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Background

As a corporate leader in a nationwide health system, I was saddened to realize that more than half of patients age 85 and over leave the hospital worse than when they came in. An alarming 36% of Medicare patients readmit within 90 days and 32% of hospitalized patients with dementia experience delirium and even death in some cases.

Additionally, the following data paints an even clearer picture why:

- Researchers estimate that 25% of people 65-69 take at least 5 prescriptions for chronic conditions, jumping to 46% for those 70-79.
- 2 out of 3 older adults are exposed to polypharmacy.
- Excessive polypharmacy is associated with dementia.
- People with dementia will have 3 times the number of hospitalizations, 4 times more hospital days and 3 times more emergency department visits than those without dementia.

Approach

We began with the goal of working toward becoming an Age-Friendly Health System (AFHS), with a focus on implementing the 4Ms (What Matters, Medication, Mentation, Mobility).

We did great work on achieving improvements and were recognized as an AFHS participant.

Originally, my goal was to roll out this approach to care hospital-wide. However, with the pandemic, the focus needed to narrow in order to truly be effective. Instead, in partnership with our local senior-care-focused leader, we identified a need to focus on patients specifically suffering from a geriatric fracture.

We looked at key performance areas to see how we were doing in these areas as well as how we could improve. These performance areas fit nicely into the 4Ms, which I've noted next to each:

- Time to surgery (Mobility).
- Length of stay (All 4Ms).
- 30 day all cause readmission.
- Mortality in hospital.
- 30 day mortality.
- % of patients co-managed by Medicine & Geriatrics (Medication & Mentation).
- % of patients receiving relevant education (Mentation).
- Mean age.
- Discharge disposition (What Matters & Mobility).



Outcomes

In reviewing 2020 national data for all of the key performance areas listed above, the mean age of patients being served for this diagnosis-related group was 82.25 years old. St. Joseph Medical Center was beating the national average in all areas.

Specifically, I want to highlight time to surgery:

- St. Joseph had a time to surgery of 23.396 hours compared to the national average of 36 hours.
 - This expedited time to surgery can help an older adult have a much higher chance of not just surviving the fracture experience, but have a chance to thrive. If you ask any of these patients “What Matters,” they will tell you that their goal is to thrive — not just survive.

As of 2021 year to date, we have identified areas of improvement, which we are in the process of addressing.

In addition, after focusing on geriatric patients that suffered a fracture, we were able to apply for our geriatric fracture certification and were awarded this certification earlier this year.

Lessons Learned

“Faced by the pandemic’s challenges, we realized we needed to pivot and narrow our focus in order to truly affect change.”

Casting a wide net for this initiative wasn’t going to produce results we could be proud of. As mentioned, our pivot to focusing on geriatric patients that suffered a fracture resulted in our geriatric fracture certification.

Next Steps

We plan to expand our geriatric fracture certification beyond St. Joseph and into our health system in several other markets across the country.



My future goal as a leader in my organization is to learn to adapt and embrace all the pivots we are experiencing in health care.

The older adult population needs strong health care now more than ever and I am thankful that this fellowship armed me with the tools needed to provide just that.