Geriatric Programs In Our Country: A Brief Look and Future Prospects

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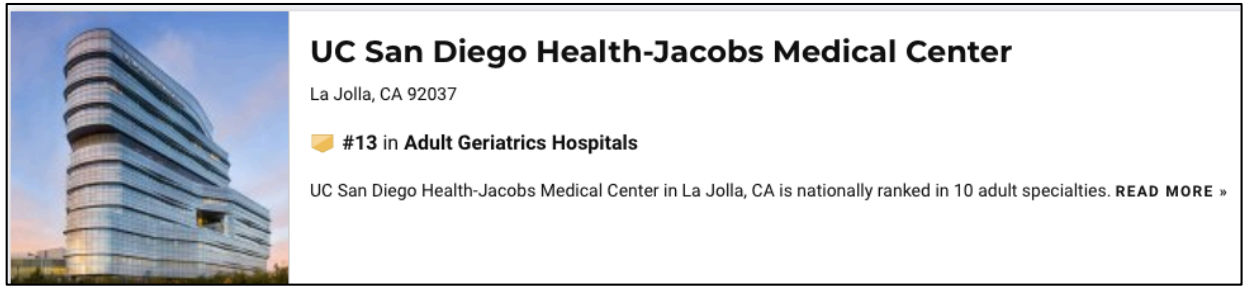
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UCSD Health

Geriatrics Program

Senior Medicine

Geriatric Emergency Department

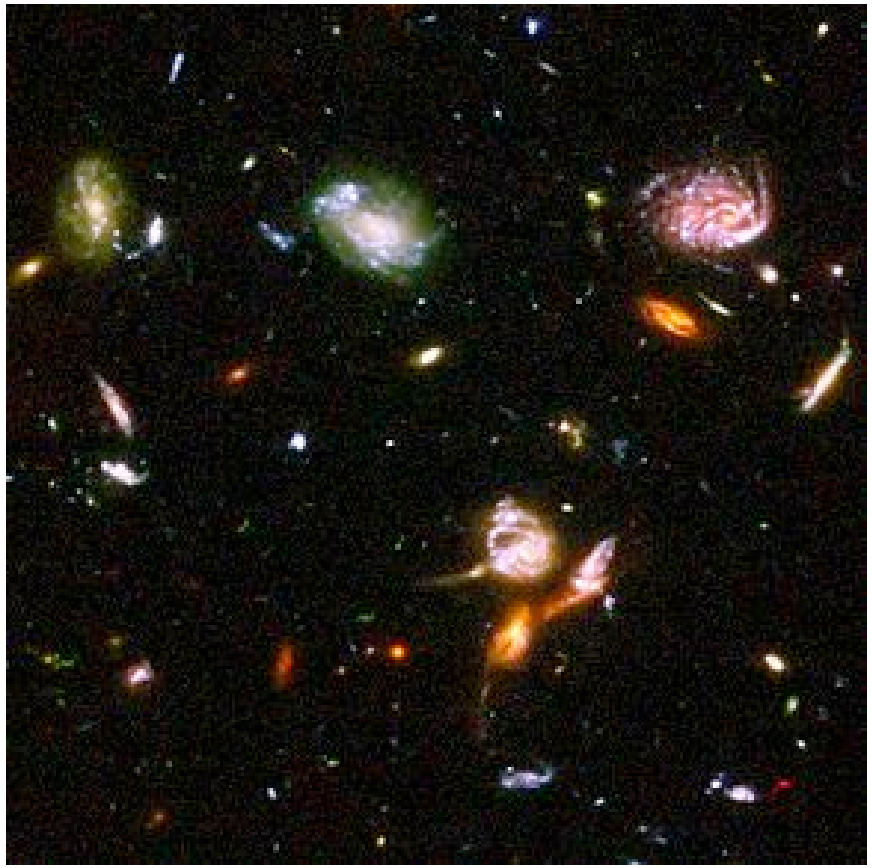
Senior Behavioral Health

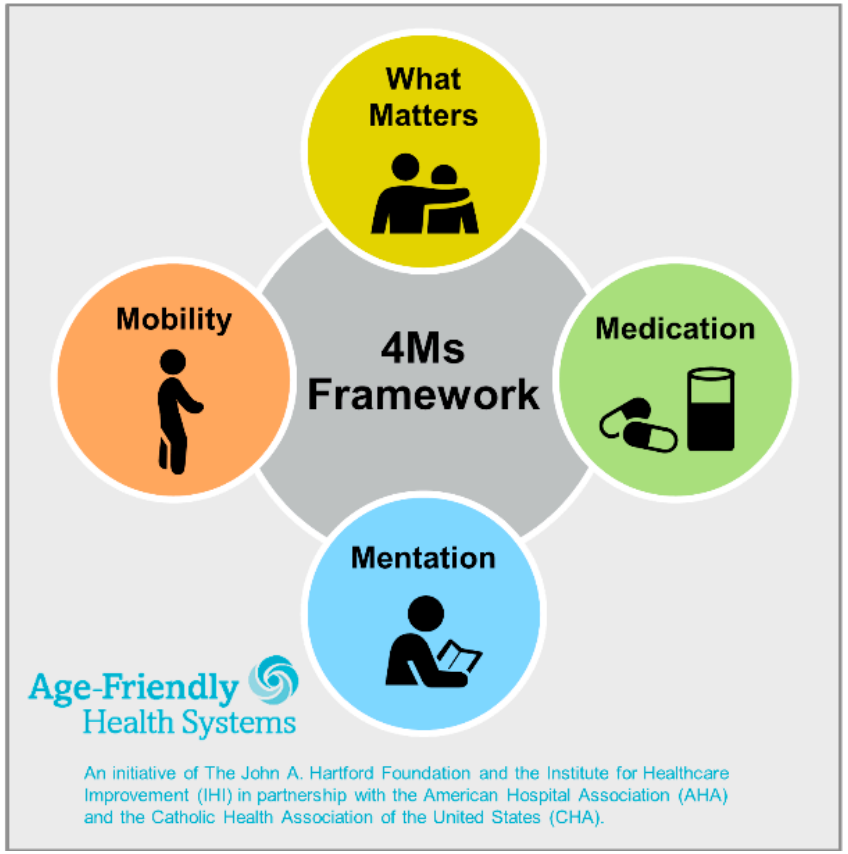
Memory Clinic

Geriatric Psychiatry Clinic

Geriatric Trauma Consult

There Are Still Many Programs Out There





Acute Care for Elderly (ACE) Unit

ACE units address the unique needs of patients 65 and older with an interdisciplinary team.

Resulting in **decrease mortality, decreased delirium**, shortened time to first mobilization, decreased rate of readmissions, decreased cost.

One study published in *JAMA 2013* - variable direct cost savings per patient was **$148 400 savings** for every 400 patients admitted to the ACE unit (*JAMA 2013*).

KAISER PERMANENTE®

Stanford U model for Trauma/ACE Team

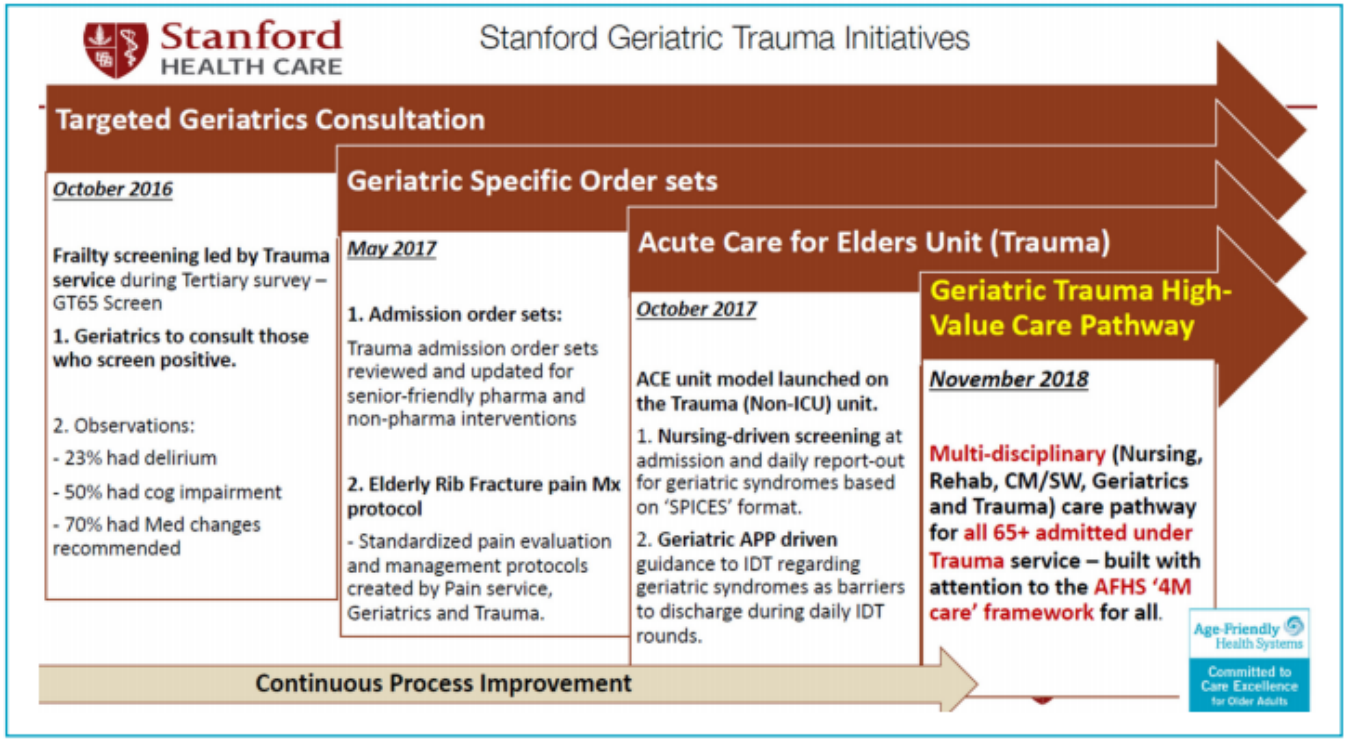


Figure 2. Stanford Health Care Approach to Consistently Deliver 4Ms Care to the Geriatric Trauma Population

- Adopt Screening for 4Ms
- Build Geriatric-Specific Order Sets in the EHR
- Develop the Geriatric Trauma High-Value Care Pathway starting at the ER.

Outcome Measure	FY 2017	FY 2018	FY 2019
Length of stay (non-surgical)	4.55 days	4.13 days	4.1 days
Mortality (percentage)	5.8%	4.8%	2.5%
Time to first goals of care and advance care planning conversation	50 hours	38 hours	32 hours
Average time to first mobilization		48 hours	23 hours
HCAHPS (top box score for patient experience)	58.7	63.5	67.3
Delirium incidence	32%	34%	24%

Source: Stanford Health Care, February 2020 ("Friends of Age-Friendly Health Systems" presentation by Ankur Bharija, MD, Clinical Assistant Professor, Geriatric Medicine, Division of Primary Care and Population Health, Department of Medicine, Stanford Medicine)

AGS CoCare: HELP

American Geriatrics Society CoCare® HELP
HOSPITAL ELDER LIFE PROGRAM

The program provides **targeted interventions** implemented by a **skilled interdisciplinary team** (including a geriatric nurse specialist, specially trained Elder Life Specialists, and trained volunteers) that address a broad scope of geriatric issues known to contribute to cognitive and functional decline during hospitalization

Goals
1. To maintain physical and cognitive functioning throughout hospitalization
2. To maximize independence at discharge
3. To assist with the transition from hospital to home
4. To prevent unplanned readmission

Program offers:
Certification, volunteer tools/toolkit, online community

Inova Health System
Inova Fairfax Hospital
Falls Church, Virginia
MaineHealth
Maine Medical Center
Portland, Maine
Sutter Health
California Pacific Medical Center
San Francisco, California
University of Pittsburgh Medical Center
Shadyside Hospital
Pittsburgh, Pennsylvania
The University of Utah
University of Utah Hospital
Salt Lake City, Utah

Chen et al. Modified hospital elder life program: effects on abdominal surgery patients
Results: Independent of baseline functions, education, periampullary diagnosis, comorbidity, surgical procedure, and duration of surgery, patients in the HELP group declined significantly less on activities of daily living performance and nutritional status ($p < 0.001$) than controls. The **delirium rate was also significantly lower** in the HELP group (**0%**) than in the control group (**16.7%**) ($p < 0.001$).
Conclusions: The modified HELP intervention effectively reduced older surgical patients' functional decline and delirium rates by hospital discharge.

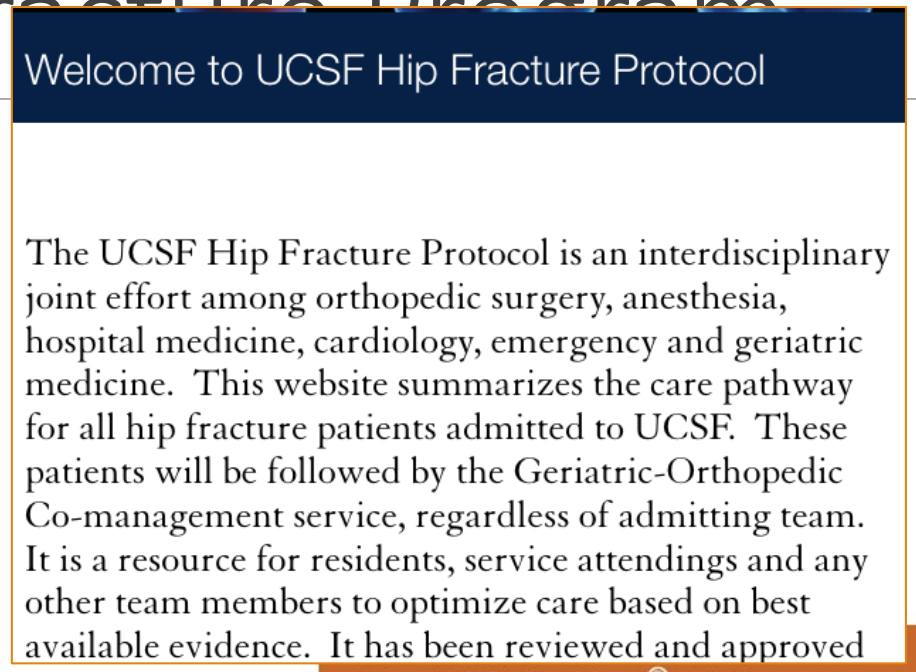
Rubin et al. Replicating the Hospital Elder Life Program in a community hospital and demonstrating effectiveness using quality improvement methodology
Setting: A 500-bed community teaching hospital in western Pennsylvania.
Results: Total costs on this 40-bed nursing unit were **reduced $626,261 over 6 months**. Satisfaction of nursing staff and families was high in the intervention group. In addition, the intervention showed sustained benefits over time and remains funded by the hospital.

Simpson et al. The Bundled Hospital Elder Life Program-HELP and HELP in Home Care-and Its Association With Clinical Outcomes Among Older Adults Discharged to Home Healthcare
Results: **Fewer cases** (16.8%) than controls (28.4%) had a **30-day all-cause unplanned hospital readmission**. The fully adjusted model showed significantly lower risk of 30-day hospital readmission for case (Bundled HELP) patients (0.41; 95% confidence interval = 0.22-0.77; $P < .01$). The difference between case (10.8%) and control (15.5%) 30-day ED visit was not significant ($P = .23$). A lower LOS for the case group was shown ($P < .01$), while the number of skilled home care visits was not significantly different between groups ($P = .28$).

Geriatrician-Led Hip Fracture Program

Miura et al. **Effects of a Geriatrician-Led Hip Fracture Program: Improvements in Clinical and Economic Outcomes (2009):** Analysis demonstrated **better outcomes in terms of length of stay** (6.1+/-2.4 days for standard care, 4.6+/-1.1 days for the HFS; P<.001) and **time to surgery** (<24 hours after admission in 22.2% of standard care patients vs 50.5% of HFS patients; P<.001). Furthermore, the HFS model showed **a reduction in total costs**, resulting in a gain in net income, from a deficit of $908+/-4,977 (95% confidence interval (CI)=-$2,078-261) per patient in the standard group to a gain of $1,047+/-2,718 (95% CI=$481-1,613) per patient in the HFS group (P<.002)

Retrospective control cohort based in a large hospital in Australia (Fisher AA et al 2006) Significant improved outcomes of patients under geriatric medicine co-care were in-hospital mortality, post-operative medical complications and re-hospitalization to medical wards within 6 months. No differences in length of stay or the proportions discharged to institutions or home.



Preoperative Geriatric Clinic/Consult

Introducing the ACS Geriatric Surgery Verification Program

July 19, 2019

The American College of Surgeons (ACS) Geriatric Surgery Verification (GSV) Program presents 32 new surgical standards (2 of which are optional) designed to systematically improve surgical care and outcomes for the aging adult population. The standards provide a framework for hospitals to take an interdisciplinary approach to continuously optimize surgical care for older adults.

With support from The John A. Hartford Foundation, the standards were collaboratively developed by the ACS Coalition for Quality in Geriatric Surgery Project, composed of more than 50 stakeholder organizations representing the needs of older patients and families, advocacy and regulatory groups, health care professionals, and multiple medical and surgical specialties.

Preparing Now to Care for More Older Adults Facing Surgery

Today, 10,000 people in the U.S. turn 65 every day. The U.S. Census Bureau projects the number of older adults to grow by 55 percent from 2010 to 2050, eventually making up 21 percent of the population.[1] Currently, older adults account for more than 40 percent of all inpatient operations, and 33 percent of outpatient procedures performed annually in the U.S. This number will grow as the population ages, and the need for surgical services concurrently rises.[2-3]

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Duke Perioperative Optimization of Senior Health

What is POSH?

If you are an older adult preparing to have surgery at Duke, your surgeon may recommend that you participate in the Duke POSH program. POSH stands for Perioperative Optimization of Senior Health.

The goal of POSH is to set the stage for a safe surgical experience and a smooth recovery for older patients.

Why POSH?

Older adults are more at risk for certain problems (complications) during and after surgery. Why? Because older adults are more likely to have

- multiple chronic conditions that may place extra stress on their bodies during and after surgery
- problems with mobility, physical fitness, hearing, or vision that make it harder to undergo surgery and recover quickly
- issues related to cognition, mood, and social circumstances
- prescriptions for many medications, some of which may increase the risk for certain complications after surgery

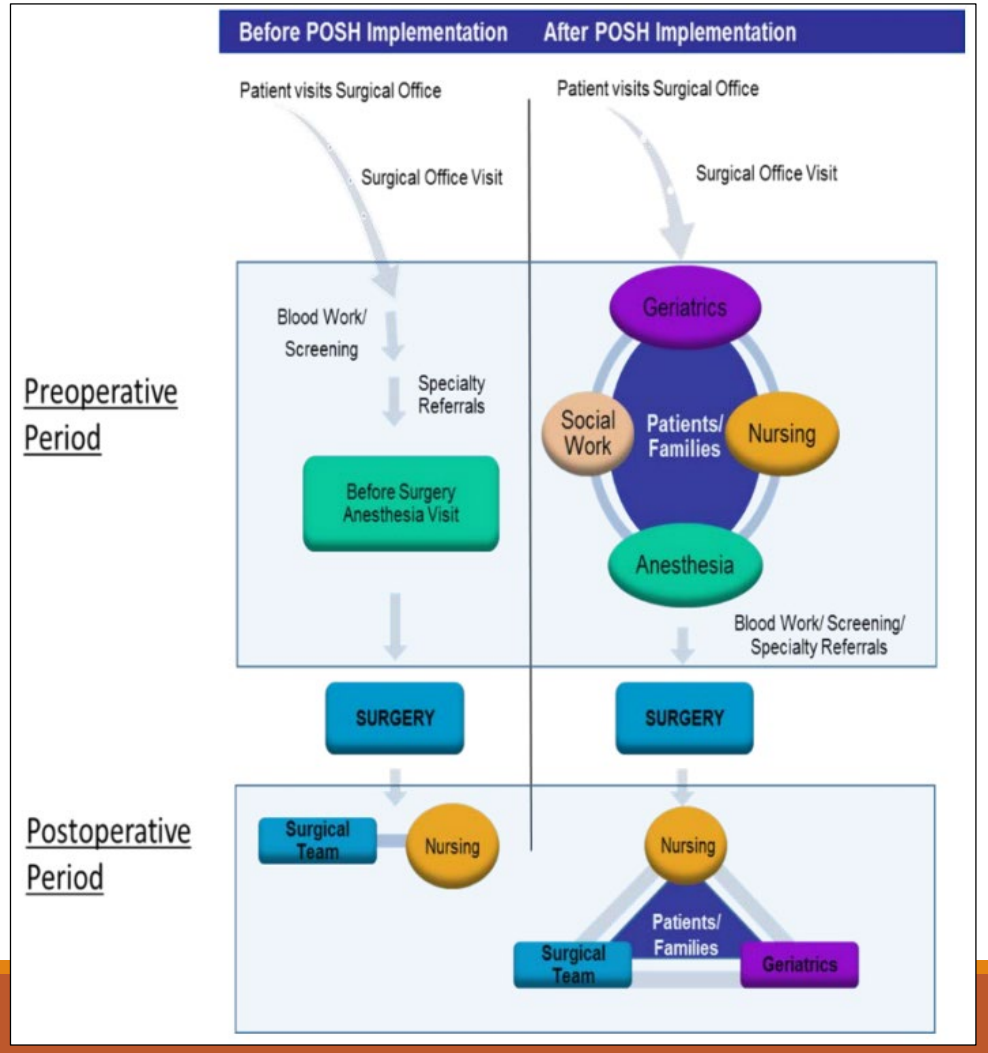
With POSH, these issues are addressed ahead of time with the goal of avoiding problems later.

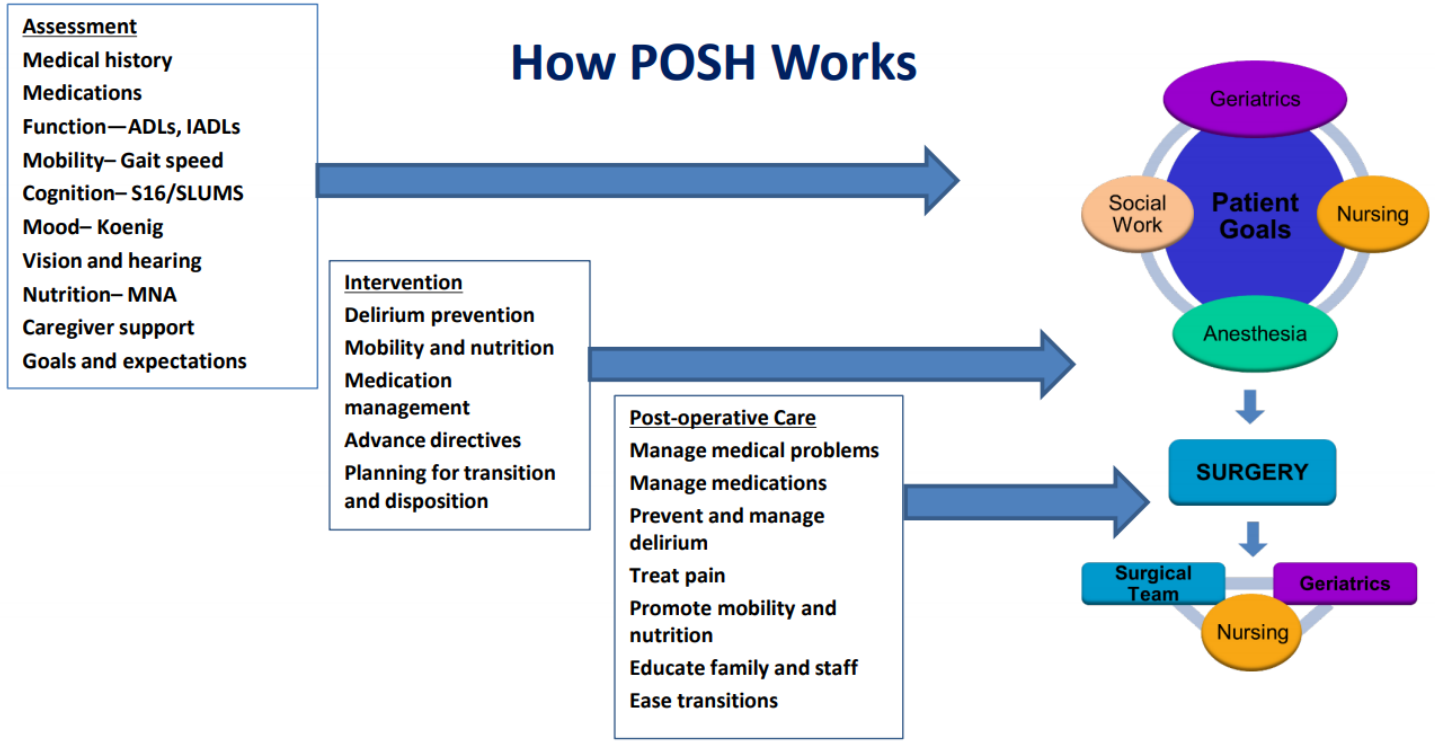
How does POSH work?

Several weeks before surgery, you will meet with different members of the POSH team. The POSH team works together to assess you and your health to find out what issues might make it harder to undergo surgery and recover afterwards. The team may adjust medications, suggest exercise or physical therapy,

POSH Model

Step 1: General surgeons refer older patients undergoing elective procedures
Criteria: cognitive impairment, poor nutrition, multiple chronic conditions, impaired vision/hearing, age > 85
Step 2: Single visit, multidisciplinary, inter- professional evaluation focused on identifying and mitigating risk factors for post-operative complications
Step 3: Post-operative geriatrics consult for management of medical conditions, medications, pain, complications, and planning for post-hospital care





Falls Prevention Clinic

Ohio State Medical

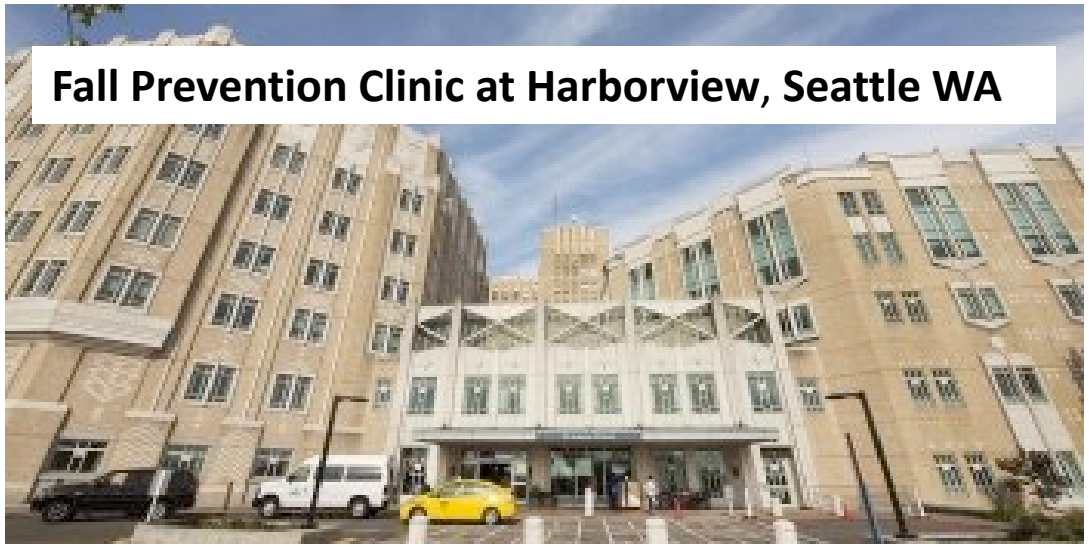
Fall Prevention Team

We provide a **free fall-prevention evaluation** of adults who are at risk due to balance problems. This service provides a one-time, comprehensive, multiple discipline evaluation for balance and fall risk factors. The patient leaves the assessment with a written report that we encourage them to share with their primary care physician and other health-care providers.

Disciplines Involved

- Audiology
- Geriatric Medicine
- Occupational Therapy
- Optometry
- Pharmacy
- Physical Therapy
- Psychology

NSU Florida



Fall Prevention Clinic at Harborview, Seattle WA

Geriatric Virtual LEAP Program

Cedars Sinai

Tai chi for arthritis

Focuses on the mind-body connection through its gentle and fluid motions that promote physical and psychological benefits such as improved balance and mental health.

Arthritis Foundation exercise workshop

Helps increase range of motion and muscle strength through its gentle movements that promote increased joint flexibility. Many participants experience a decrease in pain and an increase in quality of life.

Healthier living workshop

Takes place in an intimate group setting in which participants will become more informed about their health condition. In addition, participants will learn tips to better manage their health—including symptom management.

About virtual L.E.A.P.

Designed for individuals aged 50+, the L.E.A.P. (Leveraging Exercise to Age in Place) program is a research study funded by AARP Foundation with the goal of reducing falls and promoting social connectedness through exercise.

Virtual L.E.A.P. will be livestreamed using Zoom technology. Instructors and participants can interact with one another and will perform the exercise session together.

Interested participants must have a computer with a webcam and internet access. A valid email address is also required for completing the study forms.

Study participants will not be charged for L.E.A.P. exercise classes.

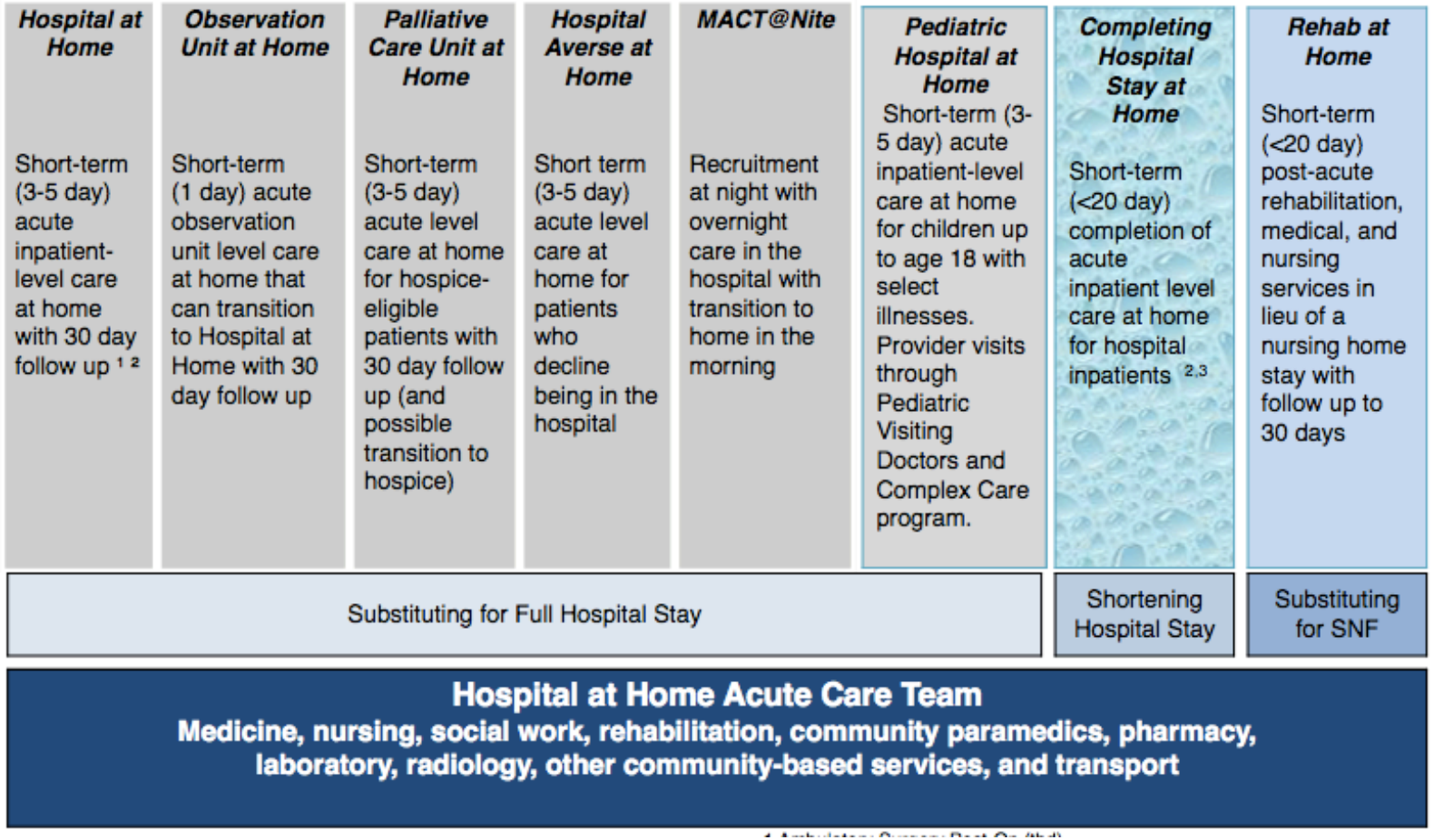
Presbyterian Health Services, Albuquerque, NM
Centura Health Systems, Colorado Springs, CO
Cedars Sinai Medical Center, Los Angeles, CA
Veterans Affairs Medical Center, Boise, ID
Veterans Affairs Medical Center, Honolulu, HI
Veterans Affairs Medical Center, New Orleans, LA
Veterans Affairs Medical Center, Philadelphia, PA
Veterans Affairs Medical Center, Portland, OR
Veterans Affairs Medical Center, Cincinnati, OH

Hospitalization at Home (HaH)

OUTCOMES

Lower rates of mortality, delirium sedative medication use, restraints. Better satisfaction of patient and family, less caregiver stress, better functional outcomes.

Cost savings of 19% to 30% compared to traditional inpatient care; lower average length of stay; fewer lab and diagnostic tests compared with similar patients in acute hospital care



Rehabilitation at Home (RaH)

Currently, Medicare does not have a payment mechanism for RaH

RaH provides services for **approximately 14 days** based on the treatment plan and goal achievement.

Sample Schedule of Home Visits					
Time	Monday Day of Admission	Tuesday Home Visits Day #1	Wednesday Home Visits Day #2	Thursday Home Visits Day #3	Friday Day of Discharge
7 am – 12 pm	Admission orders by MD prior to discharge, discharge home	Physical Therapist (PT)	PT	RN Occupational Therapist (OT)	PT
12 pm – 7 pm		Physician OT	OT	Social Worker PT	OT
Additional Visits as Needed					
		Speech Therapist	Lab Tech X-Ray/EKG Tech	Speech Therapist	Lab Tech X-Ray/EKG Tech

Honorable Mentions

NICHE (Nurses Improving Care for Health-System Elders)

Geriatric Floating Interdisciplinary Transition Team (Geri-FITT)

Geriatrics Inpatient Rehabilitation

Geriatric Cardiology

Geriatrics in Chronic Kidney Disease

Geriatrics in Mental Health (e.g., SBH)

Geriatric Care Memory Clinic

PACE

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1. Flood KL, Maclennan PA, McGrew D, Green D, Dodd C, Brown CJ. Effects of an acute care for elders unit on costs and 30-day readmissions. JAMA Intern Med. 2013 Jun 10;173(11):981-7. doi: 10.1001/jamainternmed.2013.524. PMID: 23609002.
2. Chen et al. Modified hospital elder life program: effects on abdominal surgery patients results
3. Rubin et al. Replicating the Hospital Elder Life Program in a community hospital and demonstrating effectiveness using quality improvement methodology
4. Simpson et al. The Bundled Hospital Elder Life Program-HELP and HELP in Home Care-and Its Association With Clinical Outcomes Among Older Adults Discharged to Home Healthcare
5. Miura et al. Effects of a Geriatrician-Led Hip Fracture Program: Improvements in Clinical and Economic Outcomes (2009)

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