

Global Risk Assessment and Careplan for Elders (GRACE)

Problem

- Elderly patients are particularly prone to complications during hospitalization including:
 - Delirium (acute confusional state)
 - Falls with injury
 - Medication side effects
 - Loss of functional independence – both cognitive and physical
- Delirium is often under-recognized, yet it is associated with increased morbidity and mortality.
- The majority of falls with injury (including hip and spine fractures) at BIDMC occur in elderly patients with delirium, some despite the implementation of appropriate “fall precautions”.
- Elderly patients often receive medications that have a high risk of side effects, even when other options are available.
- Elderly patients are often unnecessarily kept in bed or “tethered” by equipment .

Goal

1. Prevent or identify and treat delirium in all older patients admitted to BIDMC general medical and surgical units.
2. Increase the number of elderly patients admitted from home who return home upon discharge
3. Decrease the use of potentially inappropriate medications in older patients.

Team

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“I think it is a great program...and has really helped our patients.” – a Farr 2 nurse

Intervention: The GRACE Protocol

A triple pronged intervention to standardize the care that **all** vulnerable older adults admitted to BIDMC general medical and surgical wards receive.

1. Provider Order Entry (POE) Enhancements

- Tailor orders to older patients' needs
- Guide physicians to order medications and treatments with less potential for side effects
- Involve consultants (e.g., social work, physical therapy) early in the course of hospitalization when appropriate

2. Improved Pharmacy/Medication Safety

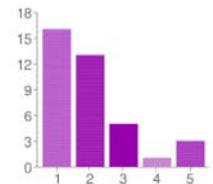
- Gain new access to the existing database of warnings for geriatric patients
- Warn pharmacists of potential drug-drug interactions and medication problems unique to an older population
- Devise Analgesic and Antipsychotic “pages” within POE to guide physicians to order medications appropriate to their patients' needs

3. Bedside GRACE flow sheet

- Daily delirium screening with a positive screen activating a “trigger”
- Mobility protocol
- Morning Tether check
- Sleep hygiene recommendations

Results/Progress to Date

The bedside flow sheet was deployed to three medical units in November 2009. Outcome data is currently being collected. The POE enhancements are due to be completed in May 2010. The bedside flow sheet will also be disseminated hospital-wide in May 2010.



76% of nurses surveyed find the bedside flow sheet easy or very easy to use.

Next Steps

- Complete POE programming
- Rollout bedside flow sheet hospital-wide
- Measure and assess outcomes



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