

# A Primary Care Age-Friendly Approach to Delirium Prevention

Project ECHO Dementia

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# Who am I?

- Family Physician and Geriatrician
- Director, Swedish Geriatrics Fellowship and Faculty, Swedish Family Medicine – First Hill Residency
- Care settings where I practice: Clinic, Hospital, Nursing Home, Adult Family Home, Private Home
- Daughter of a Dementia Care Partner

# Objectives

1. Review Age-Friendly Health Systems 5M Framework.
2. Describe delirium risk **from the Primary Care Perspective.**
3. Use the Age-Friendly Health Systems 5Ms Framework to **prevent delirium** in persons living with dementia.
4. Describe the **Patient Priorities Care** tool and how you can use it in your practice to address complexity and focus on what matters to your patient
5. Show one EPIC-based tool Providence has developed to improve Age-Friendly care delivery

# Age-Friendly Health Systems

## Providence's 5Ms for Age-Friendly Health:

### WHAT MATTERS



Know your care preferences and set goals for your health. Establish Advance Directives and Trusted Decision Makers.

### MEDICATION



Manage your medications and understand how they may impact your mobility and cognition.

### MENTATION



Get the emotional and cognitive support you need. Understand, prevent, and seek treatment for dementia, delirium, and depression.

### MOBILITY



Keep active and mobile, preventing injuries and falls. Learn how to safely mobilize as you age.

### MALNUTRITION



Commit to proper nutrition and assess malnutrition risk regularly.

Providence is a pioneering partner in creating the Age-Friendly Health System initiative with IHI, the John A. Hartford Foundation, and CHA.



# Age Friendly Health Systems

## How do age friendly health systems (AFHS) improve dementia care?

- Dementia care is whole person care, at the core of which is the person with dementia and their caregiver (the dyad), and What Matters to them.
- Incorporating the 5Ms to guide your care of people living with dementia, all older adults and all people will help you provide consistent and comprehensive care.
- Assessing and acting on the 5Ms can play a key role in delirium prevention



## Why do we (Project ECHO Dementia) care?

Each year **40%** of community-dwelling People with dementia (PwD) will visit ED and **30%** will be hospitalized at least once.

Hospital care is **3 times as costly** compared to older people w/o dementia

Acute hospitalization in PwD is associated with increased **risk of delirium, falls, cognitive and functional decline, 30 day readmission, longer LOS, long-term care admission and death**

Shepherd *et al*, *BMC Medicine* 2019

# Pat

- 80yo person living at home with mid stage mixed-type dementia, recent small stroke, and history of urinary retention
- She left the hospital with plans for home health OT/PT and nursing, an indwelling foley catheter, and a new medication for depression
- She has significant hearing loss
- She has the help of an unpaid caregiver, but she does not have 24-hour care
- She hates her indwelling foley catheter
- After the hospitalization she had several home visits by her PCP
- **What MATTERS Most to her is her cat, Leah**



# Pat

- Hypothyroidism
- Hypertension
- Coronary Artery Disease
- Hx of Splenic Infarct
- Major neurocognitive disorder due to Alzheimer's disease+Vascular (probable mixed)
  - Balance problem
- Urinary retention
- Constipation
- Moderate-Severe Sensorineural Hearing loss (SNHL)





# Pat

## MEDICATIONS

No current facility-administered medications on file prior to encounter.

### Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL) 500 mg tablet	Take 1-2 tablets by mouth every 6 hours as needed for Pain.	60 tablet	3
• aspirin 81 mg chewable tablet	Chew and swallow 1 tablet Daily.	90 tablet	3
• atorvaSTATin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth Daily.	90 tablet	3
• calcium carbonate (TUMS) 500 mg chewable tablet	Chew and swallow 2 tablets every 4 hours as needed for Indigestion.	90 tablet	0
• cholecalciferol (CHOLECALCIFEROL) 50 mcg (2,000 units) tablet	Take 1 tablet by mouth Daily For low vitamin D.	90 each	0
• citalopram (CELEXA) 20 mg tablet	Take 1 tablet by mouth Daily.	90 tablet	3
• clopidogrel (PLAVIX) 75 mg tablet	Take 1 tablet by mouth Daily.	90 tablet	0
• clopidogrel (PLAVIX) 75 mg tablet	Take 1 tablet by mouth Daily.	60 tablet	0
• donepezil (ARICEPT) 10 MG tablet	Take 1 tablet by mouth daily.	90 tablet	3
• levothyroxine (SYNTHROID) 100 mcg tablet	Take 1 tablet by mouth Daily for low thyroid hormone. Best taken on an empty stomach at least 30 minutes before food or other medicines.	90 tablet	0
• melatonin 3 mg TABS	Take 1 tablet by mouth nightly.	90 tablet	3
• polyethylene glycol (MIRALAX) 17 g packet	Take 1 diluted packet by mouth Daily as needed.	30 each	1
• senna (SENOKOT) 8.6 mg	Take 1 tablet by	90 tablet	0



# Delirium Risk Factors

Table 1—Mnemonic for Reversible Causes of Delirium

<b>Drugs</b>	Any new additions, increased dosages, or interactions Consider OTC drugs and alcohol Consider especially high-risk drugs ( <a href="#">Table 4</a> )
<b>Electrolyte disturbances</b>	Especially dehydration, sodium imbalance Thyroid abnormalities
<b>Lack of drugs</b>	Withdrawals from chronically used sedatives, including alcohol and sleeping pills Poorly controlled pain (lack of analgesia)
<b>Infection</b>	Especially urinary and respiratory tract infections
<b>Reduced sensory input</b>	Poor vision, poor hearing (lack of glasses, hearing aids in the hospital)
<b>Intracranial</b>	Infection, hemorrhage, stroke, tumor
<b>Urinary, fecal</b>	Urinary retention: "cystocerebral syndrome" Fecal impaction, constipation
<b>Myocardial, pulmonary</b>	Myocardial infarction, arrhythmia, exacerbation of heart failure, exacerbation of COPD, hypoxia, hypercarbia

# Delirium Risk Factors

Table 1—Mnemonic for Reversible Causes of Delirium

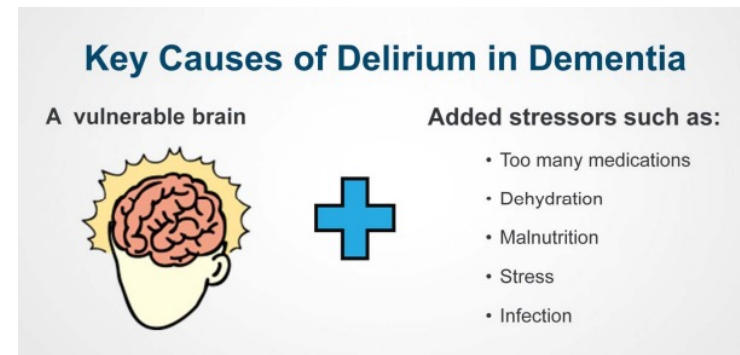
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★ Pat's  
delirium risk  
factors

# Delirium in Dementia

Major neurocognitive disorder (dementia) is perhaps the strongest predisposing risk factor for delirium

*Plug for early detection!*



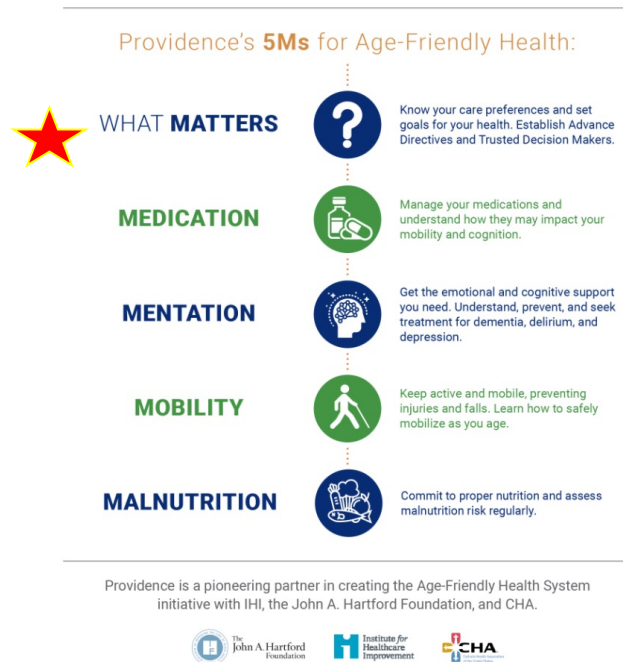
*“The literature suggests that delirium superimposed on dementia is less likely to be recognized, is more likely to persist, and is associated with worse long-term outcomes than delirium occurring in cognitively intact individuals” Nitchingham A, et al. Current Challenges in the Recognition and Management of Delirium Superimposed on Dementia. Neuropsychiatr Dis Treat. Published 2021*

# Prevention of Hospital Delirium: What do we know?

- Avoid anticholinergics, benzodiazepines, opioids, H2 blocker, TCA, steroids
- Fluid management- avoid dehydration
- Early mobilization
- Avoid sleep disturbances
- Minimize perceptual deficits/glasses/aids
- Environmental awareness, nutrition, oxygenation.
- **HELP**, ABCDE bundle and ACE program multicomponent program
- Pharmacist led medication review in institutional long-term care

Now, let's apply this to our **ambulatory** practice!

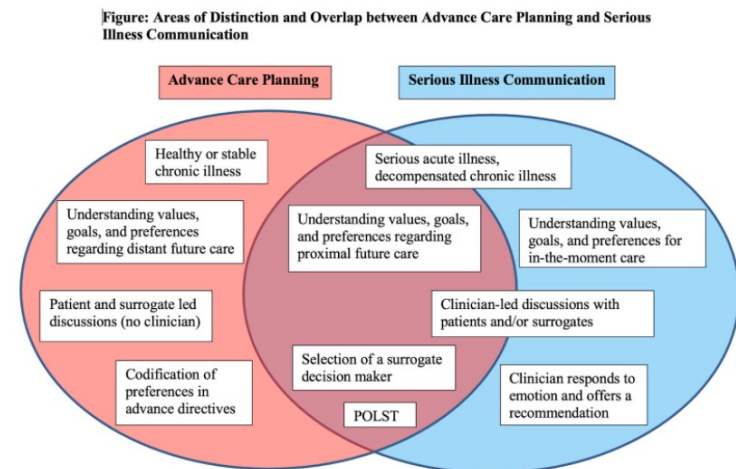
# Prevention of Delirium in Dementia: What Matters



- How do you **ASSESS** and **ACT** on **WHAT MATTERS** to People Living with Dementia and Their Care Partners?
  - What is important to you today?
  - What brings you joy?
  - What concerns you most when you think of your healthcare and your future?
  - What things about your health care do you find too bothersome or difficult?
- **Advance Care Planning and Serious Illness Communication**
  - Limit excess care that can increase delirium risk
- **Care Partner Support**
  - Train to identify delirium

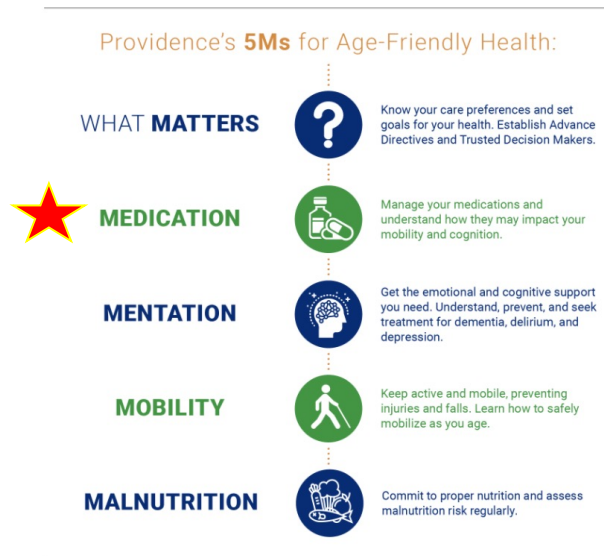
# Prevention of Delirium in Dementia: What Matters

- Know that Advance care planning (ACP) is a PROCESS where there will be areas of overlap with Serious illness communication and sometimes a lot of uncertainty!
- As a PROCESS we should try to adopt a guiding FRAMEWORK for ACP:
  - Ask about illness understanding
  - Give a patient-centered prognosis
  - Discuss values/goals
  - *Make a recommendation*



Should We Shift from Advance Care Planning to Serious Illness Communication?

# Prevention of Delirium in Dementia: Meds



Providence is a pioneering partner in creating the Age-Friendly Health System initiative with IHI, the John A. Hartford Foundation, and CHA.



- Assess and Act on Medications that can cause Delirium
- If a medication is needed:
  - Choose one that does not interfere with
    - Mobility
    - Mentation
    - Matters Most



# Prevention of Delirium in Dementia: Meds

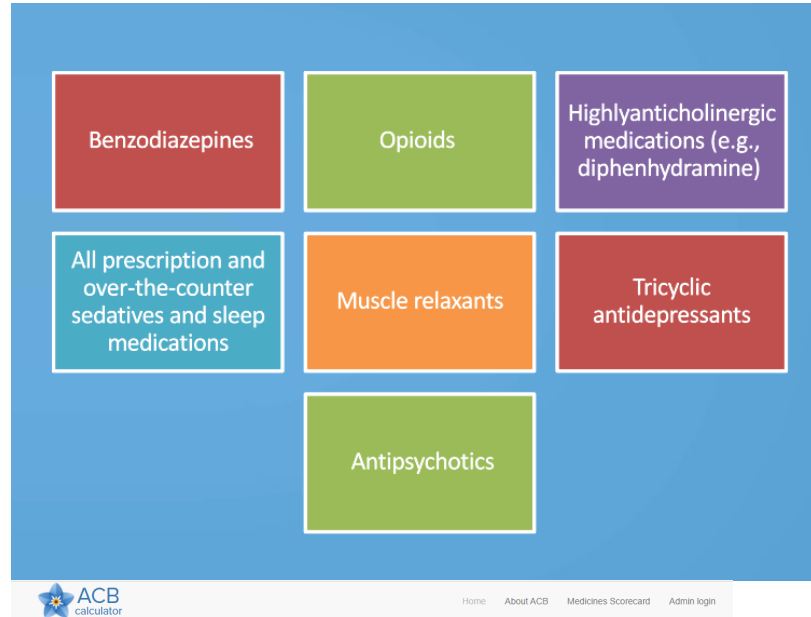
Providence's **5Ms** for Age-Friendly Health:



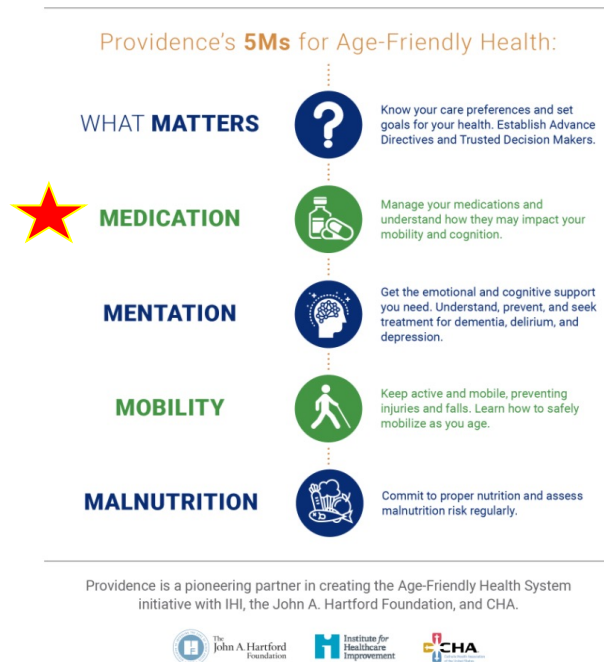
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## Identify High-Risk Meds

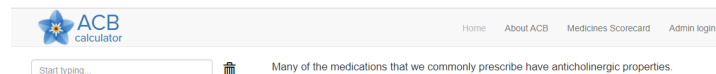


# Prevention of Delirium in Dementia: Meds



## Identify High-Risk Meds

- Pay special attention to anticholinergic burden
  - Cumulative Use of Strong Anticholinergic Medications and Incident Dementia (JAMA int med 2015)
  - Anticholinergic Drug Burden and Delirium: A Systematic Review (JAMDA 2021)
- Use the ACB calculator
- Reduce anticholinergic burden and EDUCATE about anticholinergic risk everywhere you go 😊



# Prevention of Delirium in Dementia: Meds

deprescribing.org/

## Providence's 5Ms for Age-Friendly Health:



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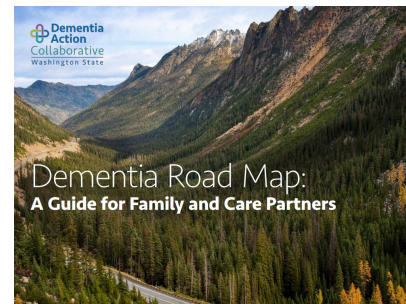
# Prevention of Delirium in Dementia: Mentation



Providence is a pioneering partner in creating the Age-Friendly Health System initiative with IHI, the John A. Hartford Foundation, and CHA.



- Preaching to the choir 😊
- Early detection of dementia!
- Screen for depression and treat
- Address social isolation and loneliness
- Care Partner Well-Being



# Prevention of Delirium in Dementia: Early Detection, Know the Baseline!

**Mini-Cog®** Instructions for ID: \_\_\_\_\_

**Step 1: Three Word Registration**

Look directly at person and say, "Please listen carefully. I am going to me now and try to remember. The words are [select a list of word me now." If the person is unable to repeat the words after three atte

The following and other word lists have been used in one or more cl use of an alternative word list is recommended.

<b>Version 1</b>	<b>Version 2</b>	<b>Version 3</b>	<b>Ver</b>
Banana	Leader	Village	Ri
Sunrise	Season	Kitchen	Ns
Chair	Table	Baby	Fi

**Step 2: Clock Drawing**

Say: "Next, I want you to draw a clock for me. First, put in all of the r say: "Now, set the hands to 10 past 11."

Use preprinted circle (see next page) for this exercise. Repeat instr Move to Step 3 if the clock is not complete within three minutes.

**Step 3: Three Word Recall**

Ask the person to recall the three words you stated in Step 1. Say: " remember?" Record the word list version number and the person's t

Word List Version: \_\_\_\_\_ Person's Answers: \_\_\_\_\_

## Brief Cognitive Screen

**Clock Drawing**

Select multiple options (F5)

1-Circle Drawn  
1-Correct Numbers  
1-Correct Time

Comments (Alt+M)

10/14/21 1200

**Verbal Fluency**

Select multiple options (F5)

2 - Twelve Animals Named  
0 - Zero to Eleven Animals Named

Comments (Alt+M)

10/14/21 1200

**Delayed Recall**

Select multiple options (F5)

1 - Train  
1 - Egg  
1 - Hat  
1 - Chair  
1 - Blue

Comments (Alt+M)

## MONTREAL COGNITIVE ASSESSMENT (MOCA®)

Version 8.1 English

**VISUOSPATIAL / EXECUTIVE**

**NAMING**

**MEMORY**

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE
1 <sup>ST</sup> TRIAL	
2 <sup>ND</sup> TRIAL	

**ATTENTION**

Read list of digits (1 digit/sec.). Subject has to rep Subject has to repe

Read list of letters. The subject must tap with his hand at each letter A. No points if [ ] F B A C

Serial 7 subtraction starting at 100. [ ] 93 [ ] 86  
4 or 5 correct subtractions: 3 pts.

**LANGUAGE**

Repeat: I only know that John is the one to help today. [ The cat always hid under the couch when dogs v

Fluency: Name maximum number of words in one minute that begin with th

**ABSTRACTION**

Similarity between e.g. banana - orange = fruit [ ]

**DELAYED RECALL (MIS)**

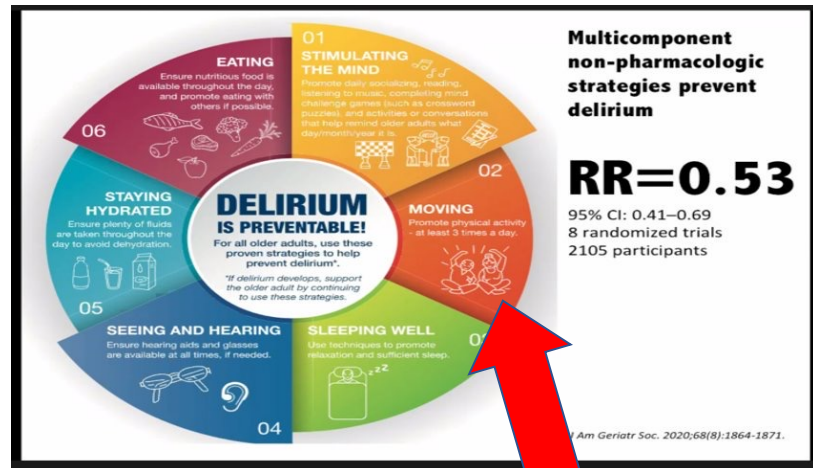
Has to recall words WITH NO CLUE	FACE	VELVET
[ ]	[ ]	[ ]

# Prevention of Delirium in Dementia: Mobility

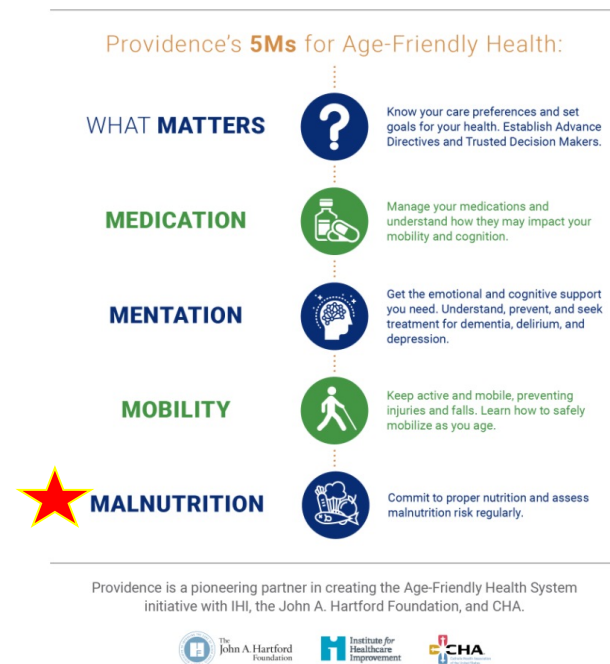
## Providence's 5Ms for Age-Friendly Health:



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# Prevention of Delirium in Dementia: Malnutrition/Dehydration



## • Nutrition/Hydration

- Dehydration can lead to decreased brain perfusion
- With aging and dementia: decreased thirst response, inattention (may not sit and complete a full serving of fluids), swallowing difficulties
- Malnutrition has been correlated with delirium risk
- Coach people and care partners on how to prevent this

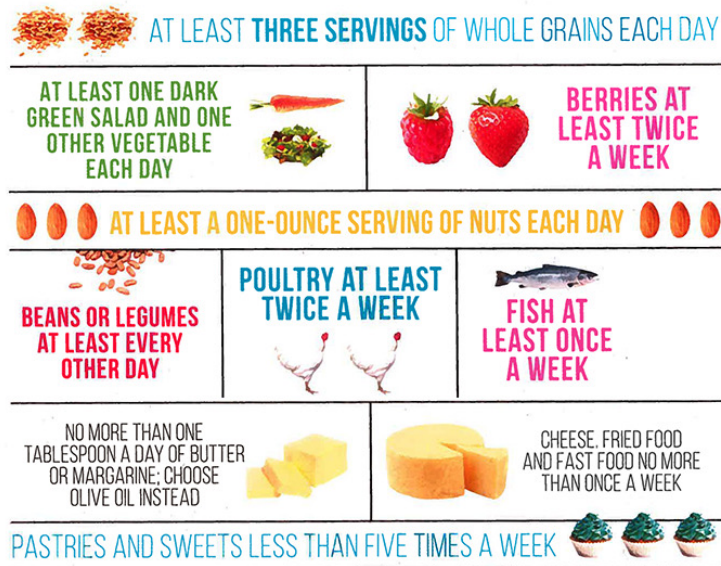
# Prevention of Delirium in Dementia: Dehydration

- 1.Keep water close.
- 2.Set hydration reminders.
- 3.Invest in adapted drinking aids.
- 4.Stay hydrated with tasty, nutritious snacks.
- 5.Use mirroring to encourage hydration.
- 6.Make drinking breaks part of routine activities.
- 7.Stay comfortable and cool.
- 8.Provide their favorite drinks.



# Prevention of Delirium in Dementia: Malnutrition/MIND

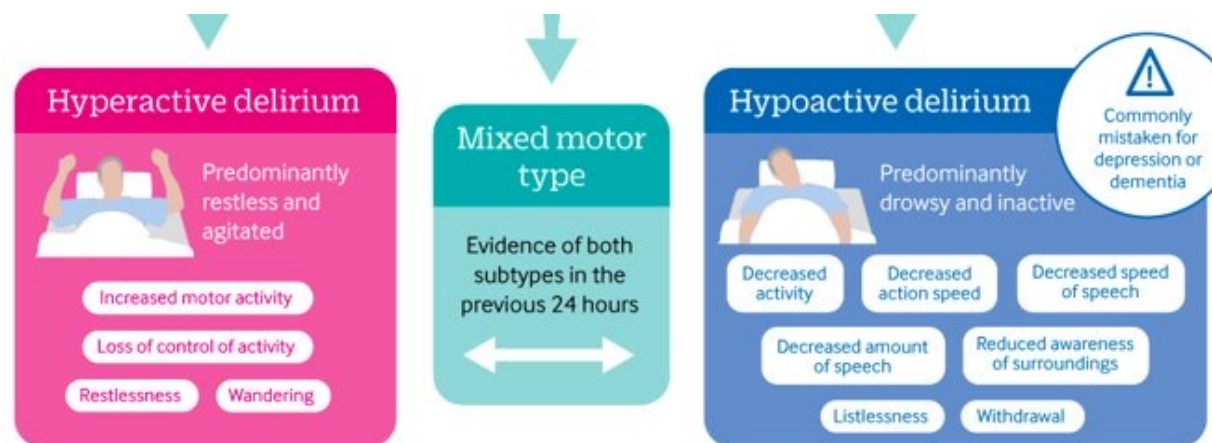
## WHAT'S ON THE **MIND DIET?**



- Nutritional deficiencies can put people at risk for delirium
- MIND stands for Mediterranean-DASH Intervention for Neurodegenerative Delay. It is similar to two other healthy meal plans: DASH and the Mediterranean diet.
- Trial of the MIND Diet for Prevention of Cognitive Decline in Older Persons (NEJM 2023) did not prevent dementia, but...

# Delirium in Dementia: What Does it Look Like?

- Train teams and care partners



# Delirium in Dementia: What Does it Look Like and How Do you Screen for it?



Assessment test  
for delirium &  
cognitive impairment

Patient name: \_\_\_\_\_ (label)  
Date of birth: \_\_\_\_\_  
Patient number: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Tester: \_\_\_\_\_

**[1] ALERTNESS** CIRCLE

*This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.*

Normal (fully alert, but not agitated, throughout assessment)	0
Mild sleepiness for <10 seconds after waking, then normal	0
Clearly abnormal	4

**[2] AMT4**  
*Age, date of birth, place (name of the hospital or building), current year.*

No mistakes	0
1 mistake	1
2 or more mistakes/untestable	2

**[3] ATTENTION**  
*Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.*

Months of the year backwards	Achieves 7 months or more correctly	0
	Starts but scores <7 months / refuses to start	1
	Untestable (cannot start because unwell, drowsy, inattentive)	2

**[4] ACUTE CHANGE OR FLUCTUATING COURSE**  
*Evidence of significant change or fluctuation in alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs*

No	0
Yes	4

4 or above: possible delirium +/- cognitive impairment  
1-3: possible cognitive impairment  
0: delirium or severe cognitive impairment unlikely  
delirium still possible if [4] information incomplete

4AT SCORE

**Confusion Assessment Method (CAM)**  
Short form

The diagnosis of delirium by CAM requires the presence of BOTH **A** and **B**

<b>CAM</b> Confusion Assessment Method	<b>A. Acute onset</b>	Is there evidence of an acute change in status from patient baseline?
	and	
	<b>Fluctuating course</b>	Does the abnormal behavior: ➢ come and go? ➢ fluctuate during the day? ➢ increase/decrease in severity?
	<b>B. Inattention</b>	Does the patient: ➢ have difficulty focusing attention? ➢ become easily distracted? ➢ have difficulty keeping track of things?
	<b>AND the presence of EITHER feature C</b>	
<b>C. Disorganized thinking</b>	Is the patient's thinking ➢ disorganized ➢ incoherent For example does the patient have: ➢ rambling speech/irrelevant ➢ unpredictable switching of topics ➢ unclear or illogical flow of ideas?	
<b>D. Altered level of consciousness</b>	Overall, what is the patient's level of consciousness: ➢ alert (normal) ➢ vigilant (hyper-alert) ➢ lethargic (drowsy but easily aroused) ➢ stuporous (difficult to rouse) ➢ comatose (unrousable)	

**2-ITEM ULTRA-BRIEF (UB-2) DELIRIUM SCREEN**  
Quick Guide ©

**POSITION** Try to sit at eye level  
**SENSORY** Be sure sensory aides (glasses, hearing) are in place  
**WORDING** Please read the script exactly as written

**1: Please tell me the day of the week**

The participant can check anywhere (e.g., white board, newspaper, etc.), but cannot ask anyone else in the room.

**2: Please tell me the months of the year backward, say December as your first month**

# Delirium in Dementia: Train our care partners!

## Family Confusion Assessment Method (FAM-CAM) For Research and Clinical Staff

**Evaluator:**

**Caregiver/Informant:**

**Date:**

**Patient:**

**Time:**

[Screening for an appropriate caregiver is recommended: See Instructions]

**Circle the answer to each question**

These questions are intended to identify changes to [family member's name] thinking, concentration, and alertness during recent days. Please stop me at any time if you do not understand the questions.

1. I'd like you to think about the past [month/week/day]\*. During this [month/week/day]\*, have you noticed any changes in his/her thinking or concentration, such as being less attentive, appearing confused or disoriented (not knowing where he/she was), behaving inappropriately, or being extremely sleepy all day?      Yes      No      Don't Know

\* Adjust time frame as appropriate for your purposes

2. Did he/she have difficulty focusing attention, for example, being easily distracted or having trouble keeping track of what you were saying at any time?      Yes      No      Don't Know

3. Was his/her speech disorganized, incoherent, rambling, unclear, or illogical at any time?      Yes      No      Don't Know

4. Did he/she seem excessively drowsy or sleepy during the daytime at any time?      Yes      No      Don't Know

5. Was he/she disoriented, for example, thinking he/she was somewhere other than where he/she was, or misjudging the time of day at any time?      Yes      No      Don't Know

6. Did he/she seem to see or hear things which weren't actually present, or seem to mistake what he/she saw or heard for something else at any time?      Yes      No      Don't Know

7. Did he/she behave inappropriately, such as wandering, yelling out, or being combative or agitated at any time?      Yes      No      Don't Know

8. Please tell us more about the changes you noticed in any of the behaviors in #1-7 above.  
*Record as much detail as possible*

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9. Were any of the changes (#1-7) present all the time, or did they come and go from day to day?      All the time      Come and go      Don't know

10. When did these changes first begin? Would you say they began:      Within the last week  
Between 1 and up to 2 weeks ago  
Between 2 and up to 4 weeks ago  
More than 4 weeks ago

11. Overall, have these changes been getting better, worse, or staying about the same?      Better      Worse      About the Same      Don't Know

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# Delirium in Dementia: Perioperative Considerations

- Risk stratify people pre-operatively
  - Understand risks
    - surgery and anesthesia are potent stimuli to the development of delirium
    - surgery can trigger neuroinflammation
  - Update cognitive evaluation
  - Identify and try to deprescribe high risk meds
  - Discuss what matters most
    - discuss risks and optimize them and understand/balance benefits



Neurovascular and immune mechanisms that regulate postoperative delirium superimposed on dementia, April 2020

# Choosing What Matters, Doing What Works

## Patient Priorities Care – M. Tinetti, MD

- <https://patientprioritiescare.org/patient-facing-materials/>
- <https://patientprioritiescare.org/what-is-patient-priorities-care-and-why-is-it-important/>

### Patient's Health Priorities are identified

- Values (What Matters Most)
- Actionable, specific and realistic health outcome goals
- Healthcare preferences (care that is helpful or burdensome) and tradeoffs
- "One Thing" patient most wants to address

# Aligning Care With Patient's Priorities

Clinicians consider whether current or potential interventions\* are consistent with patient's health priorities and health trajectory.

\*Medications, self-management tasks, supportive services, testing, procedures, etc.

## Clinicians use patient's priorities

- as focus of communication and decision-making,
- as target of serial trials to start, stop or continue interventions, and
- to reconcile decisions among clinicians when different perspectives or recommendations exist.

**Clinicians, patients and care partners work together**

## Patient Priorities Care: Health Priorities Template

### What Matters most (Values):

Spend time with family, Volunteering - link to community,  
Mobility/Activity - handling books

**Most Important Health Goals:** Health goals are specific and realistic activities or outcomes that show you are doing what matters most in your life. These health goals are what you want to achieve with your healthcare.

1. Watch grandchildren after school 2-3 times weekly
2. Volunteer in library, handling books, two times weekly

### Most Bothersome Symptoms or Problems interfering with your health goals:

1. Fatigue
2. Hand pain

### Health care preferences (Helpful and burdensome care and medications)

**Helpful care:** self-management tasks, clinical visits, tests, or procedures, that you think are helping most with your health goals and you can do them without too much difficulty

1. Exercise, physical therapy
2. Bloodwork and imaging

**Helpful medications:** Medications you think are helping most with your health goals and you can take without too much difficulty

1. Acetaminophen for arthritis pain

**Burdensome care:** self-management tasks, clinical visits, tests, or procedures that don't think are helping your goals and are burdensome or too difficult. You should talk with your doctor about whether these are helping your goals. If not, can you stop them or cut back? If they are helping, is there a way to make them less burdensome or less difficult?

1. CPAP
2. Being in the hospital

**Burdensome medications:** Medications you don't think are helping your goals and are too burdensome. You should talk with your doctor about whether these are helping your goals. If not, can you stop or decrease? If they are helping, is there a way to make them less burdensome?

1. Taking multiple medications daily

**The One Thing:** Your most important health goal is being less tired, having less pain in my hands so that I can continue to watch my grandchildren and volunteer in the library handling books more often or more easily.



# Prevention of Delirium in Dementia: Handoffs

## EPIC: 5M SnapShot

Summary

Comprehensive - IP Overview Provider - IP Pain and Sedation Monitor Patient Scorecard - HP 5M

5M

**Mobility**

Documentation (since 1/12/2021)  
None

**Malnutrition**

Problem List  
No problems recorded

Documentation (since 1/12/2021)  
None

**Mentation**

Problem List  
Current as of 01/12/24 0951  
Anxiety  
Mild late onset Alzheimer's dementia with mood disturbance (HCC)  
21 problems were filtered away

Documentation (since 1/12/2021) Show Details  
MOCA Total Score 24

**What Matters Most**

None  
None

Yes  
POLST Advance Directive

Unknown  
Code Status

None  
ACP: None  
GOC: None

Notes

Documentation (since 1/12/2021)  
None

**Medications**

Medications

Medications from outside sources need reconciliation.

acetaminophen (TYLENOL) 325 mg tablet	TYLENOL 325 MG TABS
Apoeaquin (PREVAGEN EXTRA STRENGTH) 20 MG CAPS	prevagen 20 mg
diclofenac (VOLTAREN) 1% gel	DICLOFENAC SODIUM 1 % GEL
fenofenadine (ALLEGRA) 60 mg tablet	Take 60 mg by mouth Daily as needed.
ipratropium (ATROVENT) 0.06% nasal spray	INSTILL 1-2 SPRAYS BY NASAL ROUTE 3 (THREE) TIMES DAILY NEEDED FOR RHINITIS
loperamide (IMODIUM) 1 mg/7.5 mL solution	Take 2 teaspoons daily as needed
Lysine HCl (L-LYSINE) 500 mg tablet	Take 1 tablet by mouth Daily.
Melatonin (CVS MELATONIN) 5 MG CAPS	CVS MELATONIN 5 MG CAPS
nystatin (MYCOSTATIN) 100000 UNIT/GM powder	NYSTATIN 100000 UNIT/GM POWD

**More Relevant Info**

Social Determinants of Health

Tobacco Use Dec 15, 2023: Low Risk	Vaping Dec 15, 2023: Low Risk
Alcohol Use Dec 15, 2023: Unknown	Depression Not on file
Stress	Physical Activity

# Inpatient Delirium Prevention Pilot



## 'Care For Me' Companion Cart



Cart Inventory  
Examples:

- Playing Cards
- Modeling Clay
- Stuffed animals
- Foldable Cloths
- Colored Pencils and Sketch pads
- Stress Balls
- Weaving Looms

We are happy to share that our Companion Cart will be piloted on **4 SOI** starting December 11, 2023.

The goal of this companion cart project is to decrease anxiety or discomfort of hospitalization in patients with delirium and/or dementia by engaging patients in activities to keep them engaged and supported during their hospitalization.

We hope this project will improve patient, family, and staff satisfaction and deliver better care to hospitalized older adults.

Project Leads/Contacts

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Swedish Family Medicine - First Hill  
Geriatric Medicine Fellowship Director


Nolan Reyes, RN, BSN  
Nurse Manager  
FH Float Pool, MCFP's, and FH PSA's

# Objectives: Reprise

1. We've reviewed Age-Friendly Health Systems 5M Framework.
2. We understand better delirium risks **from the Primary Care perspective.**
3. We can use the Age-Friendly Health Systems 5Ms Framework to actively prevent delirium in persons living with dementia.
4. We have learned about a tool called Patient Priorities Care and how you can use it in your practice
5. I have showed you one Epic-based tool Providence has developed to improve Age-Friendly care delivery

# Thank you and Resources for Your Practice!

- [Geripal ACP&Serious Illness Communication](#)
- [Dementia Roadmap](#)
- <https://deprescribing.org/>
- [Age-Friendly Health Systems](#)
- <https://patientprioritiescare.org/patient-facing-materials/>
- <https://www.vitaltalk.org/>
- <http://www.acbcalc.com/>
- [FAM-CAM tool](#)

A photograph of a classroom. In the center, a blackboard with a wooden frame is mounted on a teal wall. The blackboard contains the text "Thank you for your attention!" and "Questions?". In front of the blackboard, there are several rows of light-colored wooden desks with orange plastic chairs. A white desk with a yellow chair is visible in the background on the right. The floor is a grey tile pattern.

Thank you for your attention!

Questions?