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Background

Maine is one of the oldest states in the nation, and the Census Bureau shows that roughly 20% of our population is older than 65. MaineHealth experienced 24,294 discharges for patients 65 and older, and that volume is expected to increase by 11.8% in the next 10 years. As we age, health care becomes more complex, with older adults having to navigate multiple chronic diseases and being prescribed myriad medications. Health care systems often are unprepared to meet the unique challenges in caring for older adults across all settings. To ensure that we can meet this challenge, MaineHealth set a goal to implement the 4Ms framework as part of the Age-Friendly Health Systems (AFHS) movement developed by the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association and the Catholic Health Association of the United States.

At Maine Medical Center, a 637-bed teaching hospital and the largest hospital in the MaineHealth system, we successfully rolled out AFHS to two inpatient units, several ambulatory clinics and one post-acute setting. In our emergency department (ED), 28% of the 68,000 visits for FY2018 were older adults and, of those patients admitted to the hospital from the ED, 45% were geriatric. This made the ED the logical next setting for the 4Ms framework.

Approach

When rolling out AFHS on two inpatient units, the goal was to create a change package that easily could be applied to different units. This was a good starting point, but the ED had unique challenges and revealed some gaps. We created an interdisciplinary team and introduced AFHS to help them understand (and get excited about) the 4Ms framework and reviewed IHI's guidelines on how to Assess and Act On each "M." Along with the information technology team, we built data reports to determine our baseline and set reasonable goals. We met every other week to report and track progress, troubleshoot

challenges and determine next steps. The interventions for each of the 4Ms follow:



What Matters

- Develop What Matters questions and build into Epic.
- Create scorecard to track count and percentage of patients asked What Matters.
- Trial one-month feasibility study for care management, nursing, occupational/physical therapists (OT/PT) and providers using the Plan-Do-Study-Act cycle to fine-tune What Matters questions and workflows.



Mentation

- Scorecard with data pulled from Epic to track documentation rate for Confusion Assessment Method (CAM) scoring.
- Key performance indicator (KPI) to increase documentation rate for the CAM with Q4 goal of 90%.
- Create a clinical pathway for delirium.
- Create workflow within Epic so that adults aged 70 and older with a negative CAM automatically receive an order for the Hospital Elder Life Program on admission.
- Give all care team members delirium "badge buddy" to

create common language around delirium.



Medication

- For patients aged 80 and older, create workflow within Epic so they automatically receive a pharmacy consult if being discharged with a new medication.
- Make available two modules within the Learning Management System that were created as part of the AFHS change package – “Risks Associated with the Use of Multiple CNS Active Medications” and “Sleep On It: Therapeutic Considerations for Sleep in the Elderly.”



Mobility

- Scorecard to track fall rate, documentation rate for falls-risk assessment and Bedside Mobility Assessment Tool (BMAT), and whether mobility was encouraged for long-stay patients.
- KPI to track documentation of the BMAT and falls-risk assessment.
- Build line for “mobility encouraged” into the hourly rounding documentation within Epic for ED techs.

Outcomes

Many Age-Friendly tools now exist because of this project, making it easier for another ED in the health system to adopt the 4Ms. Some are available automatically and others can be activated in Epic as additional areas within the system start their Age-Friendly journey. Patients will experience an ED with systems in place to deliver Age-Friendly care. The What Matters tool is not only for the ED, but can

be used and accessed across the system in any setting. All care team members now can document What Matters most to a patient and see what was reported in a different setting or prior visit.

Lessons Learned

Before AFHS, most of my change-management experience was as a manager working with my own employees or department. I had to adjust my style and approach when working with a larger team, none of whom reported to me. This project was an opportunity to grow as a leader. It cemented my strategy to in several ways — for instance, with What Matters. The work group focused mainly on the tool being developed in Epic and, once that was live, wanted to move on. This resulted in pushback from care team members who felt that it was “one more” thing added to their already overcrowded plate. I encouraged them to take a step back, start with education and training on What Matters, explain why we are asking these questions and how to elicit the most valuable information. HELP team members, who had been asking these questions for more than 18 months, offered tips. Then the group pivoted to doing small tests of change with each discipline (nursing, OT/PT, providers, care management), approaching it as a feasibility study vs. a mandate. This created more buy-in and allowed us to adjust based on feedback before rollout.

Another lesson learned was around unintended consequences of a great idea. When the automatic consult to the Hospital Elder Life

Program to the ED admission order set went live, the HELP team was inundated with referrals and did not have the capacity to see/enroll all patients. Because I directly oversaw the program, I was able to troubleshoot with my team to make things more manageable. We put in place a workflow to prioritize patients and track the number of patients daily who were unable to be seen due to insufficient staffing. These data may determine a need for increased resources.

Next Steps

Ensuring that every patient admitted to the ED is asked What Matters, documenting and incorporating their answers into the care plan will be the biggest challenge and priority. While the ultimate outcome is 100%, we will continue to use data to set realistic quarterly goals. We will continue to move the dial closer to 100% with CAM and BMAT documentation and encourage mobility. Some of the tools we have implemented still present challenges, such as multiple “Best Practice Alerts” being triggered for pharmacy when a medication is ordered at discharge.

With a solid foundation established in the Maine Medical Center ED, we will focus on additional hospital floors and spread AFHS to another hospital ED within our system. We are working to create Age-Friendly metrics and data reports for primary care along with a 4Ms template for the annual wellness visit. Each new milestone will ensure that all older-adult care at MaineHealth is Age-Friendly care.