



LESSONS LEARNED FROM UTAH

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DISCLOSURES

- American Geriatrics Society CoCare: HELP Advisory Board
- American Geriatrics Society, Board of Directors

OUTLINE

- Importance to the Utah Health System
- Vision for becoming an AFHS and timeline
- Implementation process and impact
 - In-patient: Hospital Elder Life Program (HELP)
 - Ambulatory: Annual Wellness Visit
- Next steps

WHY SHOULD HEALTH SYSTEMS WANT TO BE AGE FRIENDLY?

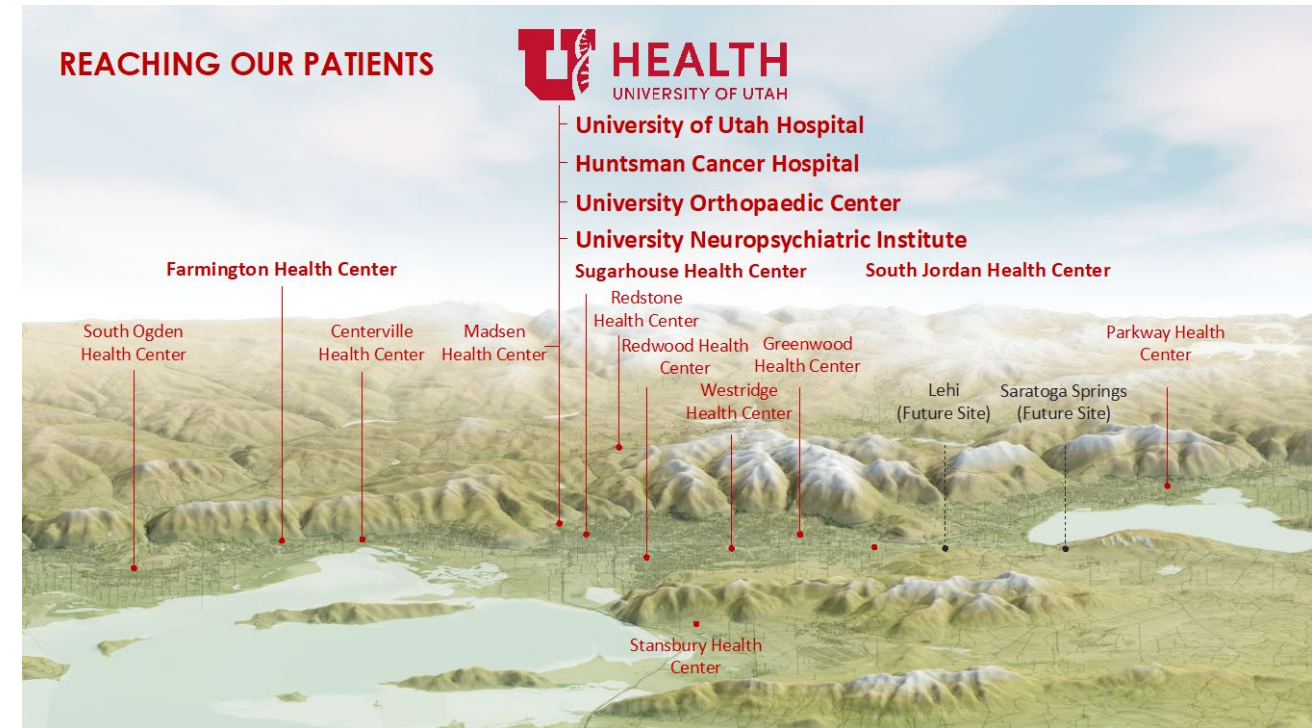


What's in it for them?

AHA AFHS Action Community
February 2020

UNIVERSITY OF UTAH HEALTH

- Only academic tertiary care hospital in Utah/Intermountain West
- 588 beds; 36K annual inpatient visits
- 12 Community Clinics



- Utah is youngest state in nation
- In 2018, 22% of inpatient admissions > age 65 years
- **Rapidly growing geriatric population**

AFHS ALIGNMENT WITH U HEALTH SYSTEM

- Exceptional Patient Experience
 - Quality: Vizient Top 10 last 10 years
- Publicize patient satisfaction results
- Patient reported outcome measures (PROMS)
- Value driven outcomes



$$\text{V (VALUE)} = \frac{\text{Q (QUALITY)} + \text{S (SERVICE)}}{\text{\$ (COST)}}$$

WHAT WAS ALREADY IN PLACE (C. 2017)?

- Hospital Elder Life delirium prevention program – HELP
- CAM-ICU delirium screening in MICU
- Fragility fracture care pathway
- PCMH Primary Care Geriatric Clinic

WHAT WAS MISSING?

- System-wide and systematic approach to 4M care

TIMELINE

• 2/2018

Fulmer visit
Leadership support

• 9/2018 -
3/2019
Wave 1

Learning Action Community

• 4/2019

Center on Aging
Retreat
Tinetti & Biese

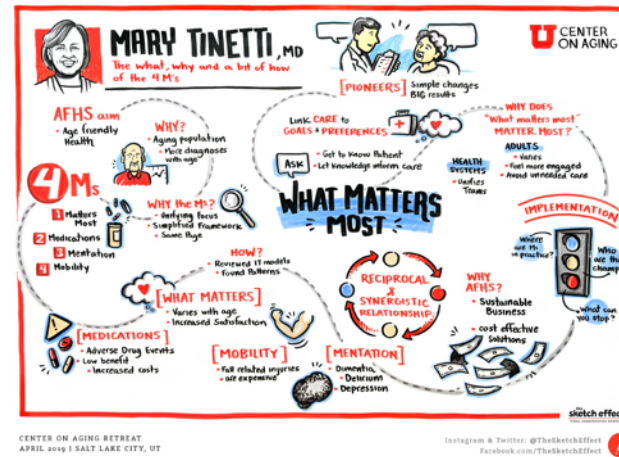
• 7/2019

Wave 3
Learning Action Community

• 2020 forward

Apply for
Committed to
Care Excellence

- Enrolled three teams: Community Clinics, Inpatient Medicine, MICU
- Tracked and submitted data
- Monthly webinars
- IHI FTF meeting, Orlando



- Geriatric ED Accreditation
- GWEP renewal

- Huntsman Cancer Hospital
- Rehabilitation Hospital
- AFHS Dashboard
- Patient Advisory Board





MARY TINETTI, MD

The what, why and a bit of how of the 4 M's



[PIONEERS] Simple changes BIG results

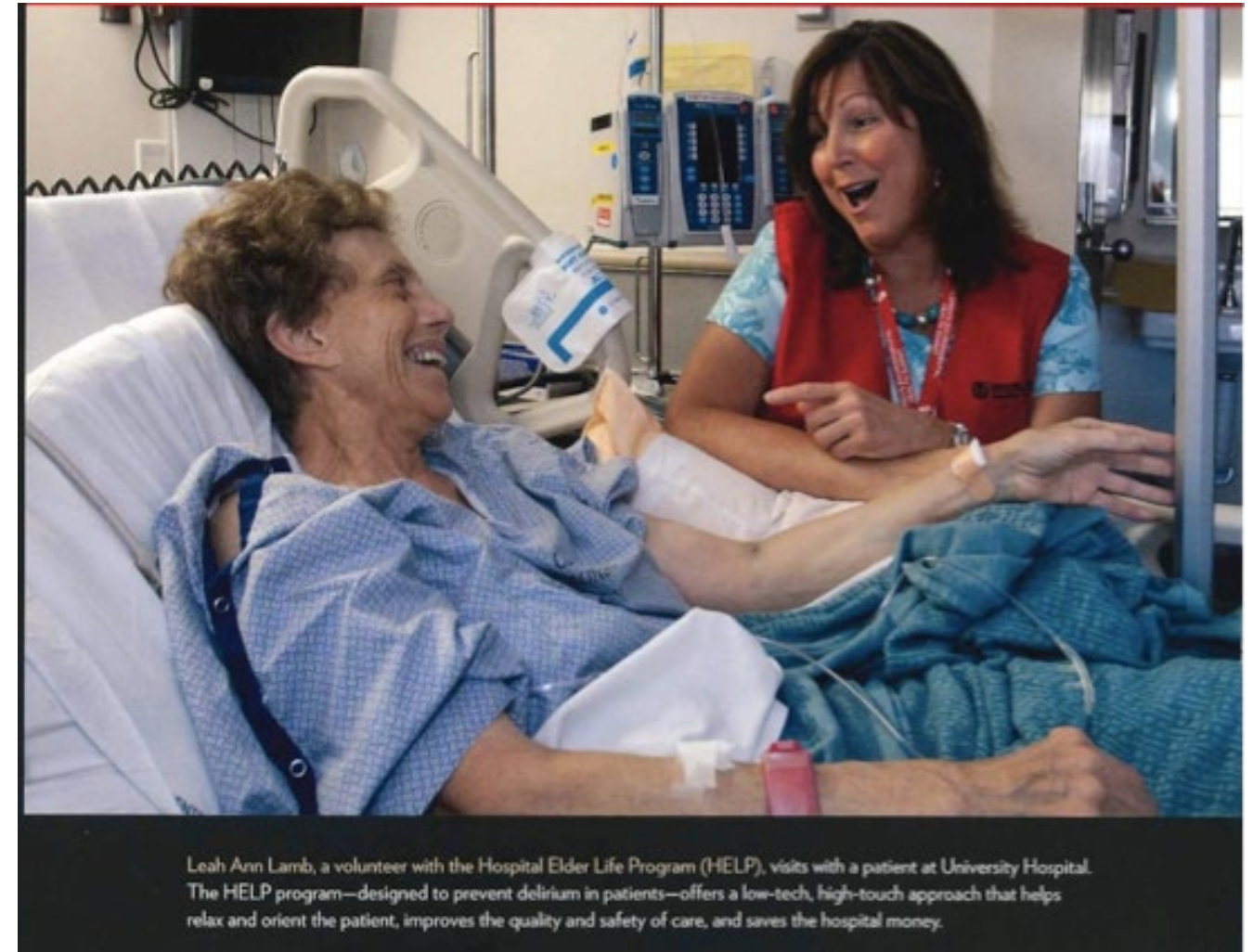


the sketch effect / VISUAL COMMUNICATION SOLUTIONS



PROVIDING 4M CARE – INPATIENT HOSPITAL ELDER LIFE PROGRAM

- A Multicomponent Intervention to Prevent Delirium in Hospitalized Older Patients
- Inouye, S. et. al. NEJM 340:670, 1999



HOSPITAL ELDER LIFE PROGRAM - HELP



- Prevent delirium
- Prevent falls
- Stop deliriogenic drugs
- Address what matters most

HELP PROGRAM OUTCOMES

Proven Outcomes of Implementation

Decrease in the onset of delirium from 15% of cases to 9.9%
(a 34% reduction)

Improved quality of care

Reduced complications and resource costs

Less need for patient restraints

Increased scores on patient cognitive functioning tests

Reduced hospital re-admissions

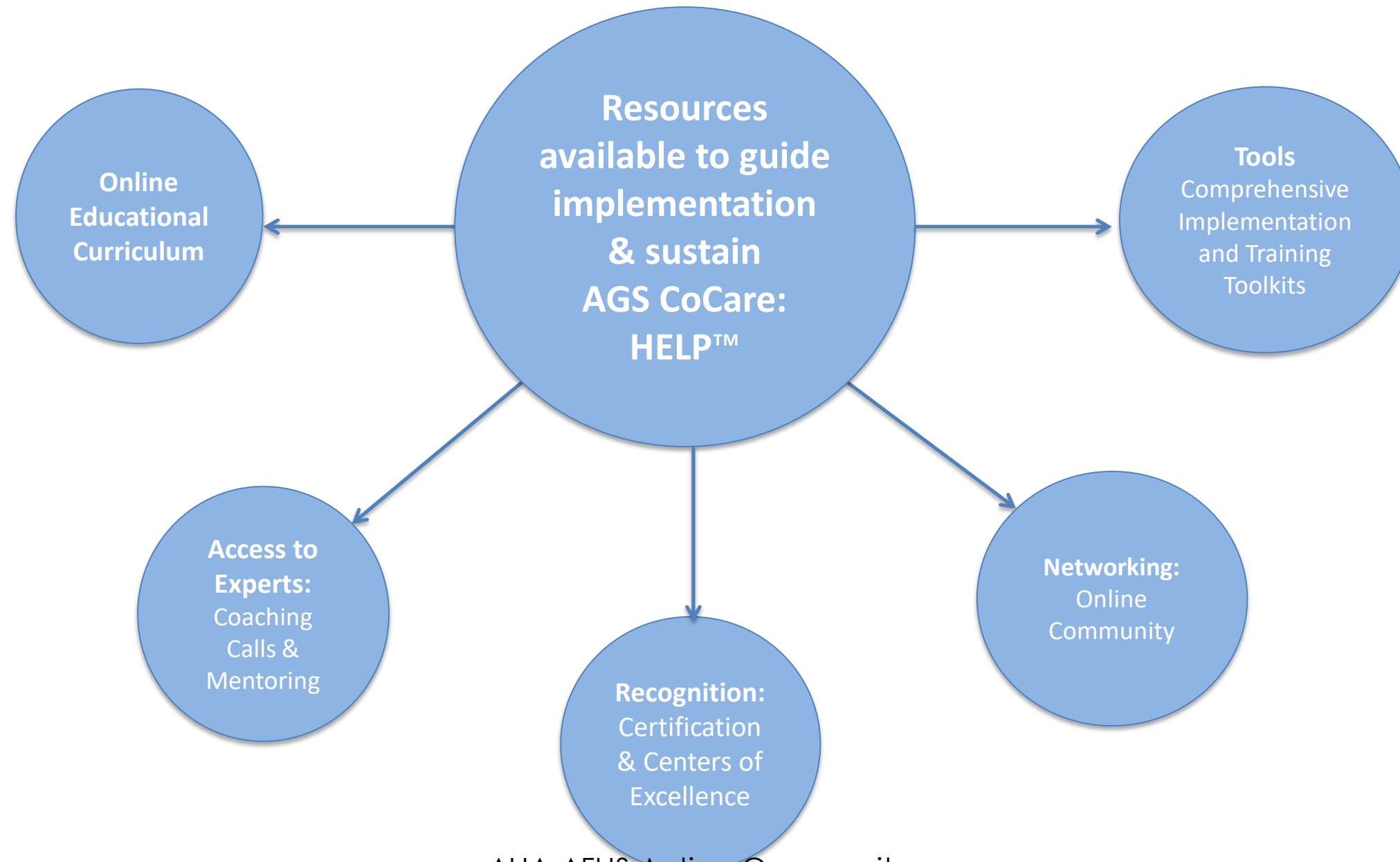
NEXT STEPS: HELP PROGRAM EXPANSION AND FUNDING

- Staffed to enroll 300/year
- the number of admissions older than age 70 has increased by 42% since 2009
- Demand now present to enroll 800/year
- Request to fund this expansion in FY21 is planned
- Expand to Huntsman Cancer Hospital in FY21

HELP: SUMMARY AND FUTURE PLANS

- Preventing delirium is a critical aspect of age-friendly inpatient care
- HELP decreases delirium incidence, falls, and addresses 4M care for its enrolled patients
- All patients should routinely be screened for delirium
- There is a need to disseminate HELP to enroll more at-risk older patients

THE AGS COCARE: HELPTM SUBSCRIPTION RESOURCES



Coming soon!



AGS CoCare: HELP™ is a comprehensive program designed to prevent delirium and functional decline for hospitalized older patients, providing institutions the tools and resources to support implementation

Featured Items

Delirium Instruments

FREE!

These Delirium Instruments have been developed to help improve the recognition and diagnosis of delirium. ...

READ MORE

Online Educational Curriculum

For our AGS CoCare: HELP™ program subscribers, the best place to start is with our Online Educational Materials. We have an expansive curriculum...

Please login as institutional user to access the content

READ MORE

Implementation Toolkit

Available exclusively for program subscribers, this toolkit includes a compendium of products and resources to use along with the Online Educational C...

Please login as institutional user to access the content

READ MORE

My Account

Change Password

ATTENTION HELP VOLUNTEERS

CLICK HERE TO ACCESS THE PROGRAM MATERIALS JUST FOR YOU!

Sign up for Alerts

Email Id

SUBMIT

NEWS AND ANNOUNCEMENTS

AGS Seeks to Expand the Reach of a Seminal Program that Put Delirium Prevention on the Map ...

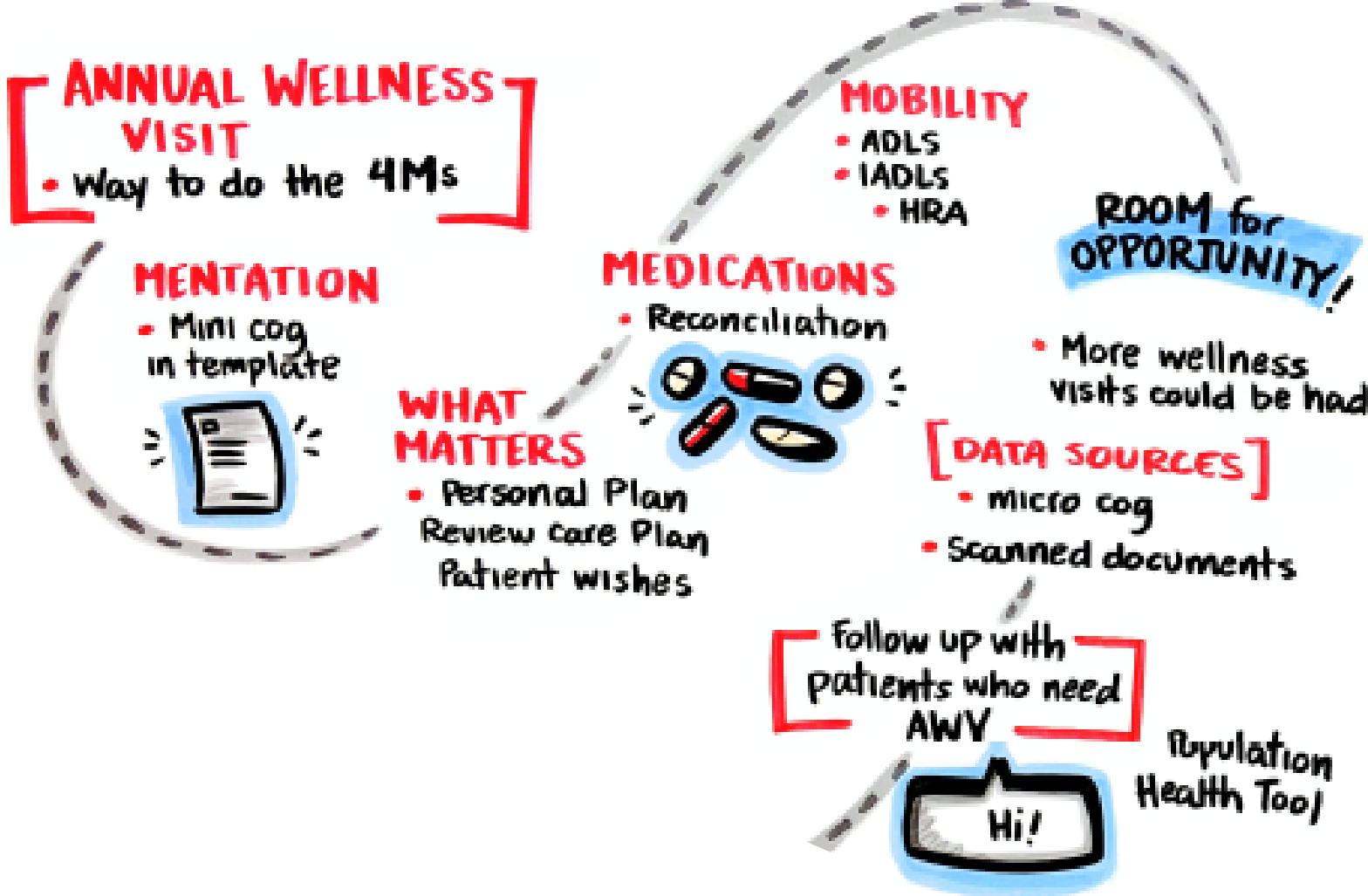
AHA AFHS Action Community
February 2020

Upcoming Events

AGS COCARE: HELP™

- Information about how to become a program subscriber is available at:
help.agscocare.org
- Questions to Deena Sandos
dsandos@americangeriatrics.org

PROVIDING 4M CARE – ANNUAL WELLNESS VISITS

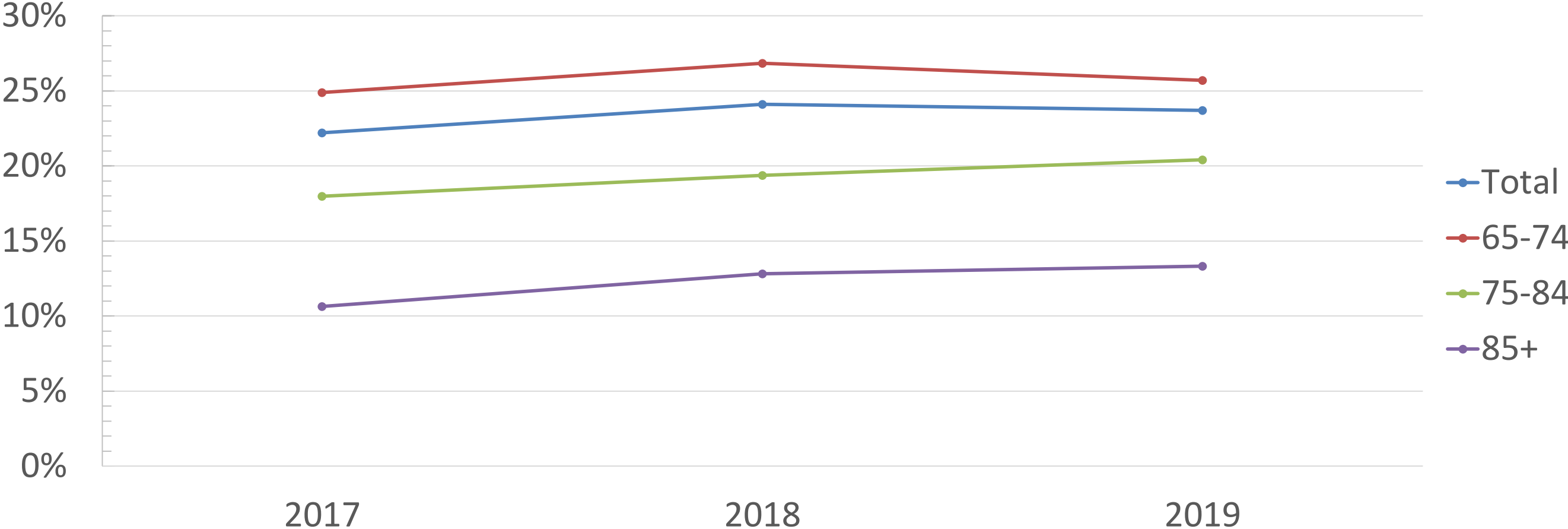


COMMUNITY CLINICS – ANNUAL WELLNESS VISIT & MENTATION “M”

- Embed cognitive (Mini-Cog) and depression (PHQ-2) screens into AWWV template
- Goal to increase AWWV, cognitive screening, and evaluation if impaired

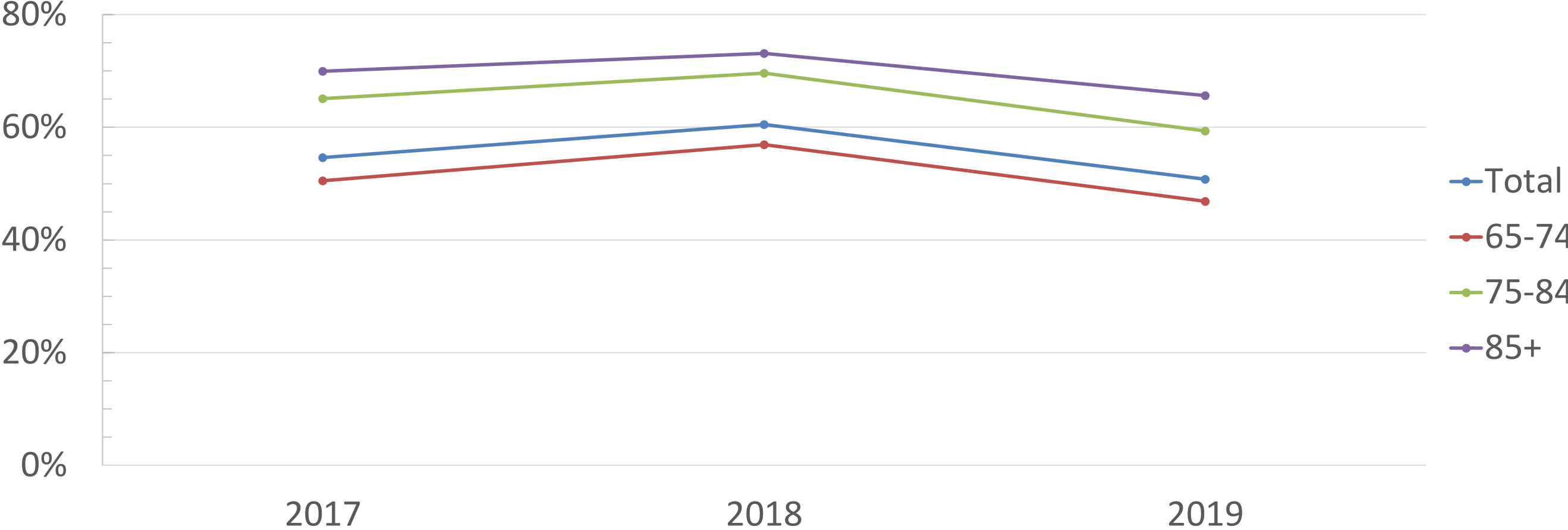
COMMUNITY AWW OVER TIME (% OF AGE > 65)

Percentage of Patients with AWW



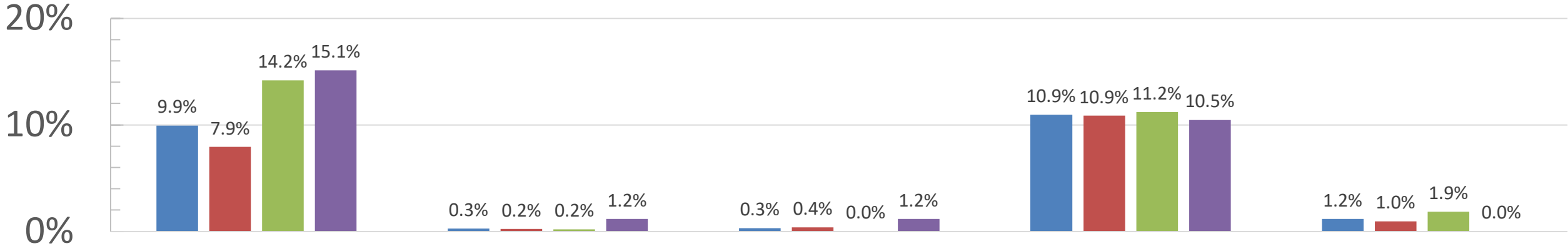
COMMUNITY AWV AND MINI-COG OVER TIME (% OUT OF PATIENTS WITH AWV AGE > 65)

Percentage of Patients with AWV and Mini-Cog

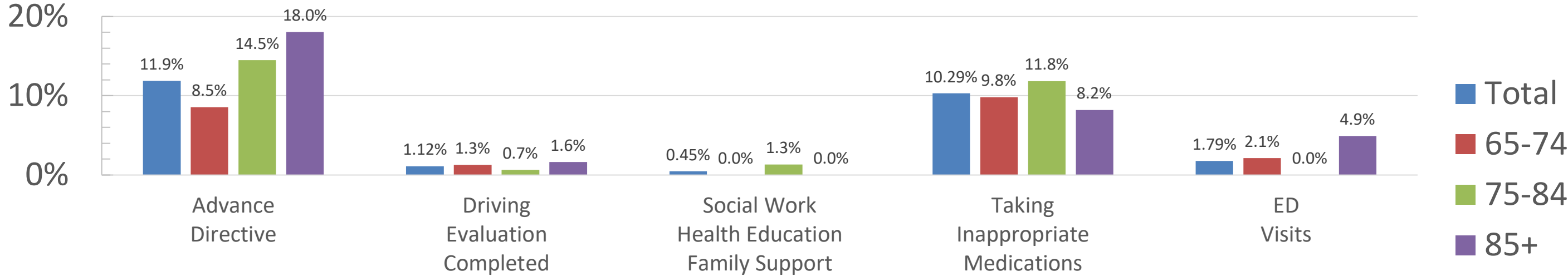


POTENTIAL TO IMPROVE PATIENT-CENTERED OUTCOMES

Normal Mini-Cog



Abnormal Mini-Cog



- Total
- 65-74
- 75-84
- 85+

ANNUAL WELLNESS VISIT – WHAT MATTERS MOST

- Patient-entered wishes

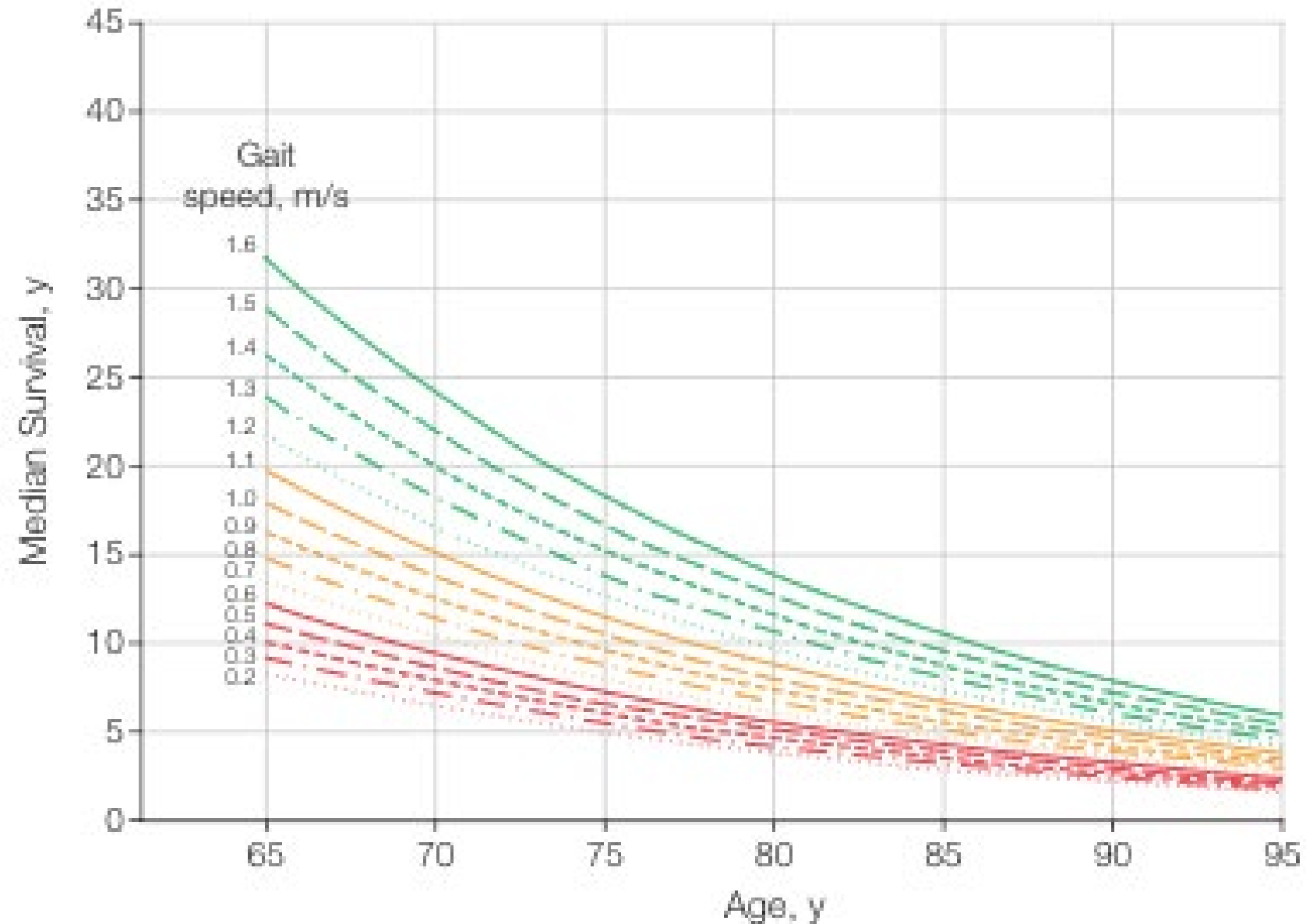
The screenshot displays the 'Advance Care Planning' interface. On the left is a sidebar menu with the following items: 'ACP Documents' (highlighted with a green box), 'Code Status', 'Directive Hx Report', 'Health Care Agents', 'ACP Notes', and 'Patient-Entered...' (highlighted with a green box). The main content area is divided into two sections. The top section, titled 'Documents', contains a table of 'Advance Care Planning Documents' with the following data:

Document Type	Status	Effective Date	Expiration Date	Received On	Received By	Description
Advance Directive	Received			02/13/19	Batch Job, Mychart	Introduction to SmartTool Configuration Workbook (3).pdf
Living Will	Received			02/20/19	Batch Job, Mychart	LivingWillSample.pdf

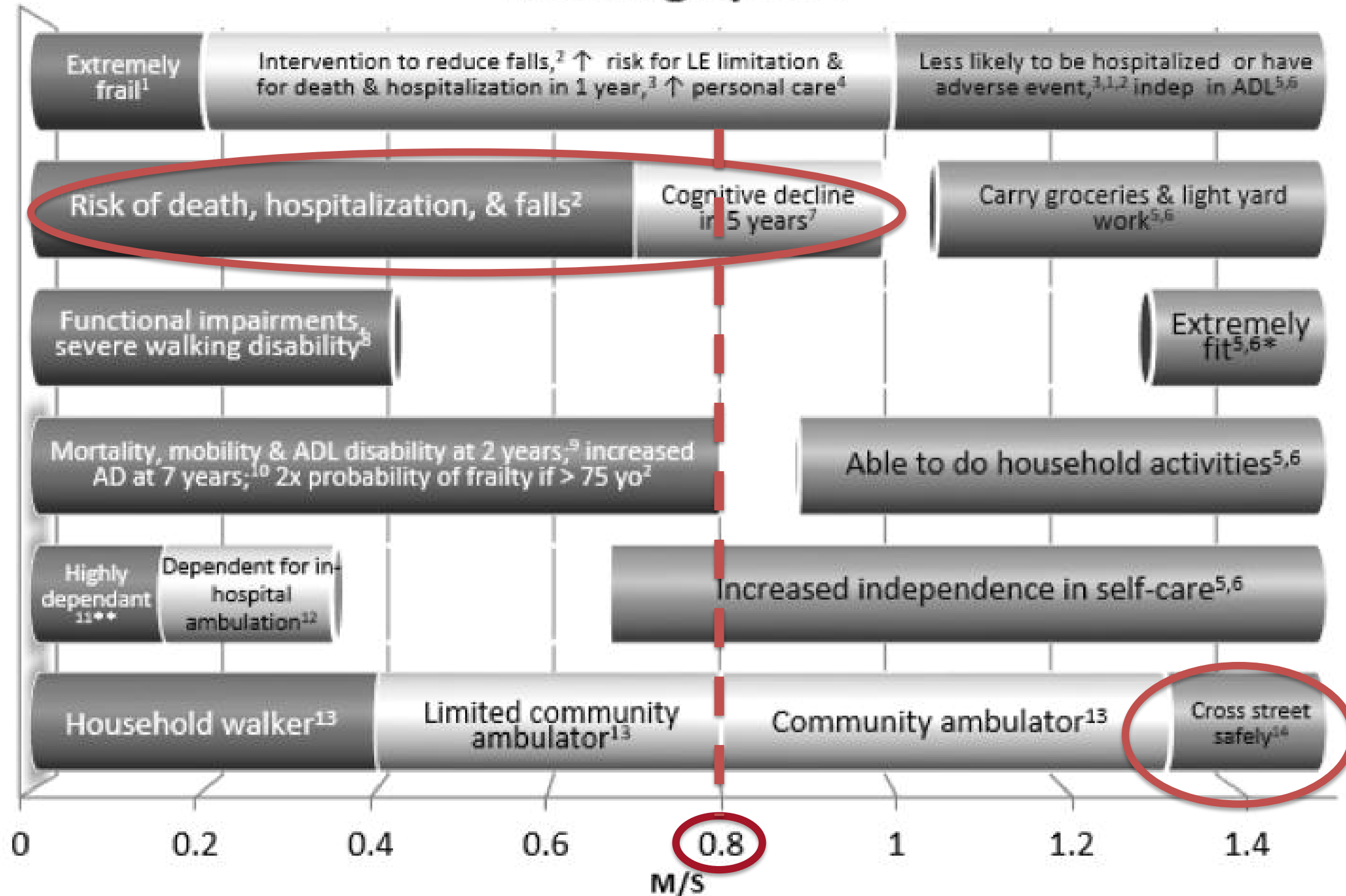
The bottom section, titled 'Patient-Entered Wishes', includes a dropdown menu for 'Patient-Entered Wishes for Advance Care Planning'. Below this is a text area with the prompt: 'What experiences has the patient had with serious illness or death and how has that influenced their wishes and values?'. A text box labeled 'Test 1' is visible below the prompt.

ANNUAL WELLNESS VISIT – MOBILITY GAIT SPEED

Gait Speed And Survival In Older Adults. JAMA, 2011



Walking Speed



VALUE OF GAIT SPEED

- Can help identify at risk populations/high utilizers (from population management view)
- Positive screen should trigger patient centered interventions
- Screening for of Mobility function is part of AFHS
- Longitudinal trajectory

NEXT STEPS

- Expand to other health system areas and specialties
- Visibility – AFHS Dashboard to track outcomes
- Align with other national initiatives in geriatric specialty care
- Expand to long term care settings
- Research applications

ALIGNMENT WITH GERIATRIC SPECIALTY CARE: #AGS20

Geriatrics Specialty Care Delivery Models Available for Implementation

Saturday, 5/9/2020 from 10:30 AM to 11:30 AM

Meixi Ma, MD

American College of Surgeons (ACS) **Geriatric Surgery Verification** (GSV) Program

Kevin Biese, MD

Geriatrics Emergency Department Accreditation (GEDA)

Lynn McNicoll, MD

AGS CoCare: **Ortho** (Fracture Pathway)

Mark Supiano, MD

AGS CoCare: **HELP**

EXPANSION GOALS

- Geriatric Accredited Emergency Department



- Age Friendly Nielsen Rehabilitation Hospital
- Opening Spring 2020

- **Age Friendly Huntsman Cancer Center**

- HELP Expansion
- Delirium Screening
- Geri-oncology clinic



Age-Friendly 
Health Systems

**Committed to
Care Excellence**

AFHS IN HRSA GERIATRIC WORKFORCE ENHANCEMENT PROGRAM: LONG TERM SERVICES AND SUPPORTS (LTSS)

- **Objective:** Develop and train the existing LTSS healthcare workforce on **the 4Ms elements of AFHS** across LTSS settings.
- **What matters most** has particular relevance in LTSS settings, where providing person-centered care benefiting patients and families, caregivers, staff, and facilities has increasingly become a quality-improvement initiative.

AGE FRIENDLY CLINICAL TRIALS: PREVENTABLE



PRESS RELEASES

Could taking statins prevent dementia, disability?

October 23, 2019

- Pragmatic Evaluation of Events and Benefits of Lipid-Lowering in Older Adults – PREVENTABLE
- NIH-funded clinical trial will test statins in 20,000 older adults.

SPECIAL ARTICLE

Primary Prevention Statins in Older Adults: Personalized Care for a Heterogeneous Population

Deirdre O'Neill, MD, MSc, Neil Stone, MD,† and Daniel E. Forman, MD‡*

EDITORIAL

Aligning the 4Ms of Age-Friendly Health Systems With Statin Use for Primary Prevention

CONCLUSION: LESSONS LEARNED

- 4M care is a package deal
- Geriatric models of care are important tools
- Top down rather than bottom up approach is needed to change health system culture
- Build demand from the patient and caregiver community

QUESTIONS...

About our logo...

The bristlecone pine tree (*Pinus longaeva*) - the earth's oldest inhabitant with a life span of 4,000 years - is found only in Utah and five other western states. Its extraordinary longevity and ability to adapt and survive in extremely harsh environmental conditions above 10,000 feet embodies the investigative spirit and mission of the Utah Center on Aging.



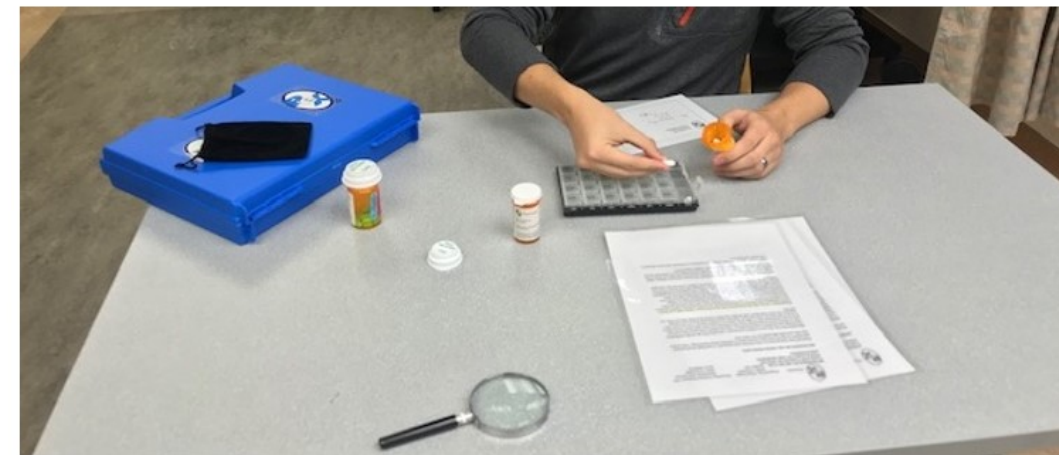
MEDICATION MANAGEMENT – INPATIENT MEDICAL UNITS

MEDI-COG Assessment

- Pharmacy and Occupational Therapy collaboration
- Identify those with low MEDI-COG scores
- Pre-discharge assessment with Manage MED Kit

Medication Transfer Screen (MTS) – 5 Point System

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		Award one point per instruction correctly followed.
Morn	1+1	1+1	1+1	1+1	1+1	1+1	1+1		
Noon	1	1	1	1	1	1	1		
Eve	1	1+2	1	1+2	1	1+2	1		
Bed	1	1	1	1	1	1	1+1/2		



AMPAC Raw Scores

Go to now 2/5/2017

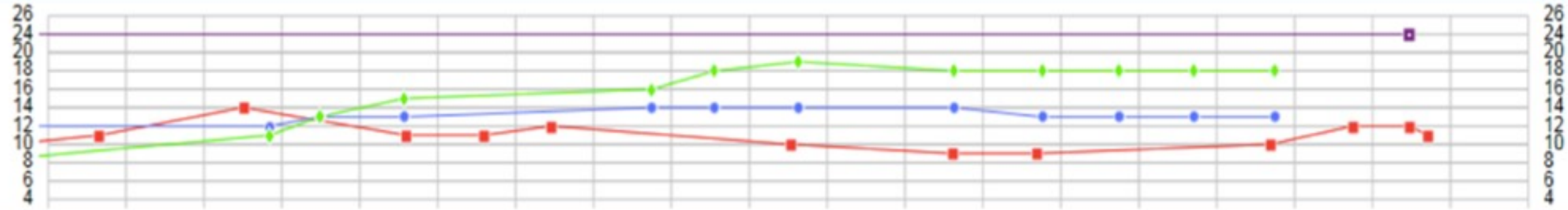
02/05/17 - Today



24 Hrs:	02/05	02/06	02/07	02/08	02/09	02/10	02/11	02/12	02/13	02/14	02/15	02/16	02/17	02/18	02/19	02/20	02/21	02/22	02/23
24 Hrs: ◀	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000	0000

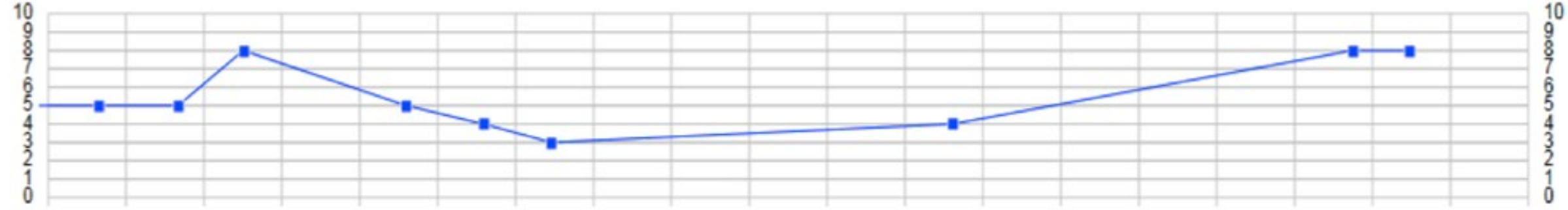
AMPAC Raw Score

- Mobility
- Activity
- ◆ Cognitive
- Premorbid Mob



ICU Mobility Scale











- ICU Mobility



PROMOTING MOBILITY – MICU AND TRAUMA SURGERY

- “Bedrest is Toxic” Theme
- Daily mobility goals
- Monitor AMPAC Scores
- Use AMPAC data to inform discharge planning

Patient Mobility

Date			Patient Name		
History of Falls? <small>(past 30 days)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No		Bed/Chair Alarm	<input type="checkbox"/> ON <input type="checkbox"/> OFF	
# of Staff	# of Staff	Level of Assistance			
0 	Walker 	Independent			
1 		Stand by			
2 	Wheelchair 	Minimal (a little)			
2+ 		Moderate (some)			
Therapy ONLY	Other	Maximal (a lot)			
		Dependent (total)			
Weight-Bearing Status					
Comments					
Assessment					Daily Goals
	8	Walk 250+ Feet (4x)			
	7	Walk 25+ Feet (4x)			
	6	Walk 10+ Feet (3x)			
	5	Stand >1 Minute (3x)			
	4	Transfer to Chair (3x)			
	3	Sit at Edge of Bed (3x)			
	2	Turn Self/Bed Activity (3x)			
	1	Only Lying			

Used with permission from John Hopkins | Owned by: Therapy Services 9-2016

