

# AGS CoCare®: HELP & Age-Friendly Care

Allegheny Health Network, Pittsburgh, Pennsylvania



## 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 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

Allegheny Health Network (AHN) is a non-profit, 14-hospital academic medical system that is based in Pittsburgh and serves western Pennsylvania and parts of western New York. AHN implemented a fully staffed AGS CoCare®: Hospital Elder Life Program (HELP) at West Penn Hospital (a 317-bed urban community hospital) in 2016 and at Allegheny General Hospital (a 576- bed urban quaternary care hospital) in 2018. Each HELP team currently consists of one Elder Life Specialist (ELS, 1.0 FTE), an Elder Life Nurse Specialist (ELNS, 0.5 FTE), a physician champion (0.1 FTE), and approximately 30-40 volunteers annually. Since implementation, the AGS Cocare®: HELP volunteers have served thousands of patients. In 2023, both sites were recognized as AGS CoCare®: HELP Centers of Excellence.

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

Becoming an Age-Friendly Health System 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 Most, Medication, Mentation, and Mobility. AHN meets age-friendly care by utilizing the expertise of our AGS CoCare®: HELP team members to expand AGS CoCare®: HELP interventions throughout the network to prevent and reduce the impact of delirium.

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### What We Are Doing: Our Age-Friendly Journey

Beginning in late 2020, AGS CoCare®: HELP team members were asked to participate in the development and implementation of delirium screening and response algorithms for the entire AHN network. While the AGS CoCare®: HELP teams at West Penn and Allegheny General Hospitals offer Age- Friendly delirium

prevention care directly at the bedside, **the Age-Friendly delirium initiatives needed to be scalable to the other hospitals, independent of AGS CoCare®: HELP implementation.** AGS CoCare®: HELP team members identified opportunities to implement AGS CoCare®: HELP-style workflows and provide education to nurses, providers, and family members in ways consistent with the standards of care as described in foundational AGS CoCare®: HELP protocols.

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The initiative's project manager was able to direct collaboration between the AGS CoCare®: HELP team members and other network delirium champions to facilitate the implementation of a nurse-driven delirium screen, a provider response algorithm and order set for positive screens, and provision of education for care partners of patients with delirium. While **Mentation** serves as a focal point for these efforts, both nurses and providers are guided to review **Medications** and **Mobility** as part of first-line delirium mitigation

strategies. Providers are subsequently encouraged to pursue workup and management of delirium in a manner consistent with **What Matters Most** to each patient and their care partners.

While initial implementation was network-wide, AGS CoCare®: HELP team members continue to guide delirium champions around the network as they work to optimize and tailor educational efforts and non-pharmacologic delirium risk reduction measures at each hospital.

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## Help from AGS CoCare®: HELP – the Details

### *EPIC*

Utilization of a flowsheet for delirium screening provided an opportunity to highlight nonpharmacologic nursing interventions for delirium risk reduction. AGS CoCare®: HELP nurse specialists developed this language, focused on detethering, sleep/wake normalization, nutrition, and **mobility**.

The provider delirium response order set similarly offered chances to highlight Age-Friendly AGS CoCare®: HELP interventions. AGS CoCare®: HELP physician champions provided detailed language for delirium evaluation and management. First-line measures capture non-pharmacologic and **medication** review measures, while **What Matters Most** is captured when considering treatment options.

### *Educational Materials*

The Age-Friendly team identified care partner engagement as a key opportunity for delirium risk reduction and treatment. AGS CoCare®: HELP nurse specialists worked with marketing specialists to create a brochure geared toward care partners that contained language to define delirium, differentiate delirium from dementia, highlight observations that care partners can make to assist the team with early delirium detection, and offer specific

guidance to care partners to offset delirium risk and/or improve recovery from delirium. AGS CoCare®: HELP protocols, including nutritional support, hydration, sleep/wake regulation, and availability of sensory aids, are included in this brochure. This brochure is readily available to all staff and a link is available to it in the order set.

Nursing and provider education was similarly identified as an opportunity to ensure the order set was utilized in an effective and Age-Friendly manner. AGS CoCare®: HELP nurse specialists reviewed the delirium education modules developed by the network behavioral health nurse education specialist and offered their time and expertise in 1:1 sessions with nurses on the hospital floors, in unit and service-line specific education, and in network-wide nursing education forums. AGS CoCare®: HELP geriatricians created a treatment algorithm linked to the order set that included considerations for how the 4Ms can frame delirium evaluation and management. The order set and algorithm were then promoted in a variety of educational settings – on teaching services, in grand rounds presentations, in noon conferences, and by request for specific provider groups – by AGS CoCare®: HELP geriatricians. The 4Ms served to focus each of these sessions to ensure that the needs of older adults were being met in a comprehensive manner.

## Age-Friendly Delirium Screening and Treatment in Process – A Patient Case Study

**E**dith is a 95-year-old woman who lives with her daughter in western Pennsylvania. Her daughter took early retirement a few years ago to help care for Edith due to Edith's progressive dementia. Together they enjoy car rides, meals out, and getting their hair done. One day, as Edith was checking her hair before going out, she lost her balance and fell, striking the stair banister. She had progressively worsening back pain for which she presented to the emergency department, where a thoracic fracture was identified. She was recommended to wear an off-the-shelf brace and admitted for therapy evaluation, further imaging, and pain management. Geriatrics was consulted for delirium on dementia and comprehensive geriatric assessment. AGS CoCare®: HELP does not yet serve the hospital to which she was admitted, but the hospital utilizes Age-Friendly delirium initiatives that the AGS CoCare®: HELP team helped develop and put in place.

On the initial assessment the morning after admission, Edith screened positive for delirium. Her nurse reviewed her **medications** and vital signs and found her to be mildly hypotensive. The nurse raised concerns regarding delirium and hypotension to the trauma team on morning rounds, who in turn reviewed her medications, labs, EKG, and imaging, prior to providing a recommendation for a trial of physical therapy as first-line management for hypoactive delirium. Both Edith's **mentation** and blood pressure improved significantly throughout the therapy session. The geriatrics providers talked with Edith's daughter and identified that **What Matters Most** is maintaining her functional **mobility**. Their team provided the delirium education brochure to help Edith's daughter identify ways to support her mother throughout the hospitalization.

Over the next day, with the confidence of the therapy evaluation and presence of her daughter at bedside, Edith's nursing team got her out of bed to a recliner several times. Her appetite

improved as she returned to her usual routine of watching the news with her meals. Based on Edith's mobility goals, the nurses ensured that she walked to the toilet during the day, rather than utilizing an external catheter. Her pain was adequately controlled with her brace, scheduled acetaminophen and topical lidocaine, thereby reducing the risk of recurrent hypotension or delirium related to use of opioid analgesics or antispasmodics.

Edith's mentation improved back to her baseline within 36 hours of admission. She was re-evaluated by the therapy team on hospital day three and was able to ambulate household distances with a walker. Edith required only acetaminophen and a lidocaine patch as new medications on discharge and was able to return home with home physical and occupational therapies. Throughout Edith's stay, her daughter expressed gratitude for the coordination of care and focus on maintaining her mother's mobility and cognitive function.

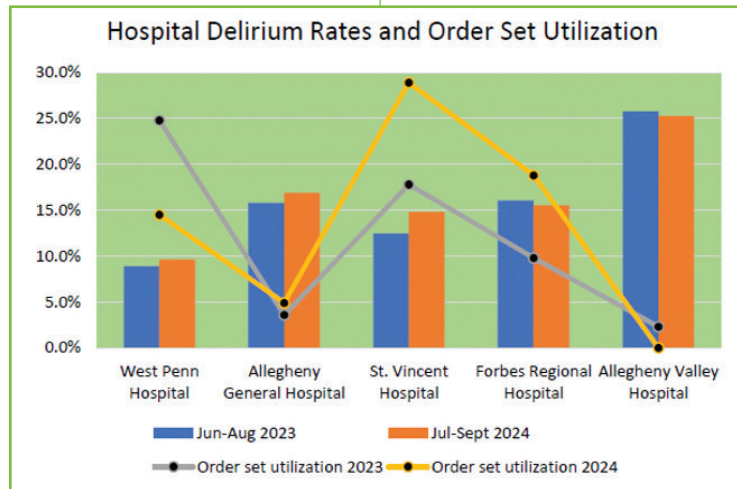
## Outcomes

Data reflecting initial implementation and annually thereafter were collected from Epic reports. Nurses screened approximately 16,000 patients in the first three months after the rollout of the new delirium screening tool, which increased to over 20,000 patients the second year after implementation. Provider utilization of the order set lagged, but increased awareness grew, with network-wide utilization reaching 13.6% of positive screens in 2024.

Network-wide positive delirium screens increased from 12.5% to 15.6% two years later. Individual hospital rates showed variability, though generally trended up. West Penn

Hospital, which has the longest-running AGS CoCare<sup>®</sup>: HELP program, had the lowest delirium rates. Allegheny General Hospital, which has the highest patient acuity and robust support from AGS CoCare<sup>®</sup>: HELP, had rates comparable to those at lower acuity hospitals. Notably, the most stable delirium rates were achieved at the hospital

with highest utilization of the provider order set, which has been supported by both a local physician champion and educational outreach by an AGS CoCare<sup>®</sup>: HELP geriatrician. The highest delirium rates were seen at the hospital with the lowest utilization of the provider order set.



## Discussion and Reflections

AGS CoCare<sup>®</sup>: HELP team members have unique and valuable knowledge and experience related to delirium prevention and Age-Friendly care. While the AGS CoCare<sup>®</sup>: HELP programs at our hospitals have demonstrated delirium prevention, the scope of these efforts is limited to the hospitals with AGS CoCare<sup>®</sup>: HELP teams. **Utilizing the expertise of our AGS CoCare<sup>®</sup>: HELP team to lead the development of network-wide delirium screening, prevention, and management efforts allowed for extension of AGS CoCare<sup>®</sup>: HELP and Age-Friendly principles and practices in a structured way throughout an entire health network.**

Our early implementation data shows that nursing team members are screening older adults for delirium at high rates. Utilization of the provider order set has steadily increased with efforts, led largely by HELP geriatricians, to promote the availability and utility of the order set. Tracking the screening and order set usage allowed us to achieve Age-Friendly recognition for several network hospitals.

Implementation of delirium screening and management protocols has helped to increase the visibility of our AGS CoCare<sup>®</sup>: HELP team throughout the network and create

demand for the program, especially at hospitals that do not already have AGS CoCare<sup>®</sup>: HELP implemented. Since the launch of our current protocols, every current AGS CoCare<sup>®</sup>: HELP team member has been invited to present on delirium and has been invited to join hospital- and/or network-wide quality improvement teams to improve Age-Friendly care. Additionally, our AGS CoCare<sup>®</sup>: HELP team members are collaborating with delirium champions at several network hospitals to improve delirium screening accuracy, communication among care team members, and adherence to delirium prevention interventions as per AGS CoCare<sup>®</sup>: HELP guidelines.

As a team, we are all inspired by this work. As part of the AGS CoCare<sup>®</sup>: HELP community, we continue to learn from colleagues around the country, who are identifying creative, novel, Age-Friendly approaches to delirium risk reduction. The reach of our current delirium screening and treatment work allows us to then take what we learn as an AGS CoCare<sup>®</sup>: HELP team, disseminate that knowledge to network hospitals, and through collaboration with other delirium champions, tailor interventions to support each hospital's needs.

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