An Acute Care Age-Friendly Journey

Christina Vejnovich, DNP, APRN-CNS, AGCNS-BC, CDP, CADDCT, PCCN-K

1

Objectives

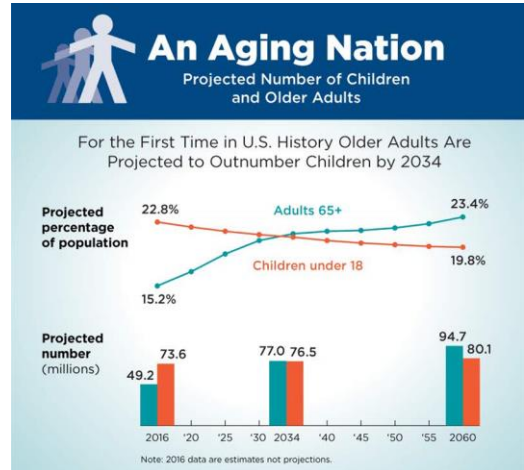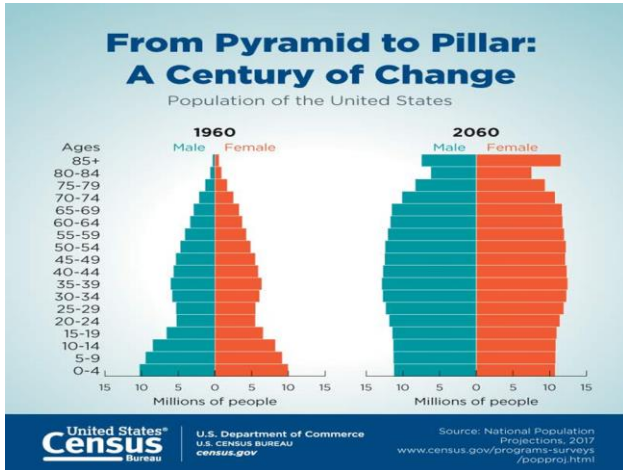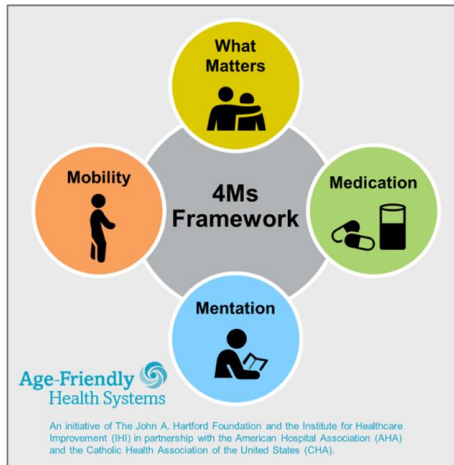|	
🏥	Examine the John A. Hartford Foundation and Institute for Healthcare Improvement Age-Friendly Health Systems 4Ms Model of Care.
🚶	Review the CMS Age-Friendly Hospital Measure and the crosswalk to the 4M's
💊	Discuss innovative ways to implement interventions focused on What Matters, Medications, Mentation and Mobility in acute care.

2

Aging Statistics

3

4M's Model of Care

4

Age-Friendly Hospital Measure's 5 Domain Attestations

Domain 1: Eliciting Patient Healthcare Goals

**Domain 2:** Responsible Medication Management

Domaine 3: Frailty Screening and Intervention

Domain 4: Social Vulnerability

Domain 5: Age-Friendly Care Leadership

5

- 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.
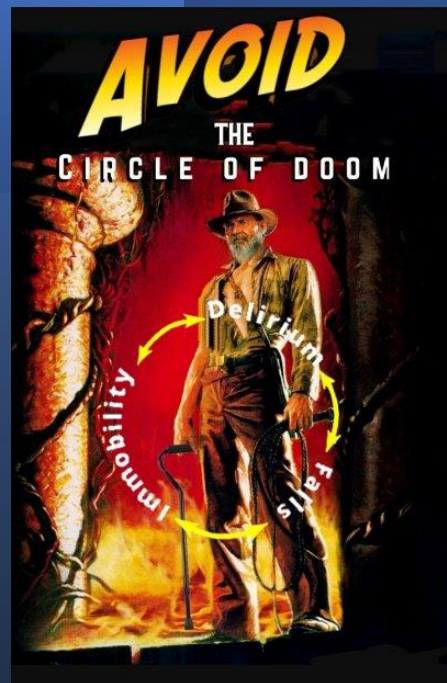
6

3

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
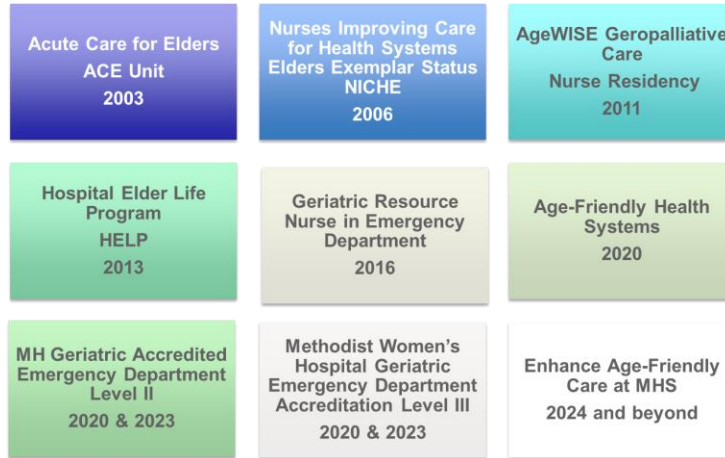
7

Strategic Plan and System Strength

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

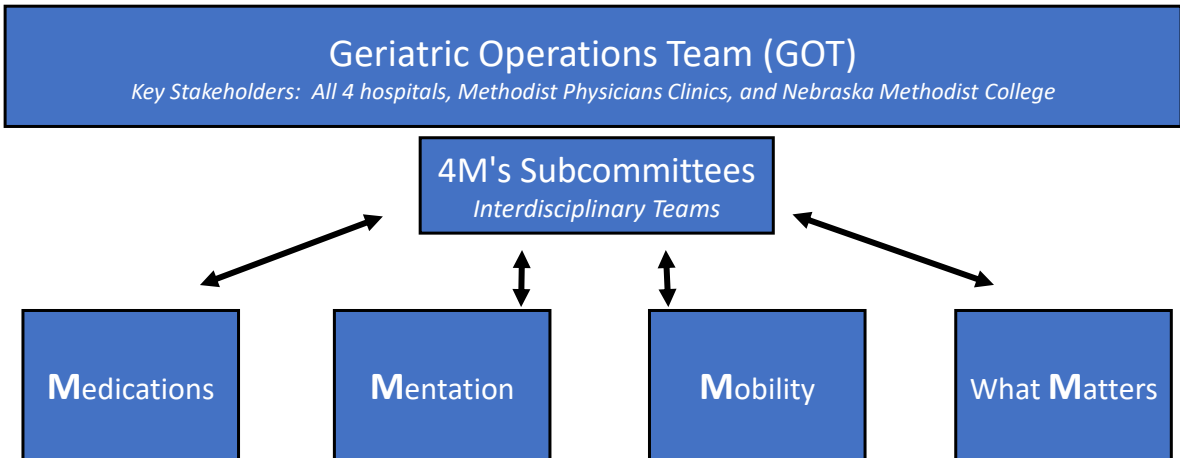*Our Aim:* Implement the 4Ms Model of Age-Friendly Health Care.

8

Geriatrics Models of Care at Methodist Hospital

Acute Care for Elders ACE Unit 2003	**Nurses Improving Care for Health Systems Elders Exemplar Status NICHE** 2006	**AgeWISE Geropalliative Care Nurse Residency** 2011
Hospital Elder Life Program HELP 2013	**Geriatric Resource Nurse in Emergency Department** 2016	**Age-Friendly Health Systems** 2020
MH Geriatric Accredited Emergency Department Level II 2020 & 2023	**Methodist Women's Hospital Geriatric Emergency Department Accreditation Level III** 2020 & 2023	**Enhance Age-Friendly Care at MHS** 2024 and beyond

9

AFHS Structure

Geriatric Operations Team (GOT)
Key Stakeholders: All 4 hospitals, Methodist Physicians Clinics, and Nebraska Methodist College

4M's Subcommittees
Interdisciplinary Teams

Medications	**M**entation	**M**obility	What **M**atters

10

4M's:
What **M**atters

- 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

11

What matters to me...

My Story


What Matters:
Older Americans Month

Patient permission obtained for photos

12

6

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
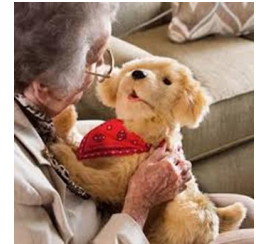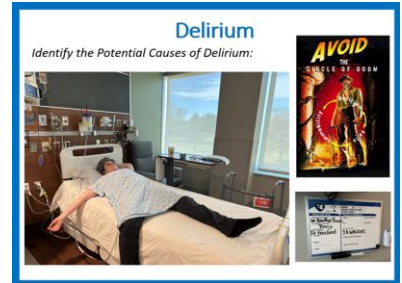

13

4M's Mentation

Dementia:

- Dietary consult built into dementia care plan
- NCCDP Alzheimer's Disease and Dementia Care Seminar embedded into AgeWISE Gero-palliative 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.

14

4M's Mobility

Activity Level:
1 assist, walker

Patient Goals for Today:

Walks:
Chair:

15
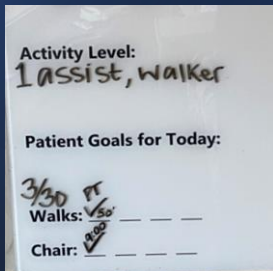
Implemented Mobility Assessment

- 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

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

16

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.

17

18

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

Contact Information

Christina Vejnovich, DNP, APRN-CNS, AGCNS-BC, CDP, CADDCT, PCCN-K
Nebraska Methodist Hospital
Chris.Vejnovich@nmhs.org

19

References and Resources

- Dykes, P. C., Curtin-Bowen, M., Lipsitz, S., Franz, C., Adelman, J., Adkison, L., Bogaisky, M., Carroll, D., Carter, E., Herlihy, L., Lindros, M. E., Ryan, V., Scanlan, M., Walsh, M. A., Wien, M., & Bates, D. W. (2023). Cost of Inpatient Falls and Cost-Benefit Analysis of Implementation of an Evidence-Based Fall Prevention Program. JAMA health forum, 4(1), e225125. https://doi.org/10.1001/jamahealthforum.2022.5125
- Ekerstad, N., Dahlin Ivanoff, S., Landahl, S., Östberg, G., Johansson, M., Andersson, D., Karlson, B. W. (2017). Acute care of severely frail elderly patients in a CGA-unit is associated with less functional decline than conventional acute care. *Clinical Interventions in Aging*, *12*, 1239–1249. https://doi.org/10.2147/CIA.S139230
- Growdon, M. E., Shorr, R. I., & Inouye, S. K. (2017). The Tension Between Promoting Mobility and Preventing Falls in the Hospital. JAMA Internal Medicine, 177(6), 759–760. https://doi-org.methodistlibrary.idm.oclc.org/10.1001/jamainternmed.2017.0840
- Guide to Using the 4Ms in hospital and ambulatory practices (2024) https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/AgeFriendlyHealthSystems_GuidetoUsing4MsCare_FINAL_July2020.pdf
- Hshieh, T. T., Inouye, S. K., & Oh, E. S. (2020). Delirium in the elderly. Clinics in Geriatric Medicine 36, 183-199.
- Inouye, S. K. (2018). Delirium—A Framework to Improve Acute Care for Older Persons. Journal of the American Geriatrics Society, 66(3), 446-451.
- Inouye, S. K. (2020). Delirium in the Older Patient. In L. Goldman & A. Schafer (Eds). Goldman-Cecil Medicine (26th ed., pp. 113 -117). Elsevier
- Lacey, Q. (2023). Acute care for elders and nurses improving care for health system elders models in acute care: Are we still using these geriatric models of care? *Critical Care Nursing Clinics of North America,* 35 (4). 513-521. https://doi.org/10.1016/j.cnc.2023.05.010
- Levin, C., Rand, D., Gil, E., & Agmon, M. (2021). The relationships between step count and hospitalization-associated outcomes in acutely hospitalised older adults–A systematic review. Journal of Clinical Nursing.
- Maldonado, J. R. (2017). Acute brain failure: Pathophysiology, diagnosis, management, and sequelae of delirium. Critical Care Clinics 33(3), 461-519.
- National Institute on Aging. (2021). The dangers of polypharmacy and the case for deprescribing in older adults. https://www.nia.nih.gov/news/dangers-polypharmacy-and-case-deprescribing-older-adults
- Oh, E. S., Fong, T. G., Hshieh, T. T., & Inouye, S. K. (2017). Delirium in Older Persons: Advances in Diagnosis and Treatment. JAMA, 318(12), 1161–1174.
- Resnick, B., & Boltz, M. (2019). Optimizing function and physical activity in hospitalized older adults to prevent functional decline and falls. *Clinics in geriatric medicine*, *35*(2), 237-251.
- Rogers, S. E., Flood, K. L., Kuang, Q. Y., Harrison, J. D., Malone, M. L., Cremer, J., & Palmer, R. M. (2022). The current landscape of Acute Care for Elders units in the United States. *Journal of the American Geriatrics Society*, 70(10), 3012–3020. https://doi.org/10.1111/jgs.17892
- The John A. Hartford Foundation | Improving Care for Older Adults (johnahartford.org)
- van Hoof, J., Marston, H.R., Kazak, J. K., Buffel, T. (2021). Ten questions concerning age-friendly cities and communities and the built environment. *Building and Environment,* 199. ISSN 0360-1323, https://doi.org/10.1016/j.buildenv.2021.107922
- Varghese D, Ishida C, Patel P, et al. (2024). Polypharmacy. StatPearls Publishing; *https://www.ncbi.nlm.nih.gov/books/NBK532953/*
- Wilson, J. E., Mart, M. F., Cunningham, C., Shehabi, Y., Girard, T. D., MacLullich, A. M., & Ely, E. (2020). Delirium. Nature Reviews Disease Primers, 6(1), 1-26.
- https://www.regulations.gov/document/CMS-2024-0131-0001

20