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Background

Stony Brook University Hospital (SBUH) is a 624-bed academic medical center on Long Island, in New York State. SBUH encompasses the Stony Brook University Hospital and many other services, including a full range of outpatient primary care and geriatrics programs. It is committed to patient- and family-centered care, with the goal of creating partnerships among providers, patients and families that will lead to the best possible care and outcomes. In 2021, SBUH was named one of America's best hospitals by Healthgrades.

In 2019, SBUH leaders learned about Age-Friendly Health Systems, an initiative of the Institute for Healthcare Improvement and The John A. Hartford Foundation in partnership with the American Hospital Association and the Catholic Healthcare Association of the US. They knew it aligned with their mission to improve care for their patients, the majority of whom are older adults, and they eagerly joined.

Approach

Joining AFHS means committing to age-friendly care, defined as evidence-based care that includes the 4Ms — What Matters, Medication, Mentation, and Mobility — causes no harm, and is grounded in What Matters to the older adult.

As part of the AHA Next Generation Leaders Fellowship, I took on a project to implement the 4Ms on two medicine units. About 70 percent of our population at SBUH is elderly. This is the population we really need to focus on for good outcomes. The following describes my team's approach to each of the 4Ms:

What Matters

In all aspects of care, we aim to engage older adult patients and ask them if each aspect is really aligned with their wishes and their priorities. While physicians have great intentions, they often forget to take into account what matters most for the patients and their families. It is very important to align the care plan with those goals.

To facilitate this alignment, every patient room has a white board. Written on the white boards are several pieces of information, including the physician in charge and the nurse in charge, and now, What Matters. Nurses ask every newly admitted patient what matters most to them. Their
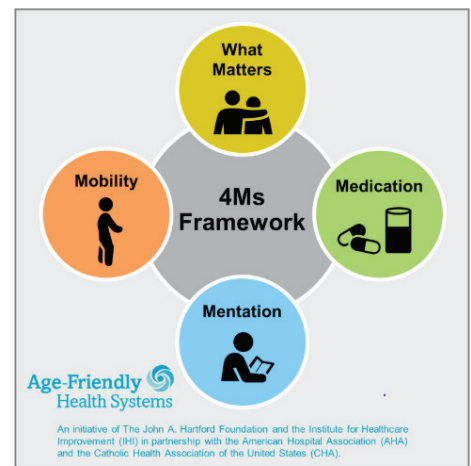
answers range from wanting to be discharged, to being pain-free, to being able to attend a certain event. Then, when other care providers enter the room to see the patient, they acknowledge the content on the board and discuss it with the patient.

Medication

Our team has engaged our IT department to incorporate the Beers Criteria Medication List of potentially inappropriate medications for older adults into the electronic health record (EHR), so that providers will receive an alert if they attempt to prescribe one of these medications. We have developed a new reference in the EHR that includes that information, along with appropriate doses for older adults.

Mentation

We were aware that delirium is associated with various adverse outcomes, including longer length of stay. Therefore, our goal is to identify delirium as early as possible. At admission, a nurse assesses every older adult with the Nursing Delirium Screening Scale (NuDesc). They also conduct this assessment at the beginning of the shift or end of each shift, or in between if a patient exhibits concerning signs. The nurse then notifies the physician if further assessment is needed.

To support the care providers in identifying and treating delirium, SBUH is offering ongoing nursing education and physician education.

Mobility

Falls are a very common problem among older adult patients on the units. Our team has just started implementing an early mobility program, engaging physical therapists, nursing and nursing assistants to screen every patient for fall risk and promote appropriate mobility.

A large majority of our older adult patients are admitted through the emergency department (ED), where the Morse fall scale is used to determine fall risk. We are also in the process of piloting the implementation of the Bedside Mobility Assessment Tool (BMAT) on certain units so that we can offer older adults appropriate support for mobility and ensure that they exercise caution as needed.

Outcomes

Although it's too early to have solid data on outcomes, we've seen some positive developments. For instance, leadership has been enthusiastically on board. They immediately grasped that improving care for older adults was not only the right thing to do, but would have financial benefits, such as reduced length of stay.

Most importantly, the older adults and their families have expressed appreciation and gratitude. They particularly welcome the new policy of writing What Matters on the white board. "What matters to me the most is being captured here," one older adult told me. "That gives me a lot of relief and comfort. You are treating me like a human being, you are keeping my priorities in mind."

As a result of our progress, SBUH has been recognized by AFHS as Committed to Care Excellence.

Lessons Learned

Getting buy-in from staff is not always easy, especially during and after an exhausting pandemic. It's a cultural change. They don't want to take on new initiatives. But what we and other 4Ms champions tell them is,

> "This is not something new. We're not trying to reinvent the wheel. This is something we should be doing anyway. **We're just trying to align the care with patients' goals.** It's not a lot of workload; actually we're streamlining the workflow for you."

Next Steps

The 4Ms implementation is a work in progress. For Medication, in particular, the work is in the preliminary stages, and our team is looking forward to having the Beers criteria integrated into the EHR.

We also aim to continue to engage all staff and unify them in their commitment to providing age-friendly care. Getting physicians on the same page is a particular challenge. Connecting the pieces so that it's one care team will be key to our success.