

Overview

An interdisciplinary team at Sharp Grossmont Hospital has worked to integrate age-friendly care in its busy emergency department. These efforts have improved care and health outcomes for older adult patients, decreased readmissions and improved job satisfaction and retention of nurses, among other positive results. The team is now collaborating and sharing successful care practices across the health system.

Sharp Grossmont Hospital began its age-friendly journey in 2019 through the Geriatric Emergency Department Accreditation program. The initial focus included advanced geriatric evaluations of medications, mobility and mentation. During the COVID-19 pandemic, the interdisciplinary team recognized a need to address quality of life, goals of care and caregiver strain. The hospital earned the Age-Friendly Health Systems “Participant” designation in 2022 by participating in an AHA Action Community, and it received “Committed to Care Excellence” designation in July 2023.

Sharp Grossmont Hospital, part of Sharp HealthCare, is a 542-bed facility located in La Mesa, Calif., east of downtown San Diego, with more than 4,200 employees. The hospital’s emergency department has approximately 9,100 monthly visits, of which 24% are adults age 65 or older. With a variety of certifications and accreditations, Sharp Grossmont Hospital aims to be the best place for older adults to receive care that maintains their quality of life and respects their goals and wishes.

Approach

Before officially beginning its age-friendly journey, Sharp Grossmont Hospital was a GEDA Gold Level 1 facility with a dedicated full-time registered nurse — geriatric emergency medicine nurse, or GEM RN — to complete comprehensive geriatric evaluations and perform



post-visit follow-up calls with patients. The evaluations include delirium, dementia, depression, abuse, pain, palliative care, medication and mobility assessments. Collaboration among the interdisciplinary team allows quick response for evaluation during an ED visit.

In the fall of 2019, the team began to collect preliminary data from the ED, including numbers of older adults and their length of stay, admission rates, revisit rates, readmission rates, restraint usage and Foley catheter usage. This data was used to determine what age-friendly supplies to make available, along with changes to the environment of care — such as dimmer switches, paint color, glass doors, nonskid and fall prevention materials — and durable medical equipment needs. In 2020, the full-time equivalent structure was reevaluated to create the workflow and GEM nurse role by engaging the electronic medical record team to create dashboards based on the data.

The front-line staff collaborated with the Patient and Family Advisory Council at the start of the project in 2020 — during the GEDA work — to get feedback from the community. Partnering with the Sharp Grossmont Senior Resource Center allows the team to reach the

community through various partnerships with meal vendors — such as Meals on Wheels — transportation companies, caregiver resources and housekeeping assistance. Partnerships with skilled nursing facilities, socialization organizations and psychiatric support programs also have helped move the hospital’s age-friendly work forward.

The 4Ms were adopted at Sharp Grossmont Hospital in the following ways:

What Matters. Whenever patients receive a comprehensive geriatric exam in at the ED, “what matters” is addressed several times. The initial visit includes physical exams to build trust as the nurse is typically with the patient for approximately 20 minutes to complete cognitive screening and mobility and medication testing. The “what matters” assessment was added to the patient’s EMR to specifically ask “what matters most in life?” and “what matters most this visit?” The answers are then pulled into a database that identifies trends to help the team develop actionable tasks to improve care and align with quality of life (*see figure 1*).

The Sharp team also communicates the importance of supporting what matters at transitions of care during follow-up calls to patients, so they are empowered to be successful even after leaving the hospital.

Medications. To ensure safe medication practices, the Sharp Grossmont team has a dedicated ED pharmacist and Safe Medication Practice council and uses VigiLanz software and a geriatric high-risk medication list. Additionally, the pharmacy employs medication reconciliation technicians who engage the front-line staff about the importance of understanding home medication use. The team also uses multimodal pain and delirium care sets as well as regional nerve blocks for treating hip fractures, to reduce the need for narcotics.

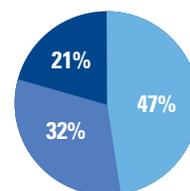
Mentation. The GEDA age-friendly care team educates the ED staff on delirium, depression and dementia in older adults, and the ED provider champion educates other providers. The GEM RN performs the Mini Mental State Examination for cognitive decline and the Confusion Assessment Method for delirium in addition to partnering with family and caregivers to assess for occult concerns. These findings are shared with the interdisciplinary

FIGURE 1

What Matters: Life and Hospital Visit

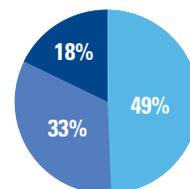
Life

- Independence/Home
- Family, Friends, Animals
- Symptom Control



This Visit

- Quality of Visit/Length of Stay
- Home (avoiding nursing facility)
- Reassurance/Anxious



Source: Sharp Grossmont Hospital

team, including pharmacy, psychiatry and case management professionals, to rule out organic causes and determine the safest care plan for the patient. The team modifies the environment of care and purchases supplies to help prevent patients from developing delirium during their hospitalization.

Mobility. The front-line staff and GEM RNs use the Mobility Assessment Tool, which includes providing patients with durable medical equipment access 24/7 without a physician order. Additionally, physical and occupational therapists are available to perform evaluations in the ED. Front-line staff and nursing assistants receive training on the importance of early and frequent mobility as well.

Impact

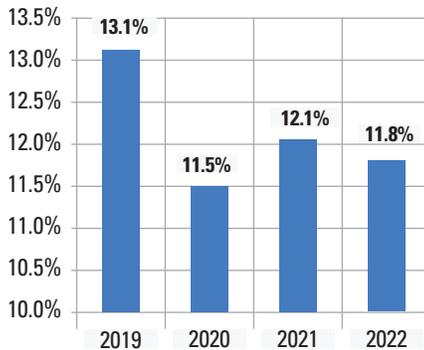
Decreasing readmissions. Since the age-friendly care team has integrated the 4Ms into their methods of care, 30-day readmissions for patients age 65 or older at Sharp Grossmont have decreased (*see figures 2 and 3*).

Retaining nurses. The GEM RNs report high satisfaction in their role, saying they appreciate seeing the real difference they are making in patients’ lives. Many love performing the post-visit calls because the patients are so thankful to receive them. GEM RNs have shared that if they did not have this role they would move to other areas of nursing.

FIGURE 2

30-day Readmission Rate for Patients 65+

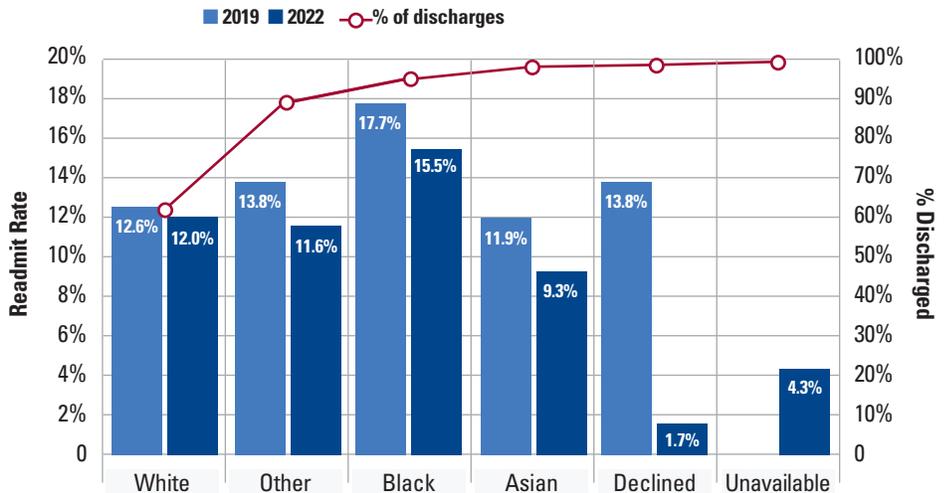
From 2019 to 2022, SGH decreased 30-day readmit rate by 1.3%, generating a capacity gain of 112+ hours per day.



Source: Vizient

FIGURE 3

30-day Readmission Trend by Race for Patients 65+



Recognizing delirium. Having a GEM RN has helped nursing staff catch previously unrecognized delirium in patients. This role ensures there is time to review charts, spend more time with patients, make phone calls and brainstorm ideas and solutions with the care team.

Sharing best practices. The multidisciplinary team at Sharp Grossmont Hospital has created a Geriatric Collaborative with Sharp Memorial, Sharp Chula Vista and Sharp Coronado to share best practices. They have toured each other’s facilities and are looking to standardize guidelines of care and policies across the health system.

Lessons Learned

As at many hospitals and health systems, the age-friendly team at Sharp Grossmont Hospital is not exempt from time and financial constraints. Upgrading the environment of care and including a full-time geriatric assessment nurse were significant challenges. However, engaging administration and leadership has helped the hospital move this work forward. The Sharp Grossmont age-friendly team recruited from the ED nursing staff to ensure having team members with passion for improving care for older adults. As a result, these nurses have become leaders and mentors in their field.

Becoming an Age-Friendly Health System has proved the value of building an engaged interdisciplinary team.

Additional dedicated full-time employees would help support this effort as a large number of patients score positive on the Identification of Seniors at Risk screening tool, and one FTE can complete 10 evaluations per shift. Increasing the number of social work assistants and pharmacy technicians would help to better assist patients with provider appointments, ensuring that they understand and are capable and willing to follow post-visit instructions. A dedicated, brief evaluation of nutritional intake via a validated tool would help identify and communicate gaps to team members when patients arrive, ultimately improving patients’ health outcomes.

Recommendations

- Request support from leadership. Doing so will help alleviate barriers and ensure the work continues to progress.
- Designate a dedicated full-time employee for the GEM RN role. This RN is consulted directly by providers, other nurses and interdisciplinary team members for evaluation and has been an invaluable part of the program. It also has been a fulfilling and rewarding role for the people in this position.
- Engage the clinical informatics, EMR and quality departments at the outset to help build the appropriate dashboard for preliminary data. This allows them to

provide input on how to build the EMR, ensuring the data that the team wants and needs is collected. Doing this also helps identify the specific issues — e.g., trauma/falls, sepsis, dementia — the organization is addressing.

- Use careful scripting when introducing the GEM RN's role at the start of the patient evaluation. It requires quite a lot of trust-building with patients to help them feel comfortable communicating delicate issues to nurses and feel safe about being honest. Some patients are suspicious or fearful of the evaluation, thinking that care providers will take away their independence. It's important to assure patients that the care team wants to provide needed help, care and resources.
- Implement a strategy to communicate with the primary care team, either via the GEM RN or a dedicated

post-visit call nurse. Most patients need a provider that can help connect the dots between ED, acute care and primary care to ensure they remain healthy.

Contacts

Julie Dye

Clinical Nurse Specialist, Geriatrics
Sharp Grossmont Hospital

 julie.dye@sharp.com

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