

Background

For health systems that want to improve care for older adults, a variety of approaches are available. Can these different approaches be complementary, or do they create confusion and redundancy? Hurley Medical Center participates in several initiatives, including Age-Friendly Health Systems, and has found them to be synergistic.

Hurley Medical Center is a 443-bed public teaching hospital in Genesee County, Michigan, that is recognized as a regional leader in advanced specialized health care. For a number of years, Hurley has been working steadily to build comprehensive senior services.

In 2010, Hurley opened a revamped emergency department (ED) that was designed with older adults in mind; for example, ED features include low-level lighting and guard rails. Hurley introduced a “no-waiting” policy for older adults: patients age 65 and older go to the front desk and are immediately triaged. As a result of their improvement work in the ED, the American College of Emergency Physicians (ACEP) recognized Hurley Medical Center as a Bronze-Standard, Level 3 Geriatric Emergency Department through the Geriatric Emergency Department Accreditation (GEDA) program. In 2019, they received an award from ACEP, which recognized that they had full meals, geriatric assessments, and mobility aid available at every station.

About four years ago, in their electronic health record (EHR), Hurley began automatically offering different assessments by age: pediatric, adult, and geriatric. For patients age 65 and older, the geriatric assessment automatically appears in the EHR, so it fits seamlessly into the providers’ workflow. This assessment includes the Brief Confusion Assessment Method (bCAM) and questions about social determinants of health.

Hurley Medical Center also began participating in the Nurses Improving Care for Healthsystem Elders (NICHE) program, which imparts principles and tools to achieve patient-centered nursing care for older adults. This participation has involved extra training for providers,



including nursing modules, provided by NICHE, that new nurses will be required to take. In 2014, they received “exemplar” recognition from NICHE for their work.

Four years ago, Hurley established a Hospital Elder Life Program (HELP), a nationally recognized model of hospital care designed to prevent delirium and functional decline. To help prevent hospital-acquired delirium, the program enlists volunteers to engage patients in companionship and activities such as playing card games and completing crossword puzzles. Volunteers also offer assistance in other ways, like helping with meals and helping patients who are having trouble with their hearing aid. “They spend time with the elder, keep them hydrated, and keep them from getting disoriented,” explained Teresa Bourke, BSN, Chief Nursing Officer at Hurley Medical Center.

Approach

Before joining Age-Friendly Health Systems, Hurley Medical Center had already made a great deal of progress in improving care for older adults. In 2019, the team attended a gathering in Michigan and heard other health systems involved in the Age-Friendly Health Systems movement share their stories and progress. Age-Friendly Health Systems is 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 means providing evidence-based care to older adults that reliably implements the “4Ms”: What Matters, Medication, Mentation, and Mobility (see Figure 1).

According to Stacie Abraham, RN, Geriatric Nurse Specialist, she soon found that “the most important of the 4Ms is What Matters – that should drive your 4Ms.”

What Matters

Hurley Medical Center added a What Matters component to their admission assessment in the EHR. It appears on each patient’s storyboard, as a sidebar. The care team incorporates What Matters information into the care plan as much as possible. They also experimented, solicited feedback from patients, and refined the specific questions they asked to ascertain What Matters. (It is not always easy for patients to answer such a broad question as, “What matters to you?”) The team ultimately settled on two questions to assess What Matters to each patient: “What are some things you hope to do in the next six months?” and “What do you worry about?”

For the other three of the 4Ms, Hurley Medical Center has introduced a number of changes.

Medication

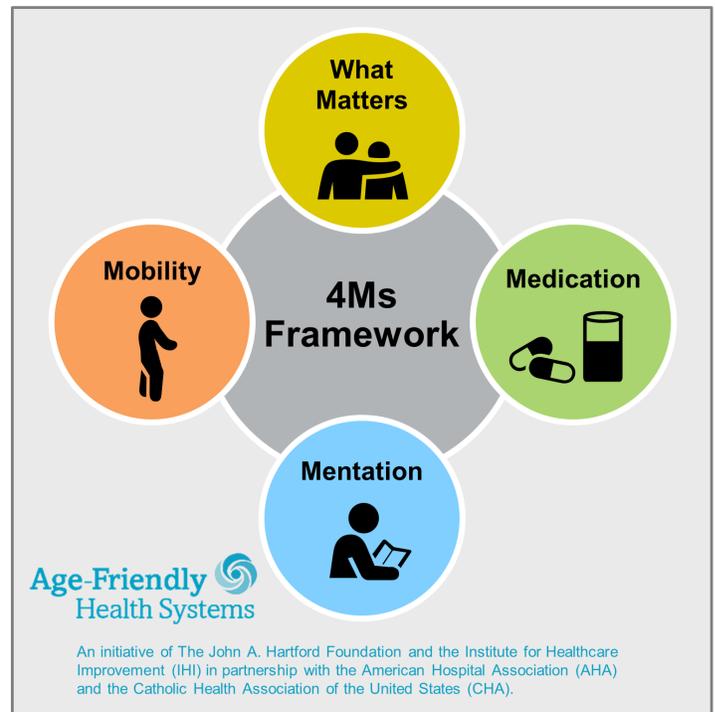
Pharmacists round with medical teams and work on discontinuing problematic medications such as Benadryl and Ambien. In addition, the team tries non-pharmacological alternatives to promote sleep: lavender pillow mist, nighttime tea, eye masks, and ear plugs.

Mentation

Bedside nurses conduct a delirium assessment every 12 hours. According to Abraham, “It can be missed if you don’t really look at the patient. We don’t want them to get to that point.”

Mobility

They rely in part on the Johns Hopkins Activity and Mobility Promotion (AMP) program. Patients at different mobility levels have different goals. For those who are high-functioning, their task might be to walk two or three feet.



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

At Hurley Medical Center, reliable practice of age-friendly care includes the following goals for older adults:

- 100%: Wait time to ED triage is less than 5 minutes
- 90%: What Matters is asked
- 85%: Screened for delirium in the ED
- 80%: Receive geriatric-specific assessment

Lessons Learned

For all of this work focused on improving care of older adults, the Hurley team recommends involving staff with many different kinds of expertise: pharmacists, nurses, nurse educators, physical therapists, nurse managers, the Quality and Patient Safety Director, and the Director of Care Coordination. Volunteers can also play an important role.

Does it matter which initiative a health system begins with to improve care of older adults? According to Catherine Metz, Geriatric Service-Line Administrator, “I think the thing to do is just start focusing on older adults.” That said, although Hurley Medical Center did not start with the

4Ms, they can see the benefits of doing so. “The 4Ms puts a nice framework around it,” said Metz. “It does require us to integrate all of our services.”

Abraham added that while the 4Ms provide a foundation, other programs “have standards and expectations that complement the 4Ms.” For example, the GEDA accreditation provides specific guidelines around nutrition. She noted, “The Age-Friendly Health Systems initiative tied all the work we were doing to improve care of older adults together for us.”

The Institute for Healthcare Improvement is grateful to the Hurley Medical Center team who devoted their time and passion to this work. Specifically, we would like to thank Stacie Abraham, RN, Teresa Bourke, BSN, and Catherine Metz for their leadership in the adoption of the 4Ms at Hurley Medical Center and in the Age-Friendly Health Systems movement.

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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