



Marcella De Geronimo

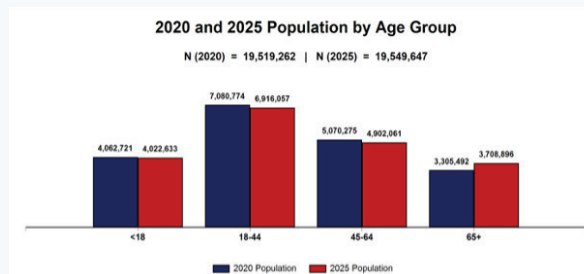
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Background

Our communities are aging quickly. New York State is home to the third largest elderly population in the nation. The portion of the population aged 65 and over is the only age group predicted to grow in size, projected to increase by 2025 to about 20% of the state's population.

The number of hospital admissions for people aged 65 and over has increased. At Northwell Health hospitals, there were 108,983 hospital admissions in 2015 and that number increased to 129,983 in 2019.

New York State: HANYS Market Expert



Northwell Health will need to help patients and families manage each stage of aging and advanced illness in an evidence-based, safe and compassionate manner, with the goal of providing care that is in agreement with the needs and values of older adults and their families.

A system-wide initial assessment of evidence-based programs led to these findings:

- Lack of ambulatory practices with geriatric and palliative expertise.
- Limited geriatric, palliative and specialized advanced clinical practitioners.
- System best practices are not widespread.
- Opportunity for centers of excellence.

Approach

Northwell Health's approach is to integrate the principles of the 4Ms (What Matters, Medication, Mentation, Mobility) through the care continuum, from ambulatory through post-acute services, in order to respond to the needs, weaknesses and strengths of older adults.

"Health, wellness, safety and independence are paramount. Standardizing the approach across disciplines using inter-professional teams (MDs, advanced clinical practitioners, RNs, social workers, PharmDs, physical therapists and Quality) and continuous process measurement will ensure continuity and allow for internal and external benchmarking."

Individual hospitals can benchmark against each other, utilize small tests of change for improvement over time and disseminate best practices.

Due to the size of Northwell Health, for the purposes of the Fellowship project we decided to focus on the 4M implementation and strategy at Glen Cove Hospital, because it sees a relatively high percentage of patients over 65 due to the demographics of the surrounding area.

Glen Cove Hospital established an Age Friendly Steering Committee to guide the implementation of a Geriatric Center of Excellence.

Among the strategies are:

- Investing in geriatric competency and education with practitioners specializing in older adults and facing serious illness across the continuum of care.
- Adding a clinical pharmacist focused on polypharmacy and high-risk medications.
- Ongoing education on goals of care conversations.
- Opening specialized units especially suited to care for adults with cognitive conditions (e.g., Alzheimer's and dementia) and movement disorders (e.g., Parkinson's)
- Providing highest standard of care for the community's older citizens through community outreach and transitions of care.
- Creating a hospital-based community resource center dedicated to providing resources and support services to caregivers and family members throughout their journey.
- Developing dashboards to monitor 4M implementation.

Outcomes

We focused on What Matters most and Mentation and developed a dashboard to be used by leaders and clinical staff. We designed the dashboard to present the most relevant measurements in a concise format. The goal is not only to monitor adherence to protocols and documentation in the electronic health record (EHR), but also to identify opportunities for improvement and education of staff.

For What Matters most, we looked at the goals of care (GOC) note in the EHR. The GOC is a formal document with unstructured notes focused on collecting information about who the patient is, what they need and what they want. The GOC conversation should take place close to the beginning of the admission. For the first six months of 2021, 38% of Glen Cove patients older than 65 had a goal of care conversation, and of those, 63% had the conversation in the emergency department. This shows a lower length of stay (LOS) in the hospital for patients that had an early goals of care conversation (4.8 days vs 7.7 days).

We also looked at Mentation, focusing specifically on screening for delirium in the intensive care unit (ICU) using the Confusion Assessment Method (CAM ICU). For the first six months of 2021, 78% of Glen Cove ICU patients older than 65 received delirium screening, and of those, 40% received screening on a regular basis (at every shift). The rate of patients who screened positive for delirium is quite low (16%), and we used the dashboard to better understand the screening process.

Lessons Learned

The dashboard was instrumental to guide clinical staff and leaders in some important decisions and education initiatives. For goals of care, we learned that a low rate was linked to documenting conversations with family and patients in different places in the EHR. The measured GOC rate did not account for all the conversations that had taken place. Focused education is underway.

The low rate of patients screening positive for delirium revealed a need to better train nurses on how to screen patients using CAM ICU. We looked at the Richmond Agitation Sedation Scale (RAAS) scores and the Feature 3 of CAM ICU and noticed some discrepancies that caused an inaccurate screening result.

We also learned that we couldn't link processes to outcomes (length of stay, mortality, readmissions) early in this initiative, since implementing the right processes and finding the right evaluation measures require additional effort.

Next Steps

Northwell is fortunate to have two new Next Generation Leaders Fellows for next year that will continue the project. The focus will be to leverage the Glen Cove 4M model and extend and implement it across all inpatient sites of Northwell Health. The Fellows will also focus on the implementation of the 4Ms in the ambulatory setting.