholic Health’s St. Charles Hospital in Port Jefferson was able to reconvene and expand its Patient and Family Advisory Council with stipend funds. The care team wears pins to help raise awareness of the 4M Age-Friendly project to support “What Matters.”

Working closely with the PFAC, the outpatient rehabilitation department developed a five-minute video on safe mobility at home — with the PFAC members starring as actors. The hospital includes this video (available via a QR code for easy access) in an education package to help seniors effectively address mobility challenges even after discharge from an acute inpatient stay. At the PFAC’s suggestion, The Senior Advocate (directory of community organizations to support older adults) is provided to patients at no charge.

“A patient was being treated with medications that provoked a notorious side effect that mimics Parkinson’s disease and the patient was therefore being considered to actually have Parkinson’s disease and was being treated accordingly. Our consultation resulted in medication review and simplification of the drug regimen, resulting in symptom improvement.”

Blaine Greenwald, MD
Team Leader/Director, Division of Geriatric Psychiatry

Northwell Health’s Zucker Hillside Hospital in Queens implemented a telepsychiatry program with Hebrew Home for the Aged at Riverdale to allow better access to psychiatric care for nursing home residents. Stipend funds were used to help support the geriatric psychiatry clinic’s office supervisor, provide administrative support and oversee the program.

“A focus on ‘What Matters’ helped empower our older adult patients to participate more effectively in their care. One day we had a very frail lady who was lying in bed very upset. The staff member asked her what mattered most to her and all she wanted was a cup of tea and a warm blanket because she was cold. The staff member got her a cup of tea and warm blanket. The patient settled in relaxed and was finally able to sleep. In many cases, the patients’ needs were not complicated, but focusing on what mattered to them showed just how much we cared about them as people and not just focusing on the diagnosis that brought them to the hospital.”

Chukwuma Egbuziem
Assistant Vice President, Quality Management

United Health Services primary care practices in New York’s southern tier partnered with an ambulatory pharmacist from Binghamton University to develop interdisciplinary education to be used to instruct clinicians on high-risk medications and appropriate alternative treatments.

Implementing these educational materials, creating best practice alerts for high-risk medications and implementing reports within the electronic medical record allows UHS’ data analytics team to demonstrate patient outcomes and trends in providers’ prescribing practices.

Northwell Health’s Zucker Hillside Hospital

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**Wyoming County Community Health System**

Wyoming County Medical Center in Warsaw used stipend funds to purchase new whiteboards for patients’ rooms to incorporate the 4Ms of Age-Friendly care. The whiteboards have room and date information to help with mentation and include the fall risk assessment to ensure safe mobility and help prevent a fall. The white boards include a big section for patient concerns and their goals during hospitalization. The whiteboards help keep age-friendly care at the forefront and help keep the patient and their family/caregivers informed about their care.

**St. Barnabas Hospital**

St. Barnabas Hospital’s emergency department in the Bronx used stipend funds to conduct patient surveys to better understand “What Matters” to patients. This enabled SBH to see trends in geriatric patients and guide investments to align with patients’ priorities.

The survey showed that a majority of older adult residents were “highly concerned” about falling. As a result, SBH implemented MaineHealth’s “Matter of Balance” to reduce the fear of falling and increase activity among older adults. For example, patients aged 65 to 74 noted equally that family and health were extremely important, followed by food. To address the food priority, SBH created a policy to encourage geriatric patients to have their diets reviewed and minimize NPO status (a period of time in which a patient may not eat or drink anything) in the ED as this impacts mentation screening results and mobility due to dizziness.

**Janian Medical Care**

Janian Medical Care in New York City was able to implement useful measures and tools for delivering 4Ms care to their unique population of individuals with a history of homelessness. After a critical selection process, the director of geriatric and palliative care worked with the director of clinical applications to build a “geriatric and palliative care set” within the electronic health record. These assessment measures and tools include “What Matters to You,” the Mini-Cog for evaluation of mentation, the Johns Hopkins Highest Level of Mobility Scale, the Timed Up and Go test and the Katz ADL scale. The geriatric and palliative care set also includes a pain assessment: the Pain, Enjoyment of Life and General Activity scale.

“After implementation of the geriatric and palliative care set, patient GD was in his 80s and had recently been diagnosed with a recurrence of lung cancer. His primary care provider, using Janian’s new geriatric and palliative care assessment tools, was able to more objectively monitor and track GD’s cognitive and functional abilities as his disease progressed. Arguably more important, though, were the meaningful discussions about GD’s goals of care that were prompted by his PCP using “What Matters to You.” Through this, his care team became aware that one of GD’s primary goals was to not pass away in the hospital. GD did pass away shortly after being connected with an outpatient palliative care service and, because of this, was able to pass away in his home.”

Van Yu, MD
Chief Medical Officer