

## Overview

In February 2019, Kent Hospital, part of Care New England, opened an Adult Care for Elders (ACE) unit to test and implement the Age-Friendly Health Systems 4Ms Framework. The unit focused on documenting what matters to the patient and implementing delirium screening and prevention plan on all patients. Since opening, the unit has seen a reduction in both length of stay and falls with injury, along with an increase in patient and staff satisfaction.

The mission of Care New England (CNE) is to be “your partner in health” and create a community of healthier people in the areas served by the health system’s hospitals and partners. The 749-bed health system includes five hospitals, a medical group, and a wellness center.

Additionally, the Integra Community Care Network is an accountable care organization (ACO) formed



by CNE, South County Health and the Rhode Island Primary Care Physicians Corporation, a multispecialty independent practice association.

CNE realized to do true population health, it needed to meet the needs of its older adults, particularly at Kent Hospital in Warwick, R.I., where the patient volume is highest. Since 2014, the health system and Kent leadership teams have supported the growth of a

service line in geriatrics and clinical programs to serve the needs of older adults across the continuum of care.

At the start of CNE’s work to build a service line in geriatric medicine, a needs assessment was performed at Kent Hospital. Admission statistics demonstrated

that more than 30% of hospital admissions were patients over the age of 65, and of that group, most were over 85. CNE’s participation in the Age-Friendly Health Systems initiative focused on building an Acute Care for Elders (ACE) unit at Kent. At the baseline, many seeds were in place to drive success: Leaders fully supported a mission-driven focus to improve the care of older adults; a two-year effort on creating delirium prevention and management protocols had just kicked off; and pharmacy teams had begun work on eliminating potentially inappropriate medications, including a full “Benadryl ban” for patients over 65.

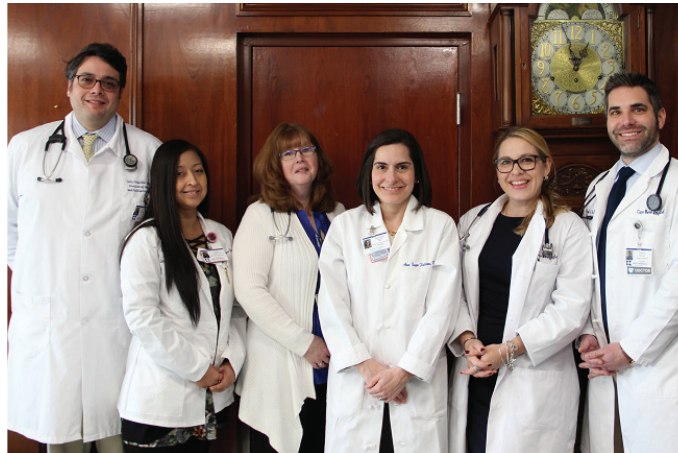
## Approach

The team’s aim was to set up the new geriatric unit using the 4Ms model — what matters, medications, mentation and mobility — and focus on 1) documenting

### Care New England Health System includes:

- Kent Hospital, Warwick
- Butler Hospital, Providence
- Women & Infants Hospital, Providence
- VNA of Care New England, Warwick
- The Providence Center in Providence
- Care New England Medical Group
- Care New England Wellness Center

“what matters most” and 2) implementing delirium screening and a prevention power plan for all patients admitted to the 10-bed unit. At the time CNE joined the age-friendly learning collaborative, it had a geriatrics and palliative care service line and delirium prevention and management order sets, and had educated hospital teams on the risks of hospitalization for older adults. The health system spent just over a year planning and working toward converting an existing hospital unit to serve as the new 10-bed ACE unit, which opened in February 2019. With both leadership and staff buy-in and support for this work, there was a great deal of excitement around creating something new and innovative that would better serve the large volumes of older adults cared for at Kent Hospital.



The 4Ms are incorporated into daily interdisciplinary rounds that are attended by the bedside nurse, pharmacy, social work, geriatrics, care management, occupational therapy and certified nursing assistants. Each patient is reviewed during typical hospital rounds, and then each of the 4Ms is reviewed to round out the day’s plan and the care plan overall. The geriatrics team uses the 4Ms to organize recommendations for each patient on the ACE unit, as well as across the hospital on the geriatrics consultation service.

### Impact

The health care team uses a dashboard to track the ACE unit outcomes and key performance metrics (see table on page 2). Since opening in February 2019, Kent Hospital has served, on average, 76 patients per month with an average age of

## Kent Hospital/Care New England Acute Care for Elders (ACE) Unit Dashboard

Month	Patients <sup>1</sup>	Avg. Length of Stay	"Fall Rate"	Avg. Age	Readmissions <sup>2</sup>
<b>Baseline (FY18)<sup>4</sup></b>	5,794	4.70	1.3% <sup>5</sup>	84	10.7% <sup>3</sup>
<b>Feb-19</b>	59	3.38	0.0%	85	1.7%
<b>Mar-19</b>	86	4.20	0.0%	87	5.8%
<b>Apr-19</b>	83	3.07	1.2%	88	4.8%
<b>May-19</b>	75	3.23	2.6%	85	6.6%
<b>Jun-19</b>	82	3.56	0%	85	8.5%
<b>Jul-19</b>	92	2.88	0%	87	11%
<b>Aug-19</b>	75	3.89	1.5%	85	6.1%
<b>Sep-19</b>	83	3.51	1.2%	84	8.4%
<b>Oct-19</b>	68	4.037	1%	85	11.8%
<b>Nov-19</b>	63	4.23	1.6%	87	1.7%

1. Discharges during that calendar month.  
 2. Readmission counted toward the month in which it readmitted; so if discharged Feb., readmitted March counted in March.  
 3. 4th floor Northwest FY 2018 baseline (all patient age groups).  
 4. Using all units, age >75 except where noted.  
 5. Age >75 hospitalwide.  
 Note: ACE unit = 10 beds.  
 Source: Allscripts discharge report.

86. The hospital intends to expand the size of the ACE unit to 20 beds.

Results to date include:

- Length of stay has been lower than the prior year baseline for the same nursing unit (prior to change to ACE) for patients over age 75.
- Length of stay each month has been below the 4.7 days baseline, with an average LOS of 3.59 days.
- Patient falls have decreased: Only one month had two patient falls; the other months had one or fewer falls, with four months having zero falls.
- Staff and patient and family satisfaction has risen tremendously.

## Next Steps

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Since implementing the 4Ms model on Kent Hospital's ACE unit, CNE has begun using the model to frame and organize recommendations on all geriatric consultations hospitalwide. CNE is a partner organization of the Rhode Island Geriatric Education Center's successfully funded Geriatric Workforce Enhancement Program (GWEP) grant. It is using the 4Ms model to spread age-friendly education across its primary care network, and to frame education and training with all learners.

The health system also is enrolling an ambulatory practice, the CNE Medical Group Primary Care for Older Adults, a new geriatrics-focused practice in the GWEP and American Geriatrics Society program, to spread the Age-Friendly Health Systems model further. CNE has become a partner organization of the Age-Friendly Rhode Island community agency, and remains engaged with the local Medicare quality improvement organization, Healthcentric Advisors, attending community coalition meetings to spread word of the age-friendly health care work and getting feedback on future needs and opportunities that community partners identify.

Additionally, CNE is beginning to collaborate with its emergency department physician and nursing leaders to implement the 4Ms model for older adults in the ED. Both hospital and health system leadership support

making the older adult work a high priority and part of its executive action plan.

CNE uses the Age-Friendly 4Ms model to educate care teams during weekly case conferences and sees this model as another extension of its work to disseminate age-friendly care. A major focus that has guided its care for ACO beneficiaries has been a singular focus on what matters, using nurse-guided goals of care conversations to define care plans for patients. Nurses identified and championed the work that guided the health system's ACO-based "hospital at home" program, often expressing patients' wishes to stay home.

## Lessons Learned

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Health care leaders recommend getting the electronic medical record (EMR) and informatics teams involved early in the process so they can help drive change by escalating EMR changes in the priority levels. The EMR and informatics teams receive multiple requests from many teams, so their involvement will provide better support.

## Additional Resources

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- [Geriatric Medicine at Care New England](#)
- [CMS Case Study on Advance Care Planning at Care New England](#)

## Contact

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### Ana Tuya Fulton, MD

Executive Chief of Geriatrics and Palliative Care, Care New England; Medical Director, Integra Community Care Network; Associate Professor of Medicine, Warren Alpert Medical School of Brown University

 [AFulton@CareNE.org](mailto:AFulton@CareNE.org)

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