Quality Care for the Hospitalized Older Adult

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Objectives

• To define why the hospital is a dangerous place for older adults
• To recognize frailty
• To list at least 2 serious reportable events (“never events”)
• To identify ways to be part of improving the quality of care for the hospitalized older adult

The Aging of America

Hospital Demographics

Distribution of civilian population, hospital discharges, and days of care, by age: United States, 2007
Older Adults and Surgery

- Higher rates of surgical procedures
  - 1/3 of operations in US
- Higher post-operative complications
  - up to 50% develop delirium
- Sequelae of post-operative complications
  - slow recovery
  - longer hospitalizations
  - loss of independence


Major postoperative complications and in-hospital mortality in patients undergoing noncardiac surgery


Hospital Related Stressors

- Early AM blood draws and vital signs
- Daily blood draws
- NPO
- Fluid restriction
- Bed rest
- Insomnia
- Physical restraints, including “tethers” (catheters, IVs)
- Chemical restraints
- Noise

- Polypharmacy
- Hospital gowns
- Hospital room
- Sensory deprivation (no glasses, HA)
- Nurses/CNAs treating pts as dependent
- MDs not trained to balance risks/benefits of test/treatments in older adults

Fernandez, H. and Callahan, K

Frailty

- Frailty - a clinical state in which there is an increase in an individual’s vulnerability for developing increased dependency and/or mortality when exposed to a stressor
  - Comorbidity is a risk factor for frailty
  - Disability is an outcome of frailty
Hopkins Frailty Index

<table>
<thead>
<tr>
<th>Weight Loss</th>
<th>Weakness</th>
<th>Sine Walking Speed</th>
<th>Exhaustion</th>
<th>Low Physical Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;10 lb in 1 yr</td>
<td>hand exercises</td>
<td>(gear speed at 10 ft in bottom 20%)</td>
<td>low energy</td>
<td>(Minnesota Leisure Time Questionnaire)</td>
</tr>
</tbody>
</table>

- Non-Frail: 0 or 1
- Pre-Frail: 2 or 3
- Frail: 4 or more

<table>
<thead>
<tr>
<th>Outcome</th>
<th>OR if Frail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major post-op comp</td>
<td>2.54</td>
</tr>
<tr>
<td>LOS</td>
<td>1.69</td>
</tr>
<tr>
<td>D/C to SNF or ALF</td>
<td>20.48</td>
</tr>
</tbody>
</table>

- Pros: Accounts for variables that are important and common in older adults; out-performs traditional tools
- Cons: Takes time and planning to administer various tests


Geriatric Cascade

- Difficulty urinating or getting to the bathroom
  - Insert Foley >>> catheter associated urine infection, immobility >>> URINARY INCONTINENCE
- Difficulty ambulating, deemed a fall risk
  - Stay in bed >>> pressure ulcers, loss of physical function >>> HIP FRACTURE
- Confusion from dementia or delirium
  - Add sedatives, restraints >>> longer length of stay, infections, immobility >>> NURSING HOME PLACEMENT!!!

NURSING HOME

- Make it feel like home !!!

Acute Care of the Elderly (ACE) units

- Prepared Environment
  - Carpet, handrails, no clutter, large clocks, elevated toilet seats
- Patient-centered care
  - Daily assessment of physical, cognitive, and psychosocial function
  - Protocols focused on geriatric syndromes
  - Daily multidisciplinary team rounds
- Planning for discharge
- Medical care review


Care for the Hospitalized Older Adult

1. Involve the patient and family in decision-making. Care should align with the patient’s goals.
2. Get them moving!
3. The fewer drugs, the better. Review meds daily.
4. Remove tethers and avoid restraints.
6. Pay attention to amount of food consumed.
7. Start discharge planning with admission.
It Takes a Team

- Goals and Shared-decision Making
- Function
- Polypharmacy
- Delirium vs Dementia
- Nutrition
- Transitions of Care

The Acute Care Interdisciplinary Team

- Nurse, nurse specialist, nurse practitioner
  - Assess functional status (basic and instrumental activities of daily living, risk of falling, cognition, mood, special senses, nutrition, skin condition)
  - Implement guidelines to prevent functional decline
  - Conduct daily interdisciplinary rounds
  - Teach patient self-care

The Acute Care Interdisciplinary Team

- Nurse case manager
- Social worker
- Physical Therapist
- Occupational therapist
- Dietician
- Speech Pathologist

Hospital Rehabilitation Goals

- Assess baseline function
- Avoid deconditioning
- Regain flexibility, strength, endurance
- Teach new methods to cope with new deficits to decrease dependency
- Early ambulation >>> earlier recovery >>> decreased length of stay
- Avoid pressure sores, contractures, fractures

What to tell PT/OT on consult

- “Evaluate and treat as indicated”
  - Outpatient PT/OT - may need to specify/approve number of sessions for payment
- If you have particular concerns, describe them
  - Specific tasks that are problematic
  - Needs for caregiver instruction
- Help us prioritize
  - Discharge date if it known

Serious Reportable Events (SRE) "Never Events"

- Introduced 2001 by Ken Kizer
  - former CEO of the National Quality Forum (NQF)
- 7 categorical events (29 events total):
  - surgical, product or device, patient protection, care management, environmental, radiologic, and criminal
Self-reported Sentinel Events: 2005-2016

- 67% occur in the hospital
- 54% result in patient death
- Top 3 types:
  - 1. Wrong–patient, wrong-site, wrong-procedure
  - 2. Unintended Retention of a Foreign Body
  - 3. Delay In Treatment

Care Management Never Events:

- Death or serious injury associated with:
  - Medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)
  - Unsafe administration of blood products
  - Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility
  - Fall while being cared for in a healthcare setting
  - The irretrievable loss of an irreplaceable biological specimen
  - Failure to follow up or communicate laboratory, pathology, or radiology test results

Environmental Never Events:

- Death or serious injury associated with:
  - An electric shock in the course of a patient care process in a healthcare setting
  - A burn incurred from any source in the course of a patient care process in a healthcare setting
  - The use of restraints or bed rails while being cared for in a healthcare setting
  - Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or is contaminated by toxic substances

Product or Device Never Events:

- Death or serious injury associated with:
  - The use of contaminated drugs, devices, or biologics provided by the healthcare facility
  - Ex: catheter associated infections

Never Events are:

- Clearly identifiable, measurable, reportable
- Usually preventable
- Serious – resulting in death or loss of a body part, disability, or more than transient loss of a body function; AND
  - adverse and/or
  - indicative of a problem in a healthcare facility’s safety systems and/or,
  - important for public credibility or public accountability.

When A Serious Event Occurs

- Attend to patient’s needs.
- Call the Risk Management Team
- See policy “Disclosure of Unanticipated Outcomes of Care”.
- Preserve pertinent data (monitor strips, medical devices, etc.)
- Give clear, concise account of facts known thus far to patient/family in timely, coordinated manner.

From Risk management New Resident Orientation talk
Interventions

• Educate yourself and others on how hospital stressors can lead to cognitive decline, functional decline, and never events in the frail older adult
• Participate in limiting or eliminating hospital stressors for your frail older patient with the goal of preserving FUNCTION
• Establish realistic goals of care with your patient and the hospital team when considering tests and treatments
• Participate in team-based care!!!!!!

What Can You Do?

• Recognize the frail older adult
• Limit stressors
• Report errors and adverse events to help improve care delivery to your patients
• Work with your interdisciplinary team to prevent “never events” and progression of frailty

Care of the Geriatric Patient

The patient will value the freedom to enjoy the most important gift – quality of life.

Perioperative Optimization of Senior Health (POSH)

Function and planning
Mobility and activity
Nutrition
Cognition
Medications
Enhanced Recovery After Surgery (ERAS)

POSH = Value-based Care

✓ Organized around a “medical condition”
✓ Care delivered by a multidisciplinary team
✓ Providers are part of an organizational unit
✓ The team takes full responsibility for care of the patient
✓ Patient education, engagement and follow up are integrated into care
✓ The Unit has a single administrative and scheduling structure
✓ Care is co-located in dedicated facilities
✓ A physician team captain or clinical care manager oversees care
✓ The team measures outcomes, costs and processes

NSQIP

NSQIP GERIATRIC VARIABLES PILOT PROJECT – ADMISSION
ORIGIN STATUS
USE OF MOBILITY AID (Cane, walker, wheelchair)
PREVIOUS FALL WITHIN ONE YEAR (3, 6, 12 months)
COGNITIVE STATUS ON ADMISSION (cognitive decline, dementia, Alzheimer’s)
COMPETENCY STATUS ON ADMISSION
PALLIATIVE CARE UPON ADMISSION (Hospice, palliative care)

NSQIP GERIATRIC VARIABLES PILOT PROJECT - POSTOPERATIVE
PRESSURE ULCER
POSTOPERATIVE DELIRIUM
NEW DNR ORDER DURING HOSPITALIZATION
PALLIATIVE CARE CONSULT (Hospice, palliative care)
FUNCTIONAL HEALTH STATUS ON DISCHARGE
FALL RISK ON DISCHARGE
POSTOPERATIVE USE OF MOBILITY AID

NSQIP GERIATRIC VARIABLES PILOT PROJECT - DISCHARGE OCCURRENCES
DISCHARGE WITH / WITHOUT SERVICES (SNF, Home)

Take Home Points

- Older adults utilize a disproportionate share of hospital care
- Older adults are more vulnerable to hospital stressors
  - More so in frail older adults
- Be proactive to avoid problems
- Serious Reportable Events (Never Events) are clearly identifiable and measurable, result in death or significant disability, and are usually preventable
- You can improve the quality of care for the hospitalized older adult by participating in a variety of QI initiatives