Age-Friendly Health Systems Storyboard Presentations

Dora Fisher, MPH, CPHQ
New York State Action Community

Agenda

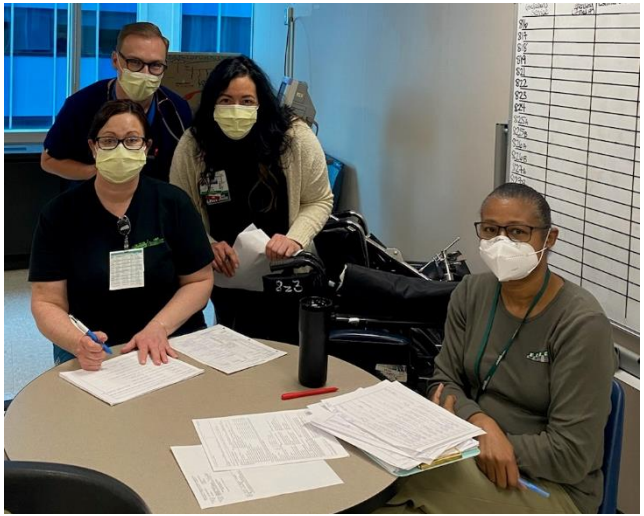
- Welcome & Ground Setting
- Storyboard Presentations
- Next Steps

Erie County Medical Center

Erie County Medical Center Buffalo, NY

- About 40% of the patients we serve are 65 or older
- **Aim statement: Operationalize 4Ms care on 100 patients 65 years an older hospitalized on 8Z3 (champion unit) by the end of 2022**
- EHR: Meditech and Allscripts

Palliative Care Team



8Z3 Team

Geri Psych Team

- Team lead - Dr. Jihae Lee
- What Matters Champion – Nichole Aldrich
- Mentation Champion – Jaime Leppard, NP
- Medication Champion – Dr. Zachary Wikerd
- Mobility Champion – Dr. Siva Yedlapati
- Champion units – 8Z3 med/surg nursing station, 5Z1 Geriatric Psychiatry Unit, Palliative Care Team and Geriatrics Team

Age-Friendly Health Systems

What Matters:

- The ECMC “What Matters Assessment” consult order went live on 3/11/2021
- Palliative social workers enter note into the Allscripts template that gets integrated into the patient’s Meditech chart
- Communicate findings with the patient’s primary team to align the care plan

Medication:

- University at Buffalo pharmacist reviews medications with patients, and external pharmacies fill histories, to complete an accurate medication reconciliation when patients >65 y/o are admitted to the hospitalist team run by Geriatricians to assess high risk medications

Mentation:

- Nursing and clinician education on delirium
- Delirium order set created for providers
- CAM screening tool created in Meditech
- CAM pilot on a med/surg units
- Initiating collaboration with ED for delirium education and implementation of CAM

Mobility:

- Early ambulation project for low risk patients
- Activity tab created
- 8Z3 – Activity included on patient’s whiteboards and discussed during daily interdisciplinary huddle

What Matters:

- To date, there have been 84 consults completed.
- Post discharge survey with three questions using the CollaboRATE survey, 40% completion rate with average of 23 out of 27 rating.
- Qualitative results are being analyzed

Medication:

- To date we have >100 patients reviewed for polypharmacy

Mentation:

- We have about 300-500 CAM screening being utilized each month
- Monitoring the use of STAT antipsychotics
- Delirium education completed for RNs:
- Delirium education completed Medical Staff:

Mobility:

- In Progress

- Ask: What do you still want to learn?
  - What data is helpful to follow and track
  - **Creating a dashboard**
- Offer: What learning can you share?
  - Collaboration keeps momentum
  - Change takes time so be patient

Maimonides Medical Center

New York State Age-Friendly Action Community

Organizational Profile

April 2022

HANYS
Always There for Healthcare

Age-Friendly Health Systems

Maimonides Health

About Us

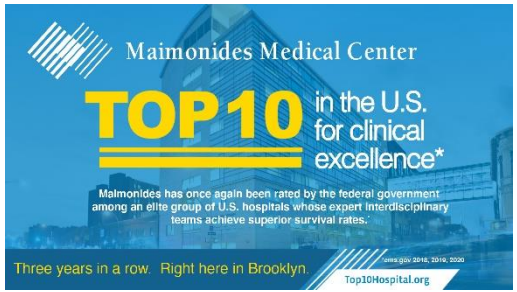
- Largest hospital in Brooklyn; delivering world-class medical care since 1911
- Academic affiliate and major teaching site for SUNY Downstate College of Medicine
    - 500+ Interns, Residents and Fellows

- 1.1M+ people live in our service area
- 60+ sites of care across Brooklyn
- 43k annual inpatient discharges
- 120k annual ED visits
- 600k annual outpatient visits
- 6,500+ employees
- Additional 1k+ voluntary physicians on staff

Maimonides Health

Clinical Excellence

- Ranked among the top 1% of hospitals in the US for heart attack, heart failure, pneumonia, & pulmonary disease 30-day mortality rates (CMS)
- Brooklyn's only full-service Cancer Center, accredited with perfect scores in all categories (Commission on Cancer of the American College of Surgeons)
- Comprehensive Stroke Center - 8th lowest stroke mortality rate in the nation (CMS). Recipient of the highest honors category of the American Stroke Association for 7 consecutive years.
- Brooklyn's only comprehensive children's hospital & pediatric trauma center, COG member



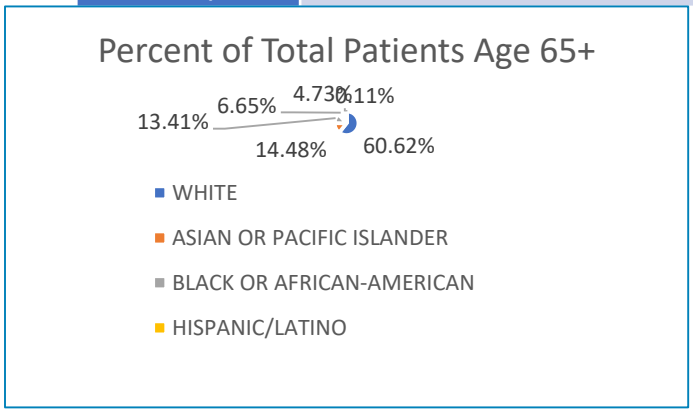
Maimonides Health

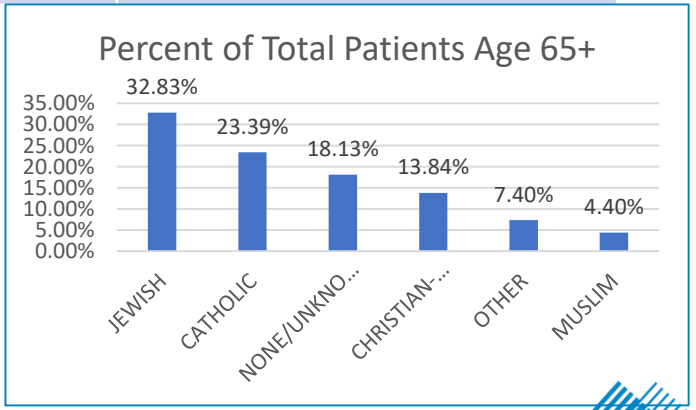
Adult Patient Demographics

Maimonides serves a diverse patient population:

- High severity of illness: ~3k patients with advanced life limiting disease in 2019
- Greater number of older adult patients (age 65+)

Age Range	Number	Percent of Total Patients
18-64 years	726	43.79%
65-74 years	331	19.96%
75-84 years	297	17.91%
85+ years	304	18.34%
Total adult patients	1658	100%





Maimonides Health

AIM Statement & MMC Champions

AIM Statement:

- In 2022, Maimonides Medical Center will engage existing champions in developing a strategy to ensure future care provided to our older adult population is more closely aligned with the 4Ms. We expect to provide age-friendly care to more than 700 patients in the next 12 months.

Executive Sponsor	Dr. Robert A Press, MD PhD Executive Vice President, Medical Affairs Maimonides Medical Center
Team Lead	Khadeja Kausar Director, Business Intelligence and Value Based Management, Medical Affairs Maimonides Medical Center
4Ms Champion – What Matters	Karen Thompson Assistant Director, Social Work Maimonides Medical Center
4Ms Champion – Mobility	Rene Barro Administrative Director of Rehabilitative Services Maimonides Medical Center
4Ms Champion – Mentation	Dr. Sarah Egan, MD Palliative Physician Maimonides Medical Center Marie Dixon-Brown Nurse Manager Maimonides Medical Center
4Ms Champion – Medication	Dr. Michael Marcelin Geriatric Medicine Specialist Maimonides Medical Center Dr. Gerard Casale Geriatric Medicine Specialist Maimonides Medical Center

Maimonides Health

4Ms – Where we are Today?

Interdisciplinary approach: the entire primary care team is jointly responsible for ensuring proper care of older adult patients

What Matters	Medication	Mentation	Mobility
• Discussion tailored to the individual patient & diagnosis • Empower the patient to take better control of their health • What could have been done to prevent the current admission • Goals of Care*	• Avoid high-risk medications • Medication reconciliation & deprescribing as necessary • Screen for medication related risks	• CAM • Mini-Mental State Exam (MMSE) • Geriatric Depression Scale (GDS) • AOx3 • Establish baseline mental status	• IMOVE program • PT/OT evaluations • Get Up and Go • Out of bed to chair orders

Maimonides Health

4Ms – Where are we going…

Advanced Illness Management at Maimonides:
Interdisciplinary initiative to assist patients and their families with early advance care planning through primary supportive care model

- Implement strategies & care-delivery models to ensure appropriate care ***in alignment with patient wishes and values***
- Improve communication and care coordination for current and future admissions
- Reduce barriers associated with ***early*** supportive care & provide clinicians additional education in primary supportive care
- EMR upgrade to document what matters most, patient goals of care, and treatment decisions in an advanced care plan note
  - On-going/phased approach based on feedback
- Data analysis and dashboard development

Maimonides Health

What's Next?

AIM 'Go Live' Hospital-wide & primary supportive care education via various modalities

- In-person unit-based education and participation in IDT (in-process)
- Self-paced learning module delivered via healthstream (Q1-2022)
- Internet-based courses recommended by the Supportive Care Team (Q2 2022)
- SIM Lab Training for attendings and residents (Q2-2022)
- Hospital-wide awareness/lunch & learns (Q2-2022)

Maimonides Health

4Ms – Where we are Today?

Interdisciplinary approach: the entire primary care team is jointly responsible for ensuring proper care of older adult patients

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Maimonides Health

Memorial Sloan-Kettering Cancer Center

Age-Friendly Health Systems

General Information

- Memorial Sloan Kettering Cancer Center (MSKCC) – Outpatient Geriatrics
- New York, NY
- Older adults being treated for cancer at MSKCC.
- MSKCC Department of Geriatrics – Outpatient will reach 300 older-adult patients with age-friendly care by August 2022.
- EHR: Allscripts

About Us

<u>Team Leads</u>: Kate Sturm, AGNP-BC & Sincere McMillan, AGNP-BC

Beatriz Korc-Grodzicki

Koshy Alexander

Farnia Amirnia

Armin Shahrokni

Sung Wu Sun

Our Geriatricians

NICHE

NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS

Geriatric Resource Nurse Council

Age-Friendly Health Systems

Progress

- Many 4Ms Interventions already in place!
  - What Matters
    - "Patient states the most important thing staff could do for them today is…"
    - Language preference, gender identity & preferred name easily visible throughout EHR
    - Goals of Care section in provider notes → Auto entry into a "PtValues" tab in the EHR
  - Mobility
    - TUG, 4-Meter Walk Test, Dynamometer
  - Mentation
    - Mini-Cog, MoCA, MMSE
  - Medication
    - Medication Reconciliation, geriatric pharmacist

Data Collection

- Still collecting data.
- Plan to utilize available analytics (Tableau) & chart review

Ask & Offer

- How have others accomplished gathering data that may not be easily visible in the patients EHR?

SBH Health System

St Barnabas Hospital Emergency Department

Dr Michael Nickas EM/IM

mnickas@sbhny.org

St Barnabas Hospital

- High-volume, high acuity urban academic Emergency Department that provides care to over 85,000 patients/year in the Bronx. 422 certified hospital beds.
- ACS-certified Level 2 Trauma Center, and a NY State-certified STEMI and Gold Level Stroke Center.
- Serve an extraordinarily diverse multi-ethnic community. As one of the oldest hospitals in the US, it has been doing this for over 150 years.
- Multiple residencies- EM, IM, General Surgery, Derm, Dental, Ophthalmology, Podiatry

- Allscripts is the EMR
- Our Aim is to reach 500 patients 65 or older in 2022

SBH Health System

St. Barnabas Hospital

St. Barnabas Hospital
4422 Third Avenue
Bronx, NY 10457
(718) 960-9000

SBH Ambulatory Care Center

SBH Ambulatory Care Center
SBH Health System
4487 Third Avenue
Bronx, NY 10457

SBH Hemodialysis Center

SBH Hemodialysis Center
SBH Health System
4451 Third Avenue, 1st Floor
Bronx, NY 10457

Center for Comprehensive Care

Center for Comprehensive Care
St. Barnabas Hospital
SBH Health System
4422 Third Avenue, 4th Floor
Bronx, New York 10457

SBH Behavioral Health – 188th St.

SBH Behavioral Health
SBH Health System
260 East 188th Street
Bronx, NY 10458

SBH Methadone Maintenance Treatment Program

SBH Methadone Maintenance Treatment Program
SBH Health System
4535 Third Avenue
Bronx, NY 10457

SBH Outpatient Detox Center

SBH Outpatient Detox Center
SBH Health System
4451 Third Avenue, 2nd Floor
Bronx, NY 10457

SBH Health and Wellness Center

SBH Health and Wellness Center
4507 Third Avenue
Bronx, NY 10457

SBH Health System Affiliates

Arthur Avenue Comprehensive Care

Arthur Avenue Comprehensive Care
2385 Arthur Avenue
Bronx, NY 10458

Bronx Park Medical Pavilion

Bronx Park Medical Pavilion
2016 Bronxdale Avenue
Bronx, NY 10462

Our Team

Team Lead	Dr Michael Nickas
4Ms Champion – What Matters	Dr Julie Clemmensen, Dr Narcisse Amine
4Ms Champion – Mobility	Erik Marketan, Dr Julie Clemmensen
4Ms Champion – Mentation	Dr Harrison Wermuth, Dr Rutmi Goradia
4Ms Champion – Medication	Robert O'Connell PharmD, Dr Narcisse Amine

ED Visits and Admissions: 65 or Older Patients

By Age	Colu												
Age Grou	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
65-74	422	407	449	450	438	479	475	488	428	492	401	514	5443
75-84	198	182	199	195	226	232	206	211	209	211	197	226	2492
85+	76	75	75	96	84	89	67	85	73	73	76	76	945
Grand Total	**696**	**664**	**723**	**741**	**748**	**800**	**748**	**784**	**710**	**776**	**674**	**816**	**8880**

By Age	Column Lab												
Age Grou	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
65-74	173	169	189	150	151	149	144	154	137	156	131	146	1849
75-84	114	88	112	93	112	98	96	105	91	93	99	91	1192
85+	49	48	47	64	47	43	36	48	48	47	39	38	554
Grand Total	**336**	**305**	**348**	**307**	**310**	**290**	**276**	**307**	**276**	**296**	**269**	**275**	**3595**

65+ Languages Spoken

Count of Acct	Column Label												
Language	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Grand Total
ALBANIAN	3	2		3				2	2		1	3	16
ARABIC			2	1			1		1				5
ARMENIAN		1											1
BENGALI		1		1				2	3	1			8
CANTONESE			1	1									2
CRE		1		1		1	1						4
English	389	376	414	398	439	478	431	464	410	430	394	493	5116
FRENCH	1	1								1			3
GREEK											1		1
Italian		1			1		1						3
KOREAN	2	1				1			1				5
MANDARIN						1	1			1	1		4
NULL		4	8		2	3	3	6	3	2	5	8	44
Other	2	1	1		2	3	2	1	2	1	2		17
POLISH					1								1
RUSSIAN	1												1
SIGN LANGUAGE				1									1
Spanish	289	272	296	332	297	309	304	303	286	334	264	307	3593
Spanish/English					1						3	2	6
Tagalog	2	1											3
TWI	1												1
UND	6	1	1	3	4	4	4	4	2	5	3	3	40
VIETNAMESE		1			1			2		1			5
Grand Total	**696**	**664**	**723**	**741**	**748**	**800**	**748**	**784**	**710**	**776**	**674**	**816**	**8880**

Starter PDSA's

Age Friendly- What Matters
Age Friendly- Medication: Medication Reconciliation
Age Friendly- Medication: Beers List in the ED
Age Friendly- Medication: Beers List Prescribed to Pharmacies
Age Friendly- Mobility: Matter of Balance Pre Survey
Age Friendly- Mobility: Matter of Balance Class Formation
Age Friendly- Mentation: Depression
Age Friendly- Mentation: Delirium
Age Friendly- Mentation: Dementia
Age Friendly- Mentation: Continuous Observation 2:1
Age Friendly- Mentation: AMS/Delirium Orderset

St. Charles Hospital

St. Charles Hospital – Catholic Health

Catholic Health
St. Charles Hospital

200 Belle Terre Road Port Jefferson, NY 11777

- All adult patients 65 years and older will be reached by this initiative.
- St. Charles Hospital will reach 1,000 adult patients 65 years and older with Age-Friendly care by December 31, 2022.
- St. Charles Hospital utilizes the EPIC platform for electronic medical records

Age-Friendly Health Systems

St. Charles Hospital Executive Steering Committee

Nikki Fiore Lopez RN PhD
Chief Nursing Officer

Ronald Weingartner
Chief Operating Officer

Chukwuma Egbuziem RN MSN
Assistant Vice President of Quality Management

Lisa Oberting RN MSN
Director of Risk Management/ Patient Safety

Officer

St. Charles Hospital Operational Leaders

Laurie Blom RN
Director of Care Coordination

What Matters?

Theresa McKenna Ph.D. RN
Director of Psychology Service

Mentation

Elizabeth Vaccaro Pharm D.
Pharmacist

Medication

Michael Scicchitano PT
Director of Inpatient Rehabilitation

Mobility

Age-Friendly Health Systems

What Matters?

- This is a new initiative to be undertaken by the care coordination team on the medical units which will include the following two questions on their admission evaluation.

What matters most to you during your hospital stay?

What can we do to make this a better experience for you?

- We plan to align the care plans with what matters most to our patients.
- A formal request has been made to have the selected questions to be added to the admission navigator for the care coordination team.

What Matters: Ask/Offer

Ask: How do handle asking the 65 and older chemical dependency population this question if the responses lead to drug seeking behavior?

Offer: Willing to share experiences regarding response times to asks and p[anticipation of the PFAC.

Mentation

- Assessing for delirium:
  - CAM-ICU is done in the ICU every shift (q 12 hours)on all patients
  - Results are entered in EPIC (EHR)
  - If delirium is suspected, Interdisciplinary team uses acronym THINK to evaluate for:

    -**T**oxic situations and medications

    -**H**ypoxemia

    -**I**nfection/sepsis, inflammation, immobilization

    -**N**on-pharmacological interventions

    -**K**+ or other electrolyte interventions

Mentation

- For the purposes of quality assessment and improvement, CAM-ICU qualitative and quantitative results for patients over 65 years old. in the ICU will be evaluated via report.

- After baseline is established, improvements in charting and/or intervention can be brainstormed.

Mentation

- "An ask and an offer" for the Action Community:

- Ask: What challenges did you find in rolling out delirium screenings every shift to the whole hospital population over 65 years old?

- Offer: Utilize team members within your institution, even if they are not on the "Age-Friendly" committee. (Ex: We found an extensive policy regarding delirium assessment by reaching out. The policy will be re-assessed and updated as we move through this project).

Medication

Engage/Screen/Assess

- Regularly screen for Beers list medications prescribed to patients age 65 years and over on our 4E physical rehab unit.
- The report of Beers list medications currently prescribed will be generated from the EPIC system under Pharmacy reports and reviewed by pharmacist.
- Patients that meet the above criteria will be assessed/interviewed/engaged once per stay by pharmacist. Discussion will focus on what matters to the older adult in regards to medications prescribed, outcome goals and care preferences.

Medication

- Pharmacist will perform medication reconciliation for all current medications and dosages including (but not limited to) Beers list medications prior to interview.
- Any and all prevalent information obtained through patient interview will be discussed with attending physician. Goals will include de-escalation of Beers list medications and addressing any discrepancies noted during medication reconciliation.
- Pharmacist will initially document interview and findings/interventions/outcomes in the ivent section of the EPIC system. Formatted Progress Note to be discussed further**

Medication

- Quantitative measurements will include number of interventions resulting in de-escalated and discontinued medications per month in addition to the use of alternative medicines with a more favorable risk/benefit ratio.

- Qualitative measurements to include both the reduction of complications associated with side effects, adverse effects and polypharmacy in addition to improving patient outcomes by addressing their questions, concerns and problems associated with current medication regimen and healthcare treatment.

Mobility – Program

- All patients admitted to SCH IP Rehab Unit are evaluated by Physical Therapist within 24 hours of admission
- All patients are mobilized according to the plan of care developed by the team. Patients that are able to ambulate do ambulate at least 3x/day by various members of the rehabilitation team.
- The physical therapy evaluation includes a post discharge risk for fall screen
  - A tool developed using data from 250 records finding 5 factors with statistical significance in predicting falls in the post discharge setting
- Patients that are ***high*** risk for post discharge fall have a formal balance assessment with individualized interventions to minimize risk of falling

Mobility – Outcomes

The overall improvement in mobility is measured by the change/improvement in score for the IRF Quality Measure for Mobility. This measure includes transfers, bed mobility, ambulation and stair climbing.

Historical Data for 2021

- **Patients 65-74 years of age averaged a 29.9 point improvement in mobility from admission to discharge**

- **Patients age 75 year of age and older averaged a 27.1 point improvement in mobility from admission to discharge.**

Mobility – Outcomes

- The program has screened 99.5% of all inpatient rehabilitation admissions in the 3 years since the implementing the fall risk assessment and prevention measures.

Post DC Fall Rate (3 mo. follow up)
2018: 18.8%
2019: 16.4%
2020: 14.8%
2021: 16.8%

Mobility- An Ask and An Offer

- Ask: Information regarding how hospitals are able to implement ambulation 3x/daily for patients admitted to their medical units. What members of the team are carrying out this ambulation (PT, RN, CNA, etc.), how much additional staffing was required and what training is in place for these team members?

- Offer: Education regarding what we have identified as risk factors leading to higher incidence of falls in the home. We would like to create a fall prevention video that can be utilized here at St. Charles, but also shared with other providers.

Participation of the PFAC

The St. Charles PFAC participated in the development of action plans for the “4 M’s”.

The PFAC also assisted in creating an educational magnet of safety tips, post discharge resources and a mobility education video.

Age-Friendly Health Systems

4Ms – Where we are Today?

Interdisciplinary approach: the entire primary care team is jointly responsible for ensuring proper care of older adult patients

What Matters	Medication	Mentation	Mobility
• Discussion tailored to the individual patient & diagnosis • Empower the patient to take better control of their health • What could have been done to prevent the current admission • Goals of Care*	• Avoid high-risk medications • Medication reconciliation & deprescribing as necessary • Screen for medication related risks	• CAM • Mini-Mental State Exam (MMSE) • Geriatric Depression Scale (GDS) • AOx3 • Establish baseline mental status	• IMOVE program • PT/OT evaluations • Get Up and Go • Out of bed to chair orders

Maimonides Health

St. John's Episcopal Hospital

Patient Demographics (Monthly)

Age Range	Number	Percent of Total Patients
18-64 years	368	49.07%
65-74 years	167	22.24%
75-84 years	107	14.27%
85+ years	66	8.80%
Total adult patients		100%

Language	Percent of Total Patients Age 65+
English	77.73%
Spanish	13.07%
Russian	3.07%
French	.27%
Hebrew	.13%
Polish	.013%
Vietnamese	.13%

Race/Ethnicity	Percent of Total Patients Age 65+
African American/Black	39.73%
Caucasian	25.73%
Hispanic or Latino	37.6%

Age-Friendly Health Systems

Age Friendly Aim Statement

By the end of this year we will include our commitment to Age Friendly practices in our organizational Strategic Plan and we will reach:
800 65+ adults in our acute hospital setting
725 65+ adults in our ambulatory practices
45 65+ adults in our outpatient behavioral health practices

…with Age Friendly Care

Our Team

- Karen Muir, Director of Pharmacy
- Dr. Mohammad Anwar
- Dr. Richard Steward, Program Director Family Practice
- Dr. David Adler, Chief of Psychiatry
- LaShawn Taylor, Patient Safety Officer
- Hermelina Zabala, SVP of Patient Care Services and Chief Nursing Officer
- Lorna Manning, AVP of Population Health and Integrated Care Management
- Ranel Gennace, Director of IT informatics
- Dr. Hana Ilan, Chair, Physical Medicine and Rehabilitation
- Dr. Jean Simon, Director of Physical Medicine and Rehabilitation
- Dr. Madhu Rajanna, Assistant Chair, Psychiatry
- Ifeoma Onyieke, Palliative Care Nurse Practitioner
- Enny Almonte, Director, Wellness and Recovery
- Susan Schier, Director, Community Mental Health Center
- Floyd Martin, Director of Professional Practice
- Victoria Backus, Nurse Practitioner
- Rose Harris, Patient and Family Partner
- Star Rivera, Chief Patient Experience Officer
- Age Friendly Coordinator - ?

Age-Friendly Health Systems

Our Current State and Progress

Observations for What Matters:

- We currently document patients preferences and develop treatment planning, in our outpatient settings with the patient in real time. Goals are set by the patients and incorporated into the plan of care.
- In the acute setting: What goals are important to you? What does quality of life mean to you? Documented in the medical record in clinical notes and also on the communication boards in the patient rooms.
- Work is starting on creating a "What Matters" tab in both EMR systems (Athena and Meditech)
- Working towards enculturating What Matters across all care episodes

Our Current State and Progress

Observations for Mobility:

- Systems are in place to assess, monitor and work with patients on mobility goals.
- Currently across settings, we are using the TUG, Get up and Go, JH-HLM, and POMA. In outpatient settings we refer to Physical medicine for these evaluations.
- All documentation is in the medical record

Observations for Medication:

- We are currently screening regularly for high risk medications that impact care and what matters including benzodiazepines, opioids, over the counter sedatives and sleep medications, muscle relaxants, antidepressants, and antipsychotics.
- We deprescribe and also have pharmacy consults that occur in real time when high risk medications are identified.
- All documentation is in the medical record

Our Current State and Progress

Observations for Mentation:

- We currently utilize the CAM-ICU and the Mini mental status exam
- Sufficient oral hydration is ensured
- Orient the individual and make sure they have access to their personal adaptive equipment
- Avoid high risk medications
- In screening for Depression we use the PHQ-9
- Refer to Behavioral Health
- Antidepressants can be prescribed by the primary care physician as well
- Connect patients to community organizations that can provide support

Monitoring and Measurement

- Determine our goal (Aim Statement)
- Internal audits to determine compliance
- Apply interventions to improve: education
- Continue to measure for improvement

Ask and Offer

- Ask: What is the most effective way to enculturate What Matters? How is this effectively communicated across care encounters and disciplines?

- Offer: Important to have strong executive support for this work. Build on your strengths!
  - Strong relationships with community based providers and organizations
  - Patient and family participation
  - Person and family centered culture

4Ms – Where we are Today?

Interdisciplinary approach: the entire primary care team is jointly responsible for ensuring proper care of older adult patients

What Matters	Medication	Mentation	Mobility
• Discussion tailored to the individual patient & diagnosis • Empower the patient to take better control of their health • What could have been done to prevent the current admission • Goals of Care*	• Avoid high-risk medications • Medication reconciliation & deprescribing as necessary • Screen for medication related risks	• CAM • Mini-Mental State Exam (MMSE) • Geriatric Depression Scale (GDS) • AOx3 • Establish baseline mental status	• IMOVE program • PT/OT evaluations • Get Up and Go • Out of bed to chair orders

Maimonides Health

Upstate University Hospital

Age-Friendly Project

- Upstate University Hospital, Syracuse, NY
  Transitional Care Unit (TCU) and Geriatrics Office

- The older adult population that your organization serves: TCU and Geriatrics Office serves patients 65 & older

- Aim Statement: By the end of this year (December 2022), we will reach at least 500 65+ adults at Upstate Community Hospital on the TCU & Geriatrics Office with Age-Friendly care.

- EHR System: Epic

Team

Age-Friendly Core Project Team:

- Executive Sponsor: Nancy Daoust, EdD, FACHE, LNHA, Chief Ambulatory Officer
- Team Lead & 4Ms Champion What Matters: Quonitra Bullock, MSN, RN, NEA-BC, Nurse Manager TCU
- 4Ms Champion Mobility: Katharine Sellers, PT, DPT, Physical Medicine & Rehabilitation
- 4Ms Champion Mentation: Betsy Holden, RN & Stephanie McGrath, NP, Geriatrics Office
- 4Ms Champion Medication: Jaylan Yuksel, PharmD & Kelly Ulen, PharmD, Pharmacy
- Quality Improvement Coach: Carrie Dickinson, PhD, Lean Six Sigma Master Black Belt, Ambulatory Services Administration
- Older Adult / Community Member: Charlotte Holstein
- Other Extended Team Members from Transitions of Care, Ethics, Spiritual Care, Environmental Services

4Ms Plan

Focus Area	Reflection	Plan	Metrics
What Matters	TCU Recreational therapy completes an interest inventory (what matters)	Nursing to incorporate what matters to me on the admission questionnaire/ rooming process (outpatient) Update care plan to include what matters Encourage caregiver participation	-Epic EHR -Survey (Pre-Post)

4Ms Plan

Focus Area	Reflection	Plan	Metrics
Medications	Epic alerts for safe medication administration Anticholinergenic Burden score (Inpatient/outpatient)	Improve clinician appreciation of differences in geriatric pharmacology Pharmacists review appropriateness of meds on high-risk patients	EPIC report

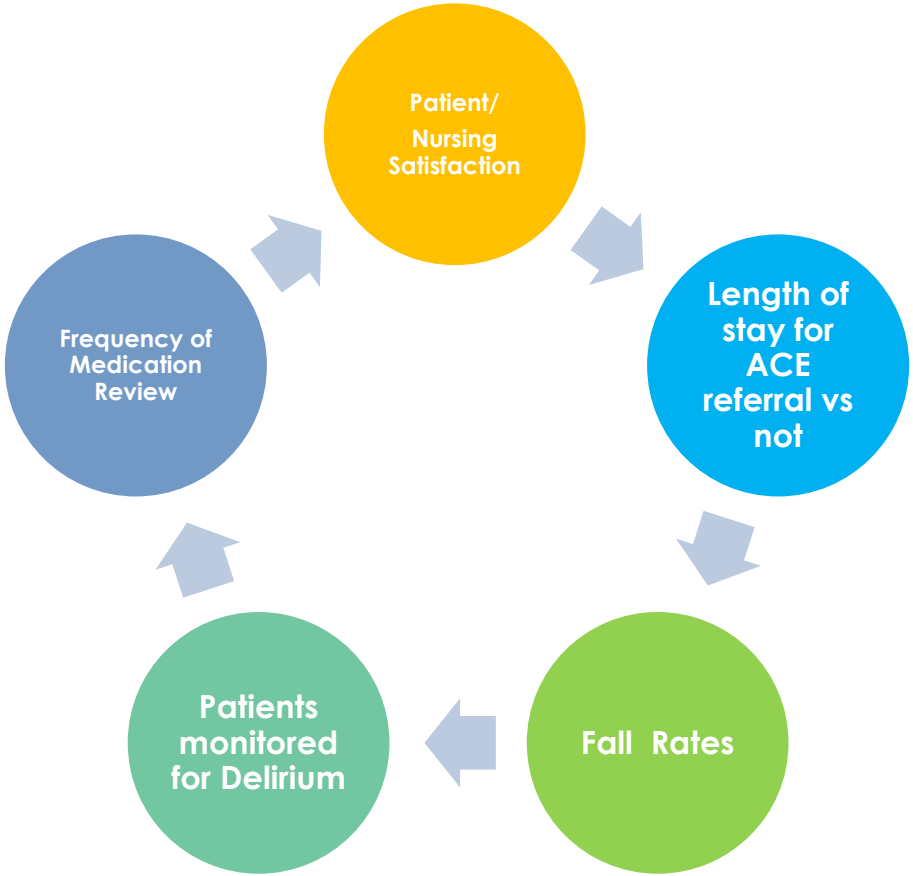
4Ms Plan

Focus Area	Reflection	Plan	Metrics
Mentation	Establish thorough baseline cognition Working with patients regardless of their mental status or degree of impairment	Community education regarding prevention/management of cognitive decline Provide caregiver support while patient is not at baseline	Survey Press Ganey

4Ms Plan

Focus Area	Reflection	Plan	Metrics
Mobility	Therapy sessions are individualized to address patient goals and promote return to prior level of function Road to mobility program Utilization of EPIC for fall risk, nursing orders for how to safely mobilize patients based on therapy evaluations	Restituting annual transfer training with TCU nursing staff to assist with comfort level of mobilizing patients who are at the lower levels of mobility Encourage walking program Referrals to outpatient therapy	EPIC report Fall Data

Metrics



Age-Friendly Health Systems

Ask and Offer

Ask: What do you still want to learn?

- What are you doing that works well?
- What type of patient care areas are you obtaining your information?

Offer: What learning can you share?

- Function of a transitional care unit
- Access to consult services/providers
- Exclusive access to Upstate patients
- Geriatrics Office covers 13 counties

Zucker Hillside Hospital (Northwell Health)

Age-Friendly Health Systems

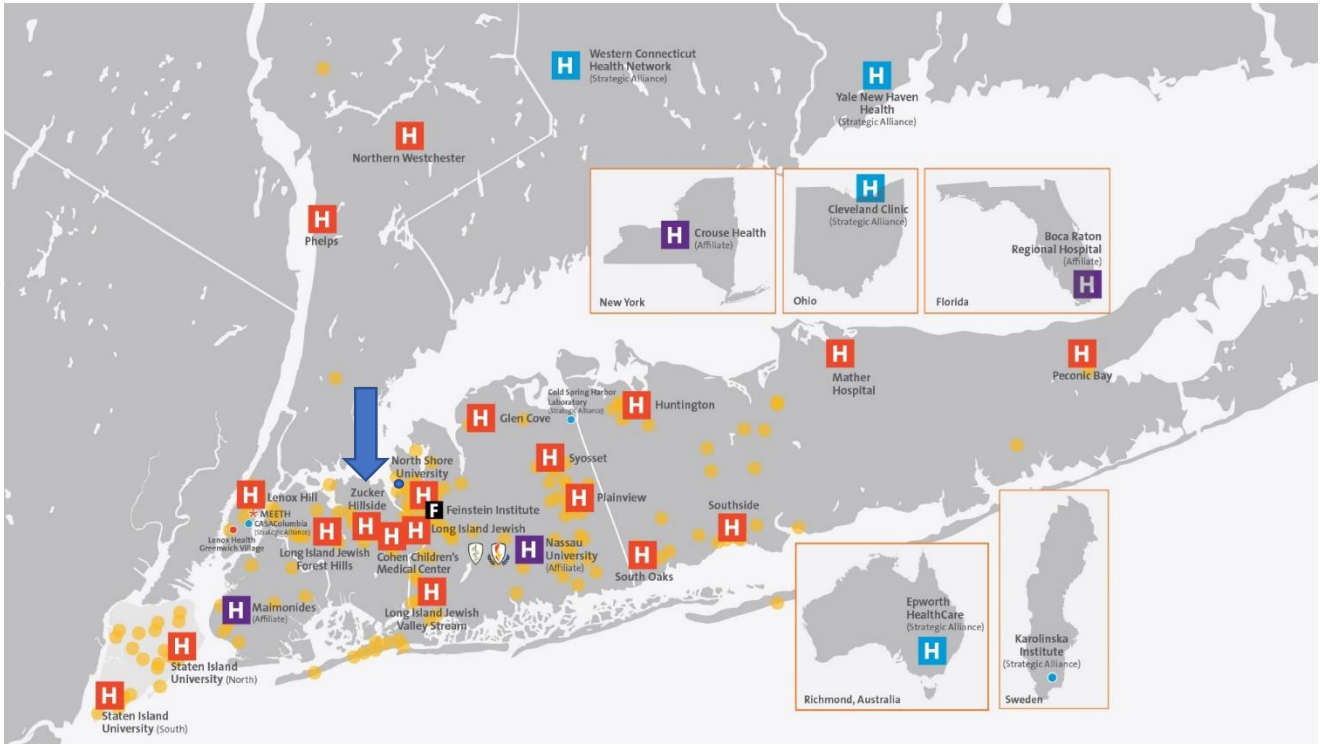
ZUCKER HILLSIDE HOSPITAL (ZHH)

(the flagship behavioral health facility of Northwell Health)

Blaine Greenwald MD
Vice Chair, Dept. of Psychiatry
Director, Geriatric Psychiatry Division

Northwell Health℠

NORTHWELL HEALTH



Dept. of Psychiatry/ZHH Inpatient Programs

Geriatric Psychiatry 42 Beds

Adolescent 22 Beds

Affective Disorders 22 Beds

Young Adult/College 22 Beds

Women's Unit (Perinatal Cluster) 22 Beds

General Psychiatry 104 Beds

Northwell Health

Dept. of Psychiatry/Zucker Hillside Ambulatory Behavioral Health Programs

Psychiatry		
Program Name	**Volume**	**Registrants**
Child Outpatient	20,068	1,497
Adult Outpatient (including Clozapine, LAI, Perinatal)	61,402	3,166
Geropsych Outpt.	30,404*	1739*
Adult Partial	4,789	22
Crisis Clinic	3,796	No running census
Psych Specialty Centers (ETP/OnTrack, BHCP, OCD, Bipolar)	21,380	1,269
PROS (Personalized Recovery Oriented Services)	1,698	139
ECT	5,615	325
Total	**142,186**	**7,876**

Substance Abuse		
Program Name	**Volume**	**Registrants**
DAEHRS	13,132	255
Methadone	76,225	430
Project Outreach	28,426	354
Far Rockaway	12,267	154
Garden City	21,195	379
Total	**151,245**	**1,572**

LAI = Long Acting Injectable Antipsychotics
ETP/OnTrack = Early Treatment Program
BHCP = Behavioral Health College Partnership
OCD = Obsessive Compulsive Disorder
*** = 2021 data for Geriatric Psychiatry Clinic**

Northwell Health℠

Long Island Jewish Medical Center

Consultation
Psychiatry
1047 Geriatric Consults
(2021)

4 M’s Preliminarily Selected

What Matters?

What Matters - Initial Questions/Responses:

What matters most to you? _____

Who are the most important people in your life? _____

What makes life worth living for you? _____

What concerns you most when you think about your health and health care in the future? _____

If patient is hospitalized, add:

- What are your goals for this hospitalization?
  _____
- For your care here, what would be ideal?
  _____

What Matters - Ambulatory Follow-up:

Since last visit has what matters to you changed?

( ) Yes

Mentation:

Mentation Screens

- [ ] **UB-2** (Delirium)
- [ ] **Mini-Cog** (Cognitive Impairment)
- [ ] Other Cognitive Screen completed as indicated/able (e.g., **MMSE, MoCA**) _____

(**NB:** in psychiatric settings, depression is routinely and comprehensively evaluated; in non-psychiatric settings will add PHQ-2/9]

Medications

Medications

Is the patient receiving any medication that is inappropriate for an older person (as per Beers criteria)?

- ( ) Yes - Action Taken: _____
- ( ) No

Mobility:

Mobility

- [ ] Timed Up and Go (**TUG**) Mobility Test
  - Time in seconds _____
    - (If greater than/equal to 12 seconds, patient is at risk of falls)
  - If greater than/equal to 12 seconds - Action Taken: _____

ZHH Project Anchoring Age-Friendly Designation: Tele-Psychiatry to Nursing Home Residents

“Hub” at Zucker Hillside Geriatric Psychiatry Clinic

“Spoke” at Nursing Homes