

Luminis Health Anne Arundel Medical Center

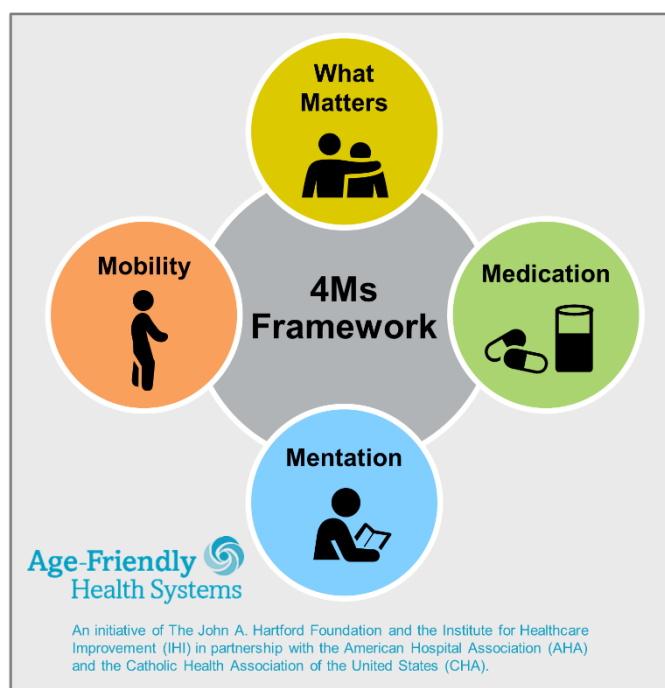
Background

Luminis Health Anne Arundel Medical Center (LHAAMC) (Annapolis, Maryland, USA) has more than 400 beds and 1,000 medical staff members and serves more than 1 million people in Annapolis and greater Washington, DC. The medical center consistently receives awards for quality, safety, patient satisfaction, and innovation. Its Vision 2030 strategic plan focuses on community partnership, wellness, and experience – rather than on illness or treatment.

Strong community engagement led to innovations in the care older adults receive throughout the health system. In 2012, LHAAMC became a member organization of Nurses Improving Care for Healthsystem Elders (NICHE) and began using its educational modules and evidence-based practices in areas such as falls prevention, end-of-life care, and delirium management. In the same year, LHAAMC analyzed patient demographics and service lines and elicited community input on specialty service needs to inform the development of a 30-bed Acute Care of the Elderly (ACE) unit which opened in 2013. In its decade of practice, the ACE unit has used a multidisciplinary approach that employs evidence-based practices and protocols to reduce harm, improve patient outcomes and satisfaction, and reduce patient length of stay and complications of illness.

With this strong foundation in geriatric care and a commitment from senior executives, in 2017 LHAAMC became one of five pioneer 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 Health Association of the United States. Becoming an Age-Friendly Health System entails consistently providing a set of four evidence-based elements, known as the “4Ms,” to all older adults cared for by the system: What Matters, Medication, Mentation, and Mobility (see Figure 1). Today the Age-Friendly Health Systems movement comprises hundreds of health care organizations working to reliably deliver evidence-based care for older adults.

Figure 1. 4Ms Framework of an Age-Friendly Health System



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

Approach and Results

Age-Friendly Emergency Care

Now more than five years into its Age-Friendly Health Systems journey, LHAAMC has transformed how older adult patients receive care, demonstrating many significant achievements in patient outcomes, staff knowledge and competence, implementation of evidence-based practices, and community appreciation. In 2019, the health system expanded its commitment to age-friendly care by launching an Institute for Healthy Aging to integrate these evidence-based practices throughout the entire LHAAMC system.

Like most hospitals and health systems, LHAAMC's overall patient acuity rose significantly during the COVID-19 pandemic, especially for patients 65 years and older. However, because of its strong foundation in the care of older adults, LHAAMC has been able to continue many of its age-friendly care improvements. Despite the added system demands created by the pandemic, LHAAMC continued implementing new initiatives related to its age-friendly commitment, including Geriatric Emergency Department Accreditation. In 2021 the health system's Institute for Healthy Aging achieved Level Three (Bronze) Accreditation from the American College of Emergency Physicians Geriatric Emergency Department Accreditation (GEDA) Program. These accreditation standards ensure that older patients receive well-coordinated, quality care at the appropriate level at every emergency department (ED) encounter. An example of such age-friendly care at LHAAMC includes standardized assessment and management of delirium using an evidence-based protocol and standardized order set that includes acetaminophen for pain, an automatic check for urinary retention, and management of constipation — all symptoms that can present as delirium when not effectively managed.

What Matters Most?

"We consider 'What Matters Most' to be the driver of the bus in our approach to age-friendly care," notes Lil Banchemo, MSN, RN, Senior Nursing Director, Luminis Health Institute for Healthy Aging. Patients are engaged in their own care planning and goal setting through the question, "What matters most to you?" This information is documented in the electronic health record (EHR) and on the whiteboard in the patient's room. It is also discussed during care conferences and team rounding. Answers run the gamut, from "I want to be able to walk up the aisle at my granddaughter's wedding next summer" to "I want to be free of pain" to "I want to feel safe living alone." Engaging the patient directly in stating What Matters for their own goals for care can also facilitate family understanding of what is most important to the older adult.

The ethics program at LHAAMC supports patients, families, physicians, and staff in effectively addressing What Matters, especially when the goals and expectations of the family are not aligned with the patient's overall condition and wishes regarding care. The medical center launched the program in 2016 to empower staff, especially nurses, to request an ethics consultation. An orientation to the ethics

program is provided to all new nurses as part of their onboarding. Additionally, unit-based education is tailored to the issues that may arise for specific patient populations, such as older adults with complex medical, psychosocial, and economic needs.

Aligning the goals and expectations among the patient, family, and care team, especially around end-of-life care, supports the patient in optimizing quality of life, dignity, and healing. David Moller, PhD, an ethicist at LHAAMC, observes, "When we do end-of-life care well and truly focus on What Matters to the patient, the families are generally left with a sense of gratitude after the patient dies. The staff also feel supported and are grateful that they could assist the patient in achieving their expressed goals."

Sherry B. Perkins, PhD, RN, FAAN, President of LHAAMC, notes that the What Matters element of age-friendly care has also transformed executive rounds throughout the medical center. "We've found that asking staff 'What Matters?' during rounds demonstrates that we are actively listening to what's most important to [our workforce] and it reinforces the concept of What Matters as a guiding principle of our patient care."

LHAAMC also conducts monthly Schwartz Rounds[®], a mechanism for group sharing by which staff have an opportunity to share their thoughts and feelings on challenging patient cases they've experienced. This approach is based on the premise that when physicians and staff have greater insight into their own responses and feelings, they are more able to make personal connections with patients and families. These insights and connections help to support implementing a What Matters approach with patients, families, physicians, and staff.

Medication

Medication management and education is an important part of LHAAMC's age-friendly efforts, especially as patients are preparing for discharge. ACE unit staff continuously provide education throughout the hospital on the latest American Geriatrics Society Beers Criteria[®] for Potentially Inappropriate Medication Use in Older Adults. As a result, the health system significantly modified its use of certain medications among older adult patients — for example, replacing diphenhydramine with melatonin as a sleep aid in the geriatric order set — to prevent negative side effects.

Mentation

As noted above, the ED implemented an evidence-based protocol and order set for management of delirium in older adults. In addition, Evelyn Ivy W. Mwangi, MBChB, MPH, CMD, FACP, Geriatric Hospitalist at LHAAMC, provides education about delirium assessment and management. She has presented her “Code Delirium” program to all ED staff, and all medical residents who practice at LHAAMC now receive education on delirium as part of their training. Delirium is now identified on the problem list in the patient’s EHR (see Figure 2).

Figure 2. EHR Delirium Problem List for Older Adults

Add Care Plan

← Back Care plan: **CPM S17 CPG HR CONFUSION, ACUTE (ADULT)**

Expand All Collapse All Collapse all by default

Select Items

! You must select at least one element from the template.

- Confusion, Acute (Adult)
 - ▼ Confusion, Acute (Adult)
 - Identify Related Risk Factors and Signs and Symptoms
 - Cognitive/Functional Impairments Minimized
 - Safety
 - Problem Interventions
 - Monitor/Assist with Self Care
 - Reduce Risk/Promote Restraint Free Environment
 - Evaluate Medications/Identify Contributors to Confusion
 - Optimize Communication
 - Promote Familiarity/Consistency
 - Provide Frequent Orientation/Reorientation

LHAAMC has also incorporated the 21 NICHE online learning modules as standard education for new nurses working on the ACE unit within the first six months of employment.

Danette Reading, MSN, CMS, GERO-BC, RN, Clinical Nurse Educator, notes that this NICHE training is advantageous because it reflects current best practices and evidence. Approximately 30 percent of nurses working on the ACE unit have also achieved Gerontological Nursing Certification (GERO-BC™) from the American Nurses Credentialing Center. Float nurses who work in all medical-surgical units,

including the ACE unit, also receive standardized education on age-friendly care. Patient Care Technicians (PCTs) who work on the ACE unit participate in 17 educational modules that align with the 4Ms of age-friendly care and can achieve organizational recognition as Geriatric Patient Care Associates.

The Brief Confusion Assessment Method (BCAM) care plan, which screens for delirium in patients ages 65 years and older on all LHAAMC Acute Care units, represents a significant milestone in effectively addressing Mentation among older adult patients. This cognitive test checks for altered mental status/fluctuating course, inattention, altered level of consciousness, and disorganized thinking.

The Delirium Order Panel, pre-selected at admission and used throughout LHAAMC for patients who are 65 years or older, includes the following:

- **Sleep Promotion:** Melatonin 3mg – 1 time per day at bedtime, hold for sedation
- **Scheduled Pain Management:** Acetaminophen 650mg – 3 times per day
- **Nicotine Replacement:** Nicotine replacement therapy patch – auto-checked for patients who smoke
- **Bowel Management:** Miralax 17g – 1 time per day, hold for diarrhea
- **Urinary Retention Management for Delirium Prevention:** 1x Bladder scan – PVR with bladder scan post void x1, do not perform if patient has Foley catheter
- **Mobility Promotion Nursing Order:** Ambulate 3 times per day, if activity order allows

Mobility

An organizational Safe Mobility Committee, co-chaired by the nursing director of the ACE unit and a physical therapist, monitors mobility and falls-related data across the medical center. As a result of improved screening for falls risk and improved delirium management, falls-related injuries in the ED have decreased by 55 percent between 2021 and 2022. Across the entire medical center, falls and falls-related injuries have significantly decreased through emphasis on age-friendly care and prioritizing patient mobility. For all inpatient units for which the Safe Mobility Committee collects data, LHAAMC demonstrated a 46 percent decrease in patient falls compared to 2021 and 2022 data.

The ACE unit no longer uses patient restraints, which has significantly reduced the incidences of both falls and falls-related injuries. Nurses score each patient's mobility on a 1-to-10 scale and score data are cumulatively monitored for trends over a one-month period. PCTs receive hands-on training with a physical therapist on promoting patient mobility.

To support patient safety upon discharge, the ACE unit offers a monthly 45-minute class for caregivers on topics such as mobility and nutrition. ACE unit staff consult and collaborate with nursing staff on other medical-surgical units about best practices in the care of older adults. This emphasis on mobility has resulted in increased numbers of patients discharged directly to home instead of to a rehabilitation setting.

Priorities for the Future

Based on the success of LHAAMC's age-friendly initiatives in the past decade, particularly in the outcomes achieved on the ACE unit and emergency department, the Institute for Healthy Aging will focus on greater systemwide integration in the coming years. Community engagement remains a high priority, especially related to What Matters to older adults.

LHAAMC President Dr. Sherry Perkins describes the integration of age-friendly concepts on units caring for cardiac and stroke patients, like the work to improve systemwide delirium screening, as a future priority. She also points to LHAAMC's support of the World Health Organization's vision for Age-Friendly Cities and Communities as another way her organization focuses on excellence in health care for all older adults in the community.

The Institute for Healthcare Improvement is grateful to the Luminis Health Anne Arundel Medical Center team who devoted their time and passion to this work.

What Is an Age-Friendly Health System?

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults: What Matters, Medication, Mentation, and Mobility.

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