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### Inpatient Age Friendly Health Systems Development on 2 Units (R6 and R7)

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# Inpatient Age Friendly Health Systems Development on 2 Units (R6 and R7)

H. Wierman, S.Chang, E.Carter, M.Anderson (work group leaders)

with tremendous work from R6, R7, Trauma, Cardiology, Palliative Care, Rehab, Pharmacy, HELP team

## Problem/Impact Statement

As of 2018, Maine is the oldest state in the nation according to the U.S. Census Bureau, with roughly 20% of the population over 65 years of age. The AMSL is seeking to standardize care for this population due to its large footprint across the continuum of care and the opportunity for system-wide improvement through strong collaboration with MMP Geriatrics.

## Scope

Two MMC Inpatient Units (R6 and R7), including collaboration with cardiology and trauma services

## Goal/Objective

Leverage the Clinical Transformation structure and resourcing with an existing MMP Geriatrics initiative focusing on the 4M's in inpatient settings, including pursuit of IHI "Committed to Care Excellence" designation for Age Friendly Care. Establish baseline metrics and target improvement in the following areas:

- **What Matters:** Promote advanced care planning conversations and documentation
- **Mentation:** early identification and management of delirium
- **Medications:** Avoid selected high risk medications during hospitalization
- **Mobility:** encourage safe mobility while hospitalized

## Baseline Metrics/Current State

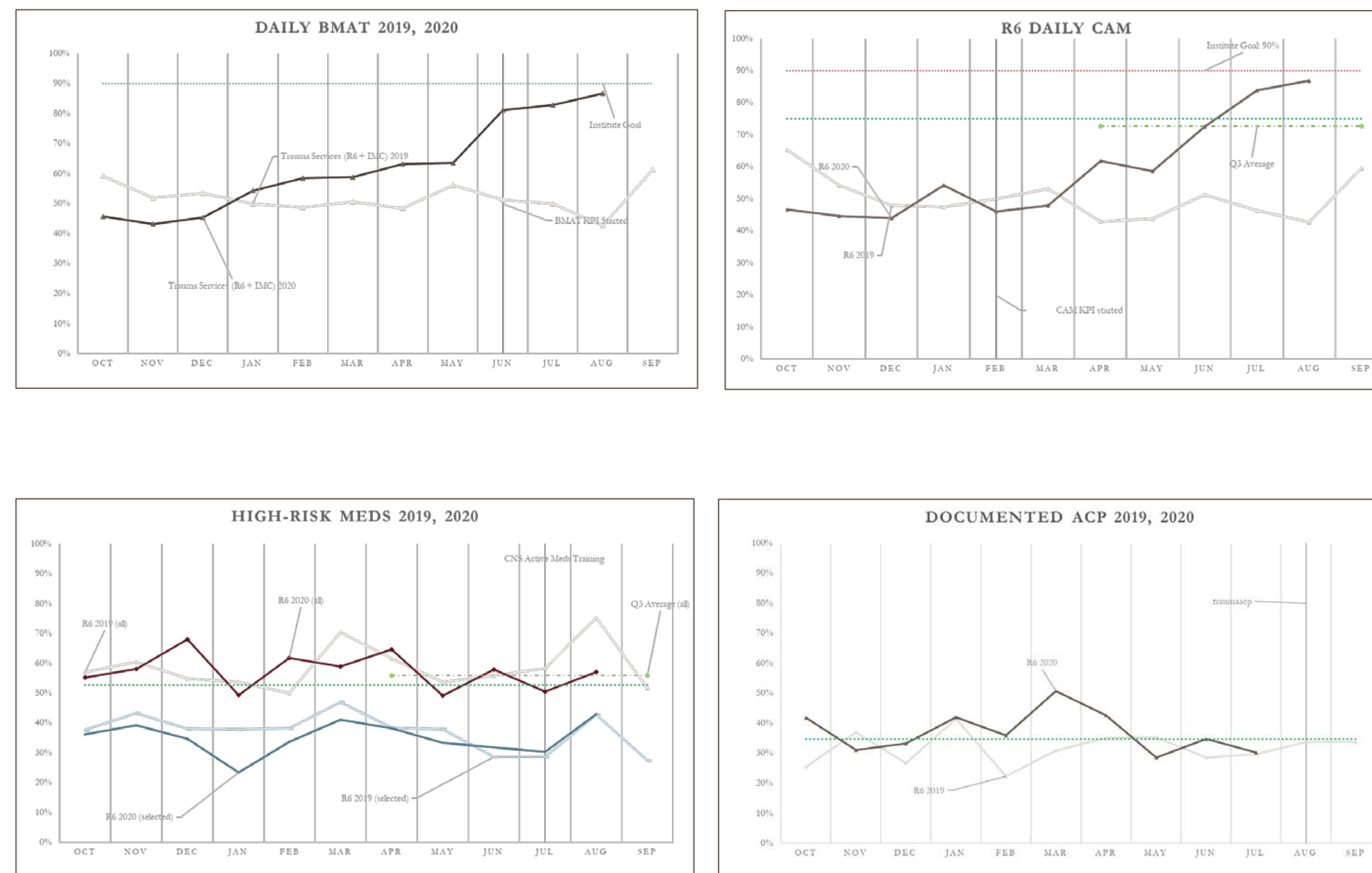
### R6 Baseline Metrics:

- **What Matters:** 31.6% of all patients 65 and older had a documented ACP by time of discharge
- **Mentation:** 50.4% of patients had a daily Confusion Assessment Method (CAM) performed
- **Medications:** 37.3% of patients are administered a selected high risk medication during hospitalization
- **Mobility:** 77.2% of patients had a BMAT level of 3 or 4 within 48 hours of discharge. Daily BMAT was performed 51.8% of the time

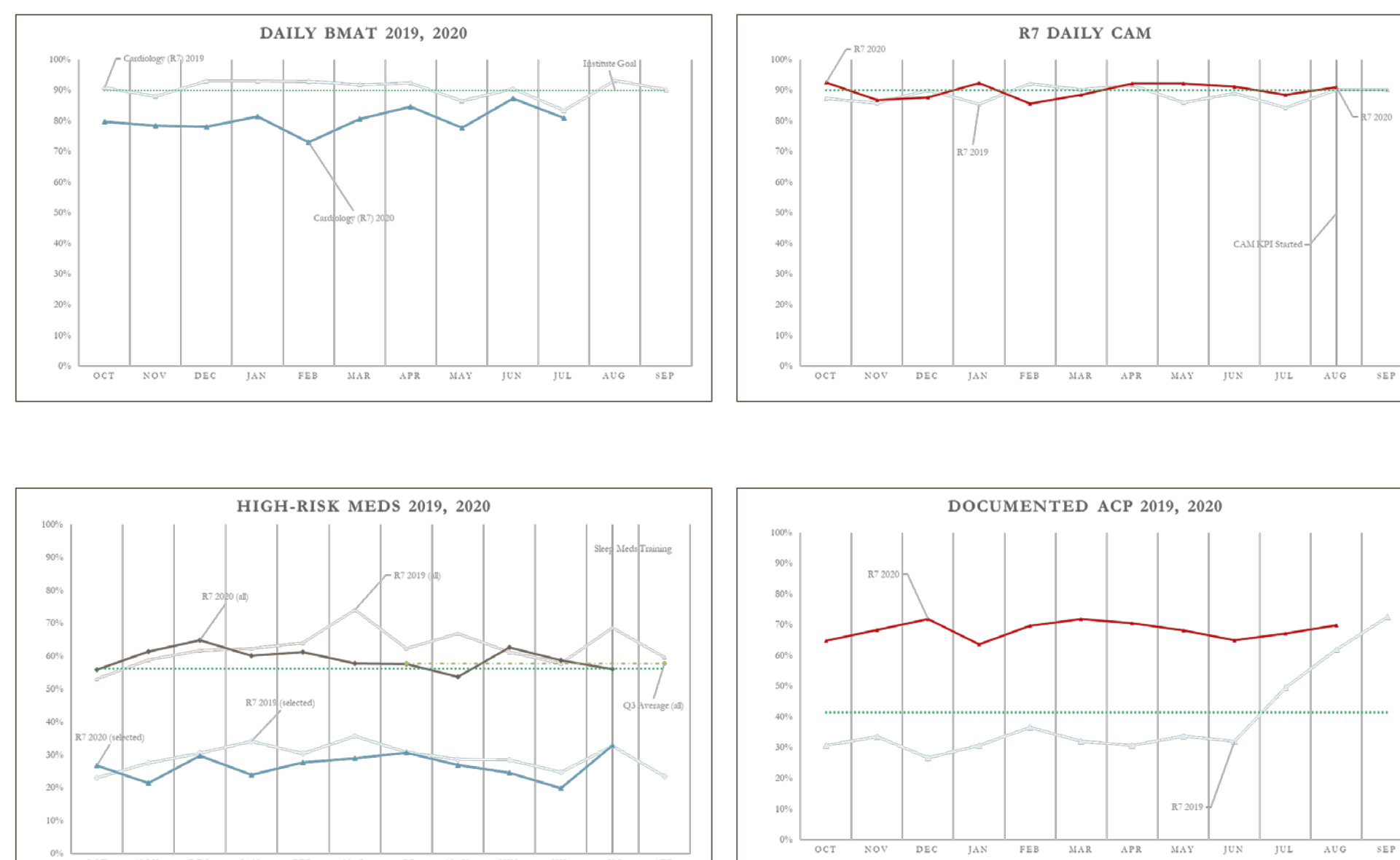
### R7 Baseline Metrics:

- **What Matters:** 38.5 % of all patients 65 and older had a documented ACP by time of discharge
- **Mentation:** 88.5% of patients had a daily Confusion Assessment Method (CAM) performed
- **Medications:** 29.2% of patients are administered a selected high risk medication during hospitalization
- **Mobility:** 77.2% of patients had a BMAT level of 3 or 4 within 48 hours of discharge. Daily BMAT was performed 90.5 % of the time.

## R6 4 M's



## R7 4 M's

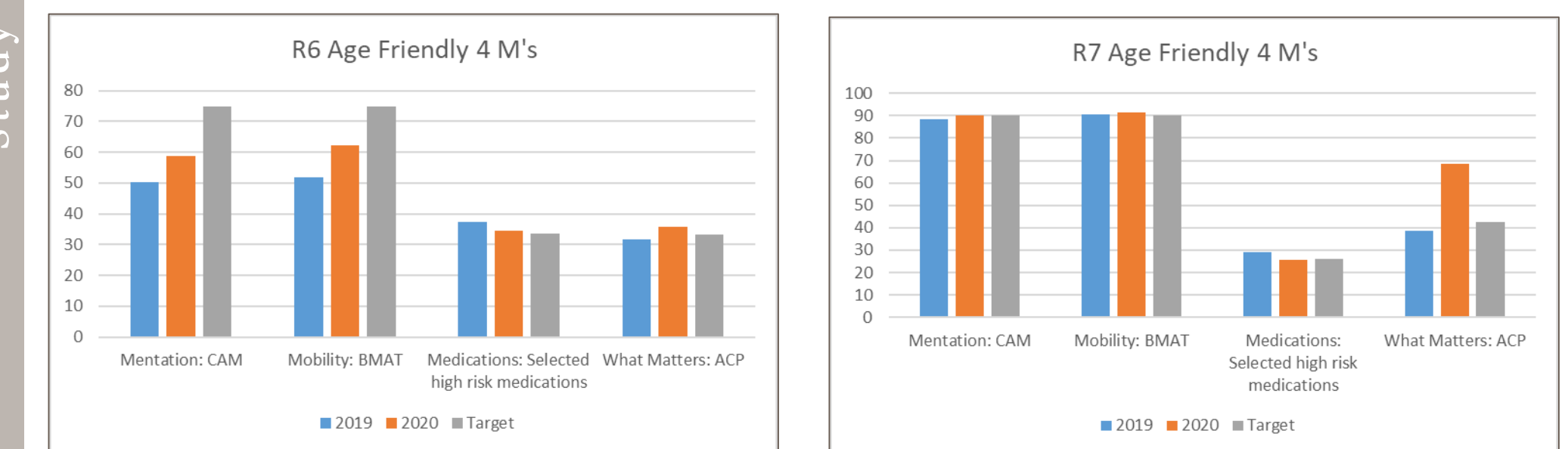


Countermeasures		
By When & Status*	Who	Deliverable
End Q1	R6 and R7 Work Groups	Work Groups established, Scorecard/Metrics "completed"
End Q2	R6 Work Group	Mobility 3x/day & Sarah Steady; Age Friendly KPI - 100% daily CAM, report to track; Trauma SIC development; Delirium Video for R6 Clinical staff
	R7 Work Group	Scorecard modifications made (ALL) Discuss: walking group with volunteers, Sarah Steady; Sleep medication education/alternatives, report for CAM and Delirium education module
End Q3	R6 Work Group	Design SIC phrase more relevant for trauma service; CAM KPI; Pharmacy Educational model created: multiple CNS acting medications; Daily mobility tracking
	R7 Work Group	Pharmacy Educational model created: sleeping medications, Delirium Video for nursing, Sarah Steady
End Q4	R6 Work Group	Implement SIC phrase more relevant for trauma service; Pharmacy Educational model presented to providers & Video created
	R7 Work Group	Both groups recognized as Age Friendly Participants by IHI CAM KPI R7 Pharmacy Educational model presented to providers & Video created for LMS

Do

Study

## Outcomes



## Next Steps

- Due to COVID, current project extending into Q1 2020-21 with most Q3 activities extending into Q4.
- Continue to monitor established metrics for R6 and R7
- Spread Age Friendly Health System work to two more units (P3CD and R2) as part of AMSL Clinical Transformation Project 2020-21. Establish concrete metrics for each M.
- Refine Mobility Metric to reflect mobilizing patients in the hospital vs outcomes of mobilization
- Review order sets with attention to high risk medications
- R6&R7 to pursue designation of Committed to Care Excellence

Act

Plan