Data indicates that older persons will increase in numbers along with an increase of life expectancy in the United States. Kaiser Permanente Los Angeles Medical Center’s Utilization Department developed “65 & Thrive”—an age-specialized initiative to provide holistic care that preserves independence, quality of life, prevents functional and cognitive decline, and promotes both patients and their families to continue thriving. The initiative’s focus is guided by the 5 M’s model on mobility, medication, mentation, multi-morbidity, and what matters. Case management staff were given age-sensitivity trainings, improved workflows and made assessments that identified, addressed, and secured resources for patients throughout their hospitalization. Silver Angel volunteers were specially trained to prevent physical and mental decline and focused on activities to prevent delirium, depression and falls. The volunteers visited with patients daily for these interactions. The initiative was piloted in April 2020 on a stroke telemetry unit and since then the hospital has seen a significant decrease in the overall annual readmission rates by 3.1% when compared to 2019. The average length of stay for older adult patients; however, increased from 4.05 to 4.83 days unfortunately due to COVID-19. This initiative demonstrates the necessity to expand “65 & Thrive” throughout the hospital and ultimately to other Kaiser Permanente medical centers to best provide holistic care to older adults.

A DELIRIUM RISK STRATIFICATION TOOL AND INTERDISCIPLINARY ROUNDS TO PREVENT DELIRIUM IN HOSPITALIZED OLDER ADULTS

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Delirium is a disturbance of attention accompanied by a change in baseline cognition that is commonly seen in acute care settings, and effects up to 80% of ICU patients. The development of delirium has adverse effects on patient outcomes and high health care costs. Of patients aged 65+ admitted to our hospital in 2019, non-delirious patients had a five-day length of stay (LOS) compared to a 10-14 days LOS in delirious patients. A five days LOS increase adds an additional $8,325 per patient for an extra annual cost of 15 million dollars. Additionally, delirium is often not recognized. A prior retrospective study showed that 31% of older adults seen by a Geriatrics provider were diagnosed with delirium, while only 11% were detected by nurse’s CAM screen. Given the need to improve delirium detection and management, a QI project was undertaken with a goal to recruit an interdisciplinary team, create a risk stratification tool to identify patients at substantial risk for developing delirium, and develop a delirium prevention protocol. Patients with a score of ≥ 4 were initiated on a nurse driven delirium protocol that included a delirium precaution sign and caregiver education. 6 months data has shown increased delirium detection of 33%, a reduction in 7.7 days LOS, reduced SNF discharge by 27%, and a significant LOS saving of 231 days. The results were statistically significant, p < 0.04 for LOS reduction. The cost avoidance in LOS alone were $384,615 for delirium patients.

ARE STAKEHOLDER PRIORITIZED POST-ACUTE CARE PRACTICES DOCUMENTED AND DO THEY IMPROVE OUTCOMES?

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The receipt and intensity of rehabilitation services, such as occupational and physical therapy, have been associated with lower risk of readmissions. Yet, little is known about the care. This study quantified the frequency of documented post-acute care (PAC) stakeholder-prioritized practices and their associations with hospital readmissions. A PAC stakeholder advisory board (e.g., physicians, rehabilitation providers across settings) prioritized key practices to evaluate. Medicare claims and electronic medical records were used to construct an episode of care for patients age 65 or older. Eligible patients were discharged from one of nine acute hospitals to a PAC setting (i.e., inpatient rehabilitation, skilled nursing, home health) within one large health system between August 2016 and August 2018. Descriptive statistics characterized the cohort and frequency of documented practices. Logistic regression examined associations among the practices and readmissions, by setting. Stakeholders prioritized (a) education, (b) cognition assessment and treatment, and (c) medication management. Among these PAC patients (n=3,227) there was variation in documentation for each practice by setting. Documentation of medication management at any point during the stay ranged from less than 1% to 54% of patient stays among settings. There was a significant relationship between the practices and readmissions. Within inpatient rehabilitation, every additional day patient and caregiver education was documented by occupational therapy was associated with 21% lower odds of readmission (p<0.05). This study highlights the variability in documentation of stakeholder-prioritized practices across PAC and their associations with readmissions. Future work is needed to enhance the systematic delivery and documentation of these practices.

CHANGES IN FUNCTIONAL STATUS AMONG CLUSTERS OF OLDER ADULTS AFTER HOSPITALIZATION FOR PNEUMONIA

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Little is known about how social determinants, comorbidity, and disability status are associated with functional recovery after an acute illness. A prospective cohort study was conducted between 2019-2020 at a university hospital in Korea, to investigate functional recovery after hospitalization for pneumonia in older adults with different degrees of social deprivation, disabilities, and comorbidities.