

Shining the Light on Senior Services: Driving Excellence through Leading Practices



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Making Senior Care A System Priority

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Objectives

- To understand the importance of senior services to a health care system continuum of care
- To understand how a “small step advocacy model” contributed to system ownership of positive change
- To describe the current system support and resources that are focusing on seniors

Main Line Health (MLH)

- 5 hospital system located in suburban Philadelphia
- MLH hospitals were designated as a Magnet hospital system at the 2015 Magnet conference
- 4 acute hospitals and 1 rehab serving their communities and beyond
- Significant number of geriatric ED visits and admissions at the four acute hospitals

Riddle Hospital

- Joined Main Line Health in March 2007
- Quality, patient satisfaction and staff satisfaction scores were below the other MLH hospitals
- MLH physicians were mixed in their support of joining MLH and did not automatically agree to become part of the MLH medical staff
- Transition of various departments scheduled over a 5 year period with nursing well ahead

Riddle's story

- Large geriatric population at Riddle with high percentage of admissions through ED
- Lack of specialized knowledge and practices of geriatric care despite having a SNF for 20 years
- High re-admission rate for geriatric patients
- Lack of geriatric specific guidelines, protocols and practices to guide care model
- Nursing leadership recognized need to “do more”

Benchmarking

- Started by benchmarking with local experts – University of Pennsylvania – School of Nursing Endowed Chair in Geriatrics
- Encouraged membership in NICHE (Nurses Improving Care for Health system Elders)

Geriatric Excellence Initiative

2010-2011

- This will be manifested in an:
- Exemplary practice of evidence-based clinical care that is delivered by a skilled and engaged Nursing and interdisciplinary workforce.
- Effective and supportive clinical and non-clinical multi-disciplinary work environment, which facilitates the geriatric mission.
- Earned reputation for being the elder-friendly hospital of choice in the region
- Opportunities
 - Develop a brand of being an aging sensitive hospital
 - Develop standardized processes, knowledge and protocols for delivering superior care
 - Leverage strong and positive patient outcomes and satisfaction scores to benefit from financial incentives

Action Plan 2010-2011

ACTION ITEM		
Join NICHE, complete gap analysis and action plan	Completed	2009
Hold focus groups to assess community, physician staff, academic, and patient expectations for geriatric care	Completed	2010
Implement Work Groups to address action plan. Implement Six Sigma Training for Work Group leadership.	Completed	2010
Tour Geriatric Emergency Departments in the regions	Completed; another one for 2011 delayed	2009 and 2010
Implement educational plan for all staff.	Completed Phase 1	2010 2011
Develop strong partnership process with physicians in a clinical advisory capacity to build a geriatric excellent product	In Progress	
Internal hospital: Assess and address physical structure to meet needs of older adults. TCC Renovation Proposal –Submitted 2010, 2011 External hospital: Work with MLHS Marketing to brand hospital and develop financial resources to support brand.	Still in Progress Needs funding On Hold	

Executive Steering Committee

Ann Marie T. Brooks
Shawna Kates
Jim Paradis
Janet Webb
Dr. Joseph Hope
Dr. Helen Kuroki
Sarah Peterson
Executive Sponsor: Gary Perecko

**Community Advisory
Group**

Geriatric Excellence Council
Shawna Kates/Ann Marie Brooks
Membership Consists of
Co-Chairs, Facilitators and Executive Sponsors
of 3 Workgroups

**Physician
Advisory Group**

**Medication
Management**

**Safety and
Comfort**

**Aging Sensitive
Care**

Co- Chairs:
V. Cosgrove/L. Vu
M. Boornazian, DO
Facilitator: K. Henry
Executive Sponsor:
J. Paradis

Co-Chairs:
J. Bright
B. Howell
Facilitator: M. Lyman
Executive Sponsor:
A.M. Brooks

Co-Chairs:
K. Lumley
M. Collins
Facilitator: S. Kates
Executive Sponsor:
J. Webb

2012 Workgroup Initiatives

1. Medication Management

- Pre and post data looking at falls related to medications.
- Accuracy of home medication lists.

2. Safety, Comfort and Quality

- Direct Care Provider Back Safety
- Lifting and Moving Equipment

3. Aging Sensitive Care

- Prayer Book compiled for Meditation Room
- Spiritual Care Rounding on new admissions
- Aging Awareness Education Fair Sponsorship

How we going to get there?

- Create a Geriatric Service Line
- Redesign workgroups
- Hire a highly qualified and competent Geriatric Nurse Practitioner to partner with Geriatric physician champion
- Embed error prevention tools into new models of care
- Engage in local and statewide initiatives to address problems facing older adults (HAP, Health Care Improvement Foundation, etc.)
- Leverage membership in NICHE to improve care across Main Line Health System

One Step at a Time

- Presented Riddle Proposal for Geriatric Service Line to Riddle Senior Leadership at retreat
- Secured “conceptual support” and partial funding for Geriatric Physician Champion
- Collaborated with Nursing Leadership and determined that creation of a Palliative Nurse Practitioner would benefit geriatric patients and would lead to establishment of a Palliative Care Program at Riddle

Moving ahead - one step at a time

- Building leadership capacity in geriatric care
- Sent two leaders for a special Sigma Theta Tau International(STTI) Geriatric Leadership Program in 2009-2011 and another two leaders in 2012-2013. This 18 month program focused on leadership development and project management with poster presentations at STTI Biennial meetings
- Promoted geriatric certification and ELNAC certification
- Geriatric program offerings – “Matter of Balance”, Stroke education etc

Main Line Health

- 2013-2014 - New 'urgency'
- MLH Senior Leadership Team names as sponsors of MLH Senior Initiative
- First meeting held in February 2014 with interprofessional Steering Committee made up of physicians, nurses and leaders from across the care continuum
- Support staff provided by MLH Marketing

Guiding Principles: Organizational

1. MLH will be committed to providing the operational resources needed to execute the strategic vision for Senior Services; funding, budgeting, management and financial accountability for the development and operation of the program will be the responsibility of the System.
2. Program development and implemented services will have both hospital-based and MLH System oversight.
3. Specific physician-based services such as geriatric assessments will be provided by Geriatricians who are both Board-certified and Fellowship trained in Geriatrics.
4. Senior Care programs at MLH will be branded and positioned in the marketplace as MLH programs, not as individual hospital programs; programs in partnership with other organizations will be co-branded as appropriate.
5. Where opportunities arise, MLH will pursue partnerships with academic medical centers to conduct research studies and/or obtain research funding.
6. MLH will seek to grow the future pipeline of geriatric-trained clinicians (i.e., Geriatricians, nurses, mid-level providers).

Range of Senior Care Programs at Other Health Systems

Limited Services

- Geriatric-focused education.
- Standardized geriatric protocols that can help with patient triage, nurse care planning, and discharge planning.
- Geriatric consultations on inpatient units.
 - A key goal of comprehensive care programs is to reduce the use of inpatient services by assisting seniors with managing their health across the care continuum through prevention, education, care management, and social support.¹
 - Leading Health Systems in Geriatrics utilize physician extenders throughout their comprehensive care programs.

Comprehensive Care Programs

IP geriatric units such as Acute Care for the Elderly (ACE) Units.

IP Palliative Care Unit.

IP Behavioral Health Unit.

IP Hospice Unit.

Outpatient Senior Centers with care teams that include Geriatric and Palliative Care physicians, advanced practitioners, nurses, and social workers.

Geriatric Emergency Department.

Visiting Doctors Program where clinicians provide home-based primary and end-of-life care to the frail and elderly homebound patients.

Work Group Structure/Leaders

Role of the Work Groups

- Participate in data collection and research, provide analytical input on data elements, identify impact of current and proposed new programs, assist in development of implementation strategy and feasibility of proposed program(s).
- Bring recommendations to the Senior Services Steering Committee.
- Four work groups will be created, each focusing on one of the following sites of care/program types:

Wellness Programs (**Gail Wright & Grace Wummer**)

- Mobile Health Services.
- Health Screenings and Blood Pressure Monitoring.
- Health Education Workshops.
- Physical Activity Classes.

•Barbara Madden to participate.

Ambulatory/Community Services (**Tom Lawrence, M.D. & Barbara Madden, Au.D.**)

- Clinical Programs.
- Geriatric Assessment.
- Support Programs.

•Barbara Wadsworth to be invited to participate in this group.

Inpatient Care (**Ann Marie Brooks & Michele Boornazian, D.O.**)

- Transitions in Care.
- NICHE.
- ACE.
- ED Intake.

•Tom Lawrence, M.D. will play supporting role in this group.

Post-Acute/ Home Care (**Rich Jacovini and Rose Plumari**)*

- Home Health.
- Hospice.
- Rehabilitation.
- Long-Term Care Hospitals (LTCHs)
- Skilled Nursing Facilities (SNFs).

* Existing Patient Care Coordination Initiative Committee;
Executive sponsor = Donna Phillips.

•Dr. Saidi to be invited to participate in this group.

Work group meetings will be coordinated with Steering Committee meetings to keep SC members informed regarding the planning progress and to elicit their feedback during program development plans.

Senior Care - Process and Outcomes

- Workgroups met together on a regular basis with Steering Committee meeting monthly
- In October 2014, each workgroup presented their work and recommendations to sponsors, MLH CMO, CNO and Senior Vice President for Quality and Safety
- Several recommendations from four workgroups identified as initial steps for immediate action.

MLH's selected next steps

- Appointment of a system geriatric physician champion and nurse practitioner partner
- Develop a system infrastructure to support standardization of geriatric care through assessment, protocols and monitoring outcomes
- Apply for NICHE designation for all MLH hospitals to foster leading practices in nursing care and seamless care coordination

Riddle's story

- Geriatric service line established
- Geriatric physician champion in place but requires clarity with MLH system geriatrician
- Geriatric certified nurses will be the foundation of “new care model”
- Transitional care unit is a full partner in changing the culture across the care continuum
- “Senior care/geriatric care” is a priority and deserves continuous improvement

Lessons Learned

- MLH's lack of recognition of Riddle's urgency for development of a geriatric care model
- Return on investment (ROI) for Riddle's program did not engage MLH key stakeholders
- Nursing's advocacy was productive in raising awareness and engage staff in improvement
- External leadership programs and benchmarking critical to success in building a culture of accountability, quality and safety

Questions

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THANKS