

Improving the spread of Age-Friendly initiatives

**Kimberly Johnson MSN, RN,
AGPCNP-BC, CDP, CMDCP**

*Nurse Specialist- Geriatrics
HELP Volunteer Coordinator
NICHE Coordinator
Stonybrook Medicine*



**The speaker has disclosed no relevant
financial relationships.**

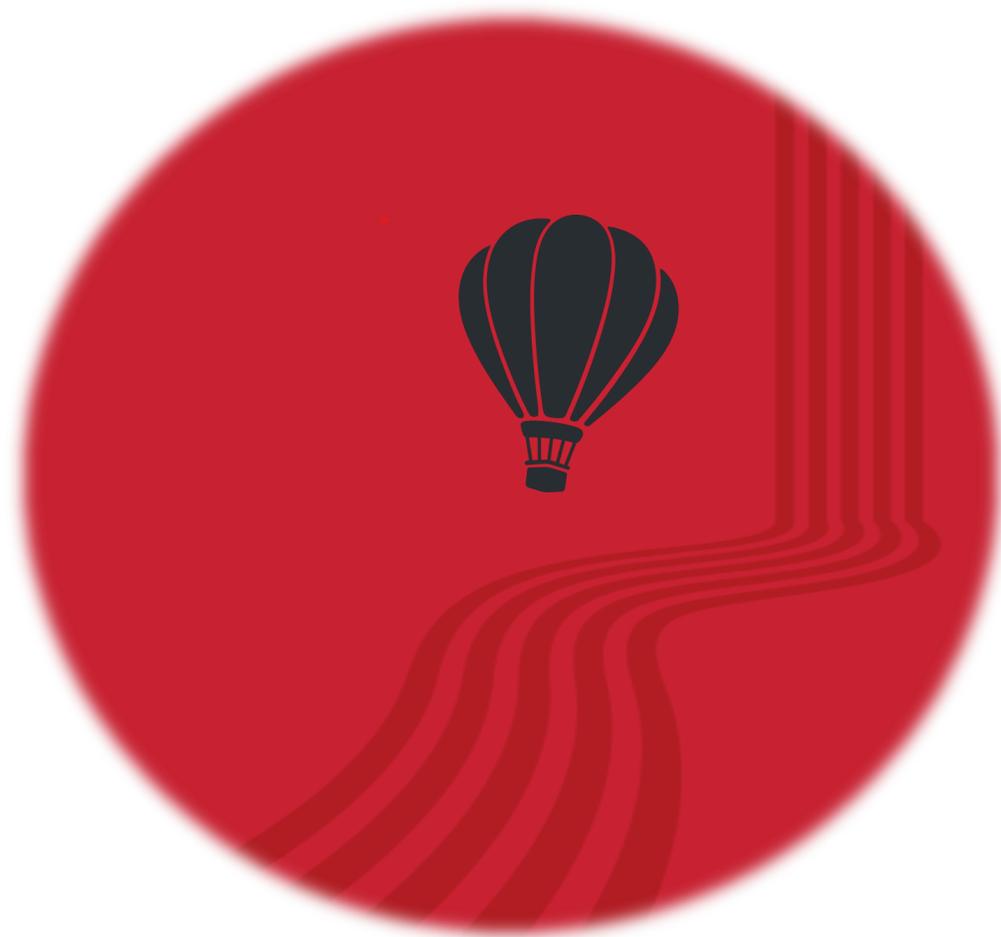
Learning Objectives

On completion of the activity, the learner will be able to:

- Assess current practices within their healthcare environment that need Age-Friendly improvement
- Describe the importance of using a holistic patient centered approach to care.
- Identify at least three ways to align age friendly initiatives to improve patient outcomes.



The Journey...



Putting the 4Ms into Practice

1. Understand your current state
2. Describe care consistent with the 4Ms
3. Design or adapt your workflow to deliver care consistent with the 4Ms
4. Provide care consistent with the 4Ms
5. Study your performance
6. Improve and sustain care consistent with the 4Ms





Poll Question #1

What current practices at your facility will require change or improvement?

1. No screenings for age friendly care (i.e. mobility, nutrition, mentation, medication etc..)
2. No stakeholder buy-in for age friendly initiatives
3. Staff engagement/ resistance for change
4. Limited or no funds for improvement initiatives
5. Other
6. N/A or we already have initiatives in place



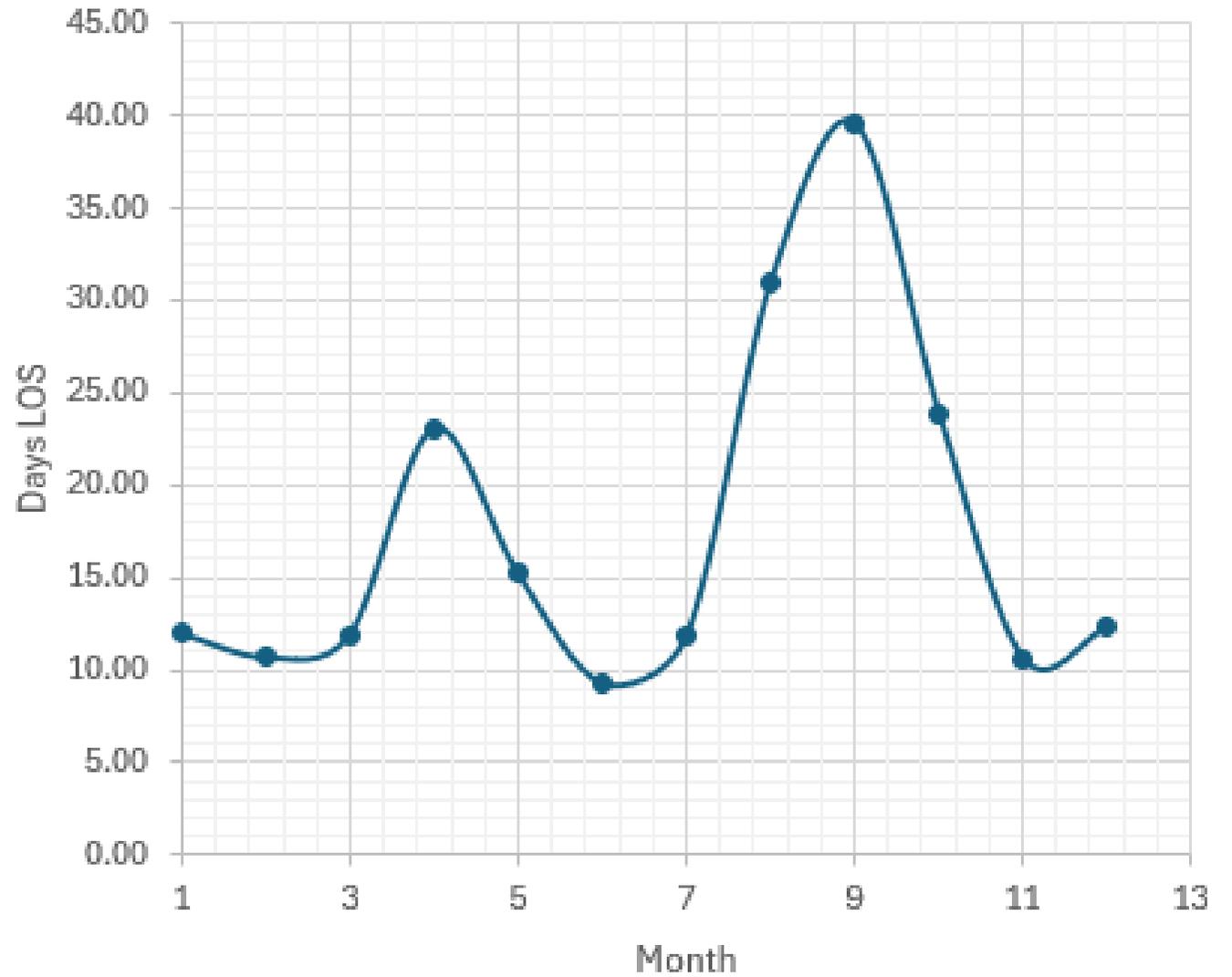
Mapping out the Problem

The NICHE committee members (RNs, Case Managers, Pharmacist, Managers, Specialists) from multiple specialties identified **Delirium** as a need for change.

- Multiple Code Ms (man-power- aggressive patient rates were increased) no standardized prevention
- Poor compliance with delirium screenings leading to safety sits (1:1 care)
- Poor compliance with provider notifications & power plan ordering
- High fall rates & pressure injuries leading to high LOS
- High census of complex older adult patients & Polypharmacy on most units
- Limited diversional activities & volunteers



Data from
the pilot
unit LOS



Data from
the pilot unit
Pressure
Injury (PI)



Delirium Management Old Practices

Screening Tools

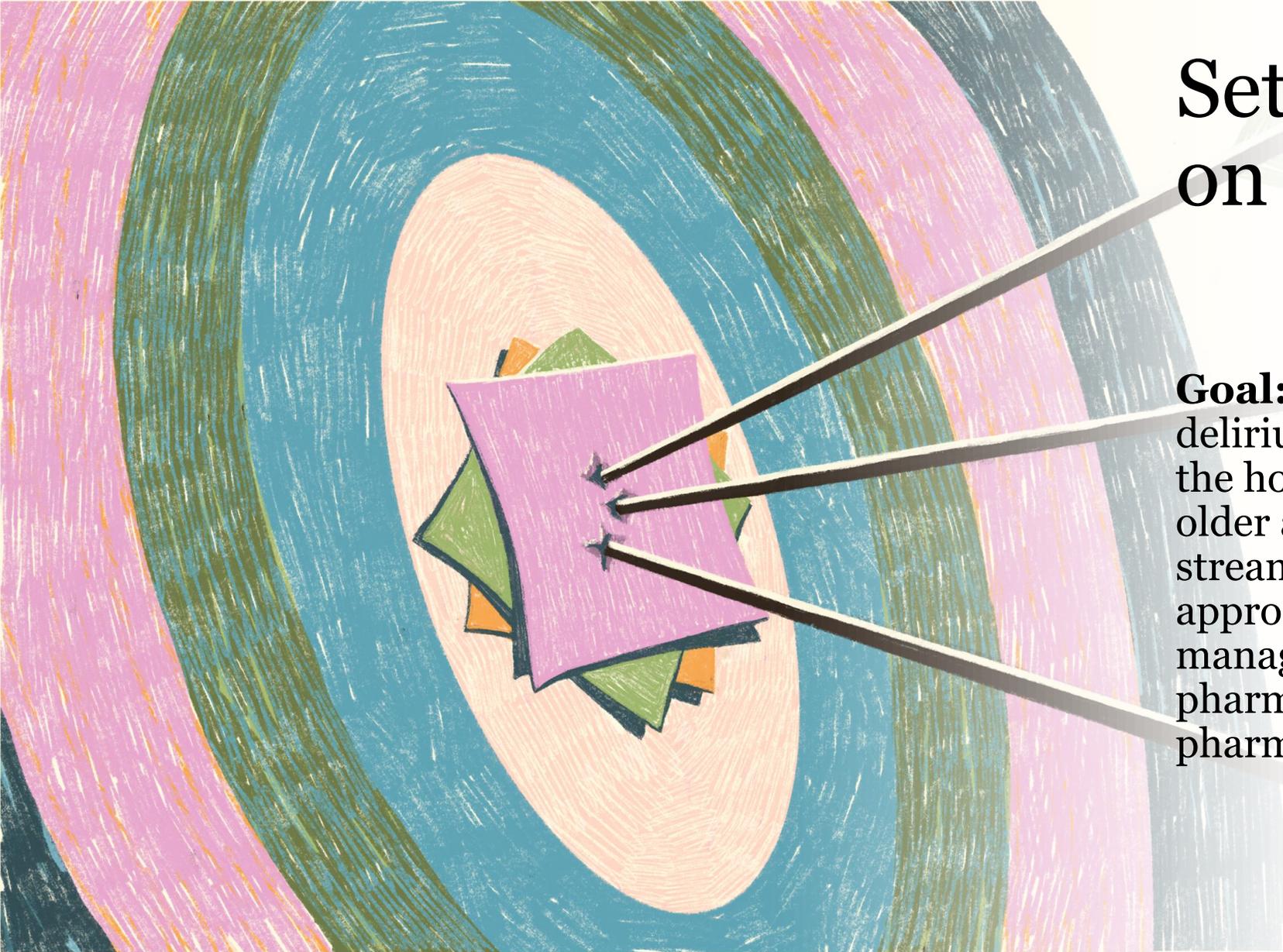
- Inconsistent screening for delirium & staff unfamiliar with tool
- Missed provider/nurse communication of delirium screening findings
- Staff had limited education
- Bedside mobility (BMAT) poor staff engagement

Inclusion Criteria

- No set criteria except age (65 years of age and older)

Interventions

- Limited available resources & no standardization
- Only a few volunteers (HELP Volunteers) on one unit



Set a goal based on the data

Goal: Establish uniform delirium screening throughout the hospital to include 60% of older adult patients with streamlined interdisciplinary approach to delirium management using non-pharmacological and pharmacological interventions.

Why is this important?

- Identify any gaps you may find within your current care setting.
 - Each setting is different regarding Age-Friendly care gaps
 - For example: hospitals may notice policy failures, long term care facilities may notice knowledge gaps for staff, outpatient facilities may notice workflow issues
- Understand its importance in healthcare.
 - Are there cost factors to improve? How is your patient satisfaction? Is there high staff turnover and low retention? Are there educational needs for patients and staff? Are we seeing poor patient outcomes?

Identified why it was important to address the 4Ms and keep patient focused care efforts.

Key Question: Can we improve compliance with delirium screening, provider notification and improve overall LOS?

How did we engage the Stakeholders

Communication, engagement, and participation for all stakeholders

- Division of Nursing meetings quarterly to communicate staff education for delirium concerns & geriatric care
- Quarterly newsletters with education & improvement tips
 - Topics included: delirium, relocation stress, dementia, HELP volunteers, comfort cart updates, delirium in critical care and med/surg units
- Education provided to LIPs and fellows
- Annual celebration What Matters To You (WMTY) Day CNO guest speaker
- Collaboration with teams: Quality, ED, Volunteer Services, Managers, CNS, Educators, Clinical Nutrition, NPD, Falls (PT/OT), Pharmacist, Case Management and Alzheimer's Association

Geriatric Corner Newsletter Summer 2023

Test your NuDESC skills in delirium management and interventions!

Behavior	NUDESC			Score
	0 (no symptoms)	1 (present but mild)	2 (present and pronounced)	
Disorientation = Verbal or behavioral manifestation of not being oriented to time or place or misperceiving persons in the environment	Aware and oriented to person, place, and time	Disoriented but easily reoriented	Disoriented x 2 or x 3, not easily reoriented	
Inappropriate behavior = To place and/or person; e.g. pulling at tubes or dressings, attempting to get out of bed when contraindicated	Calm, cooperative	Restless and cooperative (e.g. poking at tubes but follows commands)	Agitated, pulling at devices, climbing out of bed, not restraints	
Inappropriate communication = communication inappropriate to place and/or for the person; e.g., incoherence, non-communicativeness, nonsensical or unintelligible speech	Appropriate	Unclear thinking or rambling speech	Incoherence, nonsensical or unintelligible speech	
Reasoning/Hallucinations = Seeing or hearing things that are not there; distortions of visual objects	None noted	Paranoia, fears	Hallucinations, distortions of visual objects	
Psychomotor retardation = Delayed responsiveness, few or no spontaneous actions/words; e.g., when the patient is prodded, reaction is delayed and/or the patient is unresponsive	None	Delayed or slow responsiveness	Excessive sleeping, somnolent, lethargic	
			Total Score:	
			(Score of ≥ 2 indicates a positive screen for delirium)	

Scan the QR code to learn more!

<https://forms.office.com/r/yd1Rj98Vae>

 Stony Brook Medicine



Geriatric Quality Initiatives at SBM



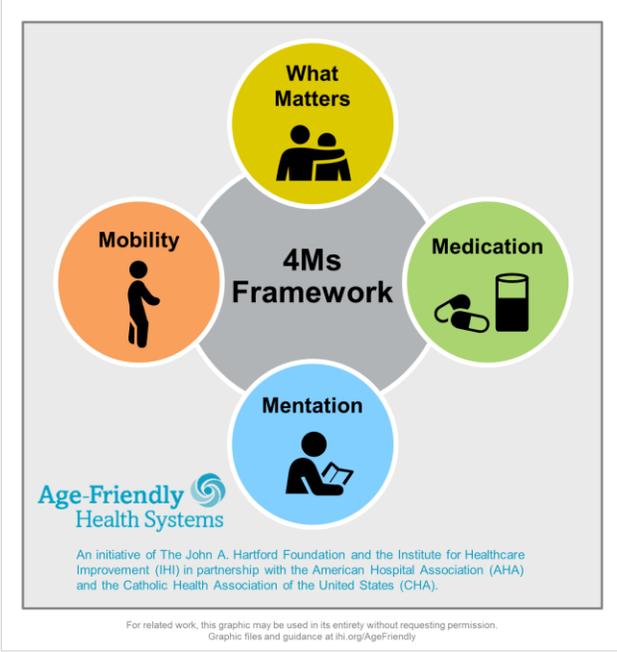
Nurses Improving Care for Health system Elders (NICHE)



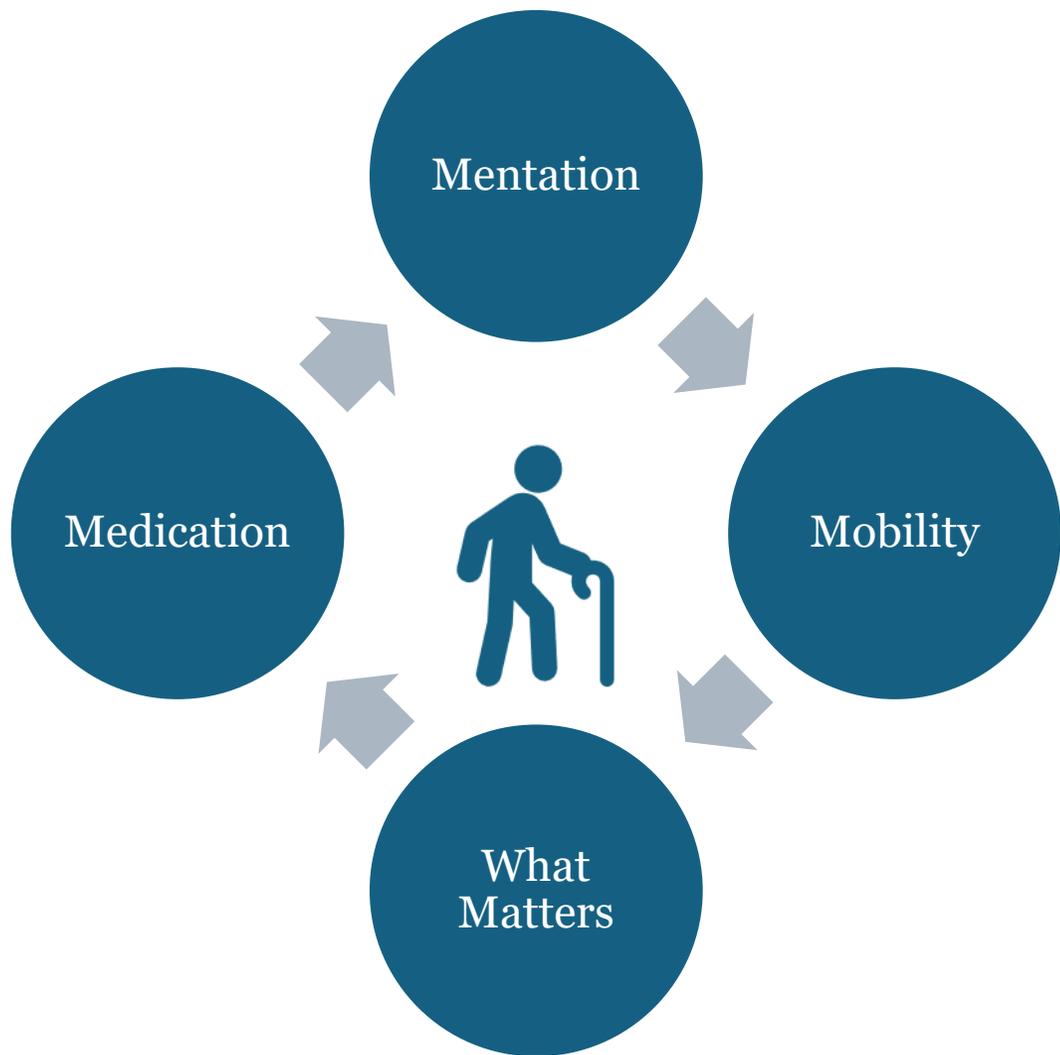
American College of Emergency Physicians (ACEP) Geriatric ED Silver (Level 1) Certification



Hospital Elder Life Program (HELP)



IHI Age-Friendly Health Systems 4Ms Commitment to Excellence



Application of Age-Friendly guided care



Application of 4M guided care

Mentation

Developed an Adult Delirium Algorithm to help guide care for patient with potential risk for delirium

Interdisciplinary Delirium Workgroup developed

Critical Care Delirium Pathway

Revised EMR to identify interventions

Revisions to delirium order set/power plan to target non-pharmacological and pharmacological interventions

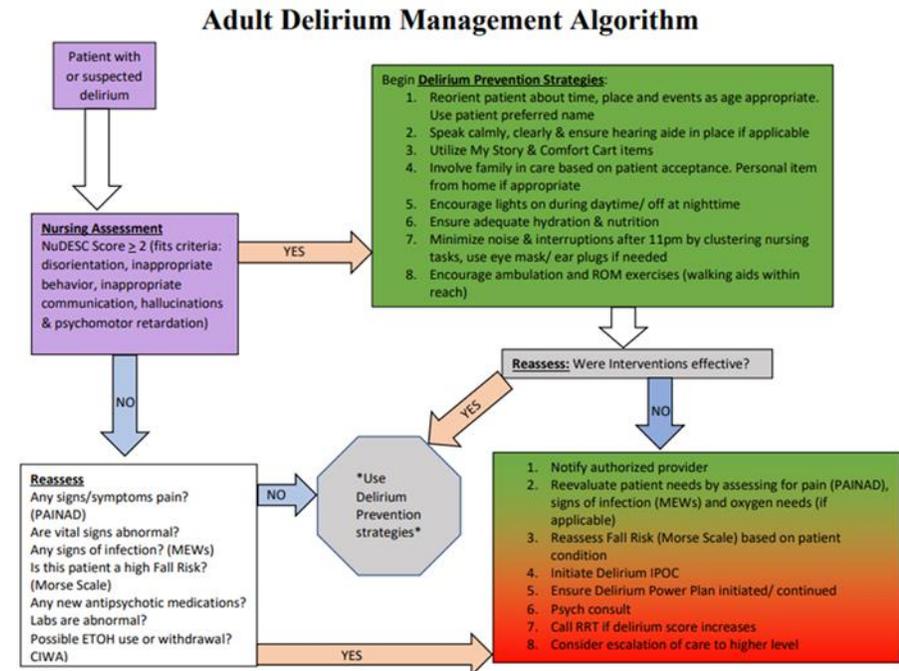


Image from Stonybrook Medicine

To ensure staff education SBUH developed a delirium management Algorithm & disseminated education using Quarterly newsletters, unit huddles & Nursing Professional Development team

Application of 4M guided care

My Story
Seeing the person Far beyond the illness

My preferred name _____

Current/ previous work _____

Important people in my life _____ My pet(s) _____

Favorite foods _____ Music or TV shows I enjoy _____

Hobbies/interests and accomplishments include _____

Favorite Past time activities (check all that apply)

- Playing card games
- Listening to music
- Word puzzles (word search / crosswords / sudoku)
- Drawing/ coloring/ Writing

Which goals of care matter most to you?

- Improving my comfort level
- Improving care for health and well-being
- Staying connected to important people in my life
- Maintaining my functional ability

At Stony Brook Medicine we strive to provide the best clinical outcomes possible. Providing warm, personalized care and treating individuals with dignity, respect and compassion is who we are. We would like to learn more about each patient's personal story so we can have meaningful interactions with you during this hospitalization.

Prepared by K.Johnson 6.29.2022 Revised 9.8.2022; Revised 11.14.2022



What Matters Most

Created MyStory tool and revised to include what matters most with goals of care

Education to nurses and providers regarding What Matters Most

HELP volunteers utilize the MyStory tool as a method of patient engagement.

IPOC in development



Image from Stonybrook Medicine

Application of 4M guided care

Medication

High risk medications reviewed using BEERs criteria rules for providers when prescribing

Nurses & providers (MDs, NPs, Pas) educated on the Beers Criteria medications

Electronic Health Record prescribing IT updates implemented to include triggers for some Beers Criteria medications
collaboration with pharmacy teams to streamline

Collaborations with pain committees and other teams for patient outreach



From THE AMERICAN GERIATRICS SOCIETY

A POCKET GUIDE TO THE 2023 AGS BEERS CRITERIA®

This clinical tool, based on the 2023 AGS Updated Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults (AGS Beers Criteria®), has been developed to assist healthcare providers in improving medication safety in older adults. Our purpose is to inform clinical decision-making concerning the prescribing of medications for older adults in order to improve safety and quality of care.

Image from AGS

Application of 4M guided care

Mobility

Nursing staff, and allied services educated regarding Bedside Mobility Assessment Tool (BMAT)

Volunteers trained to ambulate patients using BMAT scoring & ROM exercise cards

Mid-Day Movement developed on medicine unit

Available assistive devices in ED and throughout the hospital

ICU Committee working on ICU liberation and focusing on mobility



Images from Stonybrook Medicine

BMAT (Bedside Mobility Assessment Tool)	
Used to assess the patient's mobility and determine the appropriate patient handling and mobility equipment or device to safely move or mobilize a patient.	
1 Total lift with sling Or Lateral transfer device	2 Total lift with sling Or Sit-to Stand
3 Sit-to-Stand Or Ambulate with assistive devices (Cane, Walker)	4 Independent

Non-Pharmacological Tools for Delirium Management

Newest Additions

- Aromatherapy patches Lavender, Citrus
- Diffusers with essential oils-vanilla, chamomile, lavender
- Emery boards
- White Noise Machines
- Weighted blankets
- Tabletop games-corn hole, basketball
- Hair accessories- brushes, hair ties
- Dental Adhesive ***
- Nail clippers
- Digital Clocks
- Portable DVD players/ iPads***
- Hospital Elder Life Program (HELP) volunteers
- HELP Feeders***
- Gardening gloves



 <p>Stony Brook Medicine</p>	<p>NICHE: COMFORT CART INVENTORY FORM</p> <p>Unit # _____</p>
-----------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------

Pharmacological Delirium Management

Power Plan was developed and modified to include:

- Minimizing overstimulation between 11p-6am
- Incorporating de-escalation interventions
- Patient and Family education
- Removal of tethers
- Mobilization of the patient at each meal
- Nutrition & hydration
- Routine assessments
- Medications if appropriate
- Laboratory & Diagnostic testing to identify causations
- Consult physician (psychiatry if needed)



Current Practices

Screening Tools

- Delirium screening revamped all specialties use numeric based scoring (i.e. NUDESC, ICDSC)
- Frailty screening for trauma patients
- BMAT training for all staff and hospital-wide dissemination
- Collaboration with SBSH

Inclusion Criteria

Developed an Adult Delirium Management Standard of Care

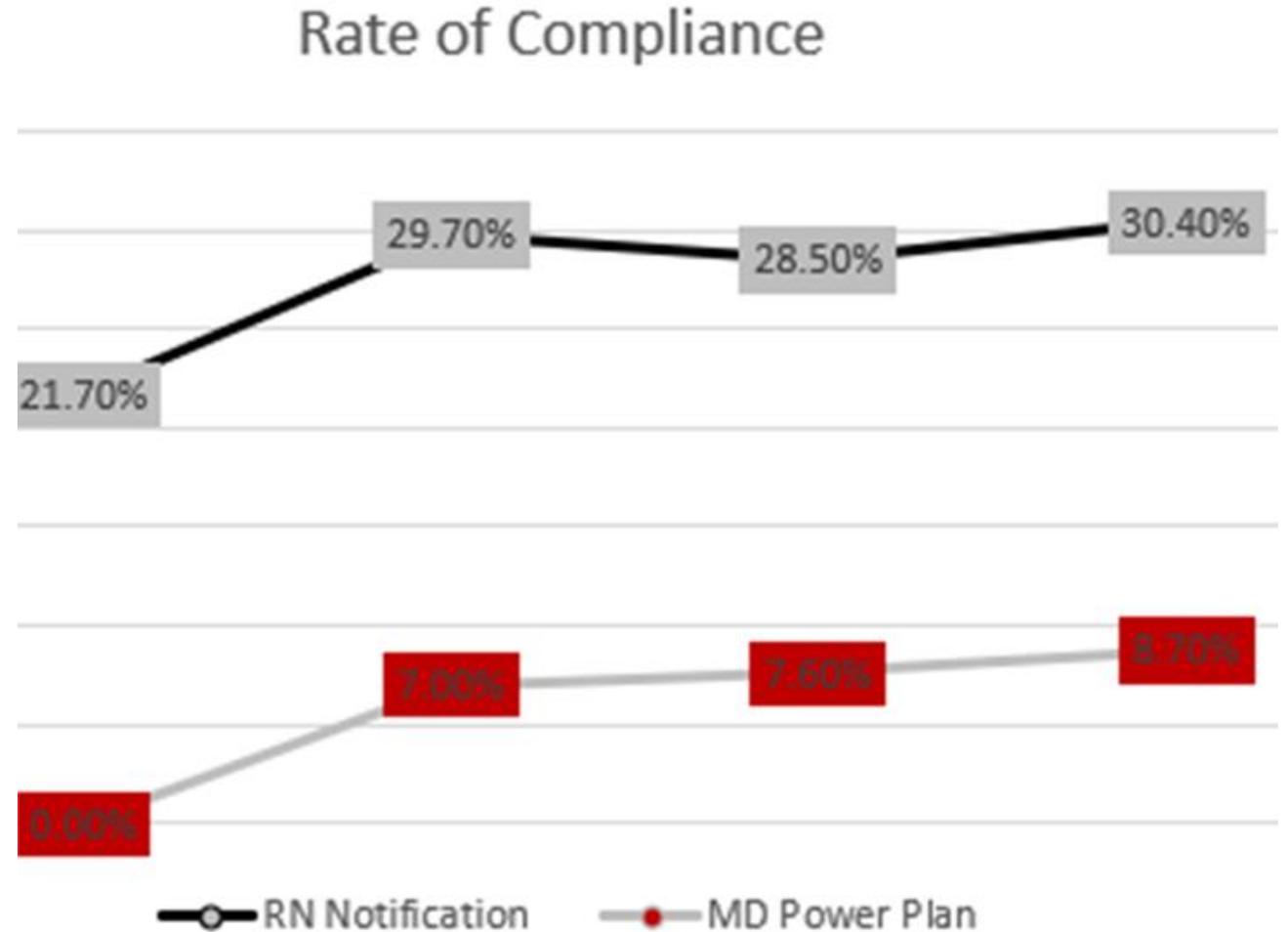
- Older adults specifically patients 65 years of age & older
- PLwD (persons living with dementia) or elopement risk
- Drug or alcohol withdrawal
- Restlessness, withdrawn behavior or insomnia
- Vision/hearing impairment
- Critically ill patients
- Multi-complexity of chronic conditions
- Polypharmacy

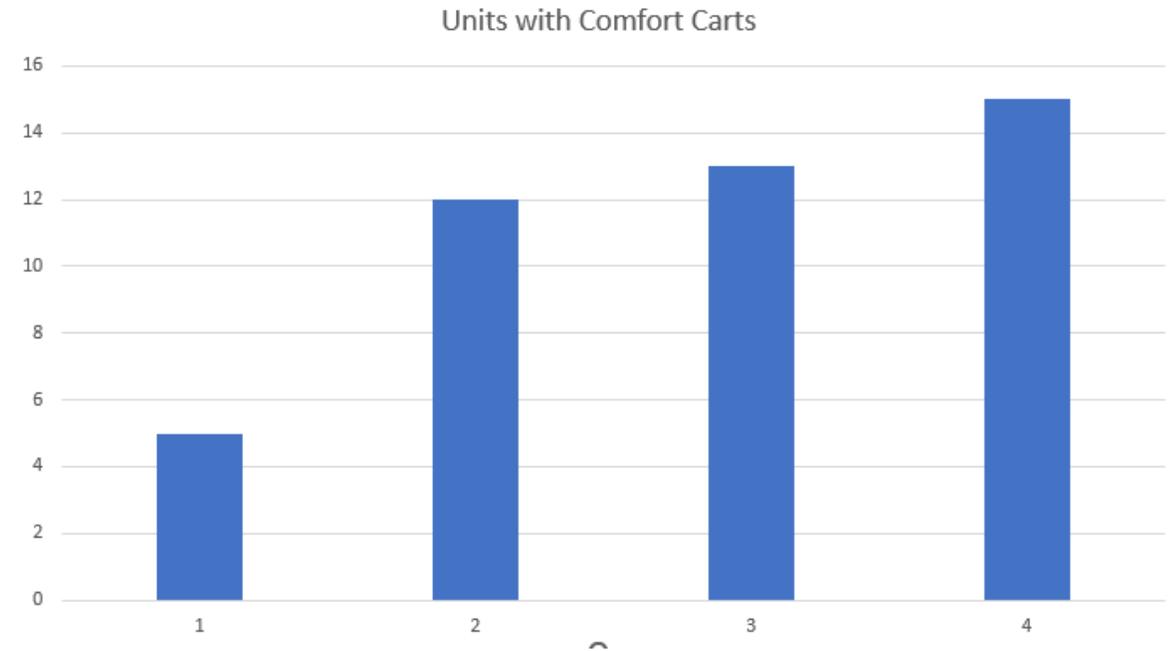
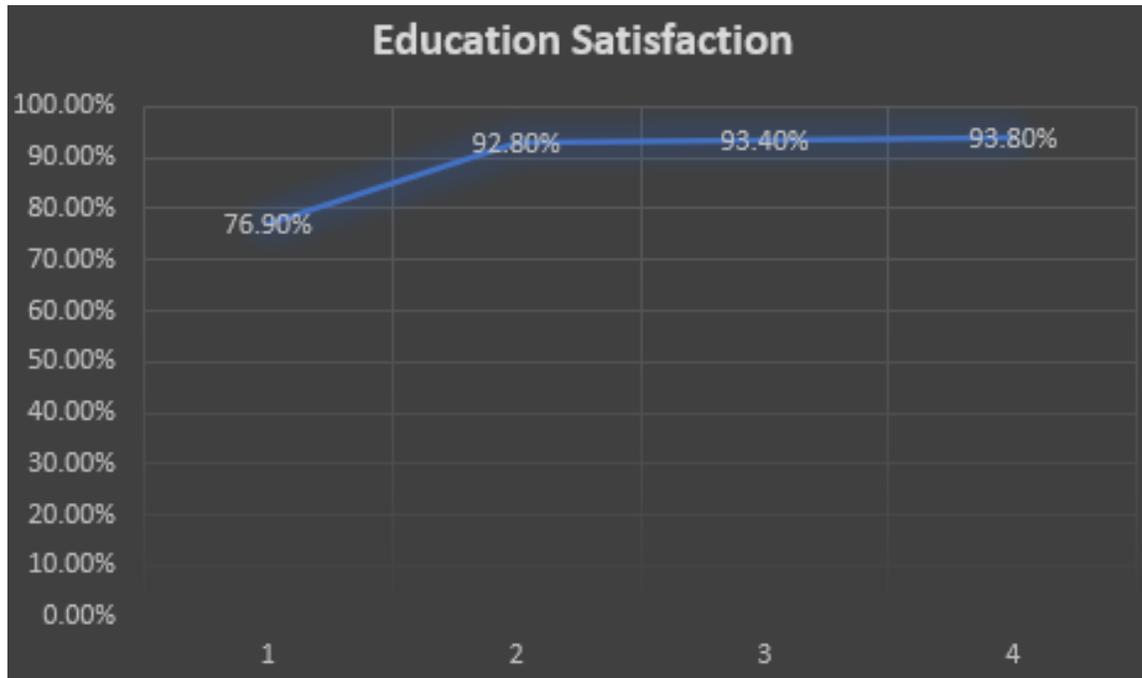
Interventions

- HELP Volunteers (52) on 11 units throughout the hospital & now ED starting.
- HELP Feeders cross-trained with Clinical Nutrition team
- Guidebook developed to streamline Comfort Cart items (over 30 items) for patients use.
- Continuity of resources for hospital-wide dissemination with inventory par

What did SBUH improve?

- Delirium Workgroup began which enhanced collaboration
- Nurses felt more confident notifying providers of patient delirium and contributing factors
- Providers started to slowly improve compliance with activating Delirium Power Plans

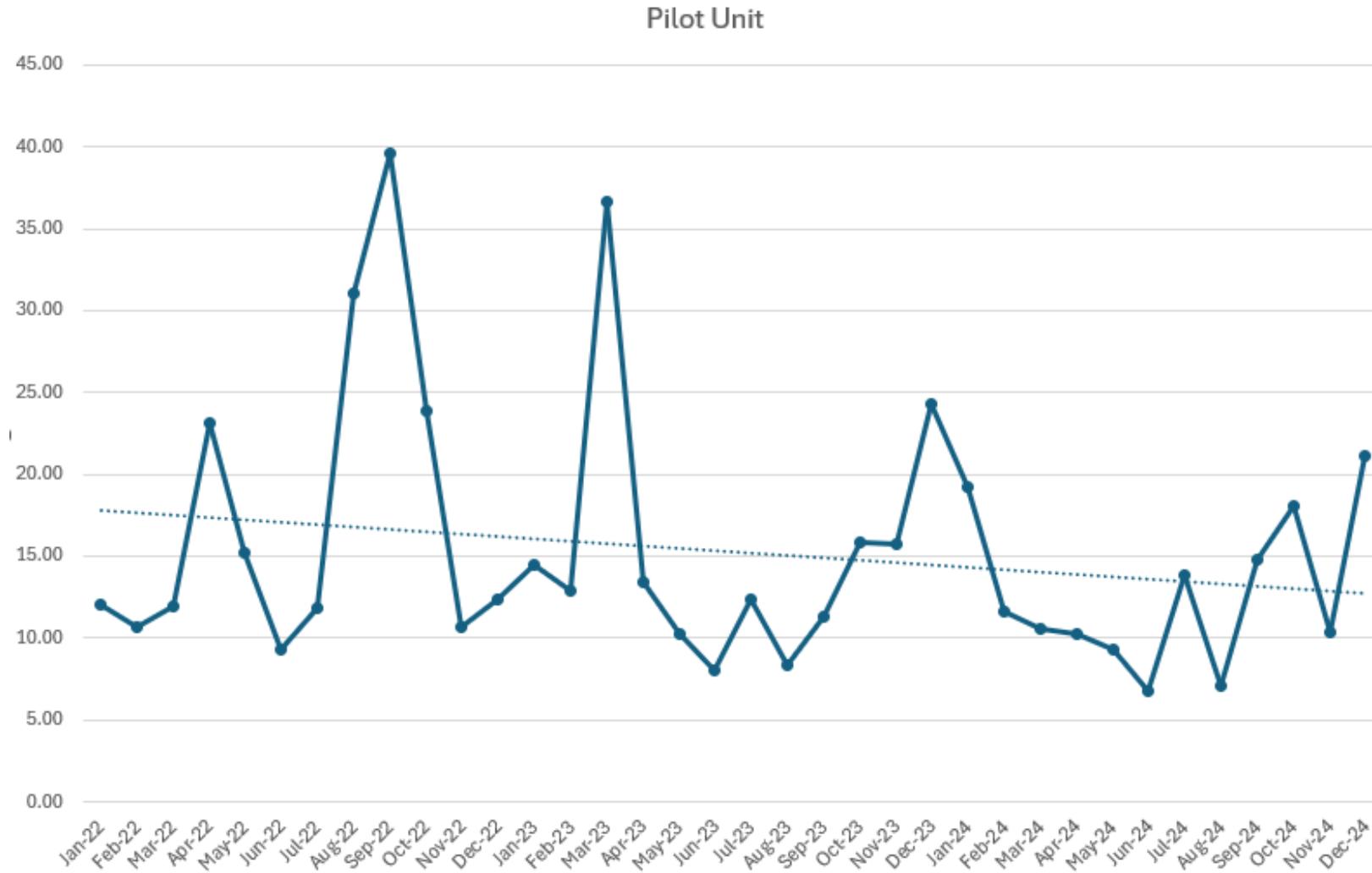


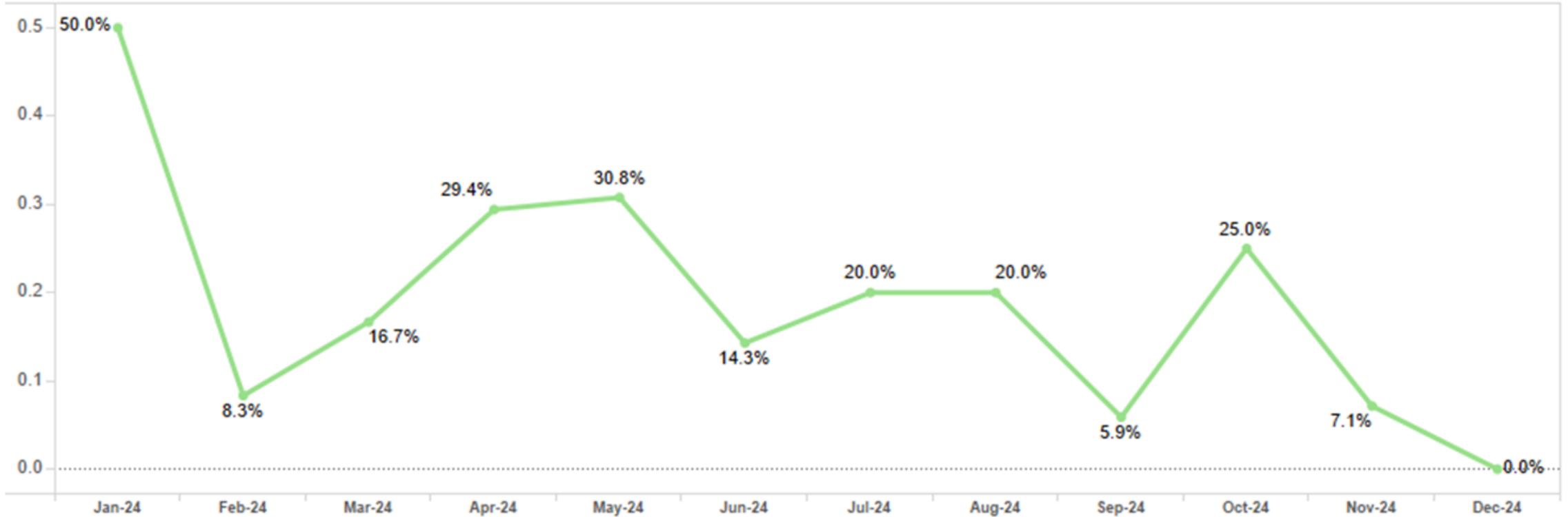


What did SBUH improve?

- Staff were more satisfied with geriatric nursing education
- Hospital wide delirium interventions used throughout all units with additional resources in Comfort Carts.

LOS improvement on Pilot Unit





What did SBUH improve?

Patient readmission rates began to trend downward in 2024

Next steps for Improvement

- Keep expanding audit access throughout the hospital.
- Improve integration of dementia screenings within the inpatient units
- Revised delirium screening in ED
- ICU Liberation bundle collaboration
- Expand delirium tableau dashboard
- Implement geriatric pain power plan to minimize polypharmacy
- Expand delirium education to orthopedics and perioperative units



Poll Question #2

Which age-friendly initiatives are you willing to implement to improve patient outcomes?

1. Geriatric Emergency Department Accreditation
2. NICHE education and model of care
3. AGS CoCare HELP
4. The 4Ms initiative
5. Other geriatric focused initiatives

Acknowledgements

Many thanks to all our leadership teams in nursing, quality & medicine, nurse specialists, supervisors, nurse managers and educators who have provided knowledge, support and contributed to the success of these geriatric initiatives throughout the hospital from the ED to inpatient units.



[This Photo](#) by Unknown Author is licensed under [CC BY](#)

References

- Clery, P., d'Arch Smith, S., Marsden, O., & Leedham-Green, K. (2021). Sustainability in quality improvement (SusQI): a case-study in undergraduate medical education. *BMC medical education*, 21(1), 425. <https://doi.org/10.1186/s12909-021-02817-2>
- Kleinman, A., Chen, H., Levkoff, S. E., Forsyth, A., Bloom, D. E., Yip, W., Khanna, T., Walsh, C. J., Perry, D., Seely, E. W., Kleinman, A. S., Zhang, Y., Wang, Y., Jing, J., Pan, T., An, N., Bai, Z., Wang, J., Liu, Q., & Habbal, F. (2021). Social Technology: An Interdisciplinary Approach to Improving Care for Older Adults. *Frontiers in public health*, 9, 729149. <https://doi.org/10.3389/fpubh.2021.729149>
- Kwak, M. J., Inouye, S. K., Fick, D. M., Bonner, A., Fulmer, T., Carter, E., Tabbush, V., Maya, K., Reed, N., Waszynski, C., & Oh, E. S. (2024). Optimizing delirium care in the era of Age-Friendly Health System. *Journal of the American Geriatrics Society*, 72(1), 14–23. <https://doi.org/10.1111/jgs.18631>
- Lighterness, A., Adcock, M., Scanlon, L. A., & Price, G. (2024). Data Quality-Driven Improvement in Health Care: Systematic Literature Review. *Journal of medical Internet research*, 26, e57615. <https://doi.org/10.2196/57615>
- Sue-Chue-Lam, C., Yanikomeroğlu, S., Hamad, D., Wong, B., & Born, K. (2024). Metrics used in quality improvement publications addressing environmental sustainability in healthcare: A scoping review protocol. *PloS one*, 19(8), e0309417. <https://doi.org/10.1371/journal.pone.0309417>