Members in ACTION

CASE STUDY

INTEGRATING AGE-FRIENDLY CARE PRINCIPLES IN A VA INPATIENT MENTAL HEALTH UNIT

Oklahoma City VA Health Care System | Oklahoma City

Overview

The Geriatric Inpatient Mental Health Unit at Oklahoma City VA Health Care System is integrating Age-Friendly Health Systems principles into psychiatric care for older veterans. Through interdisciplinary collaboration, strategic documentation workflows, and alignment with high-reliability organization practices, the unit achieved measurable improvements in patient outcomes, including reductions in behavioral incidents and falls.

Serving over 66,000 veterans across 50 counties in Oklahoma and Texas, the Oklahoma City VA Medical Center includes a 192-bed teaching hospital that is located on the Oklahoma Health Center campus near downtown Oklahoma City. The Geriatric Inpatient Mental Health Unit, a 15-bed facility, provides short-term, interdisciplinary psychiatric care for veterans age 65 or older, many of whom reside in rural areas and present with complex medical and psychiatric conditions.

In May 2020, the unit began its age-friendly care journey, aiming to become the first VA Geriatric Inpatient Mental Health Unit to achieve level 2 recognition and be nationally recognized as "Committed to Care Excellence." By aligning care with the 4Ms — what matters, medication, mentation and mobility — the team enhanced care quality, safety and personalization, which resulted in improved patient outcomes and contributed to national Veterans Administration initiatives.

Approach

What Matters. The unit prioritized individualized, recovery-oriented treatment plans that center on the veteran's goals and preferences. These plans provided a framework for integrating "what matters" assessments into daily care. Interdisciplinary care meetings and family conferences are used to review and document these

goals, ensuring that care decisions align with each veteran's values and desired outcomes.

Medication. Health care providers — including psychiatrists, nurse practitioners, geriatric medicine specialists and clinical pharmacists — screen for medications that could interfere with what matters most. Providers share prescription updates during weekly interdisciplinary huddles to help minimize the use of high-risk medications and support safer, more effective treatment plans.

Mentation. Mentation assessments include the Montreal Cognitive Assessment (MoCA); clinical interviews for delirium, depression, dementia and anxiety; and supplemental self-report measures tailored to each veteran's neurocognitive abilities. Lab workups are routinely completed at admission and upon any change in condition to help ensure timely identification and management of cognitive concerns.

Mobility. Mobility is supported through early referrals to physical and occupational therapy, initiated at admission or in response to changes in health status. A nursing-led hydration initiative also has contributed to improved

Age-Friendly Health Systems
An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

American Hospital Association™
Advancing Health in America

mobility outcomes by increasing the patients' fluid intake through expanded drink options during meals and snacks.

Impact

Behavioral health. Implementation of nonpharmacological behavioral intervention plans for veterans with dementia led to a 35% reduction in behavioral reports — which document distressed behaviors — during the first year, with sustained improvements the following year.

Falls reduction. A hydration-focused nursing project, called the Hydration Project, contributed to a decrease in falls, demonstrating the effectiveness of simple, patient-centered interventions. By implementing this unit-based project, monthly fall occurrences decreased to fewer than 10 falls per month over the next three months.

Continuity of care. The team developed an Age-Friendly Warm Huddle handoff protocol for discharges to assisted living or nursing homes, improving transitions and continuity of care.

National leadership. Site lead Kristen Sorocco joined the National VA Age-Friendly Care Steering Committee and later served as chair. The unit piloted national documentation templates and contributed to VA Age-Friendly Care Action Communities. A presentation about the unit's Age-Friendly Health Systems journey has been shared with various community practice groups within the VA, including Meeting the Mental Health Needs of Aging Veterans webinar series and Inpatient Mental Health Community of Practice.

High-reliability organization integration. Age-friendly care was embedded into HRO training and process improvement projects, reinforcing the health system's commitment to zero harm and evidence-based practice.

Lessons Learned

- Timing challenges. Implementing a new program immediately after the COVID-19 pandemic was difficult due to systemwide strain. Despite this, the team's resilience and commitment drove success.
- Champion investment. Greater early investment in staff champions and broader sharing of impact stories with leadership could have accelerated buy-in and support.
- Start with "what matters." Focusing first on what matters proved to be the most effective strategy for engaging staff and tailoring care to each individual veteran — an approach that aligns deeply with the VA's mission.

Contacts

Kristen Sorocco, Ph.D.
Psychology Training Director and Assistant Chief Program Manager and Psychologist, Geropsychology Programs
Oklahoma City VA Health Care System
kristen.sorocco@va.gov

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States.