AGE-FRIENDLY CARE, BANNER UNIVERSITY MEDICAL CENTER-PHOENIX

by

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And to the leadership of the Clinical Translational Science Program for believing in me when my world was collapsing, I say thank you.

To my wife and my three little children (Joy, Joyce, and Joseph), I say thank you.

To my aged parents, you are the best.

Dedication:

This project is dedicated to my Aged Parents, Retired Reverend Peter Afolabi Abogunrin and Mrs. Florence Funmilayo Abogunrin.

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Abstract

Background: The older adult population in the United States is growing rapidly, and this trend demands our urgent attention. By 2030, there will be more older adults than children under 18 for the first time in history, and in Arizona, nearly one in four residents will be aged 65 or older (U.S Census Bureau, 2018). This shift will undoubtedly lead to a significant increase in the demand for care for older adults, placing considerable pressure on the healthcare system.

Objectives: This quality improvement project aims to identify the barriers and analyze the challenges impacting patient care delivery at Banner University Medical Center-Phoenix (BUMCP), an Age-friendly care center, and develop potential solutions to address these issues, focusing on the required criteria outlined by the Geriatrics Emergency Department Accreditation (GEDA) and Center for Medicare and Medicaid Services (CMS) measures.

Methods: We identified 65 BUMCP employees who have managed older adults and engaged with the ACE unit, where age-friendly care is consistently implemented. The employees include physicians, surgeons, other healthcare providers, nurses, case managers, social workers, physical therapists, nutritionists, pharmacists, and administrators. We engaged these employees in interviews using questionnaires to uncover operational challenges and barriers to care, as well as to gain insights into their experiences and gather direct feedback. This information was subsequently summarized using the Qualtrics platform to highlight areas needing improvement and potential solutions.

Results: The main barriers to care include patient complexities (53%) and time constraints, affecting 80% of respondents, with cognitive impairment and mobility limitations being significant issues. Challenges with end-of-life care and advance directives are also noted, impacting 82% of respondents to varying degrees.

Conclusion: The Age-friendly care initiatives have demonstrated effectiveness in addressing the distinctive needs of older adults; however, they are not without considerable challenges.

Chapter 1: Introduction

1.1 Background of Study

Age-friendly care is a healthcare approach tailored to meet the unique needs of older adults, focusing on providing personalized and effective interventions to improve healthcare outcomes and the overall quality of life for older adults without doing any harm (IHI, JAHF).

This approach to care has been successfully implemented at Banner University Medical Center-Phoenix (BUMCP). The age-friendly care center takes pride in being one of the leading hospitals in the southwestern United States, and it is committed to delivering safe, evidence-based care centered on the patients. BUMCP adheres to the core values emphasizing respect, person-centered practices, safe and accessible care, and holistic support using the 4Ms framework of age-friendly care as its guiding principles. The framework is specifically designed to meet the needs of older adults who are frequently at higher risk for complications and require more intervention. This commitment not only aims to enhance patient outcomes but also seeks to reduce the length of hospital stays, thus lowering healthcare costs. Additionally, the BUMCP emergency department is known to be the first in Arizona to receive Geriatric Emergency Department Accreditation (GEDA) from the American College of Emergency Physicians (ACEP). It offers extensive training experience for future physicians specializing in geriatric care.

Currently, older adults account for between 15% and 25% of all patients seen in the emergency department (EDs) nationwide. In contrast, at BUMCP, 20% of annual ED visits involve older adults (Banner Health). Therefore, implementing innovative care delivery and integration strategies, such as Age-friendly care initiatives, is essential to maintaining high-quality care and managing healthcare costs effectively, particularly given the increased risk of morbidity and mortality among older adults.

1.2 Problem Statement

In 2023, a significant proportion of older women lived independently, with statistics revealing that 27% of women aged 65 to 74, 39% aged 75 to 84, and a striking 50% of women aged 85 and older resided alone (U.S Census Bureau). This demographic shift highlights growing care needs, particularly as many older Americans, especially those with limited financial resources and chronic health issues, face an expanding caregiving gap. The rising demand for elder care services will increase significantly over the following decades, predominantly due to the aging Baby Boomer generation. This trend suggests a looming strain on the healthcare system, requiring urgent attention and innovative solutions to support this vulnerable population adequately.

1.3 Project Objectives

Implementing age-friendly care at Banner University Medical Center-Phoenix (BUMCP) is astounding. However, this achievement has not come without its challenges. This quality improvement project aims to identify the challenges and analyze the barriers affecting patient care delivery at Banner University Medical Center-Phoenix, which is recognized as an age-friendly care center.

The project focuses on developing potential solutions to address issues related to the care of older adult patients with complex needs, such as cognitive impairments (including delirium and dementia), mobility limitations, and issues related to time management, end-of-life care, or advance directives.

It is essential, therefore, to organize interdisciplinary team meetings frequently to ensure that interventions are tailored to the specific needs of hospitalized older adults and to prevent functional decline. This approach will foster collaboration in problem-solving and ensure that all perspectives are considered.

1.4 Research/Study Question

Banner University Medical Center-Phoenix implements age-friendly care through the 4Ms framework: what matters, mobility, medication, and mentation. Despite specific challenges with room for improvement, this approach aims to improve healthcare outcomes and overall quality of life for older adults. Therefore, what strategies can be adopted to strengthen age-friendly care at this time?

1.5 Significance of Study

This study is essential to delivering safe and age-friendly care to older adults. It helps us meet regulatory metrics, such as quality improvement and age-friendly measures from CMS, and aligns with Banner's organizational objectives. Additionally, it promotes awareness of age-friendly care principles and their impact on enhancing patient, family, and healthcare worker satisfaction.

1.6 Scope and Limitations

The subject population consisted of Banner employees who work closely with older adults and are familiar with the ACE unit. The result of the project is generalizable as the sampling is representative, and the interventions will be standardized.

Chapter 2: Literature Review

2.1 Understanding Age-Friendly Care

2.1.1 The 4Ms Framework:

According to the Institute for Healthcare Improvement (IHI), Age-Friendly Care utilizes the 4Ms framework- What Matters, Medication, Mentation, and Mobility as a foundational guideline to deliver high-quality, patient-centered care for older adults. This structured approach addresses the distinct needs of aging individuals, ensuring that healthcare practices are closely aligned with their preferences and priorities. This comprehensive framework aims to enhance the well-being of older adults and actively mitigate the risks associated with aging-related conditions, thereby fostering a more supportive and effective healthcare environment for this demographic. By utilizing the 4Ms, healthcare providers can significantly improve health outcomes and the overall quality of life for older adults.

2.1.2 What matters: This component emphasizes understanding the personal goals, preferences, and values of older adults, allowing healthcare providers to tailor their strategies accordingly and ensure that care plans align with what is truly important to the individual, thereby working toward their desired quality of life. Throughout this process, the providers demonstrate respect for autonomy while engaging in collaborative, shared decision–making to ensure that individual care plans accurately reflect their needs and lifestyles. Their end-of-life preferences, emotional balance, and social well-being are also respected. (The John A. Hartford Foundation).

2.1.3 Medication: This component minimizes polypharmacy by optimizing medication management to reduce adverse drug interactions. It is achieved through regular review of prescriptions and avoidance of high-risk medications, ensuring proper drug dosages, regular monitoring, and follow-up. Other specialists are also involved in this with appropriate coordination and regular communication among providers to consider patients' specific factors for a more effective and safer medication management approach. Timely adjustments to prescriptions when necessary are also facilitated.

2.1.4 Mentation: This component ensures that conditions like delirium, depression, and dementia are prevented, identified early, and managed appropriately. It promotes and preserves mental health function through screening and regular cognitive assessment. It avoids unnecessary sedation to prevent delirium and supports cognitive function by encouraging activities like social interactions, reading, puzzles, and gentle physical exercise.

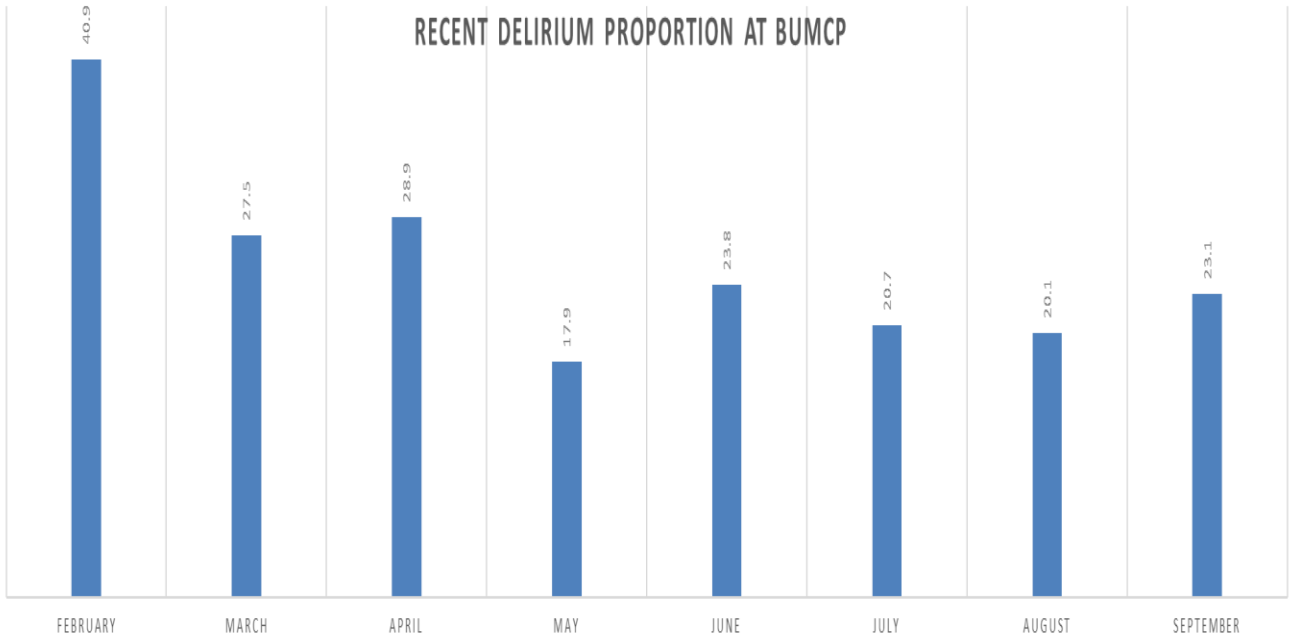
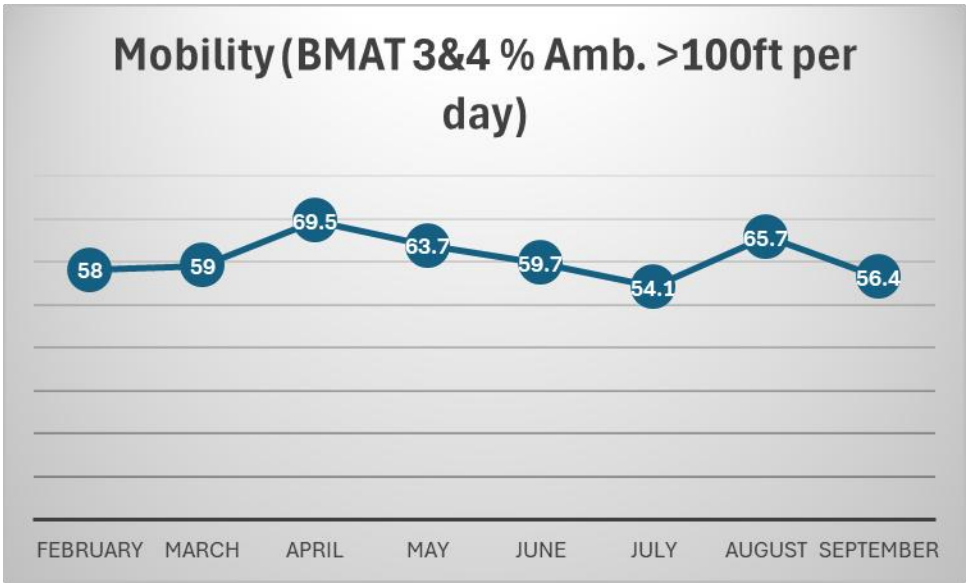


Figure 1a 2024

2.1.5 Mobility: This aspect addresses the importance of maintaining physical activity and movement throughout daily life. It encompasses comprehensive and regular evaluations of key physical capabilities, including strength, balance, flexibility, and gait, which are crucial for preventing falls. By emphasizing best practices for safe mobility, the aspect utilizes assistive devices, such as walkers or grab bars, and implements thoughtful environmental modifications to reduce hazards within living spaces. To further mitigate the risk of falls, we ensure a personalized exercise plan that focuses on strengthening specific muscle groups and enhancing coordination and stability. Exercises may include strength training, balanced exercises, and flexibility routines tailored to each person's abilities and needs. These strategies aim to empower individuals to move safely and confidently, fostering greater independence and enriching engagement in everyday activities, providing individuals with the tools and approach to navigate their environments effectively.



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2.2 The Role of Banner University Medical Center-Phoenix in Geriatric Care

Banner University Medical Center-Phoenix (BUMCP) has established itself as a leader in geriatric care, addressing the complex needs of Arizona's aging population through innovative programs, specialized units, and comprehensive educational initiatives. By integrating clinical excellence with academic prowess, BUMCP ensures that older adults receive compassionate, individualized, and adequate medical care. (Banner Health)

The Center for Healthy Aging is dedicated to enhancing the health and independence of patients aged 65 and older. Acknowledged by U.S. News & World Report as one of the nation's top hospitals for geriatric medicine, the center offers specialized care to prevent common complications associated with hospitalization in older adults, such as delirium and functional decline. The center's multidisciplinary team, comprised of physicians, nurse practitioners, pharmacists, therapists, and nutritionists, collaborates to develop personalized treatment plans that address conditions like pressure ulcers, incontinence, falls, malnutrition, and sleep disturbances. A significant emphasis is placed on the early identification and management of delirium, a prevalent yet often overlooked condition among hospitalized older adults. Furthermore, the center provides education and support for caregivers, acknowledging their vital role in the well-being of older adults.

The Acute Care for Elders (ACE) unit is Arizona's first specialized inpatient geriatric unit, designed exclusively for older adults. This 20-bed unit is dedicated to enhancing clinical

outcomes by addressing the unique needs of older adults during their hospital stay. The ACE unit has recorded a 25% increase in identifying delirium cases compared to standard care, enabling timely interventions. The unit emphasizes family involvement, encouraging caregivers to participate actively in the care process, thus enhancing patient comfort and recovery. The nursing staff also undergoes specialized training to recognize and address geriatric-specific issues, ensuring comprehensive and compassionate patient care.

The hospital's emergency department is the first in Arizona to receive Geriatric Emergency Department Accreditation from the American College of Emergency Physicians. This prestigious accreditation reflects the department's dedication to providing age-friendly emergency care, acknowledging that older adults often present with complex medical conditions requiring specialized attention. The accreditation process involved implementing protocols tailored to the needs of older adults, such as screening for cognitive impairment, assessing fall risk, and ensuring appropriate pain management. These measures contribute to improved patient outcomes and satisfaction.

As an academic medical center affiliated with the University of Arizona College of Medicine-Phoenix, BUMCP is pivotal in educating future geriatricians. The Division of Geriatrics offers a Geriatric Medicine Fellowship, providing comprehensive training emphasizing person-centered care, functional status optimization, and shared decision-making. Fellows gain experience across diverse settings, including inpatient, outpatient, and long-term care facilities, preparing them to address the various needs of the aging population. Furthermore, the Combined Internal Medicine–Geriatrics Track integrates geriatric education throughout a four-year residency program, fostering the development of physicians skilled in managing the complexities associated with aging.

Dr. Nimit Agarwal, the chief of the geriatric medicine division and medical director of the Center for Healthy Aging, has been instrumental in advancing BUMCP's geriatric services. Under his guidance, the hospital has implemented innovative care models, including the Virtual Acute Care of Elders (vACE), which utilizes technology to improve patient care. Dr. Agarwal's team is developing SeVA (Senior's Virtual Assistant), an artificial emotional intelligence device designed to predict falls and cognitive changes, aiming to create a safer hospital environment for older adults. These initiatives reflect a commitment to integrating technology with compassionate care to improve outcomes for older adults. (Banner Health)

Beyond clinical care, BUMCP is dedicated to community outreach and research centered on aging. The Center for Healthy Aging provides educational resources to patients, families, and caregivers on delirium prevention, dementia care, and advanced care planning. The hospital also participates in research studies like NOVAD and clinical trials to advance geriatric medicine, contributing to the broader medical community's understanding of age-related health issues.

2.3 Challenges in Implementing Age-Friendly Care in the U.S

Despite growing awareness and support for age-friendly initiatives, significant challenges persist in implementing these models throughout the healthcare systems in the United States.

One of the primary challenges in implementing age-friendly care in the U.S. is the shortage of healthcare professionals trained in geriatrics. In 2021, there were only about 7,300 certified geriatricians in the U.S., far fewer than needed to adequately serve the growing elderly population (American Geriatrics Society, 2021). Additionally, many healthcare providers lack formal training in geriatric principles, which limits their ability to deliver age-friendly care. These training gaps are not limited to physicians; Nurses, social workers, and allied health professionals must also acquire geriatric competencies. Although some programs, like the Geriatric Workforce Enhancement Program (GWEP), aim to improve training.

Another challenge within the U.S. healthcare system is its fragmentation, with limited provider coordination. This fragmentation leads to duplicated services, medication errors, unnecessary hospitalizations, and suboptimal patient outcomes (Institute of Medicine, 2008). Given that older adults often have complex health needs involving multiple chronic conditions, polypharmacy, and functional impairments, age-friendly care necessitates a coordinated, interdisciplinary approach integrating medical, social, and community-based services. Unfortunately, reimbursement models often do not support such integrated care. Fee-for-service payment structures prioritize quantity over quality, making it challenging for providers to dedicate time and resources toward comprehensive, team-based care that emphasizes quality of life.

Furthermore, Family caregivers are crucial in age-friendly care, especially for older adults who have cognitive impairments or mobility limitations. However, caregivers often receive little formal support, training, or compensation. According to the AARP, more than 53 million Americans gave unpaid care to older adults in 2020, with many experiencing significant physical, emotional, and financial strain (AARP & National Alliance for Caregiving, 2020). Policies to support caregivers, such as paid family leave

or respite services, are limited and vary widely across states. This inconsistency in support contributes to caregiver burnout, adversely affecting both caregivers' and care recipients' health and well-being.

Moreover, older adults vary in race, ethnicity, socioeconomic status, and geography. These differences significantly influence access to quality healthcare. For instance, Black and Hispanic older adults are more likely to encounter health disparities, including a higher prevalence of chronic conditions, lower access to preventive services, and poorer health outcomes (CDC, 2022). Thus, older rural adults often lack access to geriatric specialists and age-friendly services due to healthcare deserts. Although telehealth has surfaced as an exciting and innovative solution, revolutionizing how we access healthcare, many older adults encounter barriers such as low digital literacy, sensory impairments, or inadequate broadband access (Lam et al., 2020).

Also, implementing age-friendly care necessitates organizational transformation, including adopting new care models such as the "4Ms Framework", a dynamic approach championed by the Institute for Healthcare Improvement (IHI): What Matters, Medication, Mentation, and Mobility. While this framework offers a structured process, healthcare organizations may be reluctant to embrace it due to competing priorities, limited resources, or insufficient leadership engagement. Change management is particularly challenging in large, bureaucratic systems where frontline providers are already overwhelmed. Without strong incentives, technical assistance, and clear metrics for success, the adoption of age-friendly principles may remain inadequately realized.

Additionally, quality improvement in age-friendly care relies heavily on accurate data collection and measurement. Unfortunately, many current electronic health record (EHR) systems are often not designed to capture geriatric-specific metrics, such as functional status, frailty, or cognitive decline. This limitation hinders providers' ability to assess and monitor outcomes relevant to older adults. Moreover, data silos between hospitals, primary care, long-term care, and community services hinder the ability to track patients across settings. Interoperability issues persist despite federal efforts to improve the exchange of health information (Office of the National Coordinator for Health Information Technology, 2022).

Although age-friendly care has the potential to reduce costs through better care coordination and fewer hospitalizations, the initial investment can be significant. Training staff, redesigning workflows, and implementing new technologies require upfront funding that many institutions are reluctant to provide. Furthermore, traditional

Medicare and private insurance may not fully reimburse services essential to age-friendly care, such as care coordination, social work, or home-based assessments. Value-based payment models prioritizing quality and outcomes over volume are still in the early stages of implementation and are not uniformly adopted across the country.

Finally, a significant barrier to advancing age-friendly care is the limited awareness among the public and healthcare providers regarding what age-friendly care entails. Many older adults and their families are ignorant of their rights to person-centered care or how to advocate for services aligned with their values and goals. Similarly, providers may not be familiar with frameworks like the Age-Friendly Health Systems initiative or the benefits of adopting geriatric best practices. Increasing awareness through public education campaigns, provider incentives, and academic curricula is essential to advancing the age-friendly care movement because implementing age-friendly care in the United States is both a moral imperative and a practical necessity in the face of an aging population.

Chapter 3: Methodology

3.1 Study Design and Survey Development

I carefully crafted an anonymous survey with contributions from my mentor, Dr. Nimit Agarwal. The survey was distributed electronically to gather a comprehensive range of insights from Banner University Medical Center Phoenix employees who have played a role in managing older adults and have had some connections in the past with the ACE unit, where age-friendly care is consistently implemented. The survey was designed to capture various aspects of their professional experiences, including their challenges and the overall quality of care. The study was granted exemption from the University Institutional Review Board (IRB) after review, as it was considered a non-human research subject, thus facilitating a more efficient process for obtaining valuable feedback without compromising ethical standards.

3.2 Data Collection

I identified a total of 65 dedicated BUMCP employees who play an essential role in managing the care of older adults or actively collaborating with the ACE unit, a model for age-friendly care where best practices are consistently applied. This diverse group encompasses a broad spectrum of professionals: physicians, surgeons, nurses, case managers, social workers, physical therapists, nutritionists, pharmacists, and administrators to ensure the responses are representative and widely spread.

I engaged these employees in a comprehensive survey via the user-friendly Qualtrics platform to gather valuable insights into their challenges while carrying out their duties. Through meticulously crafted questionnaires, sixty-two people attempted the study, and 34 answered all the questions. The study aimed to uncover the operational challenges and barriers they face in providing care while gaining an insightful grasp of their experiences and collecting direct feedback. The data collected was then thoughtfully summarized using the Qualtrics platform, allowing me to pinpoint critical areas needing enhancement and identify potential solutions to bridge the gaps in care delivery.

3.3 Data Analysis

This study was conducted at Banner University Medical Center in Phoenix, Arizona. The study population was characterized using statistical methods, including proportions, percentages, and means, to comprehensively review participants' demographic and clinical characteristics. The findings were systematically summarized through tables and graphical representations, employing the Qualtrics platform's reporting system to

facilitate data analysis and presentation. This approach allowed for a clear visualization of trends and key insights derived from the data collected during the study.

3.4 Ethical Considerations

The project was evaluated and received formal approval from the university's Institutional Review Board (IRB), ensuring it meets all ethical and regulatory standards. It was then considered a non-human research project, and further review may no longer be necessary.

Before administering the questionnaire, I secured informed consent from each participant, providing them with comprehensive information about the study's purpose and their rights to ensure transparency and respect for participant autonomy. Moreover, the results are securely stored within the Qualtrics platform associated with the University of Arizona.

Chapter 4: Findings and Discussion

4.1 Results

4.1.1 Respondents:

Table 1

I consent, begin the study	**90%**	**56**	
I do not consent, I do not wish to participate	**10%**	**6**	

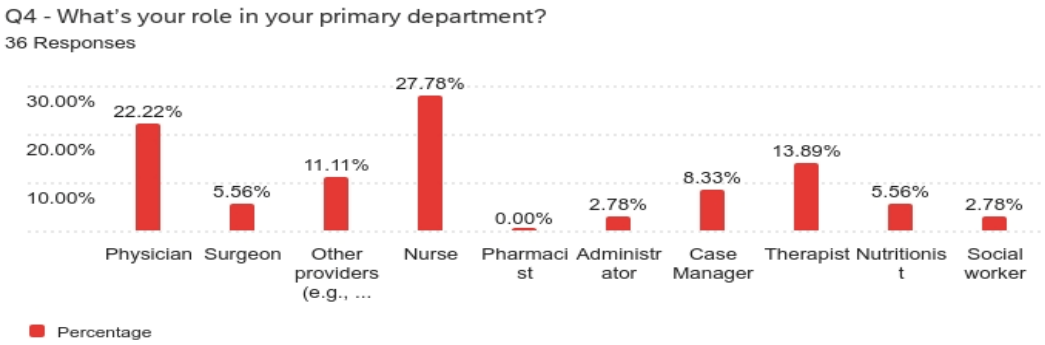

Figure 2

Out of the 62 respondents, 56 (90%) consented (Table 1), 20 did not answer any questions other than consented to the study, and only 34 answered all the questions. Thirty-six responded to the above question, the majority being nurses (27.78%) followed by physicians (22.22%), physical therapists (13.89), Other providers like NP, PA (11.11%), case managers (8.33%), nutritionists (5.56%), surgeons (5.56%), Administrators (2.78%), and social workers (2.78%).

4.2 Major Positive Insight from the Survey:

Program initiatives such as Age-Friendly Care, the ACE Unit, and the Geriatric Emergency Department (GED) have significantly improved the care for older adults at BUMCP, as evidenced by a notable 86% among participants (N=36). This positive shift can be attributed to strong overall support from hospital administration in addressing critical barriers to care, with 52% of respondents (N=36) acknowledging the effective measures implemented. Additionally, there is a commendable level of coordination

between departments, rated at 81% (N=36), which fosters holistic care tailored specifically for older adults.

The ACE Unit has made substantial investments in medical supplies and equipment specifically designed to meet the unique needs of geriatric patients, achieving an impressive rating of 80% (N=36) amongst respondents. Moreover, the unit offers sufficient spaces for caregivers and family members, with 49% of respondents (N=36) indicating that these areas facilitate active engagement in the care process. This environment is vital as it allows families to be integrally involved in their loved ones' healthcare journey while ensuring that age-friendly practices are consistently applied.

Furthermore, the discharge planning processes in the ACE Unit have been streamlined and tailored to cater specifically to the complexities associated with geriatric care, with 60% of those surveyed (N=36) expressing satisfaction with the efficiency and customization of these plans. This careful attention to detail ensures that older adults transition from hospital to home with the necessary support and resources to continue their recovery effectively.

4.3 Major Challenges Identified

4.3.1 Patients' complexities:

The primary factor limiting care delivery for older adults at BUMCP identified by the respondents in the survey is patient complexities such as cognitive, physical, or social challenges (53%, N =36), mean =2 and SD =1.25 with cognitive impairment being a challenge recognized by these respondents in over 70 % of time and mobility limitation being a challenge and at least 26% difficult to address in about 83% of times in the hospital. However, mobility limitation is a challenge and at least 26% difficult to address in the ACE unit, which is about 60% (N=36).

4.3.2 Time Constraints:

A significant barrier to care for older adults at BUMCP is time constraints (80%), with 37% of respondents indicating that this issue often impacts their ability to provide comprehensive care for geriatric patients. Additionally, 23% of respondents reported that time constraints sometimes hinder their care, while approximately 20% noted that it is a constant (always) challenge (N = 35).

4.3.3 End-of-life care:

The challenges associated with managing end-of-life care and advance directives are also noteworthy (82%). Twelve percent (12%) of respondents indicated they experience

these challenges always, 26% reported facing them often, and 44% experienced them sometimes (N = 34).

4.4 Discussion and Comparison with Best Practices

4.4.1 Patients' Complexities with Best Practices:

Banner University Medical Center addresses the complexities of geriatric care by implementing specialized programs, such as the 4Ms of age-friendly care, which align with the best national practices. However, challenges remain due to the diverse needs of older adults who frequently present with multiple chronic conditions, mobility impairments, cognitive difficulties, and a heightened susceptibility to complications arising from hospital stays. The ACE unit prioritizes early delirium detection, comprehensive medication reviews, patient-centered care, and family engagement to improve patient outcomes, all consistent with established national best practices. (Banner Health)

4.4.2 Time Constraints with Best Practices:

Banner University Medical Center Phoenix has proactively addressed the challenge of time constraints among its staff in delivering high-quality care to older adults by establishing the Acute Care for Elders (ACE) unit. This specialized unit, initiated by Dr. Nimit Agarwal, Director of the Division of Geriatric Medicine, focuses on streamlining geriatric care through a multidisciplinary approach. By integrating geriatricians, nurses, pharmacists, and social workers, the ACE unit facilitates coordinated care, reducing the burden on individual staff members and enhancing efficiency. Additionally, the unit emphasizes accurate medication reconciliation and encourages family involvement, further supporting patient recovery and easing staff workload. Meanwhile, further training in adequate time management for individual employees may be helpful.

4.4.3 End-of-life care with best practices:

Best practices in end-of-life care, as outlined by organizations such as the National Consensus Project and the Institute of Medicine, advocate for early advance care planning, honest and compassionate communication, and individualized care plans that respect patient autonomy. These practices also highlight the importance of integrating spiritual and emotional support into care. (California Health Care Foundation). However, Banner University Medical Center Phoenix exhibits a strong alignment with established best practices in end-of-life care, particularly through its emphasis on advanced care planning, its specialized programs, and multidisciplinary teams, including physicians, nurse practitioners, nurses, nurses, nurses, social

workers, and pharmacists, focuses on symptom management, goal setting, and improving patients' quality of life. (Banner Health)

Chapter 5: Conclusion and Recommendations

5.1 Summary of Findings

In conclusion, program initiatives at BUMCP, such as Age-Friendly Care, the ACE Unit, and the Geriatric Emergency Department (GED), have improved care for older adults, with 86% of respondents recognizing positive changes. Hospital administration may have addressed some barriers to care, with 52% acknowledging their support, and interdepartmental coordination is strong at 81%. The ACE Unit has tailored medical supplies and equipment for optimal care for geriatric patients, earning an 80% rating, and provides caregiver spaces, enhancing family involvement (49%). Customized discharge planning for geriatrics is satisfactory for 60% of respondents.

The main barriers to care include patient complexities (53%) and time constraints, affecting 80% of respondents, with cognitive impairment and mobility limitations being significant issues. Challenges with end-of-life care and advanced directives are also noted, impacting 82% of respondents to varying degrees.

5.2 Recommendations:

Continue the 4Ms framework of care to:

• Prevent functional decline in older adults.

• Ensure tailored interventions for individual hospitalized older adults

• Facilitate patient and family involvement in older adult care.

• Emphasize comprehensive, patient-centered care within a supportive environment.

• Reduce the risk of readmission while promoting long-term functional maintenance.

• Enhance satisfaction for patients, healthcare workers, and families.

• Encourage shorter hospital stays and

• Minimize the occurrence of hospital-associated complications.

However, increasing awareness about age-friendly care principles and expanding training programs in geriatrics will strengthen adequate and balanced coordination among clinical specialties. Assigning special care coordinators or case managers to complex patients may be cost-effective and beneficial for health outcomes. Also, implementing further training in effective time management for individual employees will undoubtedly enhance productivity and performance.

Finally, it is essential to emphasize that public education campaigns, provider incentives, and integrating age-friendly topics into academic curricula are vital for promoting the age-friendly care movement. In contrast, regular interdisciplinary care meetings will facilitate effective collaboration among specialties.

5.3 Next Step

We will organize wider interdisciplinary team meetings regularly to foster a team-based approach to problem-solving and ensure that all perspectives are considered.

5.4 Future Directions/Advancements.

This quality improvement project will be continued and expanded to implement better solutions to the barriers in the care of older adults.

TABLES AND FIGURES:

Table2

Q29 - How frequently do you experience challenges in managing end-of-life care or advance directives for elderly patients?

34 Responses

Field	Min	Max	Mean	Standard Deviation	Variance	Responses	Sum
Physician	1.00	3.00	2.00	0.87	0.75	8	16.00
Surgeon	2.00	3.00	2.50	0.50	0.25	2	5.00
Other providers (e.g., DNPs, PA, etc.)	1.00	4.00	3.00	1.41	2.00	3	9.00
Nurse	2.00	4.00	2.70	0.64	0.41	10	27.00
Pharmacist	0.00	0.00	0.00	0.00	0.00	0	0.00
Administrator	2.00	2.00	2.00	0.00	0.00	1	2.00
Case Manager	3.00	3.00	3.00	0.00	0.00	3	9.00
Therapist	3.00	5.00	4.25	0.83	0.69	4	17.00
Nutritionist	3.00	3.00	3.00	0.00	0.00	2	6.00
Social worker	2.00	2.00	2.00	0.00	0.00	1	2.00

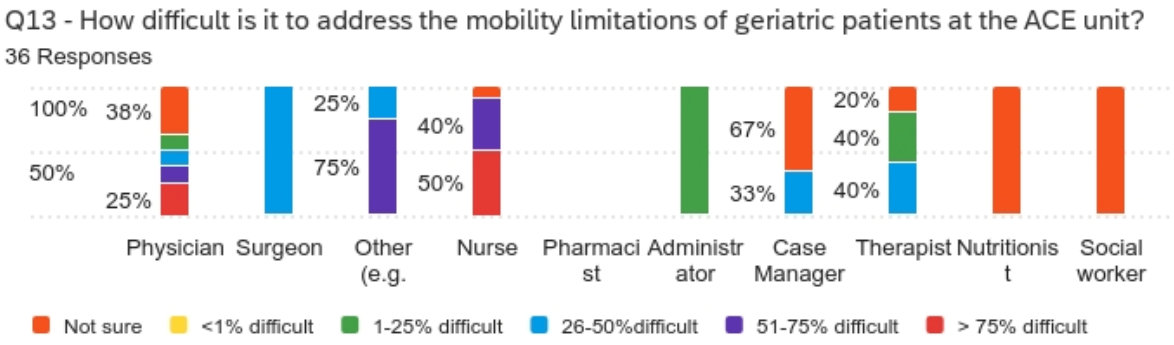

Figure 3

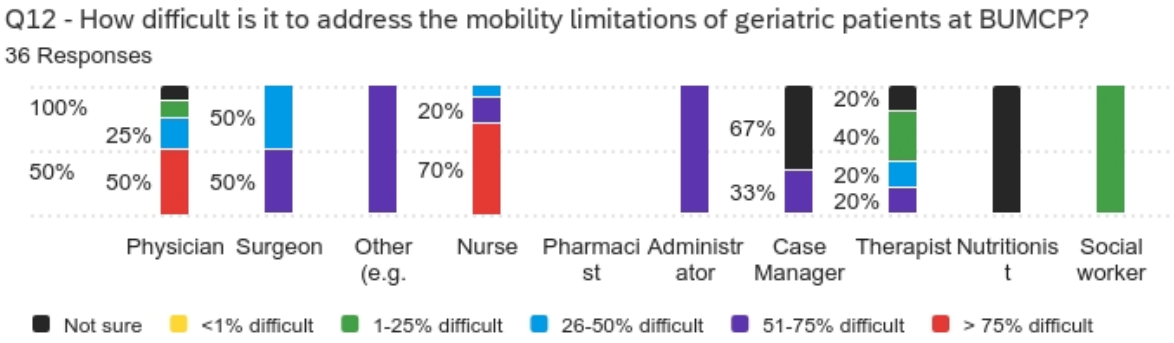

Figure 4

Table 3

Q28 - How often do time constraints affect your ability to provide comprehensive care to geriatric patients?

Field	Min	Max	Mean	Standard Deviation	Variance	Responses	Sum
Physician	1.00	4.00	2.38	1.11	1.23	8	19.00
Surgeon	3.00	3.00	3.00	0.00	0.00	2	6.00
Other providers (e.g., DNPs, PA, etc.)	2.00	2.00	2.00	0.00	0.00	3	6.00
Nurse	1.00	4.00	1.70	0.90	0.81	10	17.00
Pharmacist	0.00	0.00	0.00	0.00	0.00	0	0.00
Administrator	2.00	2.00	2.00	0.00	0.00	1	2.00
Case Manager	2.00	3.00	2.67	0.47	0.22	3	8.00
Therapist	2.00	4.00	3.60	0.80	0.64	5	18.00
Nutritionist	3.00	3.00	3.00	0.00	0.00	2	6.00
Social worker	3.00	3.00	3.00	0.00	0.00	1	3.00

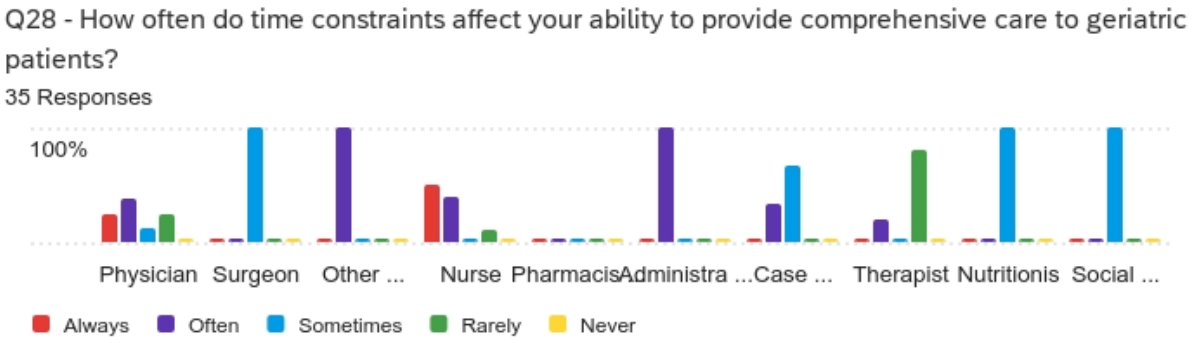

Figure 5

Table 4

Q30 - What is the primary factor limiting care delivery for older adults at BUMCP?	Percentage	Count	
Patient complexity (cognitive, physical, or social challenges)	53%	19	
Staffing shortages	17%	6	
Lack of resources or equipment	11%	4	
Inefficient policies or processes	17%	6	
Environmental limitations	3%	1	

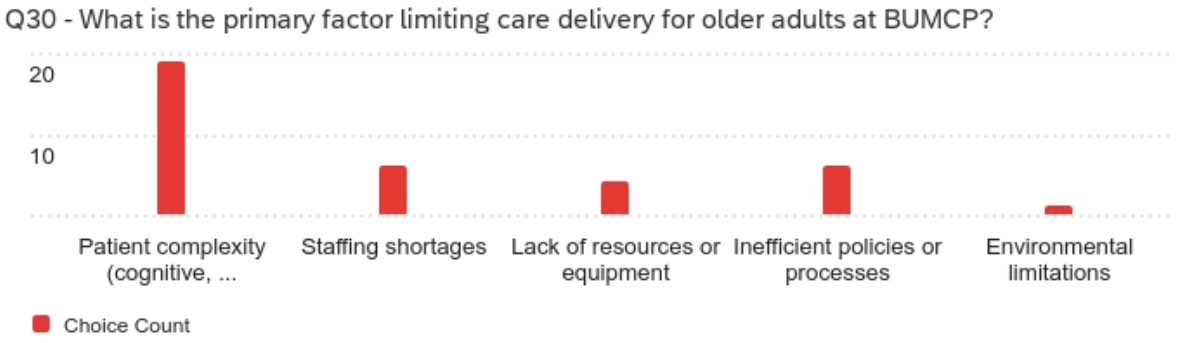

Figure 6

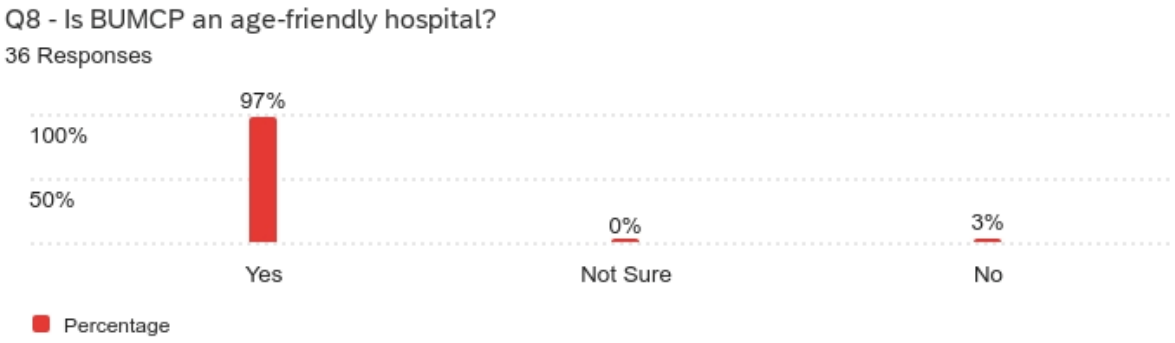

Figure 7

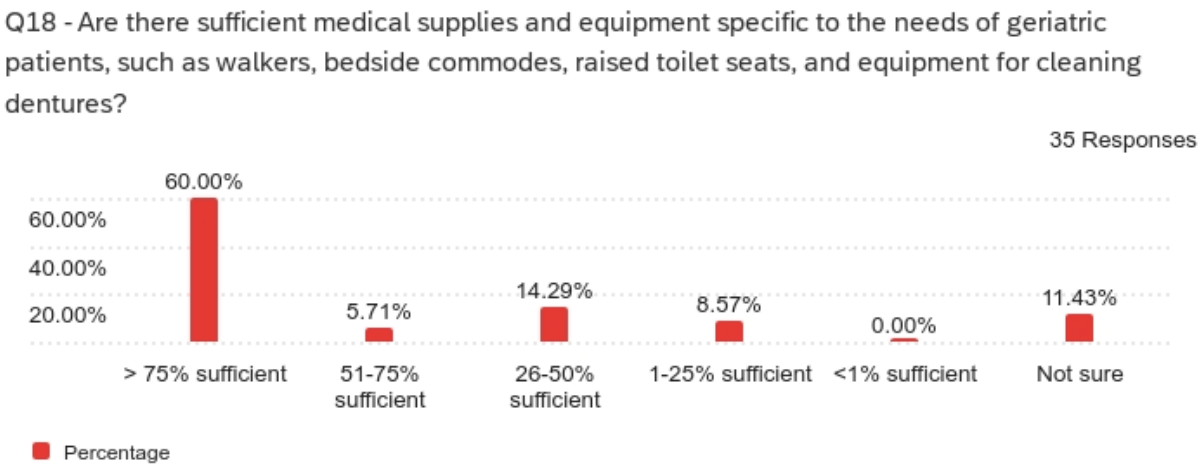

Figure 8

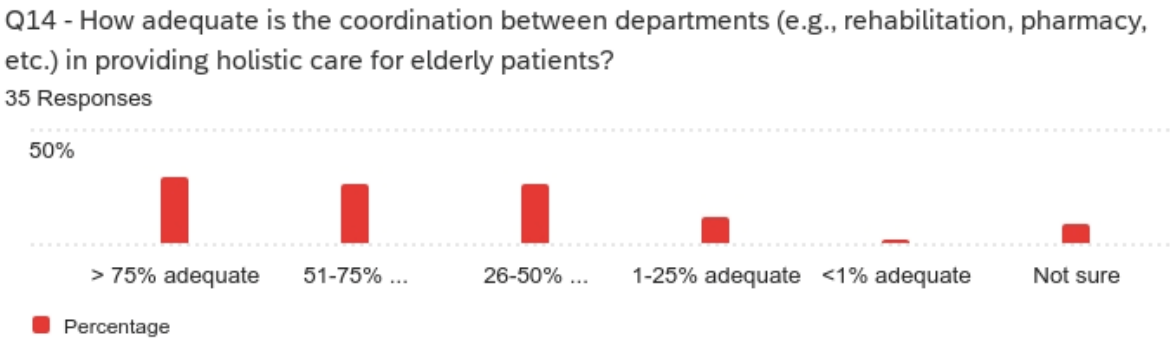

Figure 9

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