AGE-FRIENDLY HEALTH SYSTEM MENTATION – OUTPATIENT ASSESSMENT

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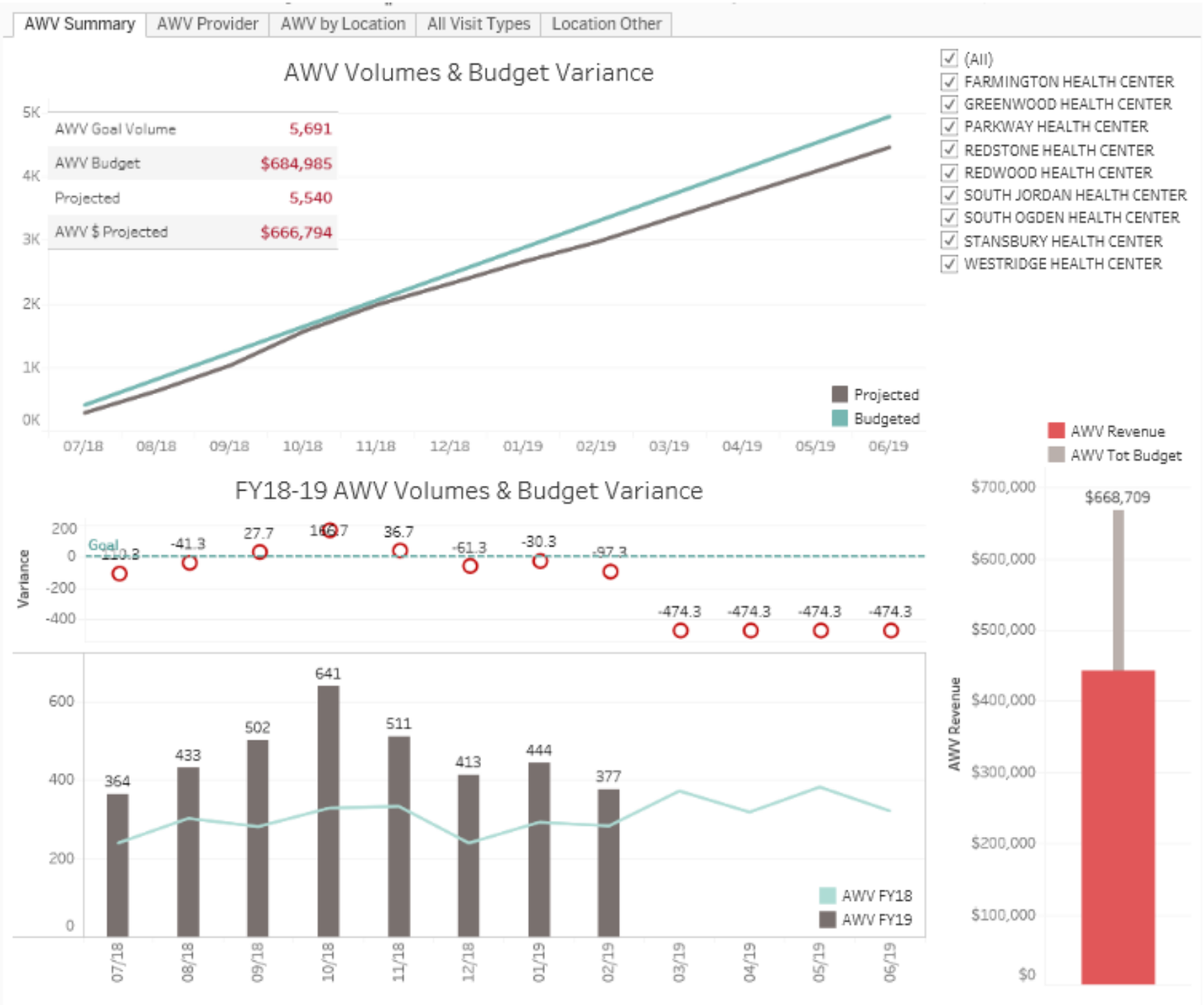
EPIC AMBULATORY CHAMPION

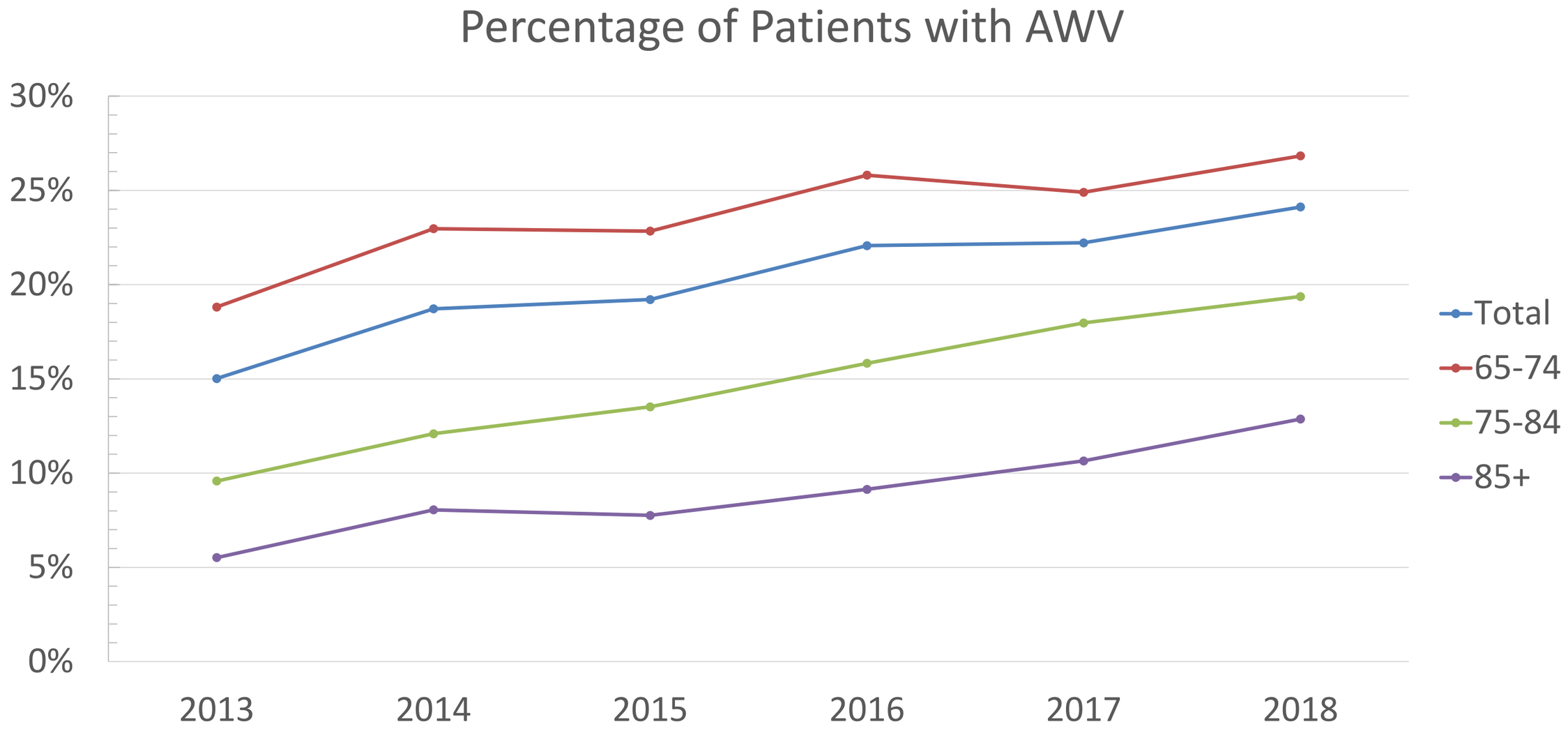
AWV IS THE WAY TO DO 4MS

- Mentation: Mini Cog embedded in template
- What Matters:
    - Personalized Plan of Preventive Services (PPPS)
    - Review Advanced Care Planning documents
    - Input “Patient Entered Wishes”
- Medications: Medication Reconciliation
- Mobility:
    - ADLs and IADLs
    - Health Risk Assessment (HRA)

AWV IS A VALUE ENHANCEMENT HEALTH SYSTEM GOAL



COMMUNITY AWV OVER TIME (% OF AGE > 65)



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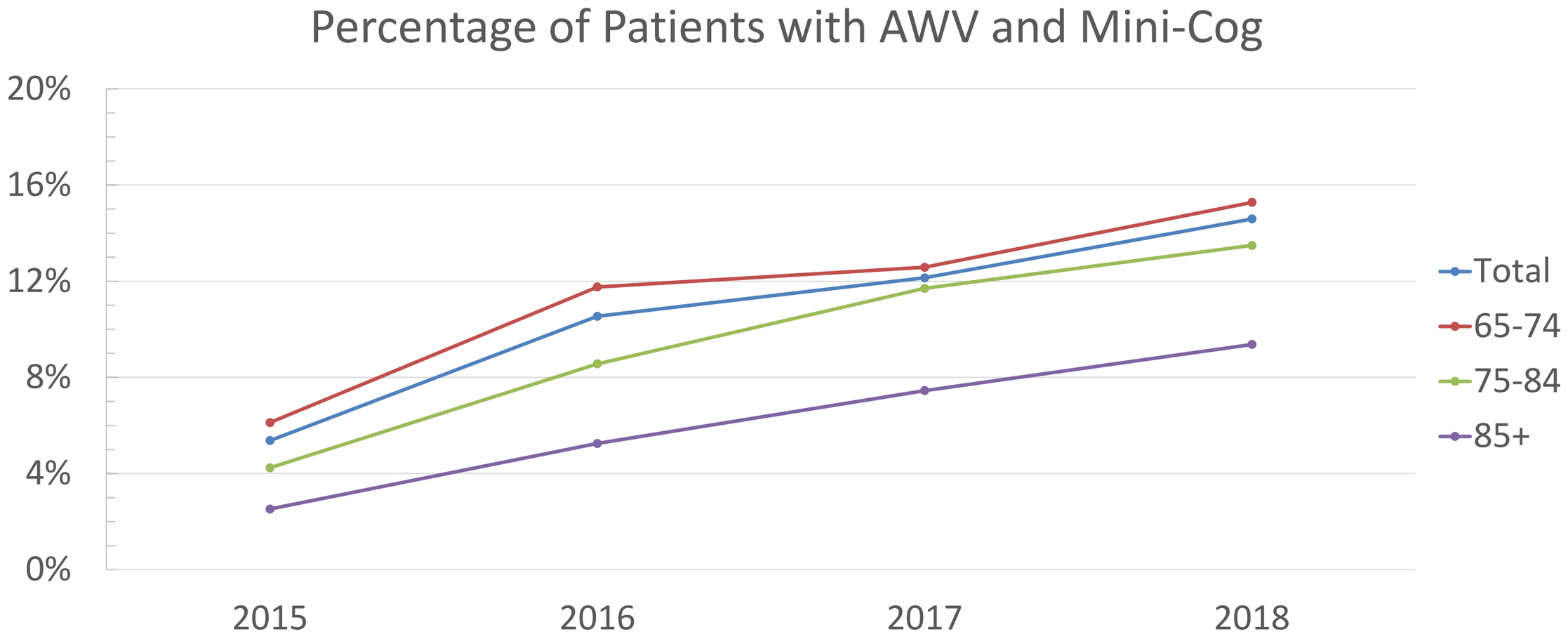
COMMUNITY AWV AND MINI-COG OVER TIME (% OF AGE > 65)



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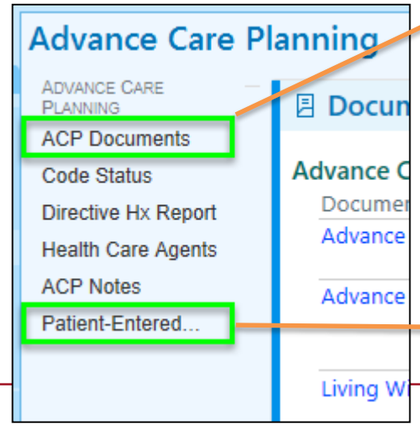
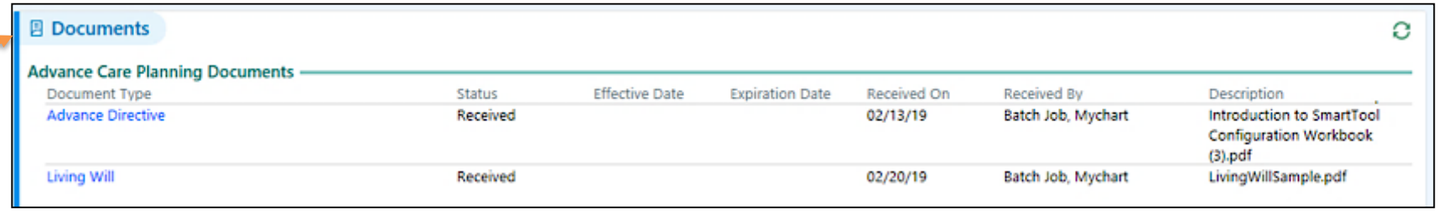
ACP SCANNED DOCUMENTS

Patients will have the ability to submit their own scanned ACP documents (Advance directives, power of attorney, living will etc), as well as to submit answers to a questionnaire about their wishes via MyChart .

- Submitted documents are reviewed by a pool in HIM and validated if appropriate. They appear in the ACP Documents section of the ACP navigator.
- Questionnaire responses appear in the **Patient Entered Wishes** section of the ACP navigator.

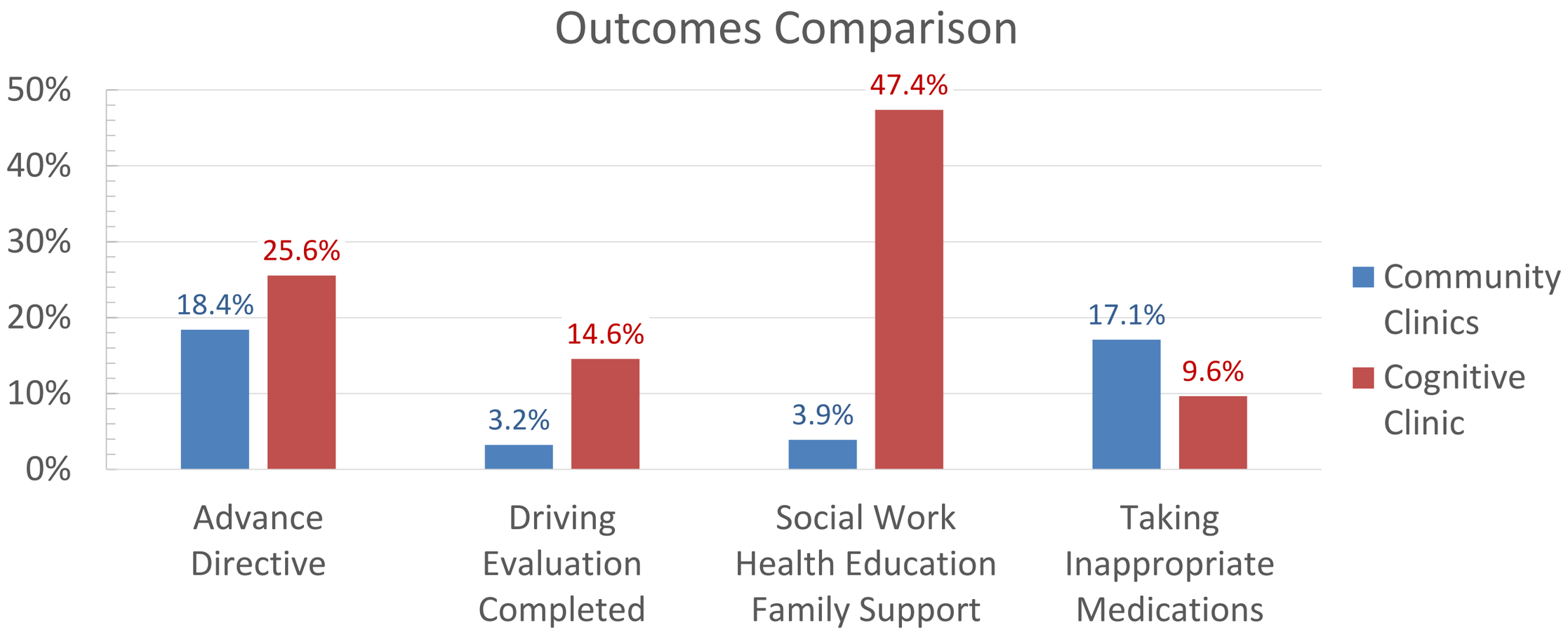




IMPROVEMENT IN AWV LOGISTICS

- Patient questionnaire through patient portal
- MA rather than RN driven with NP, PA or MD review of findings
- Decrease appointment times from 1 hour to 20 minutes
- Provider panel for AWV completion

POTENTIAL TO IMPROVE PATIENT-CENTERED OUTCOMES 2018



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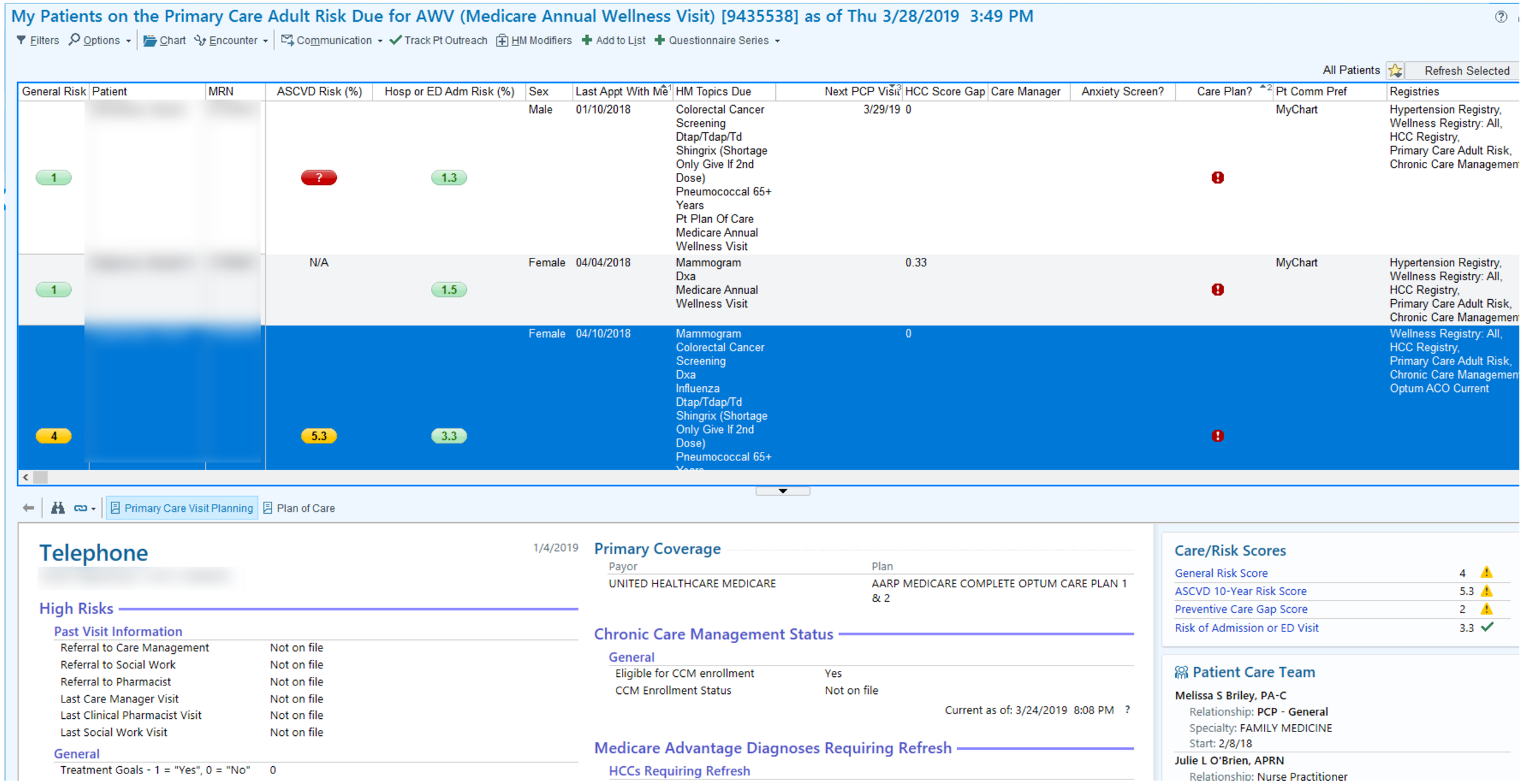
POPULATION HEALTH TOOL



AGE-FRIENDLY HEALTH SYSTEM MENTATION – INPATIENT ASSESSMENT

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HOSPITAL ELDER LIFE PROGRAM (HELP) DELIRIUM PREVENTION

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DELIRIUM

- Also called: Acute confusional state, altered mental status, toxic metabolic encephalopathy
- Pathophysiology is poorly understood
  - neurotransmitter imbalance
  - neuroinflammation
- Associated with poor outcomes
  - longer hospital stay
  - increased average daily cost
  - increased risk of institutionalization
  - falls
  - developing dementia
  - death

25% are HYPERactive, 75% are HYPOactive

OVERVIEW OF THE HOSPITAL ELDER LIFE PROGRAM

- A comprehensive, evidence-based, program for the prevention of delirium for older adults
- Innovative staffing model
  - Volunteer force (40)
  - Elder Life Specialist (ELS)
  - Elder Life Nurse Specialist (ELNS)
  - Geriatricians
  - Geriatric Pharmacist
- Enroll 450 inpatients each year (>70 years old)

HELP ADDRESSES 4MS FOR ENROLLED INPATIENTS

- Enrollment assessment includes:
  - ***Mentation***:
    - Delirium (Confusion Assessment Method)
    - Cognition (Mini-cog)
  - ***Medication*** review for deliriogenic medications
  - **What *matters***: review ACP documents
  - ***Mobility*** promotion

- www.hospitalelderlifeprogram.org

HELP VOLUNTEER INTERVENTIONS

INTERVENTIONS

1. Daily visitor program
2. Targeted activities
3. Early Mobilization
4. Feeding assistance
5. Hearing and vision protocol
6. Non-pharmacological sleep protocol

Impact of HELP

Specific Outcomes at Our Hospital

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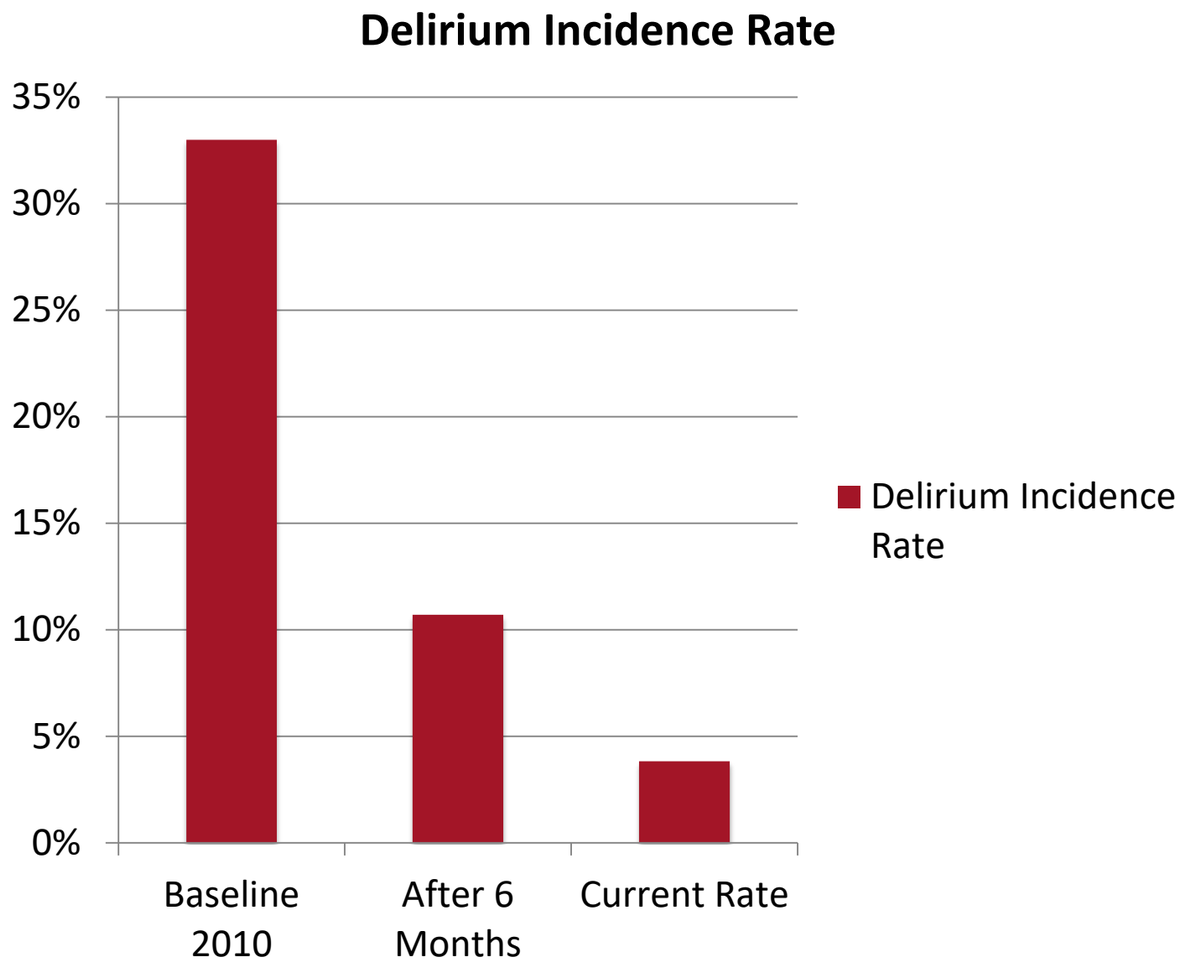
U OF U HELP DELIRIUM DATA

Reduced delirium rate

- Pre-intervention: 33%
- Post-intervention: 10.7%
  - 9 of 84 enrolled patients
- Rate since HELP inception: 4.35%
  - 134 out of 3077 enrolled patients



INDEX ADMISSION LENGTH OF STAY

Mean ± SD	HELP Enrolled (558)	Non-HELP (3,021)	P-Value
Days	4.5 ± 4.2	5.3 ± 3.9	< 0.0001

Discharge Disposition

(%)	HELP Enrolled (558)	Non-HELP (3,021)	P-Value
Home/Self Care	60.9	53.4	0.001
SNF/Rehab	33.7	38.8	0.02

30-DAY READMISSION RATE

	HELP Enrolled (558)	Non-HELP (3,021)	P-Value
30 day Readmission Rate (%)	15.4	20.3	P = 0.02

- Translates to a 25% reduction in 30-day readmission rate

SUMMARY

- Delirium prevention is a critical aspect of age-friendly inpatient care
- HELP decreases delirium and addresses 4M care for its enrolled patients
- Not all patients are routinely screened for delirium
- There is a need to expand the HELP program to enroll more at risk older inpatients