Age-Friendly Health Systems
4M Training For Healthcare Practitioners

Module 2: What Matters Most and Mobility

Presenters:
Isabel Rovira, MPH
Lil Banchero, RN
Christine Waszynski, DNP, APRN, GNP-BC FAAN

Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY

South Florida Geriatric Workforce Enhancement Program
Age-Friendly Health Systems
4M Training For Healthcare Practitioners

Series Objectives

By the end of the training, participants will be able to:

1. Understand the need for Age-Friendly Health Systems (AFHS)
2. Communicate the AFHS 4’M model
3. Identify your scope, role, and opportunities to practice the 4Ms in the healthcare setting
Module 1: Introduction to Age-Friendly Health Systems  
• Thursday, June 3, 2021 • 10:00 am EST

Module 2: Deep Dives – What Matters Most & Mobility  
• Thursday, June 10, 2021 • 10:00 am EST

Module 3: Deep Dives – Mentation & Medication  
• Thursday, June 17, 2021 • 10:00 am EST

Module 4: Putting it All Together  
• Thursday, June 24, 2021 • 10:00 am EST
Module 2: What Matters Most and Mobility

June 10th, 2021
Module 2: What Matters Most and Mobility

Welcome & Introduction
Isabel Rovira, MPH

What Matters Most
Lil Banchero, RN

Mobility
Christine Waszynski, DNP, APRN, GNP-BC FAAN

Q & A
What Matters Most

Lil Banchero, RN
Senior Nurse Director, Institute for Healthy Aging
Anne Arundel Medical Center
Transforming Luminis Anne Arundel Medical Center to an Age Friendly Health System
What Matters
Traditional hospital care often fails to take into account the unique needs of older patients. To address this gap, Acute Care for the Elderly (ACE) units were developed to improve how care is delivered. As part of a broader strategic direction to improve geriatric care, AAMC opened our ACE Unit on May 1, 2013.
2013-2016

• An infusion of geriatric education on ACE

• Learning requirements for staff yearly through NICHE

• Certifications highly recommended

• Included PT, OT, care management and pharmacy with all initiatives

• We began work on mobility, undisturbed sleep, dedicated trained volunteers, open visiting hours, diversion activates, palliative care, elder abuse.
2017

• We began our work with IHI and Hartford
• Engaged interdisciplinary team leaders by including them in age friendly work learning and collaboration in Boston (Hospitalists, PT, Pharmacy, Physician practices, unit based educators and Directors)
• C-suite committed
• Understanding this work was a movement
• Providing the 4ms framework laid the ground work for spread
• Having the resources, collaboration and encouragement of IHI
• Using “What matters” as our 4m driver
Patient Centered Care
“Nothing without me”
It takes a team: Patient, Nursing, Physical Therapy, Physician, Pharmacy, Patient Technicians
Spreading the word of the 4Ms

- Leadership council
- Nursing council
- Content expert lectures in house
- House wide actives
- Webinars
- Radio
- Patient family centered committee
- Assisted living providers
- Part of the new residency orientation
Spreading awareness though expert practice

Terry Fulmer
PHD, RN, FAAN
President- The John A Hartford Foundation

Evelyn Ivy
KWANGI, MD
LUMINIS AAMC
GERIATRICIAN

Dr. Biese
Associate Professor,
Division of Geriatric Medicine Co-Director, Division of Geriatric Emergency Medicine Chapel Hill NC

Dr. Donna M. Fick
Director of the Center of Geriatric Nursing Excellence Penn. State

Dr. Erik Hoyer is an assistant professor of physical medicine and rehabilitation at Johns Hopkins

MS, OTR/L, FAOTA advocate for those living with dementia
• **Mentation**: Focus on delirium and dementia
• **Mobility**: Maintain function and prevent/treat complications of frailty.
• **Medication**: Optimize use to reduce harm and burden, focusing on medications affecting mobility, mentation, and what matters.
• **What Matters**: Knowing and acting on preferences and needs.
Educating our staff in multiple ways
What Matters Most to Me
What Matters to You vs What's the Matter with You

Shifting away from the disease and back to the patient and family

- What is important to you today?
- What do you worry about?
- What would make tomorrow a really great day for you?
Guiding questions for life matters

• What is important to you today?

• What brings you joy what makes you happy?

• What do you worry about?

• What would make today a great day for you?
During a mobility session, the patient mentioned that she really just wanted to watch a movie and enjoy some popcorn. She had been in the hospital for an extended time in Critical Care on a ventilator and transitioned to ACE and was improving. The Ace Unit Quality Tech arranged a viewing for her that afternoon.
Guiding questions for treatment goals

• What is the on thing about your health you most want to focus on?

• What are your most important goals now and in the future?

• What are your fears or concerns for your family?

• What are your most important goals if your health may worsen?
A patient on the ACE Unit was experiencing serious health problems. He stated that his desire was to stop fighting and pass peacefully. He was done. However, a few members of the care team believed it was best to press him to continue. But after a “what matters” conversation with the patient and wife, the patient elected to go on hospice. He passed peacefully in the hospital.

His obituary stated that in lieu of flowers, his family would like contributions to go to the ACE Unit as thanks for the exemplary care.
Emergency Department
What Matters

What worries you the most about your health and being in the ED today?

What would be a good outcome for you from this ED visit?
White Boards
JUNE 6th What Matters Day
For any patient 65 and older, a care plan will automatically drop in...
<table>
<thead>
<tr>
<th>Task</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Plan of Care - Adults 65 and older</td>
<td></td>
</tr>
<tr>
<td>Individualization and Mutuality</td>
<td>Completed</td>
</tr>
<tr>
<td>Plan of Care reviewed with</td>
<td>Completed</td>
</tr>
<tr>
<td>Optimize Mobility</td>
<td>Completed</td>
</tr>
<tr>
<td>Optimize Mentation</td>
<td>Completed</td>
</tr>
<tr>
<td>Optimize Medications</td>
<td>Completed</td>
</tr>
</tbody>
</table>
My name is Chet Gebarowski

I am from Massachusetts

My favorite sports team is the Boston Red Sox

I worked as a truck driver

I enjoy listening to Neil Diamond

My favorite things are relax and be with family, Chick Fil A sandwiches

The names of my family members are Susan, Perry, Kari, Steve, Andrew, Timmy

I get grumpy when I get cold or tired

I feel relaxed and calm when I have my electric blanket set on 3

What’s most important to me is being pain-free and with my family

I don’t like being cold

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<table>
<thead>
<tr>
<th>I am allergic to</th>
<th>Levaquin</th>
</tr>
</thead>
<tbody>
<tr>
<td>I walk with a walker</td>
<td>Boost Plus only Vanilla or Strawberry, mac and cheese</td>
</tr>
<tr>
<td>My favorite food/drink is</td>
<td>For a snack I like to eat cookies</td>
</tr>
<tr>
<td>I wear</td>
<td>Leathershhoes only, PJs to sleep in</td>
</tr>
<tr>
<td>I sleep soundly from 8pm to 7am</td>
<td>I like to bathe with help in the morning</td>
</tr>
<tr>
<td>Meal time preference is</td>
<td>breakfast at 8a, lunch at 12p, snack at 3pm, dinner at 5:30p</td>
</tr>
<tr>
<td>I need help with</td>
<td>bathing, buttoning small buttons</td>
</tr>
<tr>
<td>I eat by myself and only what I like</td>
<td>I have a hearing/vision impairment</td>
</tr>
<tr>
<td>I have a dental problem</td>
<td>I have my own teeth</td>
</tr>
</tbody>
</table>
What matters data for 65 and older you can see home/pain top concerns
“I am going home”

92 yr. old, living independently at home, using walker, fell at home broke a hip. Hospital normal course for a 92 with hip fracture is rehab/SNF. One dramatic moment very early on which made us realize the power of this question involved a 93 year old woman who fell in her yard at home. We were very happy to immediately start planning her discharge to a rehab knowing she could easily qualify. However, we did not really ask the patient what matters. When we did, we realized that the thing that mattered to her more than anything in the world was to get home to

What mattered to the patient: “I want to go home”
Mentation: no delirium, good sleep, family engaged
Mobility: Physical therapy revisited care plan to go home, ambulated early/frequently
Medication: medications reviewed, proper pain control
Primary Care Embraces the 4Ms

• Physician champion
• Clinical practice managers
• Wellness nurses
Primary Care
My Chart
What Matters to Me?

The amount of time AAMC has given back to patients (65+) since FY17

Time Saved Compared to FY17 Average

Readmissions FY17-18

19% Increase

ED Arrival to Departure (OP-18b) FY17-18

2% Decrease

Length of Stay FY17-18

1% Decrease
What Matters is a Powerful question

BUT

• It’s just as Important to connect and build relationships

• Really spending time to understand what’s important to patients and families

• Asking what matters will drive the patient care plan
Proud to be one of five systems nationally designated as Pioneers in Age Friendly work
Mobility

Christine Waszynski, DNP, APRN, GNP-BC FAAN
Coordinator of Inpatient Geriatric Services, ADAPT, Age Friendly Health Systems Inpatient Project, the Hartford HealthCare Systemwide Fall Prevention Committee, NICHE
Mobility Is Medicine

Christine Waszynski DNP, APRN, GNP-BC, FAAN
Hartford Hospital: Hartford CT
Disclosure Statement

- No conflicts to disclose
Learning Objectives

● The learner will recognize the hazards of immobility for the older adult with acute or chronic illness
● The learner will understand the concepts behind the SAFER mobilization program and outcomes as determined by audits
● Describe interventions to be offered to promote maximum/appropriate level of mobilization
“"I have to get out of here before I become a cripple""

T.M.
Age-Friendly Health Systems: The 4Ms

- **What Matters**: Know and act on each patient’s specific health outcome goals and care preferences.

- **Mobility**: Maintain mobility and function by ensuring that older adults move safely every day. Prevent and treat complications of immobility.

- **Medication**: Optimize use to reduce harm and burden, focusing on medications affecting mobility, mentation, and what matters.

- **Mind**: Focus on mentation, delirium and dementia and depression.
Mobility in the hospitalized older adult

Brown et al, 2009 accelerometer data:
Inclusion criteria: adults aged 65 and older, absence of delirium, no history of major neurocognitive disorder and ambulating 2 weeks prior to hospitalization
- 13% sitting
- 4% standing or walking
- 83% laying in bed
- <5% of these individuals had physician orders for bed rest

Facts

- Loss of strength and balance occur quickly - as early as day 2 of an illness
- For everyday spent in bed, it takes 3 days in rehab to regain lost function
- Functional decline = poor clinical outcomes
Potential Complications of Immobility

Respiratory: respiratory tract infections, atelectasis, and pulmonary embolism

Cardiovascular: orthostatic hypotension, exercise intolerance, and decreased cardiac output

Hematologic: deep vein thrombosis

Metabolic: glucose intolerance

Skin: pressure ulcers

Neurological: disorientation, delirium, depression, anxiety, and social isolation, sleep-wake cycle disturbance

Musculoskeletal: 10-15% muscle strength loss per week, osteoporosis, muscle atrophy, and contractures

Renal/Genitourinary: urinary tract infection, renal calculi, incontinence

Gastrointestinal: anorexia, constipation and fecal impaction

Post-Hospital Syndrome

- Immobility
- Sleep-wake cycle disruption
- Sleep deprivation
- Malnutrition
- Uncontrolled pain and other discomforts
- Delirium
- Medication (sedative which can impair cognition and function)


>1/3 of older adults age >70 years old were discharged with a new disability that was not present before admission

There is no pill to directly treat muscle weakness, loss of power, low endurance and fatigue in hospitalized patients. Increased activity is the treatment and needs to be considered as important as treatments for the other body systems.
Barriers to Mobility During Hospitalization from the Perspectives of Older Patients and Their Nurses and Physicians

FIGURE 2. Barriers frequently noted by participants, subdivided into patients, nurses, and physicians. For each barrier reported, the dark bar corresponds to patient responses, the striped bar to nurse responses, and the dotted bar to physician responses.

Promoting Mobility and Preventing Falls in the Hospital

The Hospital Elder Life Program (HELP)(CoCare https://help.agscocare.org/)
- Multicomponent program to prevent delirium, a risk factor for hospital falls- volunteer-based walking and mobility activities
- Enhances mobility while decreasing falls
- Decrease delirium, cognitive and functional decline, length of stay, hospital costs, and institutionalization

Brown et al, randomized, controlled trial of hospitalized older adults assigned to a structured progressive mobility protocol (2016):
- Maintain their pre-hospitalization community mobility one month following discharge

Our Experience: Hospital Falls

- Most falls involve the act of toileting
- Many falls are assisted falls
- Some patients refuse our interventions
- Patients are under-mobilized
- Each patient’s fall risk profile is unique and requires specifics above standard work
Safer Mobilization

Safety Assessment Fall Evaluation Risk

Your Safe Mobility Plan
- Bed/chair alarm
- Gait belt
- Walker
- Assistance by or staff
- Wheelchair follow
- Other _______

Mobility Level
- Sit at Edge of Bed with Staff Assistance
- Stand/pivot to chair
- Walk with Staff Assistance
- Independent

Rehab Recommendations
- Advance patient per Progressive Mobility Protocol
- Do not progress pt. without prior approval from rehab staff

Date: _____________ Notes:

Patient Responsibilities
- Avoid sitting on edge of bed alone
- Call for staff assistance
- Participate in mobility activities
- Exercise as directed

Permit Staff To...
- Use a gait belt and walker as needed
- Stay during toileting
- Set exit alarm

Toileting Plan
- Urinal
- Bed Pan
- Commode
- At Bedside
- Incontinent
- Bathroom
- Commode over toilet
Process

- SAFER Mobilization poster is reviewed every shift by the nurse, PCA and patient
- Mitigate active risk factors as possible
- Physical therapy contributes updates as appropriate
- SAFER poster is a driver and appropriate auditing performed
- Additional audits done on documentation of mobilization

Benefits: Up to date reflection of patient’s mobility and safety plan
Safer Mobilization Supportive Measures

- Mobility volunteers since 2011 (PT or other health profession students)
- 17,500 mobility episodes
- Implemented Gait belt and walker for all mobilization of high fall risk patients
- Commodes and shower chairs readily available
# Modified Dionne’s Egress Test™

**Maneuvers to test patient’s ability to move away from the bed safely**

<table>
<thead>
<tr>
<th>Test 1</th>
<th>Test 2</th>
<th>Test 3</th>
<th>Test 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Image" /></td>
<td><img src="image2.png" alt="Image" /></td>
<td><img src="image3.png" alt="Image" /></td>
<td><img src="image4.png" alt="Image" /></td>
</tr>
</tbody>
</table>

**Test 2**

- **Step in place**
  - 1. Three steps in place with each foot. Must clear the floor without buckling of the supporting leg.
  - 2. May use an assistive device.

**Rise sit-to-stand**

- 1. From sitting position, feet flat on floor, able to stand with minimal/moderate assistance of one person.
- 2. Remain standing.

**Test 3**

- **Step forward**
  - 1. From comfortable stance width, advance and retreat each foot.
  - 2. May use assistive device.
  - 3. Heel must advance past toes of other stance foot without buckling of stance leg.

**Test 4**

- **Step to the Side**
  - 1. Standing with legs in contact with edge of bed.
  - 2. Take 3 side steps to left and right. (If knees buckle, patient is not safe for stepping transfer to chair.)
Progressive Mobility Levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Assessment</th>
<th>Goal</th>
<th>Pass</th>
<th>Fall</th>
<th>Equipment: Safe Patient Handling</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level Zero</td>
<td>Bed rest, side to side turn</td>
<td>Flexibility, contracts &amp; skin integrity</td>
<td>TID daily to each limb</td>
<td>Progress to level One</td>
<td>Repositionings for floor based or seated lift</td>
<td>Cross reference lateral rotation and flexion/extension for hemodynamics and line integrity</td>
</tr>
<tr>
<td>Level One</td>
<td>Beach chair</td>
<td>Assess tolerance for HOB elevation</td>
<td>1-2 hours two or three times a day</td>
<td>Progress to level Two</td>
<td>Reassess after 24 hours</td>
<td>Turn assistance on ICU specialty bed</td>
</tr>
<tr>
<td>Level Two</td>
<td>Bok of Bed (BOB)</td>
<td>Trunk strength and balance</td>
<td>Balance at EOB, extend one leg at a time and hold 5 seconds</td>
<td>Progress to level Three</td>
<td>Patient cannot maintain balance at EOB with minimal assistance</td>
<td>Utilize chair function on bed</td>
</tr>
<tr>
<td>Level Three</td>
<td>Standing</td>
<td>Lower extremity strength</td>
<td>Weight bearing with assist of two for greater than 30 seconds or three times a day</td>
<td>Progress to level Four, transferring to a chair</td>
<td>Reassess after 24 hours</td>
<td>Change position every 2 hours</td>
</tr>
<tr>
<td>Level Four</td>
<td>Transferring to a chair</td>
<td>Upper and lower extremity stability and strength</td>
<td>Transfer OOB to chair for meals and/or 2-3 meals/day</td>
<td>Patient stands for more than minimal assist and is able to march 10 steps in both directions</td>
<td>After two failures, consider lift for OOB, initiate PT/OT</td>
<td>Turn assistance on ICU specialty bed</td>
</tr>
<tr>
<td>Level Five</td>
<td>Ambulation</td>
<td>Upper and lower extremity strength</td>
<td>Ambulates as appropriate 2-3 times/day</td>
<td>Patient is able to ambulate with no more than minimal assist of one (with or without adaptive equipment)</td>
<td>Cannot step or unstable when stepping</td>
<td>Use of gait belt and assistive devices</td>
</tr>
</tbody>
</table>

Other relative contraindications may exist pertinent to a patient’s condition. Clinician must evaluate each patient individually for conditions/factors that may preclude the use of therapy.
Medicine Units: 43% reduction in falls
Falls on Medicine Units - Trend

SAFER Metrics
All Units Combined

SAFER program implemented
Mobilization Opportunity

Number of Walks > 100 Ft. all Units Combined

<table>
<thead>
<tr>
<th>Date</th>
<th># of Level 5 Pts.</th>
<th># of Walks &gt;100 Ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/12/2020</td>
<td>58</td>
<td>14</td>
</tr>
<tr>
<td>5/18/2020</td>
<td>60</td>
<td>19</td>
</tr>
<tr>
<td>5/27/2020</td>
<td>78</td>
<td>23</td>
</tr>
<tr>
<td>6/3/2020</td>
<td>81</td>
<td>31</td>
</tr>
<tr>
<td>6/8/2020</td>
<td>89</td>
<td>24</td>
</tr>
</tbody>
</table>
Patient Mobility Score Card

Mobility is Medicine

- Did you know for every day you are in bed it takes 3 days to recover your strength & balance?
- Immobility can put you at greater risk for:
  - Blood clots
  - Pneumonia
  - Falls
  - Delirium
  - Anxiety
  - Skin breakdown
  - Sadness
  - Constipation
  - Difficulty voiding
- Evidence shows that safe mobilization & bed/chair exercises can help you to recover more quickly.
### Patient Mobility Score Card

**Things you can do**

- Tell the staff what your baseline mobility is
- Ask the staff to make sure you are safe to get up out of bed
- Ask to get out of bed to a chair
- Perform bed/chair exercises
- Avoid sitting on the edge of the bed alone
- Discuss toileting plan with staff in the morning
- Ask the nurse about the fall prevention protocols

<table>
<thead>
<tr>
<th>Activity</th>
<th>7-11am</th>
<th>11am-3pm</th>
<th>3pm-7pm</th>
<th>7pm-11pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of bed to chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chair exercises</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Exercises
Unit Based Mobility Interventions

1 lb Weights

Pedal Bike
Flip the dialogue....

Fall Prevention  →  Safer Mobilization
Take to the wards....Mobility is Medicine

- Discuss mobility at huddles daily
- Mobility is everyone’s responsibility
- Mobilization needs to be a priority for recovery
- Patients and families should be involved in the SAFER mobilization plan to prevent falls and advance mobilization
- Mobility status should be reported at handoff
- 6th Vital sign!
Encounters In the Community

- Focus on importance of mobilization to maximum every day
- Support way to integrate safe mobilization into daily life with an individualized plan
- Exercise during each TV commercial
- Tai Chi or other group exercise
- Synergism of simultaneous cognitive and physical exercise
References

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Questions?
Help us by completing an evaluation!

https://redcap.nova.edu/redcap/surveys/?s=CHETXK48Y4
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Join us Next Week!

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Thank you!

Contact Information for Today’s Speakers:

- **Isabel Rovira**, Co-Founder/COO, Urban Health Partnerships: isabel@urbanhp.org
- **Lil Banchero**, Senior Nurse Director, Institute of Healthy Aging, Anne Arundel Medical Center: lbanchero@aahs.org
- **Christine Waszynski**, Coordinator of Inpatient Geriatric Services, Hartford Hospital: Christine.Waszynski@hhchealth.org