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Disease-specific care certification and help to improve delirium management in hospitalized elderly**Manisha S. Parulekar, Lisa Tank, MD, Nadine R. Benoit***Hackensack University Medical Center, Hackensack Meridian Health and Hackensack Meridian School of Medicine*

Background: We describe the development and implementation of a collaborative, interdisciplinary delirium prevention program in a suburban academic medical center using the Hospital Elder Life Program (HELP) and The Joint Commission (TJC) Disease-Specific Care (DSC) certification for management of delirium in hospitalized elderly .

Methods: Study population was selected from the hospitalized adults aged 70+ enrolled in HELP for The Joint Commission DSC certification for reporting and survey. HELP identification and geriatrics service line consultation were used to address psychotropic medication use, falls, pressure ulcers, and number of indwelling urinary catheter days through nursing and clinical providers' education about delirium, protocols for urinary catheter use, ulcer management, falls prevention and pharmacy, and geriatrics consultation. DSC certification process was used to structure institutional commitment and procure resources for addressing delirium.

Results: Collaboration between HELP and interdisciplinary Geriatric Service Line team aided in the creation of our approach to delirium management and prevention. The Joint Commission DSC onsite visit examined the selection, implementation, and results of performance measures (psychotropic prescription, fall and pressure ulcer incidence, and indwelling urinary catheter days), as well as commitment of organizational leadership. The performance standards required for The Joint Commission Disease-Specific Care certification in Delirium were met.

Conclusion: DSC certification can be an important tool to focus institutional resources and attention on the impact of delirium in the hospitalized elderly. With this program as a framework, institutions can implement a systematic approach to managing delirium.

Keywords: Delirium; Quality Improvement; The Joint Commission; Disease-Specific Certification; Hospital Elder Life Program

Biography

MANISHA PARULEKAR, M.D., F.A.C.P., A.G.S.F., CMD is board-certified in geriatrics, internal medicine, and palliative and hospice medicine. Dr. Parulekar completed her geriatrics fellowship training at Hackensack University Medical Center and the UMDNJ-New Jersey Medical School and completed a residency in internal medicine at New York Methodist Hospital, Cornell University in New York City. Dr. Parulekar is the chief for Division of Geriatrics at Hackensack University Medical Center and is Program Director of the Geriatrics Fellowship Program for Rutgers/New Jersey Medical School. She chairs the Transition of Care subcommittee for AMDA/PALTC. She is the principal investigator for the Accountable Health Communities grant from CMMI, a research initiative targeting screening for five social determinants, navigator care model, and its impact on healthcare quality and cost.