AGS CoCare®: HELP & Age-Friendly Care

Sutter Health California Pacific Medical Center

CASE STUDY: THE JOURNEY TO AGE-FRIENDLY PRIMARY CARE

The AGS CoCare®: HELP Case Studies present a range of cases drawn by AGS CoCare®: HELP Sites to take learners through their experiences using the AGS CoCare®: HELP program protocols to implement the 4Ms of Age-Friendly Care. Case study authors are from AGS CoCare®: HELP Centers of Excellence or AGS CoCare®: HELP Recognized Sites and are recognized by the Institute for Healthcare Improvement (IHI) as either an Age-Friendly Health System Participant (Level-1) or Age-Friendly Health System – Committed to Care Excellence (Level-2).

The AGS CoCare®: HELP program, formerly known as The Hospital Elder Life Program, originally created by Dr. Sharon Inouye, is a well-studied, effective and innovative model of hospital care designed to prevent both delirium and functional decline. For more information on AGS CoCare®: HELP visit https://help.agscocare.org/.

About Us

Sutter Health, California Pacific Medical Center (CPMC) in San Francisco, California, serves a diverse patient population from all over the Bay Area and Northern California. We originally implemented AGS CoCare®: HELP in 2011 and currently serve patients in an acute care setting on the Trauma Intensive Care Unit (TICU), Acute Care for the Elderly (ACE), Medical-Surgical (MedSurg), and Telemetry units. Our larger flagship campus, CPMC Van Ness, has 274 beds, while our smaller Geriatric and Orthopedic focused campus, CPMC Mission Bernal, has 120 beds.

Our AGS CoCare®: HELP team consists of a Medical Director, 2 Nurse Practitioners and Elder Life Program Specialist (ELPS). This team supports both AGS CoCare®: HELP and our Acute Care of the Elderly (ACE) unit. We have 64 volunteers between two campuses and enroll 15 patients per day per campus. We enroll roughly 800+ patients into our AGS CoCare®: HELP program annually but serve over 1,000 patients overall.

Our AGS CoCare®: HELP leadership is at the heart of Geriatrics process and culture drivers at our organization, and we have used the AGS CoCare®: HELP team to trial new ideas, provide a forum for interdisciplinary collaboration.

How Does Our AGS CoCare®: HELP Program Connect with Age-Friendly Care

Becoming an Age-Friendly Health System (AFHS) involves providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to older adult patients throughout a health system: What Matters, Medication, Mentation, and Mobility. CPMC utilizes the AGS CoCare®: HELP program to meet much of the requirements of the 4Ms care for recognition as an Age-Friendly Health System Committed to Care Excellence organization. Our AGS CoCare®: HELP leadership is at the heart of Geriatrics process and culture drivers at our organization, and we have used the AGS CoCare®: HELP team to trial new ideas, provide a forum for interdisciplinary collaboration, and recommend larger system policy changes. This is especially possible because as an established AGS CoCare®: HELP team, we have built-in processes for geriatric data collection and review, which allows for quickly implementing new AFHS ideas and assessing impact throughout our health system.

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What We Are Doing: Creating A Culture Change Around Our Geriatrics Care

With the increasing aging population, becoming an Age-Friendly Health System (AFHS) is a way to create individualized care for our older adult patients. While our AGS CoCare®: HELP team focuses on change with its concentrated team, having a larger framework allows us to expand on the implementation of AGS CoCare®: HELP practices across units and interdisciplinary teams. It also allowed us to expand our work outside of our specific hospitals to other institutions in our Sutter network.

Using an integrative model, our AGS CoCare®: HELP team spearheaded the implementation of the 4Ms at two of our three hospitals. We continue to collaborate with our physical therapy team, pharmacy, nursing, chaplains, and social work departments to provide the best age-friendly care.

Length of Age-Friendly Journey: 3 years

AGS CoCare®: HELP Protocols Aligned with the 4MS

Daily Visitor
Therapeutic Activities
Sleep Protocol Mobilization
Visual/Hearing Needs and Accommodations
Feeding Protocol
NP Interventions: Medication reviews Mentation

How Implementing AGS CoCare®: HELP Addresses the 4M's of Age-Friendly Care

- We have found that including **What Matters** in the Daily Visitor/Therapeutic Activities portion of our AGS CoCare®: HELP interventions is a natural expansion of our existing protocol. Additionally, we have collaborated with our chaplain team to assist in filling out the All About Me sheets and are launching a new protocol to include our All About Me form in our new patient welcome packets to expand our understanding of What Matters most to patients outside of AGS CoCare®: HELP.

- **Mobility** has been a primary focus of AGS CoCare®: HELP at CPMC and in implementing AFHS, we have strengthened our relationship with our physical therapy team to focus on the 4Ms of care so that not just AGS CoCare®: HELP patients are receiving the 4Ms level of care. With Physical Therapy's expanded use of the John Hopkins Highest Level of Mobility (JHHLM) scoring, we have been able to identify changes in patient's mobilization in a clear ongoing capture. We are implementing "mobility goals," being shared during multi-disciplinary rounds so that patients as well as teammates across the organization feel empowered to encourage mobility.

- **Medication**: We have dedicated pharmacy resources at some sites who review complicated cases and high-risk patients. This collaboration usually takes place during interdisciplinary care team rounds when pharmacy is available to participate. They can also be contacted at other times during the day with specific questions. Our Advanced Practice RNs and Medical Director can also supplement this domain. We are also piloting a Potentially Inappropriate Medication scoring model to identify the patients at highest risk of complications from medications based on BEERS criteria.

- **Mentation**: In the past 3 years, we have changed hospital policy to introduce delirium assessments through the Confusion Assessment Method (CAM), on all inpatient adult units. This has been a significant resource for capturing delirium and meeting AFHS criteria. We also have a Delirium Order Set that physicians can use for high-risk patients. The Delirium Order Set drop downs for investigating deeper into mobility, mentation and medication, as well as Sleep Hygiene protocols.

What We Found: Outcomes

Our AGS CoCare®: HELP team is the pilot space for testing and implementing Age-Friendly measures, not just for our individual hospitals, but for our system. We have a proven record of accomplishment for helping the interdisciplinary team with high-risk Geriatric patients with proven outcomes in fall reduction, length of stay reduction and low readmission rates.

This was easy for us as we started with AGS CoCare®: HELP to intervene on our orthopedic patients back in 2011 and saw immediate impact. Our AGS CoCare®: HELP team is the starting point for our Age- Friendly journey, and not vice-versa.

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The Positive Impact of Implementing the AGS CoCare®: HELP Program - Improved Patient Outcomes by Addressing Each of the 4Ms:

- **What Matters**: Documentation of patient preferences is captured ~95% of the time.
- **Medication**: At least 14% of our 65 and older patients have medications reviewed by the pharmacy team. On our Acute Care of the Elderly Unit with AGS CoCare®: HELP, this number goes up to ~65% of all patients.
- **Mentation**: 2x/day delirium assessments are completed on over 60% of 65+ patients and on our ACE + AGS CoCare®: HELP unit, it is completed 2x/day over 90% of the time.
- **Mobility**: Older adults are mobilized at least once daily, with a goal of 3x/day.
- **Cost-savings for the hospital**: Yearly savings from AGS CoCare®: HELP ~$2M excluding savings from falls which is highly variable.

AGS CoCare®: HELP Data 2024

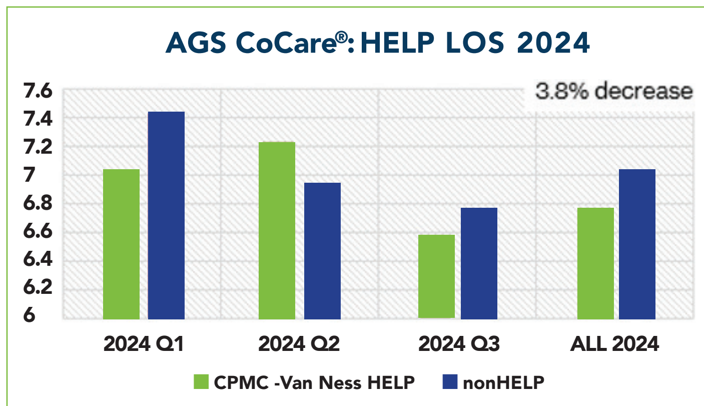

Figure 1: AGS CoCare®: HELP Length of Stay 2024

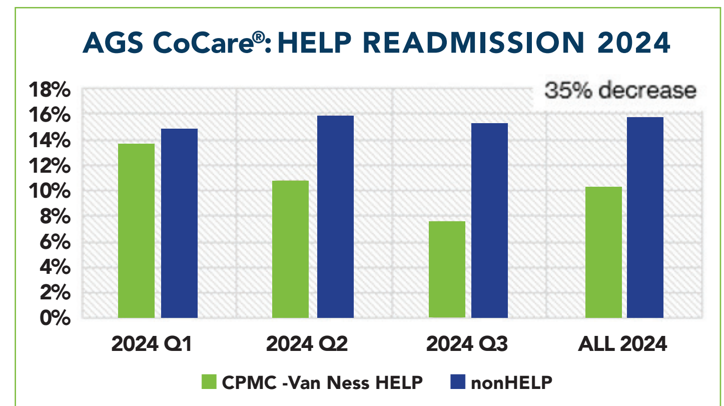

Figure 2: AGS CoCare®: HELP 30-day Readmission 2024

- Our AGS CoCare®: HELP and non-HELP populations are matched for patients who are 70 and older, discharged alive. AGS CoCare®: HELP patients who refuse AGS CoCare®: HELP services, move off our units, are moved to hospice or comfort care, or being unstable during their stay, are excluded.
- The graphs above (Figures 1 & 2) represent AGS CoCare®: HELP Length of Stay and readmission rates for 2024. LOS was 3.8% lower in the AGS CoCare®: HELP 70 and older population and 30-day readmission was 35% lower in the AGS CoCare®: HELP co-hort.
- A link for our published paper which shares more nuanced pre-Covid data can be found here: https://doi.org/10.1016/j.archger.2019.103963

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Age-Friendly Care Through the AGS CoCare®: HELP Program – A Patient Case Study

A 76-year-old African American, cisgender male, Mr. Sharp with of RA, CKD, Afib/flutter, VT arrest with an earlier placement of an ICD, untreated HCV, HFrEF, achalasia, obesity, depression, COPD, cataracts, glaucoma, presented for severe headaches, and chest pain, that woke him up screaming in the middle of the night. He had a prior admission at another facility within the last 30 days, and a third admission prior to that, all for chest pain. Patient's spouse was killed that year, and Mr. Sharp had become more and more bed-bound since.

He met AGS CoCare®: HELP enrollment criteria, as he was at high-risk for delirium with five of the six impairments: vision, sleep, renal, cognitive and functional. He was admitted to our hospital on the day of his brother's funeral, so on top of medical needs, he was in an acute state of grief.

He continued Mirtazapine 15mg, which helped his depression, sleep and appetite. Labs and imaging noted extensive infection but was unremarkable otherwise, including his EKG. His social history noted no substance issues, and prior to these recent hospitalizations, he only used the medical system for cardiac needs, and eye appointments. The patient had a PCP, and was up-to-date on immunizations, and medical workup. He was Full Code.

Surgery consulted for his infection and wounds. Multiple wound debridements were done, and a wound-vac was placed. Patient was on significant pain medications and wanted to "just go home."

Patient had refused skilled nursing facility at prior discharges, and was previously sent home with home health 3x/ week with physical and occupational therapy. He was loved and cared for by his daughter and grandchildren.

This patient had a long history of depression since losing his spouse and had been self-managing. For many months, he had unsuccessfully attempted to access mental health resources on his own.

For over 3 weeks, he worked with AGS CoCare®: HELP, which helped him with all elements of the Age Friendly Health System domains.

Volunteers completed the "All About Me," sheet, with the patient. They learned that spending time with his family **mattered** most to him.

The Elder Life Program Specialist (ELPS) engaged with the patient, assessing for **mentation** throughout the hospitalization. Knowing he had underlying depression, and was going through recent trauma, the ELPS assessed him with a Geriatric Depression Scale. This noted moderate risk with a score of 8. The ELPS provided ongoing assessment and mental health support, and connected him with the appropriate individualized therapy resources upon discharge. Additionally, we continued his Mirtazapine 15mg, and tried Trazadone for over 2 weeks. Trazadone was discontinued when no impact was seen during that time. The volunteers intervened frequently with therapeutic activities, including aromatherapy and the AGS CoCare®: HELP team connected him with spiritual care services.

The pharmacy team and NPs reviewed **medications**, adjusting antibiotic dosage based on his renal function and carefully monitored his depression medications.

He also had limited **mobilization** by physical therapy, occupational therapy, nursing and AGS CoCare®: HELP volunteers. The volunteers also assisted with incentive spirometry as he was often too frail to ambulate.

Because of the patient's enrollment in AGS CoCare®: HELP and the implementation of the 4Ms, this patient's depression was addressed, delirium was prevented, and we were able to provide individualized care to our patient, helping him get home to his family which is what mattered most to him. AGS CoCare®: HELP's ELPS discussed the plan of care with the interdisciplinary team and case management, and was able to connect the patient with a mental health direct referral and appointment, upon discharge.

He did not become delirious during his stay. He did not come back to the hospital after this visit. Patient died at home 6 months later with his family at his bedside.

This is what mattered most to him.

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How We Spread the 4Ms and Became an Age-Friendly Health System

How AGS CoCare®: HELP Achieves the 4Ms

AGS CoCare®: HELP Volunteers fill out, "What matters" to the patient with the help of families and post it in the room. Additionally, our AGS CoCare®: HELP NPs checks if the patient's Physician Orders for Life-Sustaining Treatment (POLST) form is available.

AGS CoCare®: HELP NPs and Geriatric pharmacists do medication reviews, help the teams deprescribe, and encourage multi-modal pain strategy. Our AGS CoCare®: Medical Director and NPs, continue to train residents on high-risk elderly care including delirium prevention and intervention.

AGS CoCare®: HELP NPs and ELPS do dementia, delirium and depression or mentation screens. Our AGS CoCare®: HELP NPs find causes, intervene and educate families and staff.

Volunteers are trained by our Physical Therapy team to mobilize patients. Each patient gets a specific plan for mobility. Our AGS CoCare®: HELP NPs are on our Falls and Mobility is Medicine teams, act as advocates, and help with data and initiatives.

Lessons Learned

We have encountered challenges along the journey to provide age-friendly care. Not every patient can get every intervention, despite our best attempts. There is often fragmentation in care, in this population that has a lot of needs, and a lot of interventions. Having a clear intervention checklist (can add a lot of value in clarifying which patients to prioritize with which intervention.

Our suggestion for other hospitals who want to use AGS CoCare®: HELP to become Age-Friendly, is to use your connections in the hospital to help build interest in Age-Friendly Health System. Emphasizing the use of the existing resources to support the Geriatric AFHS efforts to provide high quality patient care. AGS CoCare®: HELP is often a breeding ground for ideas and pilot projects, where data is already available for the AFHS population. With the right team in place, AGS CoCare®: HELP can and should be at the forefront of the hospital's AFHS work.

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