

The interface between geriatrics medical education and models of care



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October 6, 2014

Learning Objectives:

- Describe how to perform a needs assessment for a geriatrics model of care.
- Describe how to develop the business plan & gain support for a clinical program.
- Describe effective methods to educate our workforce within clinical models of care.
- Describe some simple lessons learned in developing, disseminating, and sustaining geriatrics models.

John Powell as a young man:

- Son of a minister.
- Grew up in Janesville, Wisconsin.
- Saw American Indian communities near his family farm.
- Enjoyed learning about native Americans, civilizations, and history.
- Walked across Wisconsin in 1855.
- Rowed down the Mississippi River, the Ohio River, etc...
- Hired by Illinois Wesleyan University museum.
- Captain in the Union Army during the Civil War.
- Lost his right arm, when struck by a minie ball, at the Battle of Shiloh.
- Returned to the museum and proposed to explore the Colorado river.

John Powell's first trip down the Colorado River:

- 11 men set out in 1869 from Green River Station, Wyoming.
- Multiple struggles exploring the “Fretful River”.
- Powell got caught on side of the 600 foot (Echo Rock) canyon .
- GY Bradley used his “long drawers” to pull Powell to the ledge above.
- After three months, four men abandoned the expedition.

Best Practices in the Care of Older Adults who have Complex Needs:

- Enable seniors to remain at home.
- Prevent functional disability.
- Preserve patient quality of life.
- Respect patient values, preferences, and goals.
- Consider patient safety.
- Address needs of caregivers.
- Appreciate psychosocial needs.



Needs assessment

Describe how to perform a needs assessment for a geriatrics model of care.

Needs Assessment:

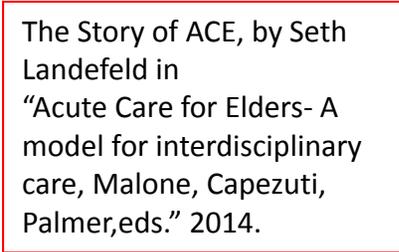
- Define the problem that is most important to your patients and their caregivers.
- Quantify the frequency of the problem at your practice site.
- Compare your outcomes to the reports in the literature.
- Compare your outcomes with other practice sites.
- “Who is doing better and what are they doing?”
- Describe the context of the problem.

Context is Key:

- You and your environment.
- The culture / mission of your organization.
- The values of the individuals.
- “The politics” that you and your organization are facing.
- Competing priorities.
- The local economics of your organization.
- Fee for Service vs. Value-based purchasing.
- The workforce you have on your team.
- The support of your bosses and of your team.
- Philanthropic resources.
- “The meaning” or “the shared purpose” of this work.



Context drives how you and your team choose your interventions.



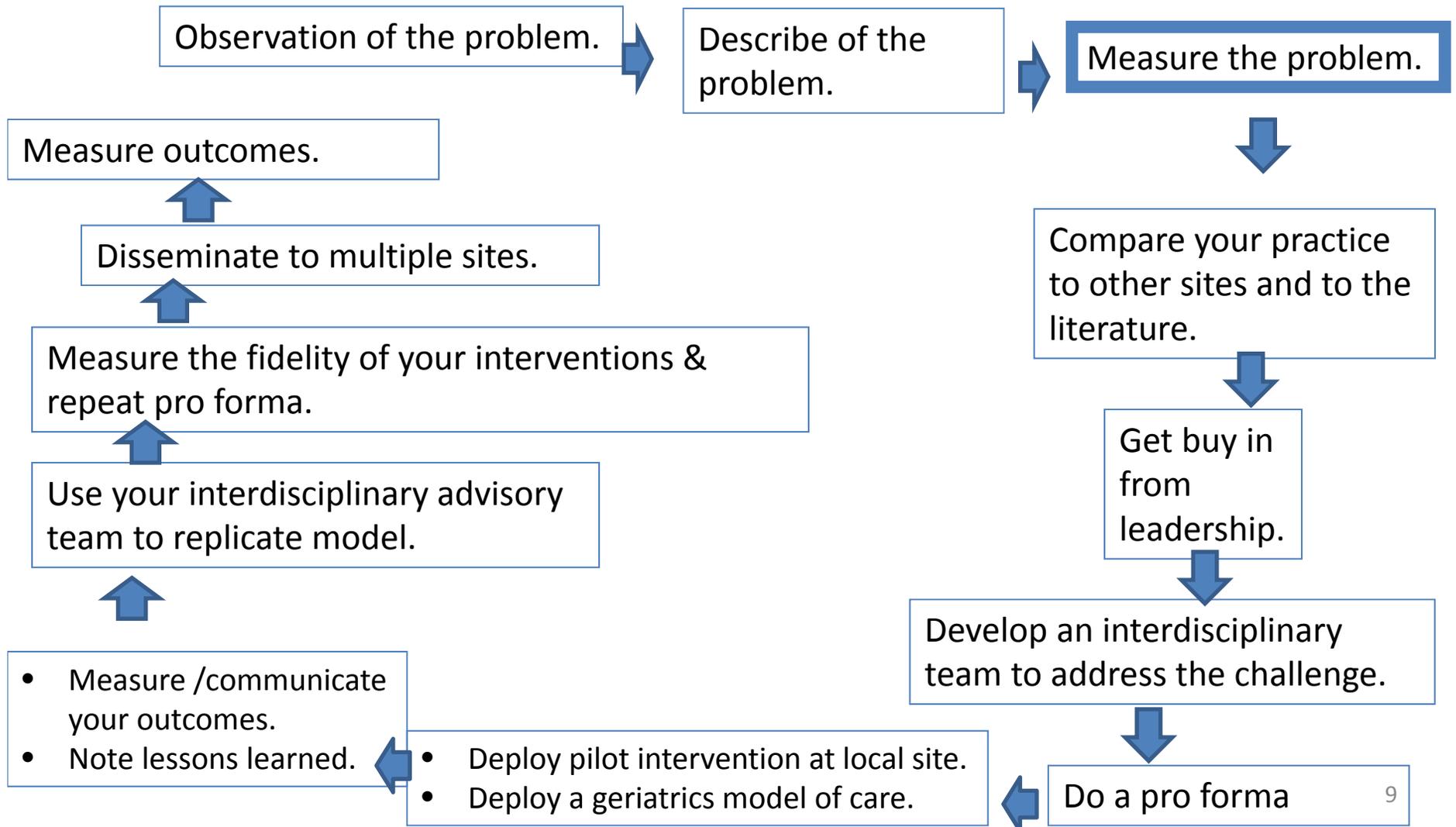
The Story of ACE, by Seth Landefeld in “Acute Care for Elders- A model for interdisciplinary care, Malone, Capezuti, Palmer, eds.” 2014.



The case vignette can bring focus.

A Needs Assessment is the Platform for Improvement:

ACE Unit Business Model, by K Allen, P DeGolia, S Hazelett, D Powell in "Acute Care for Elders- A model for interdisciplinary care, Malone, Capezuti, Palmer, eds." 2014.



Thomas H Lee, MD

How do we resolve the tension between the imperative to do all we can to help patients and the needs of societies with constrained resources?

Care Redesign- A Path Forward for Providers

- Define your over- arching goal.
- Understand the outcomes that matter most to patients and families.
- Use teams (working together) to own the work of defining, measuring, & improving value.
- Begin measuring outcomes and costs.
- Figure out how to meet those needs systematically.
- Use report cards as a framework for learning and improving.

Care Redesign- A Path Forward for Providers

- Identify pause points at which important interventions should be reliably delivered.
- Use checklists & modified those checklists over time.
- Take responsibility for improving value for specific population segments.
- Learn from other organizations.
- Develop a relentless desire to improve.
- Charge teams with driving improvement.

Business plan

Describe how to develop the business plan & gain support for a clinical program.

Powell's business plan:

- Nine men.
 - 3 hunters.
 - 1 cook.
 - 1 cartographer- map maker.
 - 1 expedition chronicler.
- Food for ten months.
- Pots, utensils.
- 3 boats, 6 tarps, 6 shovels, ropes, guns, sextons, broad rim hats.
- Journal.

Key components of the business case for a geriatrics model of care:

1. Define the challenge / patient group.
2. Describe the program in a clear and concise manner.
3. Include an executive summary of the project.
4. Outline the current services and costs associated with it.
5. Outline the key components of your proposed service.
6. Define how the service will be evaluated- outcomes measures.
7. Describe the roles and responsibilities of your team & how the program will be integrated into current programs.
8. Prepare a communication plan.
9. Outline an implementation schedule.
10. Define the financial plan.

Eight Steps to Transform Your Organization:

1. Establish a sense of urgency.
2. Assemble a group with enough power to lead the change effort.
3. Create a vision to help direct the change effort / develop strategies to achieve that vision.
4. Communicate the vision.
5. Empower others to act on the vision.
6. Plan for and create short-term wins.
7. Consolidate improvements and produce still more change.
8. Anchor the new behaviors in culture.

“Why transformation efforts fail”, by John P. Kotter, 1996, Harvard Business Review, March-April 1995.

Without a business plan:

- Team members provide the service with good intentions.
- The work is added on to their current job.
- The hospital does not have an idea of the program goals and value.
- The providers are under- paid for their services and likely to get frustrated/ burn out.
- Program closure will occur:
 - During the next economic downturn.
 - During organization leadership change.
 - When a new initiative or someone else's model comes around.

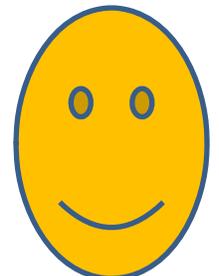
An unsuccessful proposal for the replication of HELP at a second Aurora hospital:

- The geriatrician leaders at the site made the presentation.
- Six page detailed business plan sent two weeks prior to the presentation.
- Asked for \$75,000 for an Elder Life Specialist.
- 15 slides provided detail of program outcomes.
- Relationship of the leaders to the nurse executive +/-.
- The leadership team was about to launch another project.
- Result:
 - “Not this year.”



A successful proposal for dissemination of HELP from 4 to 12 units at Aurora St Luke's:

- The presentation was a collaborative: local hospital geriatrics leader and system leader, attended by all geriatrics system leadership.
- The leaders had a long-standing professional relationships.
- The presentation was edited- succinct/
- Presentation used an SBAR format.
- Major understanding of the value of the geriatrics programs.
- 11 slides/ 7 minutes asking for \$150,000.
- Nursing attestation from recent Magnet outside reviewers.
- Momentum of recent recognition of the program.
- Result: "Prepare the pro forma for expansion."



Features of a Successful Proposal to Gain Support for Geriatrics Model:

Features:	Unsuccessful Proposal:	Successful Proposal:
Context:	Start a new HELP program at outlying hospital.	Disseminate a HELP program from 4 to 12 units.
Complexity of the presentation:	++	--
Simple message for the administration:	--	++
Buy in from the nursing leadership:	--	++
Long- standing relationships with leaders:	+	+++
Competing priorities:	+++	+

Geriatrics models implementation strategies:

New geriatrics model:



Powell's Initial two trips:

- Funded by Illinois museum and congress.
- Small team with photographer added during second trip.
- Asked for \$12,000 and got \$10,000. 😊
- 3 boats and 10 men.
- Leader was stuck on the side of a cliff.
- Leader had a chair high up on the boat.
- Four men abandoned journey/ left the team.
- Leader kept a journal of the discoveries and made measurements.
- Reports provided to museum and congress.
- Has potential for water use in the West.

Geriatrics models implementation strategies:



New geriatrics model:

- Address challenges of patients.
- Use resources of philanthropy and grants.
- Refer to efficacy from the literature.
- Assess current workflow; culture; attitudes.
- Uses a new approach.
- Measure model fidelity & outcomes.
- Launched at a site with best relationships and resources.
- Requires champions.
- Project is the job expectation of the leader.
- Assess costs for small cohorts.
- Use a planning committee.
- Use quality improvement strategies.
- Teach the healthcare team.

Powell's Initial two trips:

Geriatrics model dissemination strategies:



Dissemination of the model:

The US Geological Service:

- Funded by congress.
- Multiple surveyors mapping the West.
- Standard topographic assessment of the land and resources of the entire region.
- Leader got an office.
- Leader made regular reports to congress.
- Service became part of the national budget.
- Defined the use of water for populations in multiple states.

Geriatrics model dissemination strategies:



Dissemination of the model:

The US Geological Service:

- Resources are provided by budgets.
- Address challenges of populations of patients.
- Approach becomes the standard of care.
- Measure model fidelity and outcomes.
- Spread to sites where others control resources.
- Requires champions & leadership facetime at the site.
- Requires communication plan.
- Model becomes job performance of all at dissemination sites.
- Assess costs for the organization.
- Use an advisory committee.
- Use public health and patient safety strategies.
- Improve the competencies of the workforce.

Educate the workforce

Describe effective methods to educate our workforce within clinical models of care.

Geriatrics Practice Models to Educate the Workforce-

1) Acute Care for Elders:

- Teach during the interdisciplinary team rounds.
- Help professional staff to do their job.
- Use pocket cards to provide a succinct message.
- Ask the professions to tell you “their greatest challenges”.
- Use ACE as a training site:
 - medical students, house staff, nurses, and pharmacists.
- Support the physicians in practice: ACE consultations, grand rounds, CME.
- Use an advisory team to identify outcomes and challenges.
- Develop clinical champions.

2) Use Multiple Strategies to Educate the Workforce:

- Grand rounds.
- ACE interdisciplinary team rounds.
- ACE cards on topics which can help the nurses.
- www.Geriatricfastfacts.com
- NICHE.
- Integrating geriatrics concepts into the electronic health record.
- ACE Tracker to guide the discussion.
- Yearly conference to review the key challenges.



ACE Cards[®] Check List to Improve the Hospital Care of the Elderly

Acute Care for the Elderly (ACE) Program
Aurora Sinai Medical Center/UW Medical School

- Prevent Problems:** Critically review the necessity of all tests/procedures.
- Pressure Ulcers:** Ambulate; avoid “bed rest” order.
Correct nutrition restrictions.
Turn q 2 hrs. if bedridden.
- Delirium:** Assess cognitive function.
Bring in glasses/hearing aide/items from home.
Keep hydrated p.o.
- Immobility/Falls:** Prescribe assist device; physical therapy.
Order acute rehab therapy consult.
Walk with assist.
(Else, consider DVT prophylaxis.)
- Functional Decline:** Define baseline ADLs.
Increase activity level.
Avoid restraint and catheters.
- Constipation:** Provide prune juice/power pudding.
Provide stool softener.
- Undernutrition:** Review serum albumin.
Consider nutrition consult; supplement.
Could medications contribute to anorexia?
- Depersonalization:** Music, pictures, food from home.
Encourage visitors, stuffed animals.
Chaplain visit (hospice care).



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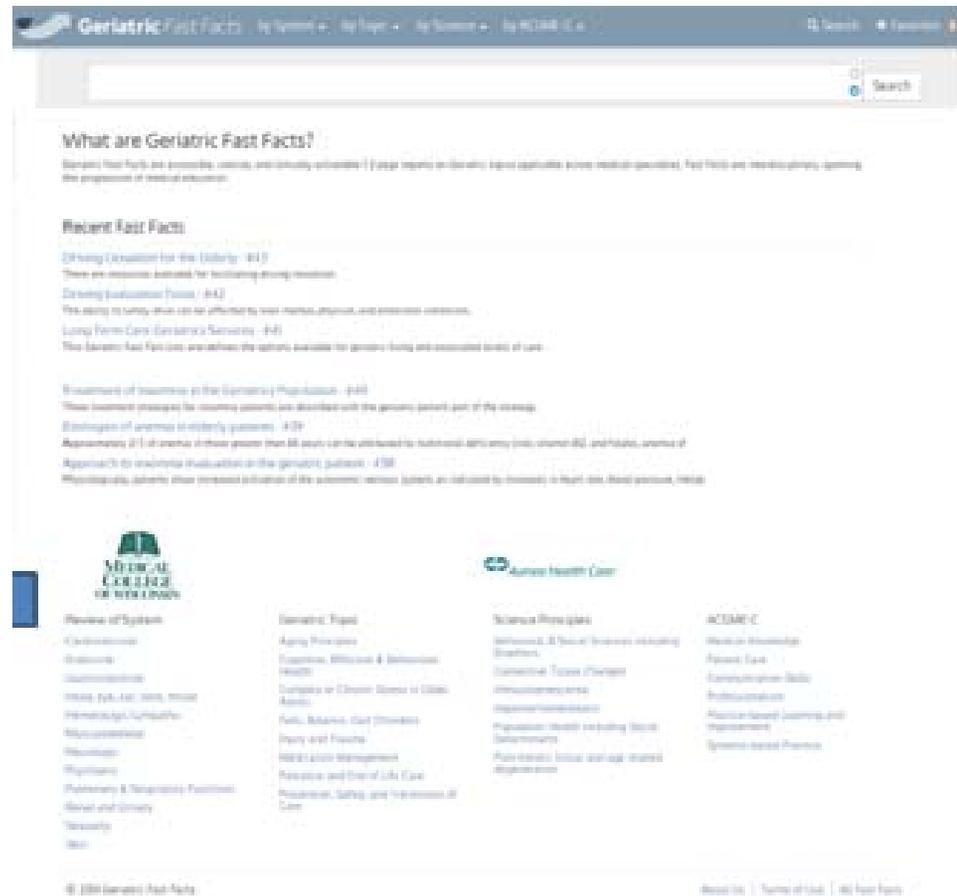
- History:** Collaborate data with family; nursing staff.
Define goals of care.
Define Advanced Directives.
Assess for pain.
Define baseline functional status ADLs.
- Physical Exam:** Assess for delirium.
Assess risk for pressure ulcer.
Is patient out of bed?
Can urine catheter, IV line be removed?
Avoid restraints.
- Data Collection:** Review vital signs, intake/output, daily weight, diet intake, bowel movement.
Review the medication cardex;
How does it compare to Rx prior to admit?
Could problems be caused by the Rx?
Should any Rx be stopped?
Add multiple vitamin.
Review therapy notes (PT/OT/speech).
Review social service note (living situation/support).
Review dietitian notes; lab data changes.
- Communicate:** Talk with the nurse to assess status;
discuss goals and anticipated discharge.
Update family of anticipated discharge plans or change in status.



Michael Malone, MD & Ellen Danto-Nocton, MD -03/03
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Geriatrics Fast Facts

- Mobile enabled device.
- Available on all smartphones and tablets.
- www.Geriatricfastfacts.com
- Funded by the Reynolds Foundation.
- Collaborative between Medical College of Wisconsin & Aurora Health Care & the Wisconsin Geriatrics Education Center.



ACE Tracker as an Educational Tool:

- Simple, brief, and to the point.
- Information comes from daily nursing assessment/ interaction with the patient.
- Information is pulled from the EHR (Cerner/ Epic).
- Short enough to fit on a single page.
- A step by step checklist for common conditions.
- Allows clinicians to assess multiple fields, which are too complex for them to carry out reliably from memory alone.

"The Checklist Manifesto- How to get things done right" by Atul Gawande, 2009, Picor. New York, NY



ACE Tracker software to identify vulnerable elders:

Actionable clinical information reviewed during daily team rounds.

Table 1. Example of Printout from ACE Tracker Summarizing Risk Factor for Patients Age 65 or Older on a Hospital Unit

Patient Room/Bed	Length of Stay	History of Dementia	Number of CAM	Number of Meds	Beers	Morse	HX of Falls	Bed Rest	P/T	O/T	RES	ADL	Cath	Ulcer	Press Care	Wound Care	Braden Scale	Albumin	Social Services	Advance Directives
Patient A	76	2	N	N	13	N	60	Y	N	Y	Y	N	8	Y	Y	Y	17	ND	Y	N
Patient B	74	1	Y	N	7	N	50	Y	Y	N	N	N	6	Y	Y	Y	9	2.9	N	Y
Patient C	78	12	Y	Y	10	Y	50	Y	N	Y	Y	N	7	N	N	Y	14	3.9	Y	Y
Patient D	72	1	N	N	5	N	50	N	N	N	N	N	12	N	N	N	15	ND	N	N
Patient E	91	6	Y	N	8	N	60*	N	N	Y	Y	N	6*	N	N	N	14	ND	Y	N
Patient F	78	1	N	N	7	N	70	Y	Y	N	N	N	6	Y	N	N	16	ND	N	N
Patient G	75	1	N	N	0	N	45	N	N	Y	Y	N	12	N	N	N	14	4.3	N	N
Patient H	93	1	Y	N	12	N	65	Y	N	Y	Y	N	6	N	N	N	15	ND	Y	Y
Patient I	91	1	Y	N	1	N	95	Y	N	Y	Y	N	7	N	N	N	12	3.5	N	Y
Patient J	74	5	N	N	20	N	45	Y	N	Y	Y	N	7	Y	Y	Y	12*	ND	Y	Y
Patient K	72	6	N	Y	14	N	20	N	N	Y	Y	N	8	N	N	N	17	3.2	Y	Y
Patient L	83	3	N	Y	12	N	80*	Y	Y	Y	Y	N	8	Y	N	N	12	2.3	N	Y
Patient Totals			5	3	11	1		8	3	9	9	0		5	3	4			6	7

Malone ML, Vollbrecht M, Stephenson J, et al, J Amer Geriatr Soc 2010: 58:161-167

3) - Geriatrics Practice Models to Educate the Workforce- HELP program:

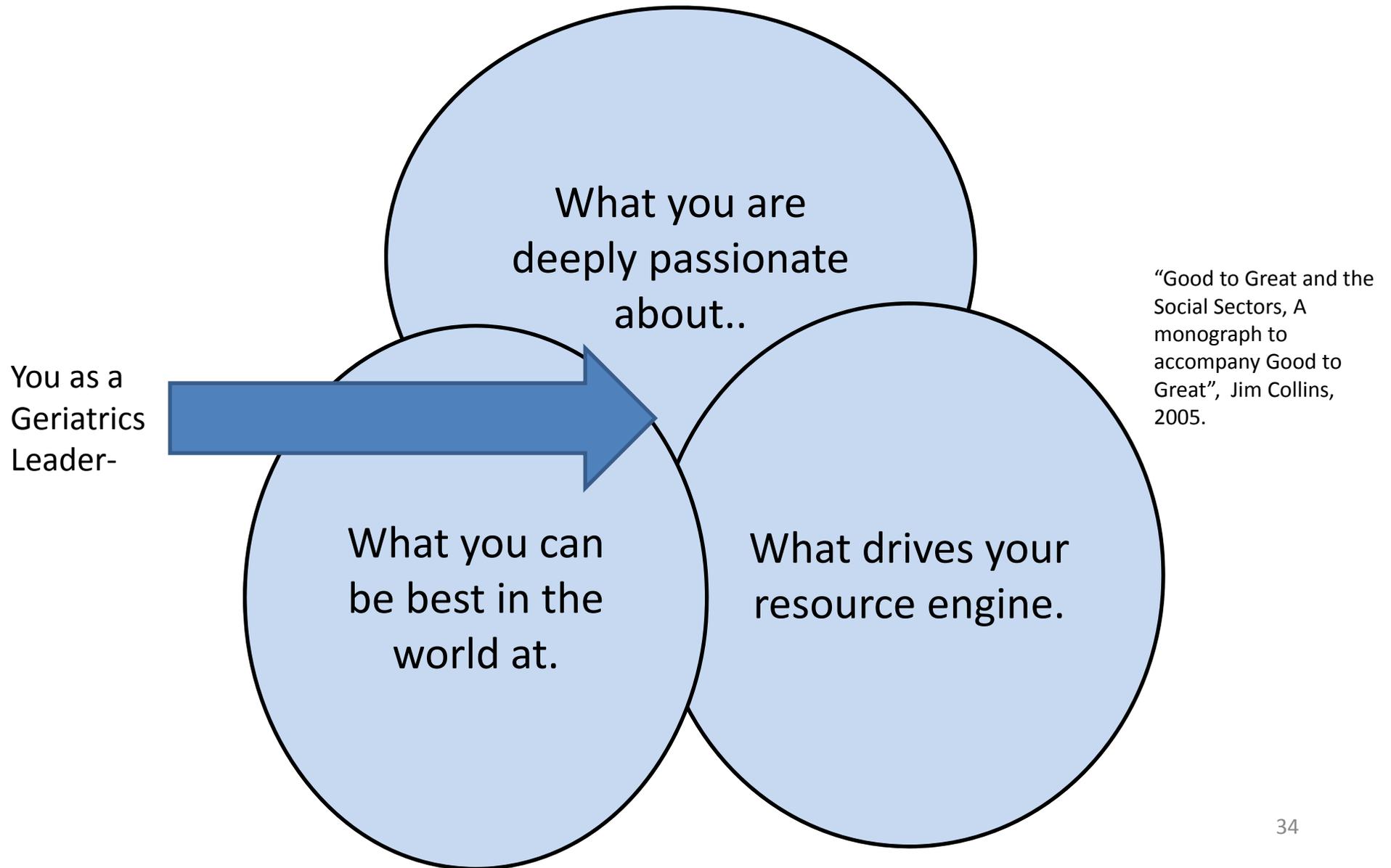
- Teach about delirium prevention.
- Teach about management of older persons with delirium.
- Use multiple teaching forums to describe best practice in delirium care- HELP.



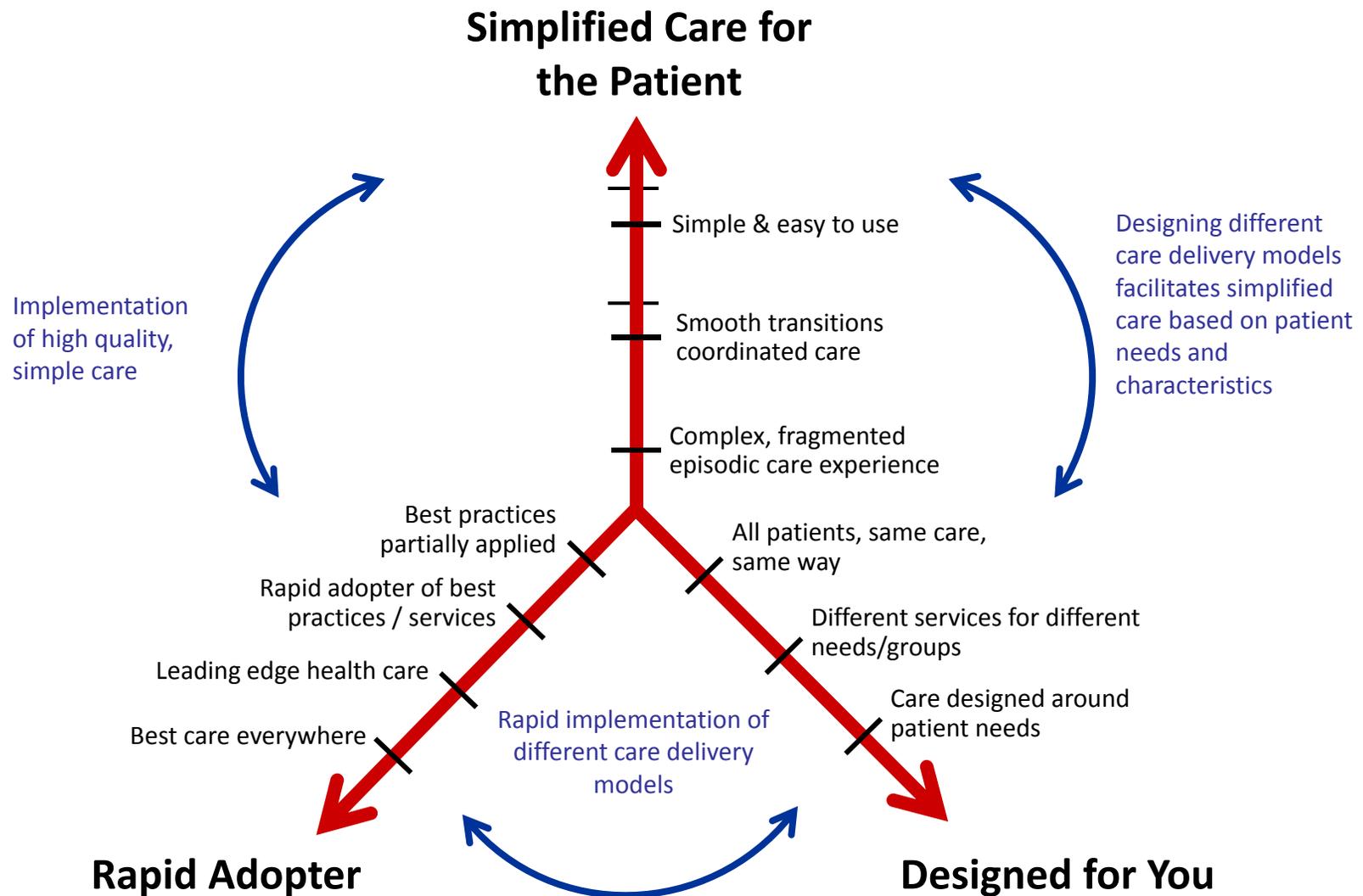
Describe lessons learned in developing, disseminating, and sustaining geriatrics models.



The Hedgehog Concept in Social Sectors:



How do we promote the dissemination of those models of care for older adults that have been shown to be effective and efficient?



What can you do?

1. Use systems- approaches to the pursuit of your patients' greatest challenges.
2. Measure / follow / record your outcomes.
3. Use the electronic health record to disseminate geriatrics principles.
4. Establish geriatrics models as the site of your training of the health care workforce.
5. Use educational forums to speak to the community needs for high- quality health care for older individuals.