Implementation of Targeted Interventions to Improve Outcomes in Geriatric Trauma Patients

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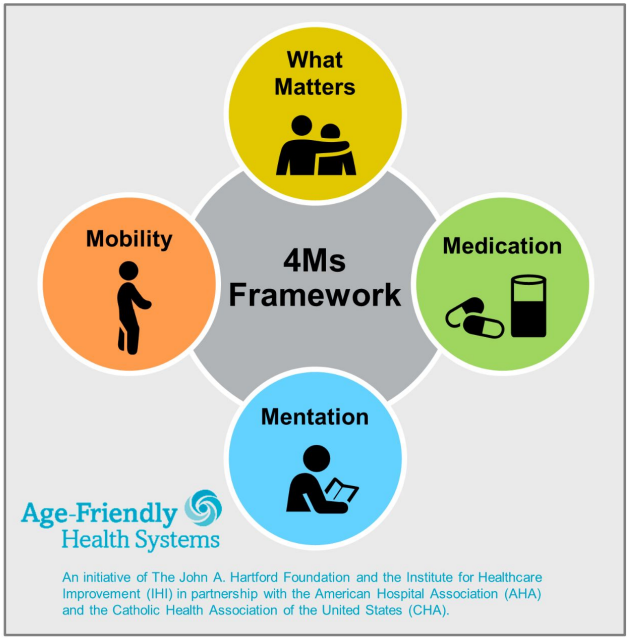
Geriatric Trauma Unit (Fall 2022)

In Fall of 2022, a quality improvement initiative was sponsored by trauma surgery, general surgery, medicine, and hospital leadership to work on improving our care of geriatric trauma patients.



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

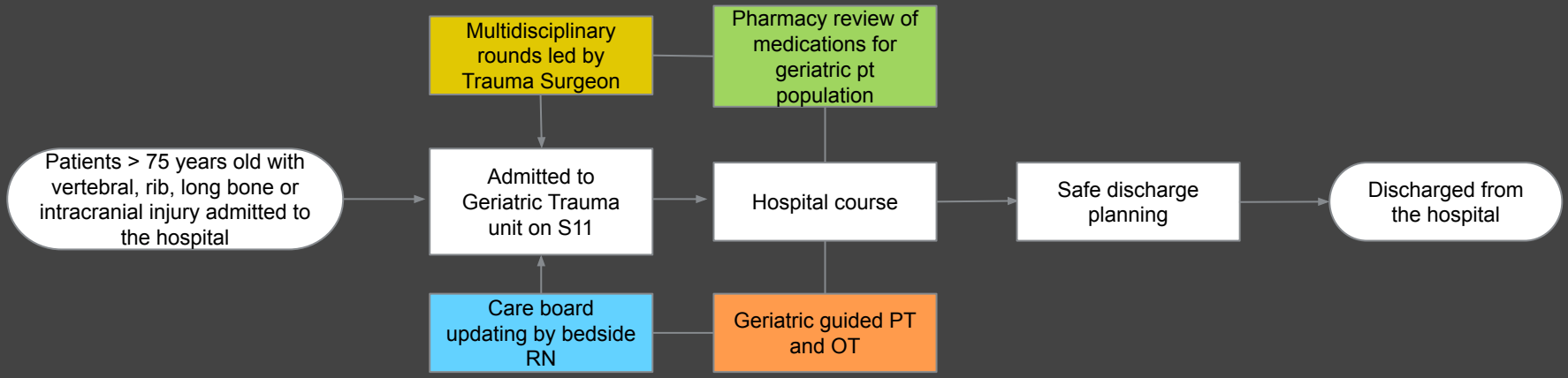
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

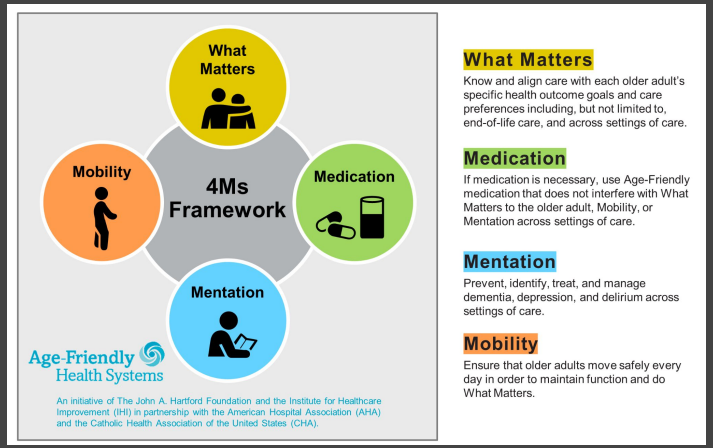
Ensure that older adults move safely every day in order to maintain function and do What Matters.

The 4 M's are a framework developed by the Institute for Healthcare Improvement (IHI) and John A Hartford Foundation that can be utilized to deliver high-quality, evidence based care to geriatric patients.

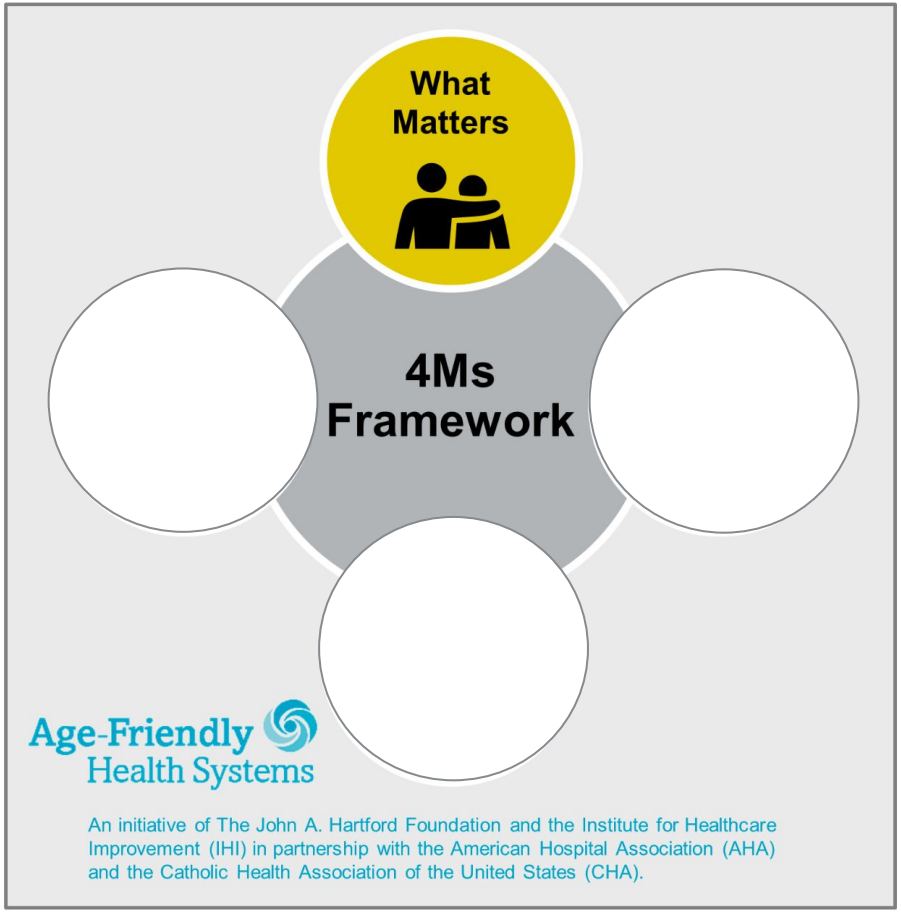
Geriatric Trauma Unit (Fall 2022)



➔ **Residents worked with surgical, medicine, and QI teams to build a new geriatric trauma unit at Regions Hospital using the 4 M's framework.**



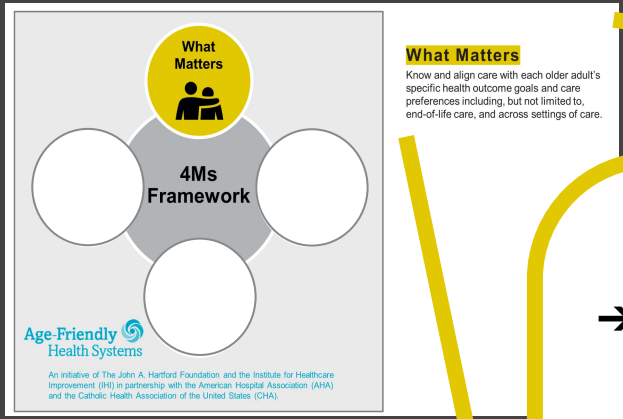
What Matters



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

What Matters: Aims



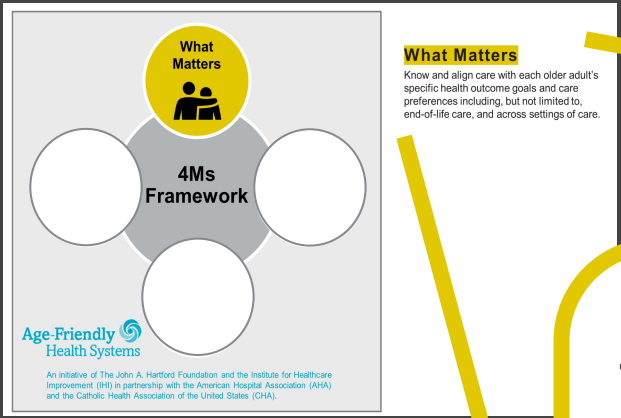
Prior to Geriatric Trauma Unit:

- ➔ No formal communication or rounding structure for multidisciplinary care teams to discuss or round with patients.
- ➔ No framework for RNs/MD/care manager teams to round in the context of the 4 M's.

Our Aim:

Creation of multidisciplinary team rounds on the S11 Geriatric unit

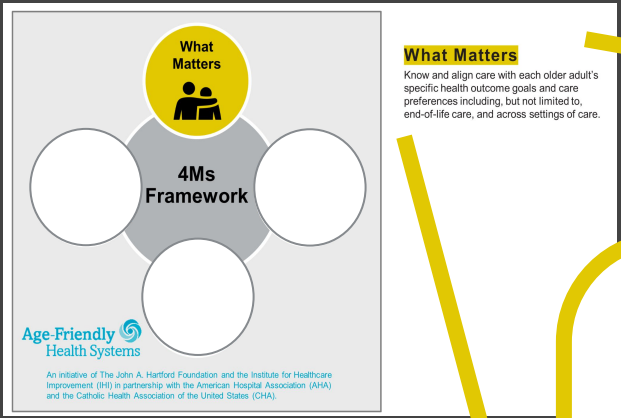
What Matters: Data



Gaps in the Current State:

- ➔ Not all of the key players were at the table (e.g. SW, CM, PT/OT)
- ➔ There wasn't a standard order in which patients were presented or how they were presented (who gives updates, etc.)
- ➔ Lack of communication and lack of roles/responsibilities among members of the interprofessional team (disrupts information flow and critical info is missed)

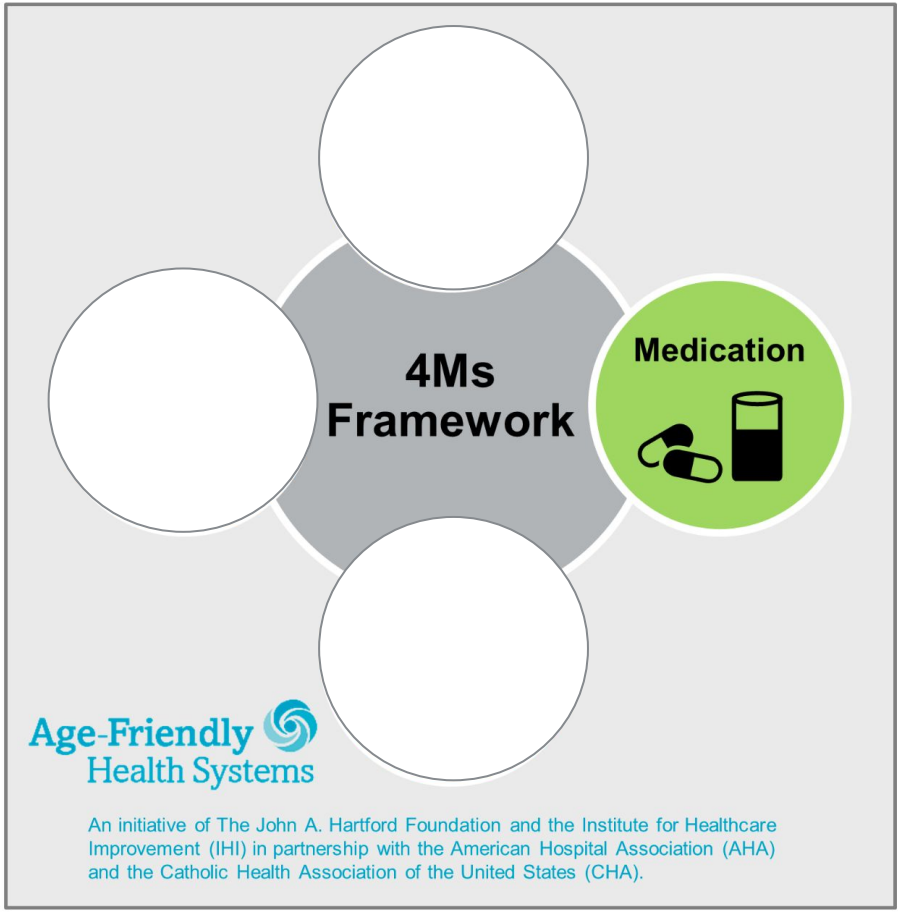
What Matters: Proposed Interventions



Future Directions:

- ➔ Develop framework for discussion and presentation of patients during the multidisciplinary care rounds with the 4Ms in mind
- ➔ Structure the presentation order of patients and timeline for rounds
- ➔ Ensure all key stakeholders (CM, PT and OT) are present
- ➔ Consider having charge nurse lead rounds for continuity of teams and care, bottom up representation

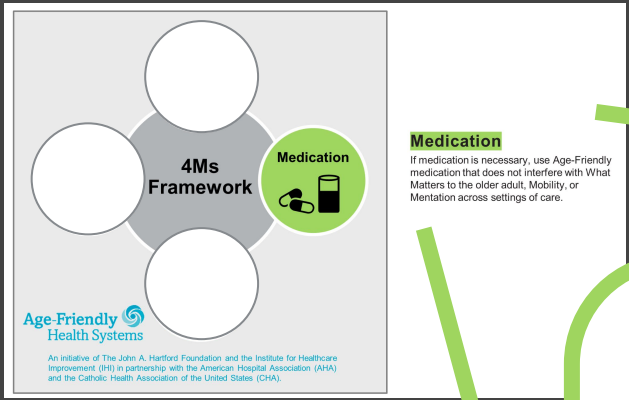
Medication



Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Medication: Aims



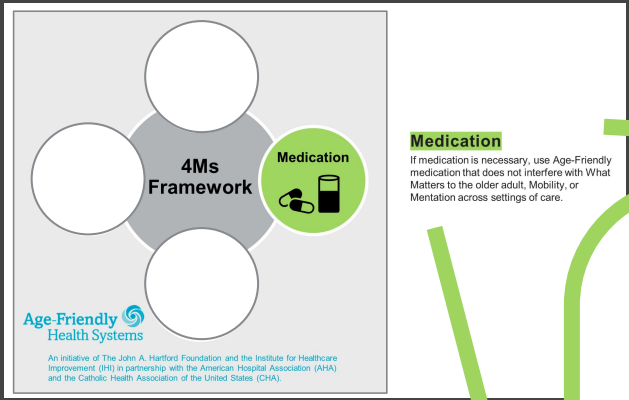
Prior to Geriatric Trauma Unit:

➔ No formal communication or rounding structure for multidisciplinary care teams to discuss or round with patients, including pharmacy

Our Aim:

Creation of multidisciplinary team rounds on the S11 Geriatric unit

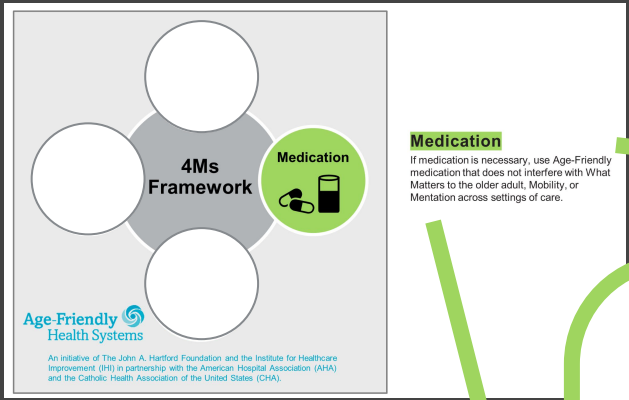
Medication: Data



Gaps in the Current State:

- ➔ No formal rounding structure to discuss with pharmacy or have medication reviews
- ➔ Audit of 20 patient charts:
  - 5/20 had preexisting diagnosis of dementia or cognitive impairment
  - Delirium present in 7/20 patients
  - Antipsychotics used in 6/20
  - 15/20 had opioids prescribed in the hospital
  - 11/20 IV opioids
  - 13/20 oral opioids
  - 6/20 patients were prescribed opioids on discharge

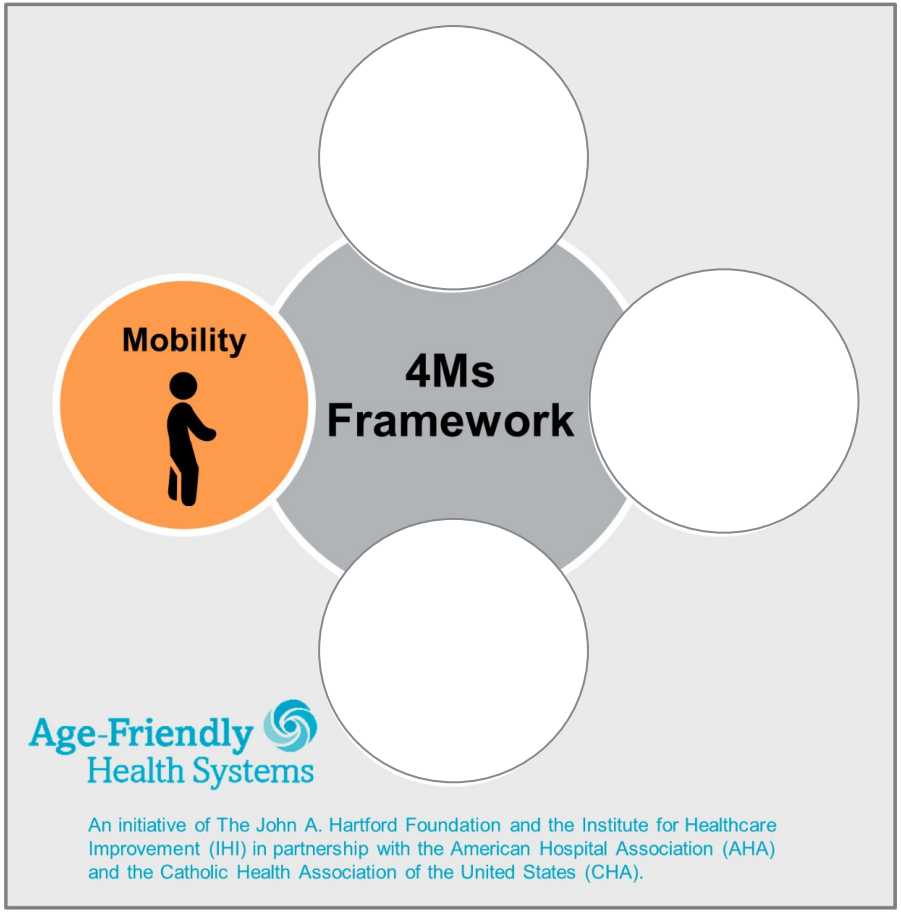
Medication: Proposed Interventions



Future Directions:

- ➔ Continued education and standardized approach to treating pain
- ➔ More formal structure to engage with and review medications with pharmacy during multidisciplinary rounds
- ➔ Creation of an order set for the geriatric trauma unit to guide appropriate medication selection, dosing, and route of administration

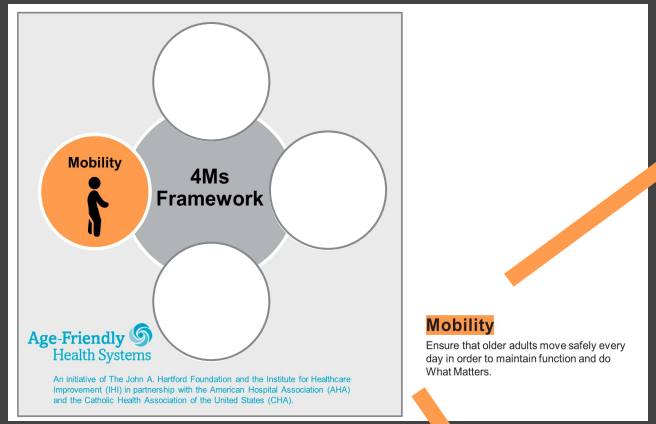
Mobility



Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Mobility: Aims



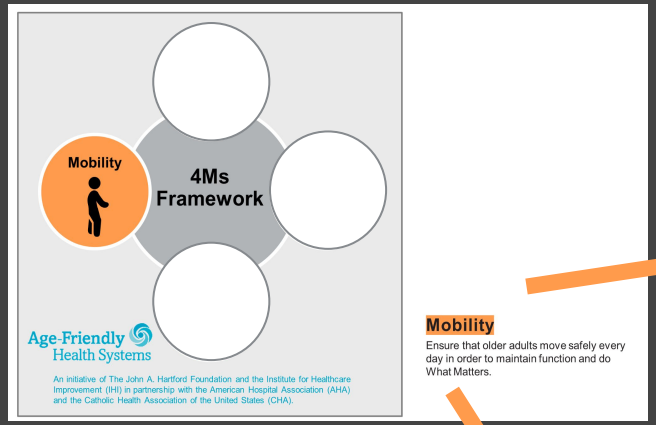
Prior to Geriatric Trauma Unit:

- ➔ Early mobility is critical to progress patient care, but challenging for our geriatric patients in the setting of pain, fractures, and medications being used for treatment
- ➔ Environmental conditions in the hospital (tethering) also can be a barrier to mobility.

Our Aims:

Improve education through simulation of staff working with this population as well as an evaluation of current environment

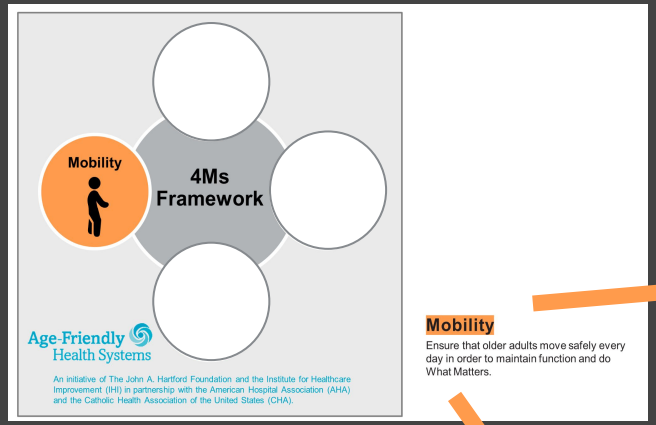
Mobility: Education & Simulation



Proposed Intervention:

- ➔ Still determining scope – broad vs. narrow (staff/units?)
- ➔ 2-3 stations at once with core concepts centering on delirium, environment, care boards, mobility
- ➔ Clinical case stations, geriatric suit stations
- ➔ Use the Likert scale for before and after assessments rating level of confidence on various items

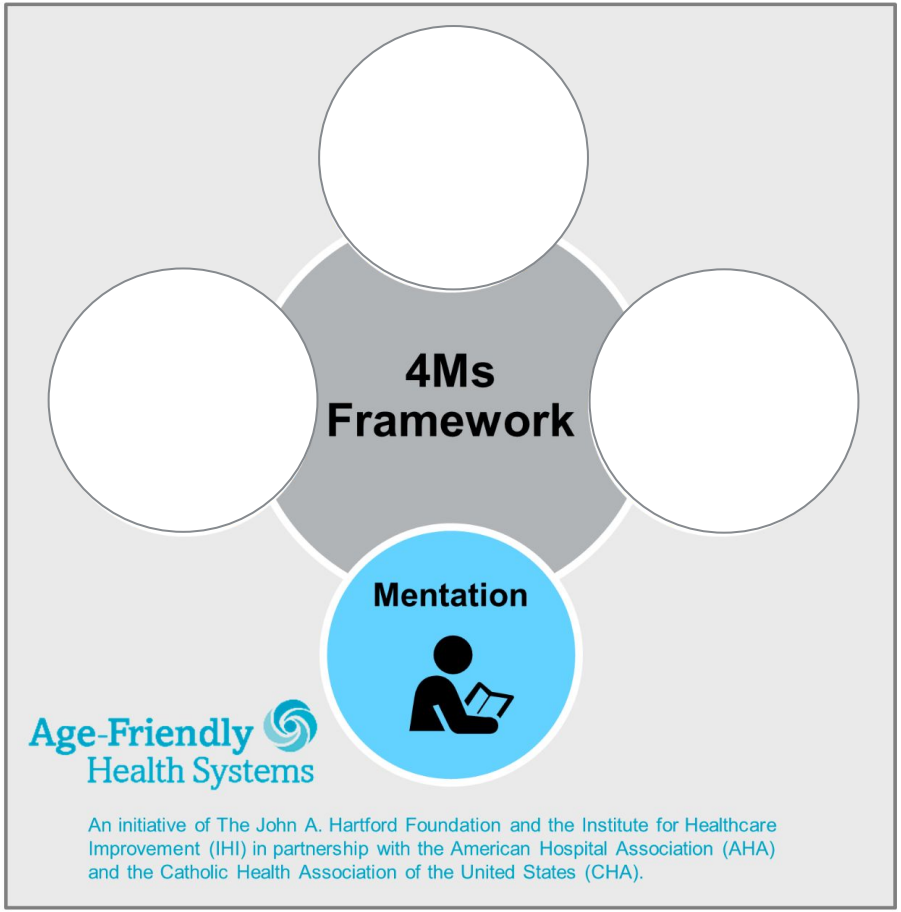
Mobility: Environment



Proposed Intervention:

- ➔ Use simulation and education to RNs, aids, therapy, MD's to identify new best practices for geriatric trauma patient rooms
- ➔ Continue to utilize best practices to maximize delirium prevention & minimize physical restraint use

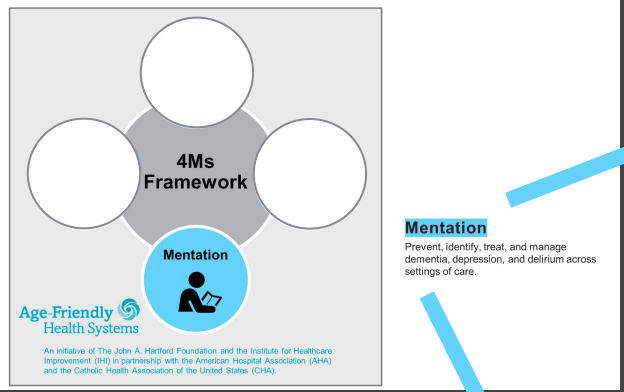
Mentation



Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mentation: Aims



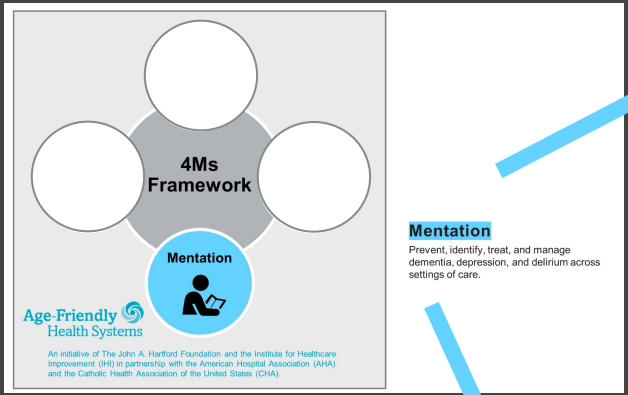
Prior to Geriatric Trauma Unit:

- ➔ Concerns around the treatment, diagnosis and prevention of delirium
- ➔ Lack of communication framework between RN and MD for delirium assessment
- ➔ Looking for innovative ways to assist in the diagnosis, prevention and safe treatment of patients with delirium in the geriatric trauma unit

Our Aim:

Creation of geriatric focused care boards within each patient room.

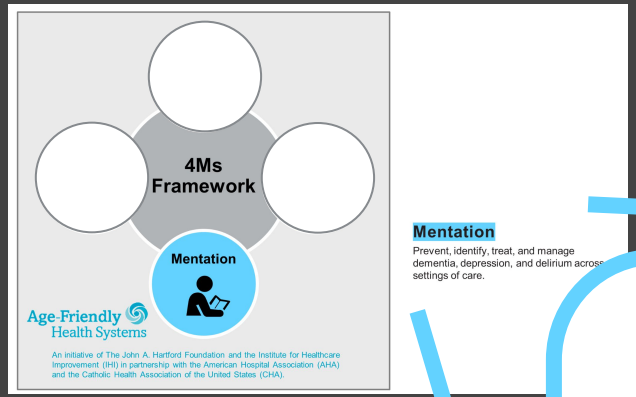
Mentation: Data



Care Board Audit (10 boards):

- ➔ 8/10 boards were accurately labeled with patient's name, date, RN, and PCA
- ➔ The "Plan for Day" and "What Matters" box was used in all 10 boards, but variable in amount of detail
- ➔ 50% of boards had a "what matters" section written in, usually some variation of "get home," "pain management," or "see family"
- ➔ 50% of boards had a "sensory aids" section written in
- ➔ Disposition was updated in around 75% of boards, though majority of those wrote "TBD" and if a disposition was known (e.g. TCU), none of the boards had anticipated dates

Mentation: Proposed Interventions

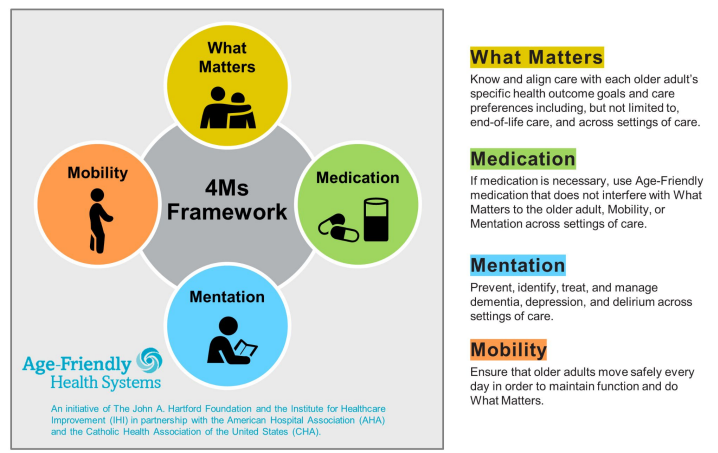


Future Directions:

- ➔ Discuss audit findings with stakeholders with goal for RN involvement and adoption to using the care boards to be clear, updated, both patient and provider centered
- ➔ Continue to incorporate "**What Matters**" into the care board, but in more detail
- ➔ Utilizing the care board to help with **mobility** and discharge communication

Overview & Acknowledgements

- ➔ Continue PDSA's on the different areas that impact the 4Ms of geriatric care
- ➔ Education, simulation, ongoing audits, and review of best practice literature critical to inform opportunities for improvement
- ➔ Continue to engage with surgery, pharmacy, nursing, therapy, and CC leadership to polish, focus, and organize multidisciplinary care rounds



A big thank you to Danielle Hermes, Dr. Schnaus, and all other Regions Hospital staff that participated and gave of their time to better the care of the geriatric patients.