
## Lindsey Yourman, MD

*medical director of geriatrics quality improvement,*
University of California, San Diego


## Background

Our health system faced challenges in becoming an Age-Friendly Health System in terms of motivation (e.g., organizational priorities and awareness of incentives to provide age-friendly care), capability (e.g., staff clinical knowledge and skills specific to older adults), and opportunity (e.g., electronic health record-supported interdisciplinary workflows).

For example, our Quality Council and Patient Family Advisory Council needed additional dedicated representatives for the unique health care needs of older adults; needed required clinical training on how to talk with each patient about what matters most, reduce delirium, or promote safe mobility; and needed a means to reliably measure 4Ms (What Matters, Medication, Mentation, Mobility) care within our electronic health record (EHR).

## Approach

The aim of my project was to build a foundational infrastructure to support continuous quality improvement for an Age-Friendly Health System (AFHS). **To do this, my project goals were to:**

1. Organize an interprofessional delirium collaborative to serve as a think tank and to allow for synergy among the many different hospital initiatives that relate to delirium reduction.
2. Lead a delirium reduction campaign. I chose to focus on delirium because it is a specific problem that can be remedied by 4Ms care and that has been shown to impact outcomes such as length of stay and readmissions that our organization already cares about.
3. Partner with nursing leadership to identify two pilot units in the hospital to achieve AFHS recognition through the delirium reduction campaign.
4. Build an AFHS dashboard to measure the impact of delirium reduction and 4Ms care more broadly, ensure that 4Ms care is an organizational priority, and highlight further areas for improving care for older adults.

## Outcomes

**The impact of our approach thus far is reflected by:**

**A) New formal interprofessional collaborations and champions for an AFHS.** Using the leadership skills I gained through this fellowship, I formed and

sustained a Delirium Collaborative of interprofessional champions (including physicians, nurses, physical therapy, occupational therapy, and social work) to effectively organize previously siloed delirium reduction efforts into the 4Ms framework. By increasing the cohesion and key people working on delirium reduction efforts, the Delirium Collaborative has been able to eliminate deliriogenic medications from pre-existing order sets and modify the hospital's COVID-19 policy to ensure visitation rights for caregivers of patients with dementia. We have also been able to inspire talented clinical faculty to take up the cause of an AFHS, including an attending intensive care unit (ICU) physician who was recently accepted to the 2021-2022 Next Generation AFHS Leadership Scholarship.

**B) The implementation of new protocols to reduce delirium.** Examples of the impact of our delirium reduction pilots include staff involvement in the AFHS Action community, our ICU's achievement of the AFHS Committed to Care Excellence distinction, creation of a 4Ms interdisciplinary rounding tool, and implementation of a weekly "Delirium Reduction Day" to review 4Ms care for all older patients.

**C) The creation of an AFHS dashboard.** Prior to this fellowship, we did not have any way to quickly and reliably characterize our older adult population or measure components of Age-Friendly care. Through the creation of an AFHS dashboard, we have effectively shown the demographic and socioeconomic characteristics of our older adult population, as well as opportunities to narrow the disparities between older and younger adults in terms of length of stay, readmissions and location of discharge.

> "Throughout this fellowship, **I've learned how to more effectively navigate a health care organization** and influence key people in order to achieve a mission."

## Lessons Learned

Key lessons have included the importance of ownership over buy-in; in other words, the importance of empowering the people closest to the problem to own the solution. For example, in our delirium reduction pilot, instead of telling staff how to provide 4Ms care, we assigned front-line nurses to champion each M and come up with their own solution to improve what matters most, medications, mobility and mentation. I have also learned the importance of working hard to learn the language of Information Services in order to maximize the improvements to the EHR to both facilitate and measure Age-Friendly care.

## Next Steps

Next steps in our project include formal integration of Nurses Improving Care for Healthsystem Elders (NICHE) within all of our AFHS efforts; expansion of our delirium reduction protocols and achievement of the highest level of AFHS recognition by our other hospital; using our AFHS Dashboard to identify units of greatest opportunity to improve care for older adults; improving our AFHS Dashboard to better capture what matters and mentation; and inclusion of older adults on our Patient Family Advisory Council to provide continuous feedback and inspiration for AFHS transformation.