

# Creating Age-Friendly Health Systems

*AHA Action Community: An Invitation to Join Us*

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).



# Our Time Together Today

- Welcome & Introductions
- Why Age-Friendly Health Systems
- Overview of Action Community
- Sharing of Data & Learning
- Implementation at Christiana Care Health System
- How to Join the Action Community
- Q&A

# Our Team



Jay Bhatt, DO, MPH, MPA,  
President, HRET  
SVP & CMO, AHA



Marie Cleary-Fishman,  
MS, MBA  
Vice President  
Clinical Quality AHA



Raahat Ansari, MS  
Program Manager



Radhika Parekh, MHA  
Performance Improvement  
Coach, AHA



Syeda Aisha, MPH  
Program Specialist, AHA

# Speakers



Denise Lyons, DNP, APRN, AGCNS-BC,  
Adult/Gerontological Clinical Nurse  
Specialist, Christiana Care Health  
System



Patricia Curtin, MD, FACP, CMD,  
Section Chief, Geriatric Medicine,  
Christiana Care Health System

# We Invite Your Questions

To submit a question, please type your question on the right-hand side of your presentation screen.

# Our Partners



Terry Fulmer, PhD, RN  
President, The John A.  
Hartford Foundation



Amy Berman, BSN, LHD  
Senior Program Officer  
The John A. Hartford  
Foundation



Kedar Mate, MD,  
Chief Innovation  
Officer, IHI



Leslie Pelton, MPA,  
Senior Director  
IHI



The John A. Hartford  
Foundation



Kim Mitchell, MS  
Project Manager  
IHI



KellyAnne Johnson, MPH  
Senior Project Manager  
IHI



Julie Trocchio, MS,  
Senior Director  
Community Benefit and  
Continuing Care, CHA



**6** Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

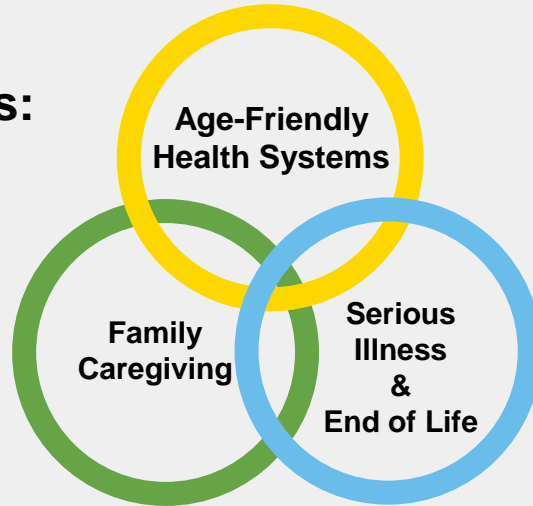


# The John A. Hartford Foundation

A private philanthropy based in New York, established by family owners of the A&P grocery chain in 1929.

**Dedicated to Improving the Care of Older Adults**

**Priority Areas:**



# The Leader in Improving Care of Older Adults

\$565,000,000

amount invested in  
Aging and Health  
since 1982

- Building the field of aging experts
- Testing & replicating innovation

Photo by Julie Turkewitz





# AHA's Center for Health Innovation

Advancing Health in America

The Path Forward

## ► Priorities Align With The AHA Path Forward and Playbook



**Access:** Access to affordable, equitable health, behavioral and social services



**Value:** The best care that adds value to lives



**Partners:** Embrace diversity of individuals and serve as partners in their health



**Well-being:** Focus on well-being and partnership with community resources

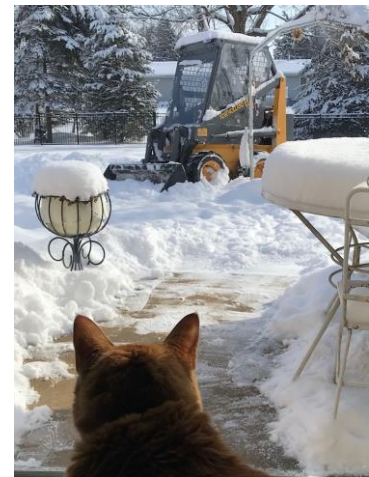
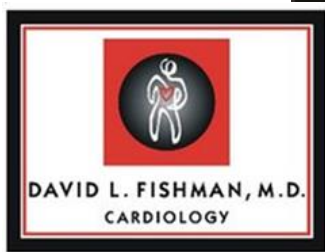
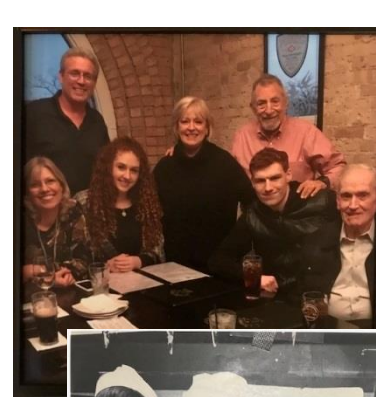
Affordability

Performance Improvement

Population Health

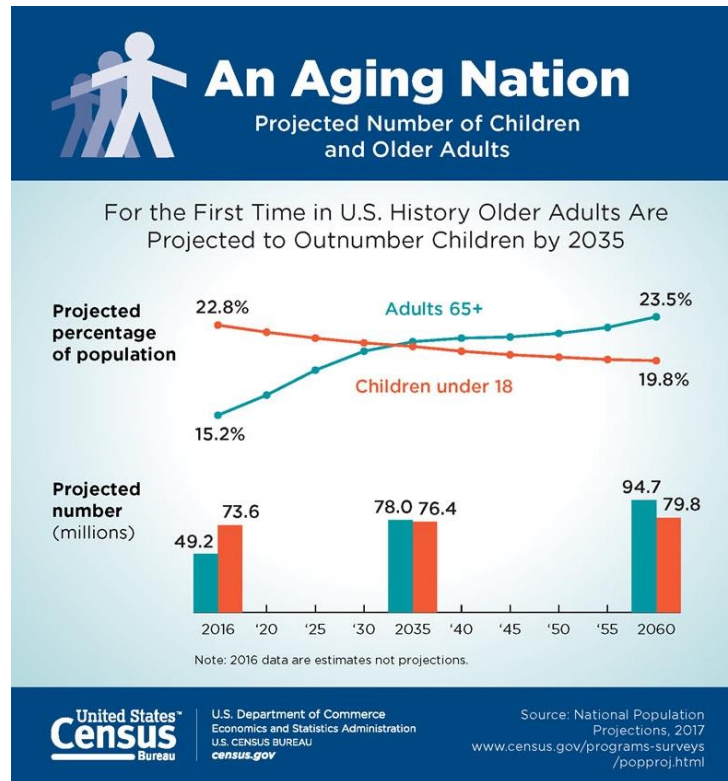
New Delivery Models

Emerging Issues



# Why Age-Friendly Health Systems?

- Demography
- Complexity
- Disproportionate harm



# What is Our Goal?

Build a social movement so **all care** with older adults is **age-friendly care**:

- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.

Our first aim is to reach 20%: 1000 hospitals & 1000 primary care practices by December 31, 2020

# Evidence-based Practice Changes

Methods: Reviewed 17 care models with level 1 or 2a evidence of impact for model features

**90 care features**  
identified in pre-work

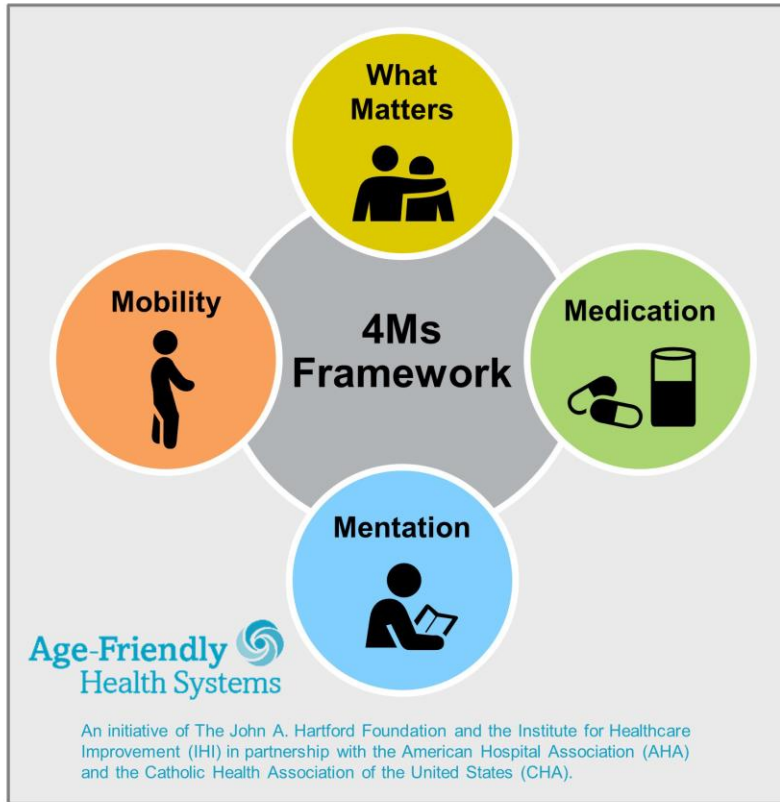
Redundant concepts  
removed and **13  
discrete features**  
found by IHI team

Expert Meeting led to  
the selection of the  
“vital few”: **the 4Ms**

# Evidence-base

- What Matters:
  - Asking what matters and developing an integrated systems to address it **lowers inpatient utilization (54% dec), ICU stays (80% dec)**, while increasing hospice use (47.2%) and pt satisfaction (AHRQ 2013)
- Medications:
  - Older adults suffering an adverse drug event have higher rates of morbidity, hospital admission and costs (Field 2005)
  - 1500 hospitals in HEN 2.0 **reduced 15,611 adverse drug events** saving \$78m across 34 states (HRET 2017)
- Mentation:
  - Depression in ambulatory care **doubles cost of care** across the board (Unutzer 2009)
  - **16:1 ROI on delirium detection and treatment programs** (Rubin 2013)
- Mobility:
  - Older adults who sustain a serious fall-related injury required an additional \$13,316 in hospital operating cost and had an increased LOS of 6.3 days compared to controls (Wong 2011)
  - **30+% reduction in direct, indirect, and total hospital costs** among patients who receive care to improve mobility (Klein 2015)

# 4Ms Core of an Age-Friendly Health System



## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

## Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

## Mentation

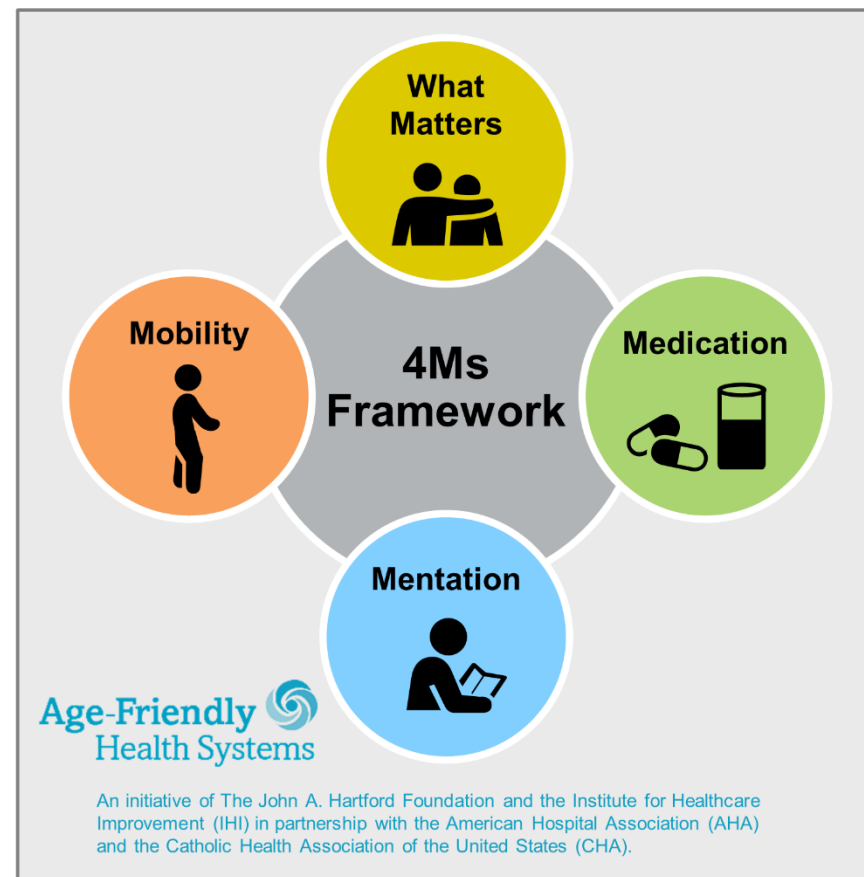
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

# Why the 4Ms?

- Represents core health issues for older adults
- Builds on strong evidence base
- Simplifies and reduces implementation and measurement burden on systems while increasing effect
- Components are synergistic and reinforce one another





# Age-Friendly Health System Pioneers

Age-Friendly  
Health Systems

Pioneer



# Celebration of Pioneers



KAISER PERMANENTE®



Rolling  
Friend  
Contir

Karineh

Structuring Medicare Wellness Exams and Geriatric Consultations Around the “4Ms”



Deploying the 4M  
Improve Outcom  
Health Experienc  
Adults

Lillian Banchemo, May



Saint Alphonsus is Becoming Age Friendly

Becky Beaver, May 14, 2018, 0



Finding Out What Matters to Older Patients: A Conversation Guide

Jennifer Lui, July 11, 2018, 0

## Assess: Know About the 4Ms for Each Older Adult in Your Care <sup>12</sup>

Key Changes	Getting Started
<b>Ask the older adult What Matters most</b>	<p>This change focuses clinical encounters, decision-making, and care planning for persons with complex care needs on What Matters most to them.</p> <p>If you do not have existing questions to start this conversation, try the following, and adapt as needed.</p> <ul style="list-style-type: none"> <li>• "What is the one thing about your health or health care you most want to focus on _____ (fill in health problem OR the health care task) so that you can do _____ (fill in desired activity) more often or more easily?"</li> <li>• For older adults with advanced or serious illness, consider: "What are your most important goals if your health situation worsens?"</li> </ul>
<b>Document What Matters</b>	Documentation can be on paper or in the electronic health record where it is accessible to the whole care team across settings
<b>Review high-risk medication use</b>	<p>Specifically, look for:</p> <ul style="list-style-type: none"> <li>• Benzodiazepines</li> <li>• Opioids</li> <li>• Highly-anticholinergic medications, especially diphenhydramine</li> <li>• All prescription and over-the-counter sedatives and sleep medications</li> <li>• Muscle relaxants</li> <li>• Tricyclic antidepressants</li> <li>• Antipsychotics</li> </ul>
<b>Screen for dementia</b>	If you do not have an existing tool, try using the <a href="#">Mini-Cog</a>
<b>Screen for depression</b>	If you do not have an existing tool, try using the <a href="#">Patient Health Questionnaire (PHQ-2)</a>
<b>Screen for mobility</b>	If you do not have an existing tool, try using the <a href="#">Timed Up &amp; Go (TUG)</a>

▲ Age-Friendly  
 Guide to Using  
 How to Assess  
 for Care Team  
 March 2019



# Age-Friendly across the U.S



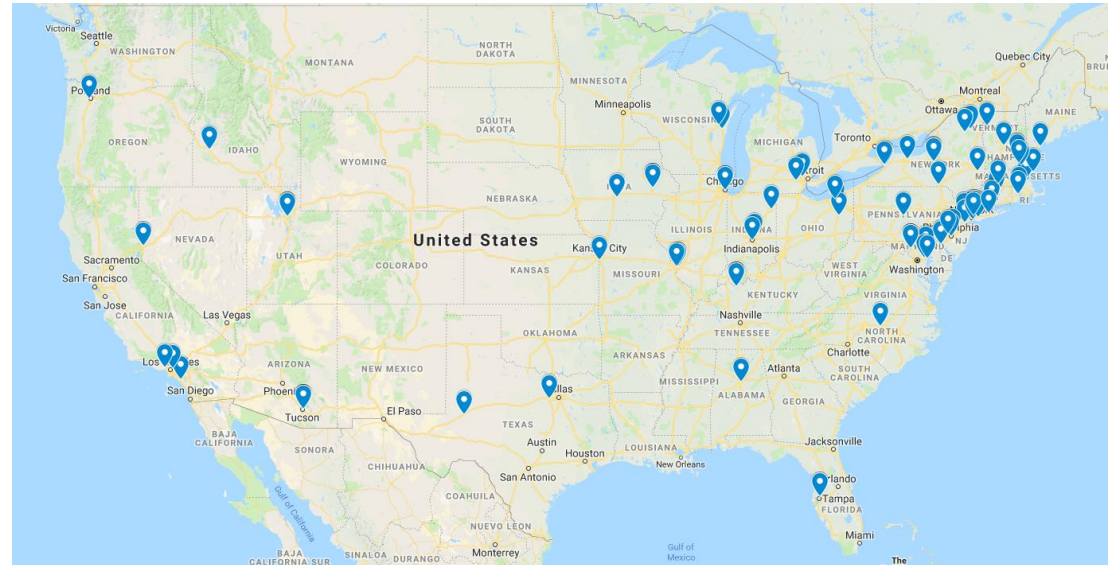
## IHI Age-Friendly Health Systems Action Community Wave 1

In September 2018,

- September – March 2019
- 131 sites of care from 73 organizations

## IHI Age-Friendly Health Systems Action Community Wave 2

- April – October 2019
- 153 sites of care from 94 organizations



# Celebration of Age-Friendly Health Systems

*Build a community for hospitals to share with one another.*

“I really enjoyed all of the brain-storming and knowledge sharing. I also enjoyed seeing how a lot of our ideas aligned”



# Join the AHA Action Community

- Visit [www.aha.org/AgeFriendly](http://www.aha.org/AgeFriendly) to download invitation with more information
- Enroll through this [link](#) (see chat for hyperlink)
- Participate in AHA's Action Community (Sept. 2019 - March 2020)
  - Monthly all-team webinars
  - Scale-up leaders webinars
  - Listserv, sharing learnings
  - Monthly reports on testing and learnings
  - Celebration of joining the movement!
- Email [ahaactioncommunity@aha.org](mailto:ahaactioncommunity@aha.org) with any questions.



# Engage in the AHA Action Community



Participate in monthly interactive webinars

- Monthly content calls focused on 4Ms
- Opportunity to share progress and learnings with other teams



In-person meeting

- One in-person meeting (TBD)



Test Age-Friendly interventions

- Test specific changes in your practice



Share Description of 4Ms Care at your site

- Submit monthly qualitative feedback on your progress and description of 4Ms Care



Join one drop-in coaching session

- Join other teams for measurement and testing support in monthly drop-in coaching sessions



Leadership track to support system-level scale up

- Leaders join monthly C-suite/Board level calls to set-up local conditions for scale up

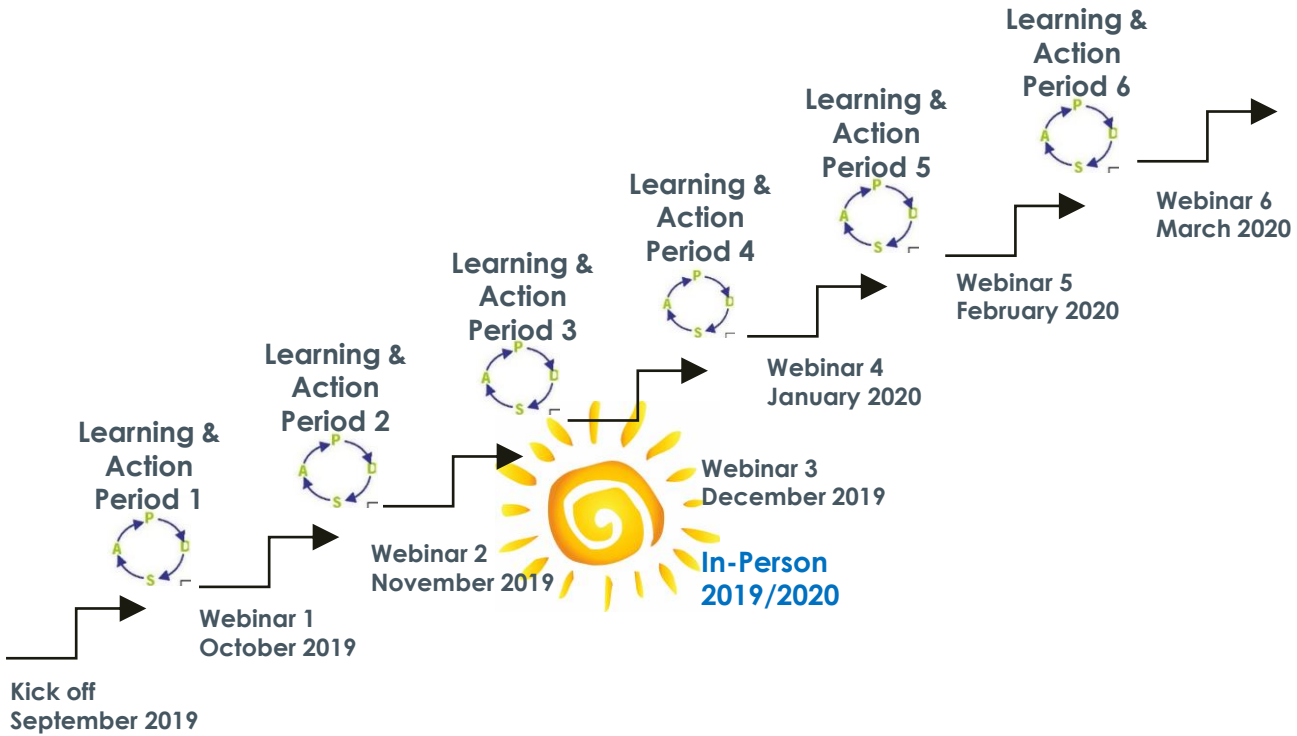


Age-Friendly  
Health System  
Action  
Community

# AHA Action Community Schedule



Reliable 4Ms implementation at the scale of the system



Some of the 4Ms sometimes with some older adults

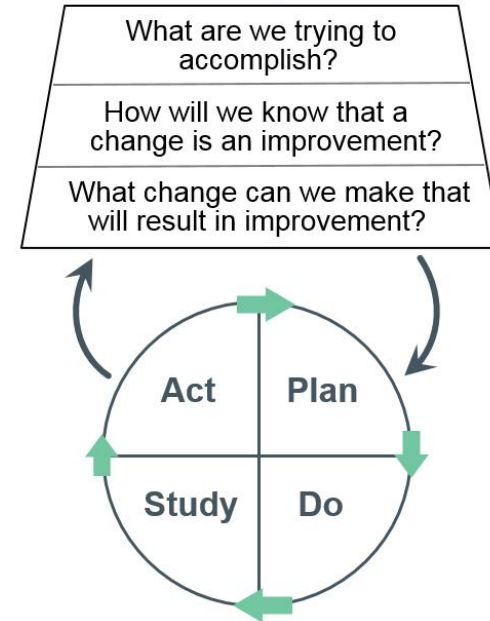
← Monthly Webinars and Drop-In Coaching on Measurement and Changes →



# What's the Work of Each Participating Team

- Know where and how the 4Ms are already in practice and secure leadership support and commitment
- Define what it means to provide care consistent with the 4Ms
- Design/adapt your workflow to deliver care consistent with the 4Ms, including how you will assess, document and act on the 4Ms
- Provide care consistent with the 4Ms
- Study your performance. Measure and share – how reliable is your care? What impact does your care have?
- Improve and sustain care consistent with the 4Ms and share learnings with others

## Model for Improvement



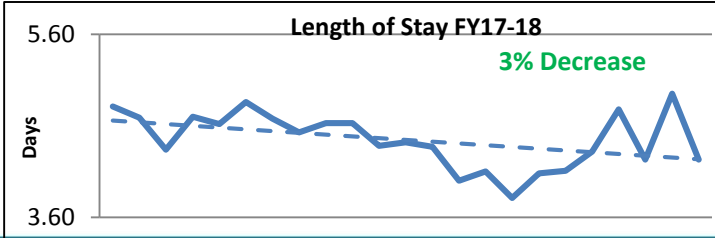
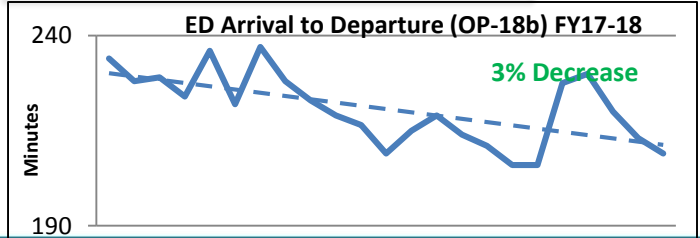
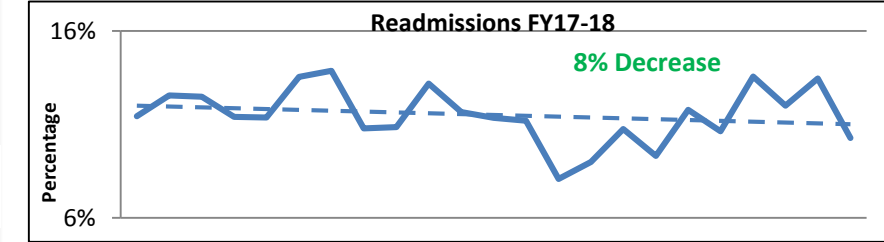
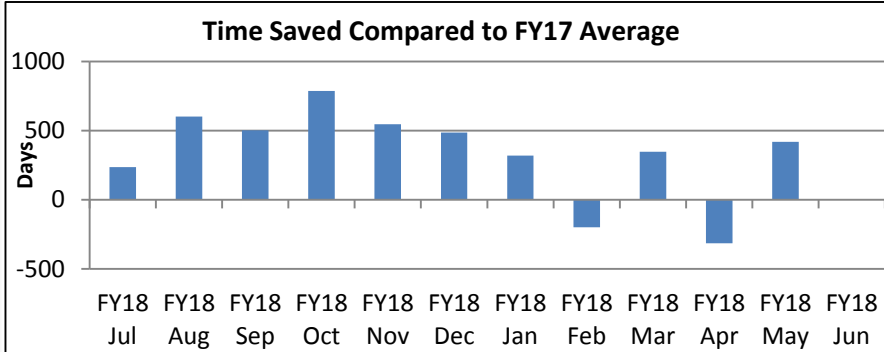
## Practical Ideas for Changing the “Way we do it”

- Convert the white board to a “what matters” board
- Mobility check upon check-in
- Blood draw to 6am instead of 4am
- Mobility place mats; Brain games on flip side
- My Story with every chart
- Add a mobility check to a vitals check
- Use Straws instead of pitchers

# What Matters to Me?

10.23 years

The amount of time AAMC has given back to patients (65+) since FY17



What matters documented in record: 22,263 times since start of initiative



# Definition of an Age-Friendly Health System

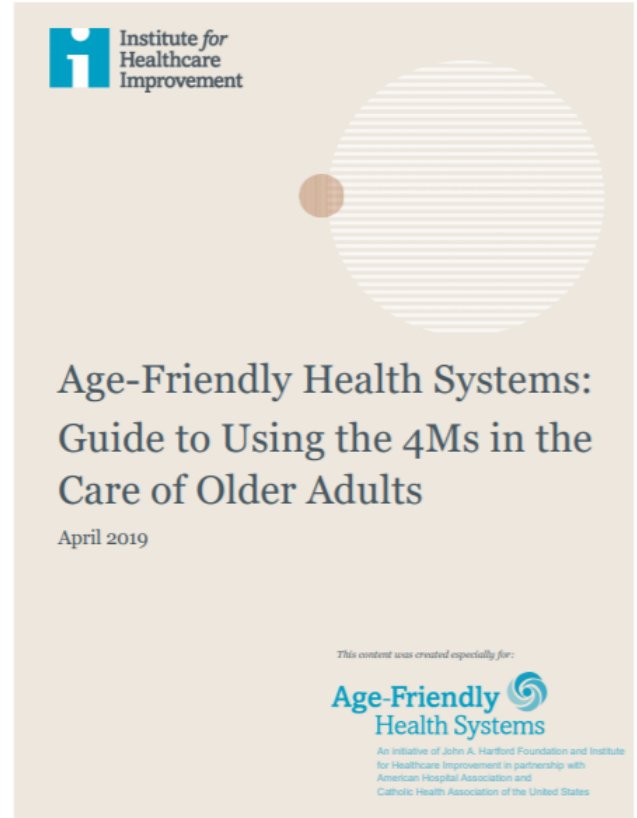
An Age-Friendly Health System...

- 1. Defines** the 4Ms for its hospital and/or practice
  1. (e.g. Hospital: How it will screen for delirium every 12 hours; Practice: What tool will it use to screen for depression and how does the screen fit into the AWV flow)
- 2. Counts** the number of older adults whose care includes the 4Ms
- 3. Shares** the information with the Action Community and AHA to be celebrated



# Guide to Using the 4Ms in the Care of Older Adults

- Action Community webinars will teach you how to test the 4Ms in your setting
- Access resources to support your journey to become an Age-Friendly Health System on [www.ihl.org/AgeFriendly](http://www.ihl.org/AgeFriendly)

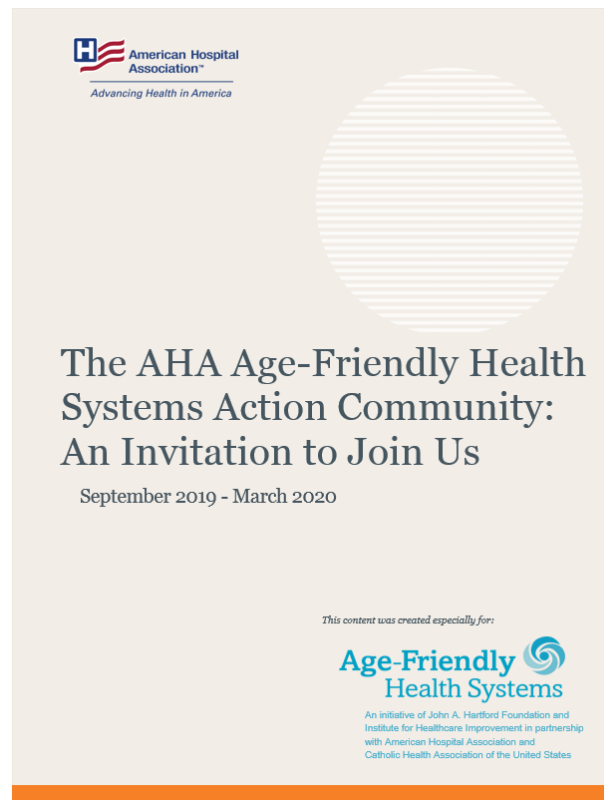


# Action Community Monthly Data Sharing

1. Description of the how you are putting the 4Ms into practice
2. Qualitative information about challenges and successes
3. When description is aligned with the [Guide to Using the 4Ms in the Care of Older Adults](#), you will be asked for the count of 65+ people whose care includes the 4Ms

# Join the AHA Action Community

- Visit [www.aha.org/AgeFriendly](http://www.aha.org/AgeFriendly) to download invitation with more information
- Enroll through this [link](#) (see chat for hyperlink)
- Participate in AHA's Action Community (Sept. 2019 - March 2020)
  - Monthly all-team webinars
  - Scale-up leaders webinars
  - Listserv, sharing learnings
  - Monthly reports on testing and learnings
  - Celebration of joining the movement!
- Email [ahaactioncommunity@aha.org](mailto:ahaactioncommunity@aha.org) with any questions.



# Creating an Age-Friendly Health System Initiative

Denise L. Lyons, DNP, APRN, AGCNS-BC  
Patricia Curtin, MD, FACP, CMD

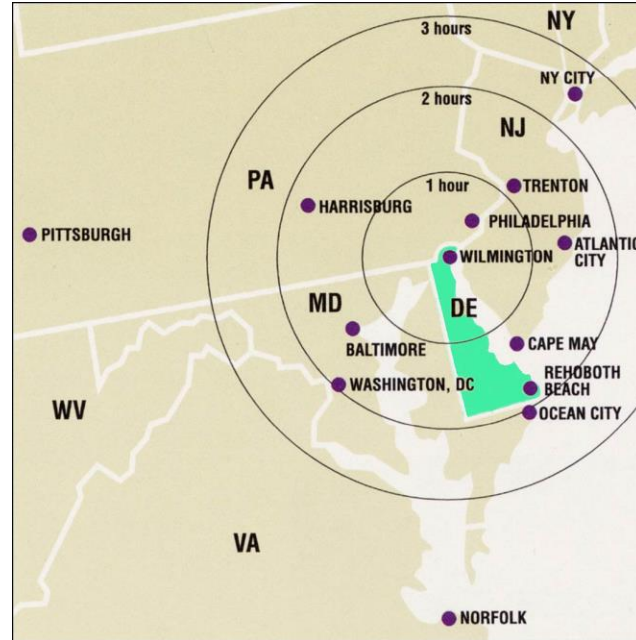
American Hospital Association  
Age-Friendly Action Community Webinar  
July 17, 2019





# Christiana Care Health System

- Based in Wilmington & Newark, Delaware
- Not-for-profit
- Academic center
- Magnet facility
- Cerner electronic medical record



# Christiana Care Health System



Christiana Hospital  
Suburban  
780 beds  
Level I Trauma Center  
ACE unit (39 beds)



Wilmington Hospital  
City  
321 beds  
Level III Trauma Center  
ACE unit (30 beds)

**51% - Inpatients discharged > 64 yrs old**

# Nurses Improving Care for Healthsystem Elders

- A nursing education and consultation program designed to improve geriatric care in healthcare organizations
- NYU Rory Meyers College of Nursing
- Provides resources for nursing and interdisciplinary teams to achieve organizational goals for the care of older adult patients
- NICHE site since 2001; recognized as exemplar

NICHE<sup>TM</sup>

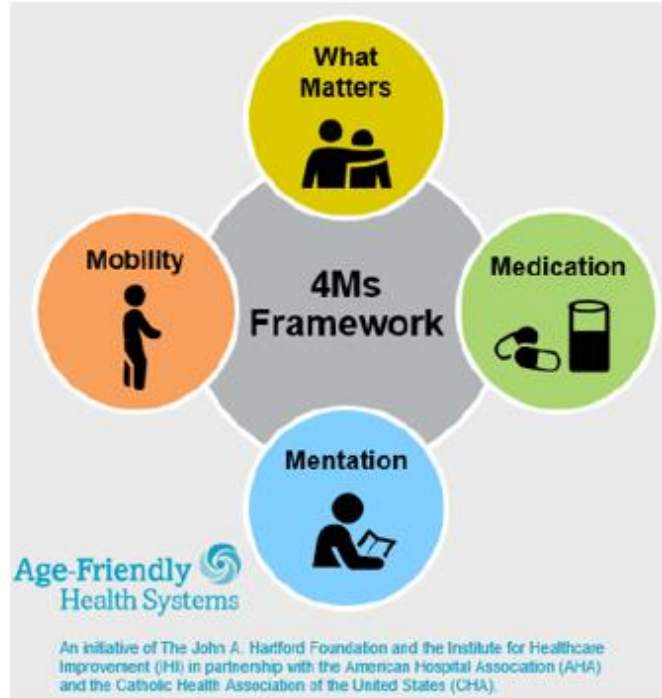
# Christiana Care Health System

- ACE units/ Geriatric Resource Nurses
- Swank Center for Memory Care & Geriatric Consultation
- Safe Steps program
- Strong Bones program
- Independence at Home program
- Visiting Nurse Association
  - Home Care statewide
  - Alzheimer's Day Care
- Primary Care
  - 18 locations (DE, NJ, PA)
  - 1 Virtual

# Age-Friendly Initiative (AFI)

- CCHS selected to be in first wave – “early adopter” site
- Sept 2018 – March 2019
  - 1 patient care unit in Acute Care
  - 1 Wellness Nurse in Primary Care

# National Movement



- By December 31, 2020, we will reach older adults with the 4Ms in:
  - 1,000 hospitals
  - Practices of 57,000 primary care providers

# Aim & Connection

## EXCELLENCE

We commit to being exceptional today and even better tomorrow.

We seek new knowledge, ask for feedback, and are open to change.

We use resources wisely and effectively.

We are curious and continuously look for ways to innovate.

We are true to our word and follow through on our commitments.

## We Serve Together

*guided by our values  
Excellence & Love*



## LOVE

We anticipate the needs of others and help with compassion and generosity.

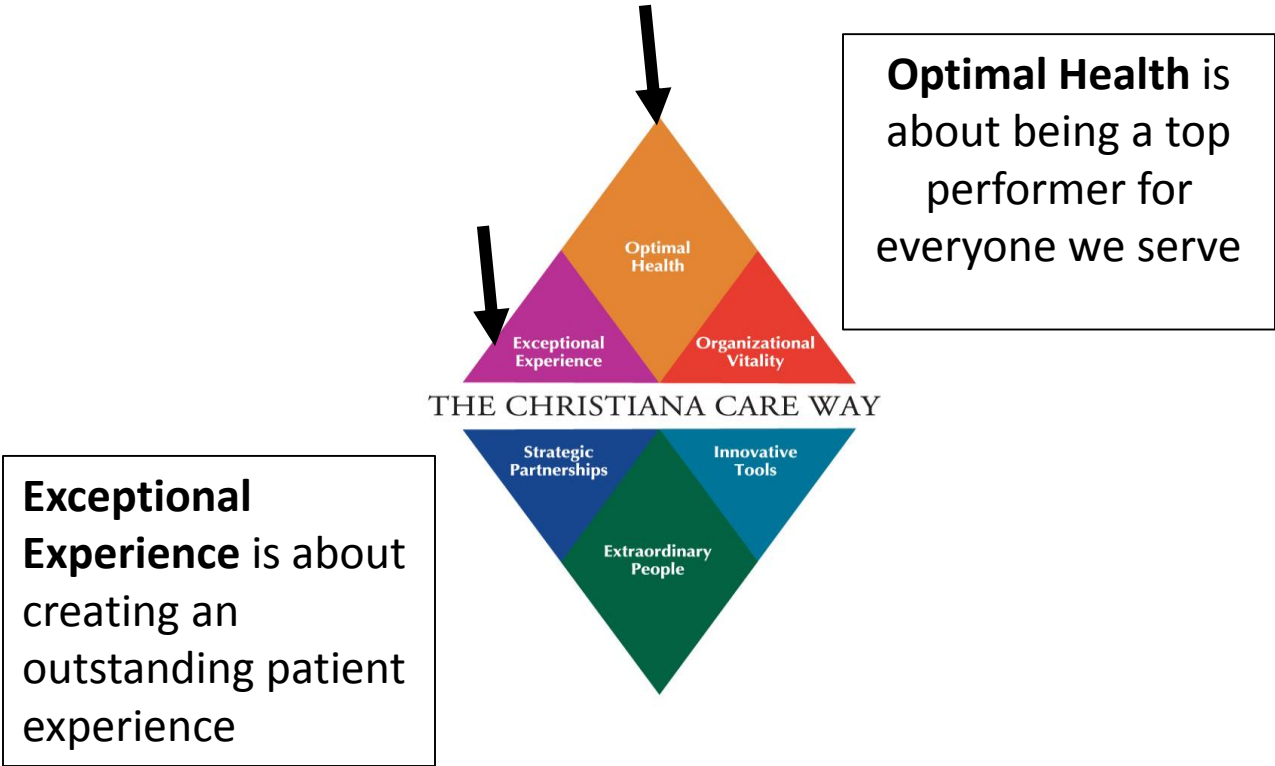
We embrace diversity and show respect to everyone.

We listen actively, seek to understand and assume good intentions.

We tell the truth with courage and empathy.

We accept responsibility for our attitudes and actions.

# Aim & Connection





# Tested 4Ms – Acute Care

- 1 ACE unit then moved to 2<sup>nd</sup> ACE unit
- Met with key stakeholders on unit
  - Nurse Manager
  - Medical Director
  - Advanced Practice Registered Nurse
  - Nurse Educator
  - **Unit-based Professional Practice Council**
  - Pharmacist
  - Physical Therapist
  - Patient Advisor

# Evidenced Changes - Acute Care

The 4 Ms	What Matters Most to the Patient	Medication	Mentation	Mobility
<b>Description</b>	Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to end-of-life	If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation	Prevent, identify, treat, and manage delirium	Ensure that each older adult moves safely every day to maintain function and do What Matters Most
<b>Assessment</b>	What Matters <b>most</b> to the patient	Review high-risk medication use	Screen for delirium	Screen for mobility
<b>Specific Question</b>	What matters most to you?	High-risk medications present?	Delirium present?	Mobility status?
<b>Primary Responsibility</b>	Nurse	Provider	Nurse	Nurse
<b>Secondary Responsibility</b>	Physician PCT	Pharmacist	Physician	PCT PT
<b>Frequency</b>	At Bedside Shift Report		Every 24 hours	Daily
<b>Goal</b>	Align the care plan with What Matters most	Avoid or deprescribe the medications that may interfere with What Matters and the Mentation and safe Mobility of older adults. These medications, individually and in combination, increase risk of confusion, delirium, unsteadiness, and falls. <b>Beers Criteria for Potentially Inappropriate Medications</b>	*Ensure sufficient oral hydration *Orient older adults to time, place, and situation *Ensure older adults have their personal sensory adaptive equipment *Prevent sleep interruptions; use non-pharmacological interventions to support sleep <b>Delirium Work Up</b>	Ensure early and safe mobility Ambulate often OOB for all meals
	<b>NEW</b>	<b>Beers Criteria embedded into electronic record</b>	<b>Improving CAM/ Delirium work up</b>	<b>Hopkins AMP</b>

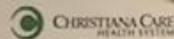
**For ALL Patients**

# CHRISTIANA ACE UNIT



Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Room #:																
Date:							Nurse Station Phone #:	Room Phone #:															
<b>Patient's Goals for the Day:</b> <b>What matters to you most?</b>																							
<b>Plan of Care:</b> <b>Mentation:</b> <b>Alert + oriented x 3</b> <b>CAM0</b>																							
<b>Mobility:</b> <b>Out of bed x 1 with walker</b>																							
<b>Medications:</b>																							
<b>Activity/Assistance Level:</b> Bedrest    Independent    Partial    Total Lift																							
<b>Weight Bearing:</b> Full    Partial    NWB																							
<b>Anticipated Discharge:</b> Date: _____ Time: _____																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

# CHRISTIANA ACE UNIT



Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Room #:																
Date:							Nurse Station Phone #:	Room Phone #:															
<b>Patient's Goals for the Day:</b> <b>What matters to me most?</b> <b>"To treat my infection"</b>																							
<b>Plan of Care:</b> <b>Mentation:</b> <b>Alert + Oriented x 3</b> <b>CAM0</b>																							
<b>Mobility:</b> <b>out of bed x 1 with a walker</b>																							
<b>Medications:</b> - Eliquis - blood thinner - Vancomycin - antibiotic - Lasix - diuretic																							
<b>Activity/Assistance Level:</b> Bedrest    Independent    Partial    Total Lift																							
<b>Weight Bearing:</b> Full    Partial    NWB																							
<b>Anticipated Discharge:</b> Date: _____ Time: _____																							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24



# Tested 4Ms – Primary Care

- 1 Primary Care Practice then moved to 2 other practices
- Met with
  - Office Practice Supervisor
  - **Wellness Nurse**
  - Nurse Educator
  - Pharmacist
  - Primary Care Physician
  - Patients/ Families

# Evidenced Changes - Primary Care

The 4 Ms	What Matters Most to the Patient	Medication	Mentation #1	Mentation #2	Mobility
<b>Description</b>	Know and align care with each older adult's specific health outcome goals	If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation	Prevent, identify, treat & manage depression	Prevent, identify, treat & manage dementia	Ensure that each older adult moves safely every day to maintain function and do What Matters Most
<b>Assessment</b>	What Matters most to the patient	Review high-risk medication use including OTC meds	Screen for depression	Screen for dementia	Screen for mobility
<b>Specific Question</b>	What are your healthcare goals? What concerns you most when you think about your health and health care in the future? What would make tomorrow a really great day for you?	High-risk medications present?	PHQ2 If + then client screened with PHQ9 -Overall mood for past 4 weeks	Mini-Cog	TUG -Safety Questionnaire -Fall Risk Past year -Fallen -Fear of Falling -Dizzy standing Up -Assistive Devices
<b>Responsibility</b>	Wellness Nurse	Wellness Nurse	Wellness Nurse	Wellness Nurse	Wellness Nurse
<b>Frequency</b>	Annual Visit	Annual Visit	Annual Visit	Annual Visit	Annual Visit
<b>Goal</b>	Align the care plan with What Matters most Review 5 Wishes	Avoid or de-prescribe the medications that may interfere with What Matters and the Mentation and safe Mobility of older adults. These medications, individually and in combination, increase risk of confusion, delirium, unsteadiness, and falls.  Beers Criteria for Potentially Inappropriate Medications Benzodiazepines, Opioids, Highly-anticholinergic medications (esp diphenhydramine) All prescriptions and OTC sedatives & sleepers Muscle relaxants Tricyclic antidepressants Antipsychotics	Identify and manage factors contributing to depression	Consider further evaluation and manage manifestations of dementia or refer	Ensure safe mobility Manage impairments that reduce mobility Create a home environment that is safe for mobility Support older adults to identify a daily mobility goal that supports What Matters
	Follow-up with provider	Follow-up with Provider/ PharmD	Referral to Behavioral Health	Referral to Swank Memory Care Center	Provides education (Fall prevention at home) A matter of balance info Referral to Safe Steps Program
	<b>NEW</b>	<b>NEW</b>	<b>Currently part of the workflow</b>	<b>Currently part of the workflow</b>	<b>Currently part of the workflow</b>

**For patients receiving their annual wellness visit**

# 4Ms Quick Text: What Matters, Medications, Mentation, Mobility

## **1. What Matters Most to the Patient:**

The patient reports their healthcare goal is

The patient is most concerned about when he/she thinks about his/her health and health care needs in the future.

The patient states that would make tomorrow a really great day.

## Advanced Care Planning:

Patient agreed to receive a copy of the 5 Wishes booklet. Reviewed with patient Wish 1&2.

Patient will take booklet home for completion and is aware to return to office so a copy can be made and placed in chart.

Patient not interested in reviewing or receiving a copy of the 5 Wishes booklet.

Patient reports he/she has a Living Will; advised to bring in copy to be scanned into chart at his/her convenience.

# 4Ms Quick Text: What Matters, Medications, Mentation, Mobility

## 2. Medications:

Medication modifications reported by the patient today include:

### New Medications:

-

### Medications, Not Taking as Ordered:

-

### Medications, No Longer Taking:

-

Medications compared to **Beers criteria**; the following high risk medications were identified:



# 4Ms Quick Text: What Matters, Medications, Mentation, Mobility

## 3. Mentation:

### Screening for Depression:

PHQ2 -

PHQ9 -

Behavior Health In-Room consult placed.

Provided referral information for Behavior Health.

### Screening for Dementia:

Patient was oriented to person, place, time and situation. Speech was fluent and coherent.

On the basis of today's interview and interaction, the patient is judged to be cognitively intact.

**OR**

On the basis of today's interview and interaction, patient cognition impairment is suspected.

Mini-Cog test was completed.

Mini-Cog score:

Remembered words of the Three Word Recall. Patient reports he/ she has STM loss. Decline the offer for further Cognitive evaluation.

Unable to place the numbers in the correct sequence on the clock and unable to set hands to correct requested time.

**OR**

Remembered words of the Three Word Recall. Able to place the numbers in the correct sequence on the clock and set hands to correct requested time.

Encouraged to exercise brain with activities such as reading, table top puzzles, word searches, crossword puzzles, brain games, Sudoku puzzles.

Provided referral information for SWANK Memory Center

# 4Ms Quick Text: What Matters, Medications, Mentation, Mobility

## **4. Mobility**

TUG Test completed.

Timed Up and Go revealed:

Time: Seconds. Slow / Quick Steady tentative pace. No loss of balance. Short strides. Little or no arm swing. Steadying self on walls. Shuffling. Not using assistive device properly. Patient reports no recent history of falls. Patient does admit to worrying about falls.

Provided referral information for Safe Steps and A Matter of Balance programs.

# Personal Action Plan

- Ask your doctor or pharmacist the following questions about each of your medicines.
- Include prescription medicines, over-the-counter medicines, dietary supplements, and herbal products.
- Use this information to complete your **Personal Action Plan**.



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

Questions to ask	Answers	Action plan
What is this medicine used for?		
Does this medicine interact with others I am taking?		
Could this medicine have side effects that might change my ability to drive safely or increase my risk of falling?		



**3 in 4 older adults take at least 1 medicine commonly linked to falls or car crashes.**

## **Are Your Medicines Increasing Your Risk of a Fall or a Car Crash?**

**Older adults (65 years and older) are at a greater risk if they:**

- Use any medicine with side effects that can cause problems with how they think and remember, and the way their bodies perform.
- Take multiple medicines daily with these side effects.

**How can I reduce my risk of falling or having a car crash?**

- Use the **Personal Medicines List** to make a list of the medicines you take. Include all prescription medicines,

**Ask your doctor or pharmacist these questions:**

- What is this medicine used for?
- Does this medicine interact with others I am taking?
- Could this medicine have side effects that might change my ability to drive safely or increase my risk of falling?



## What can you do to stay independent?

Many people make financial plans for retirement, but not everyone plans for other changes that may come with age. This includes changes in your mobility—your ability to get around.

It's not easy to talk about, but as we get older, physical changes can make it harder to get around and do things we want or need to do—like driving, shopping, or doing household chores.

There may be a time when you still need to get around, but can no longer drive.

You might not have mobility problems now, but you could in the future. You may even know others who already do—perhaps a parent, relative, friend, or neighbor. While it may not be possible to prevent all of these changes, there are actions you and your loved ones can take today, and as you age, to help keep you safe and independent tomorrow.

# Strategic Plan

- FY20 Nursing Strategic Plan
  - Implement the 4 Ms on the
    - AMSL (11 units: 2 ACE; 2 ICU; 3 Step Down; 4 Medicine)
    - Primary care practices working with the Annual Wellness Nurses
- FY20 Patient Experience Strategic Plan
  - 4Ms & “What Matters Most” Systemwide Campaign



# Design – Acute Care

## Acute Care

### Meeting with

- Acute Medicine Service Line Nursing VP
- Acute Medicine Service Line Physician Leadership
- Unit-based Educators
- Unit-based Nursing Professional Governance Councils
- Unit-based Geriatric Resource Nurse Champions

# Design – Primary Care

- Meeting with Annual Wellness Nurse & Supervisor
  - Embedding into onboarding for ALL nurses
- Expand to include Providers & other nurses in practice



# Key Stakeholders

Department	The ASK
Data Management	Data
External Affairs	4Ms systemwide campaign/ scripting
IT	Embed 4Ms into electronic record
Patient Experience	4M systemwide campaign/ Orchid rounds

# Key Stakeholders – Buy-In & Support

Department
Hospitalist Group
Chief Learning Officer
Pharmacy
Physical Therapy
Fall Prevention & Mobility Team
Injury Prevention Coordinator

# The Spread

Time Period	Implementation
Sept 2018 – March 2019	Tested on 1 ACE unit
March 2019 – June 2019	Tested on 2 <sup>nd</sup> ACE unit
FY 2020	Implement on Acute Medicine Service line
FY 2021	Implement on 6 other Service lines



## 9 Service Lines



**Acute  
Medicine**



**Behavioral  
Health**



**Cancer**



**Heart and  
Vascular**



**Musculoskeletal  
Health**



**Neurosciences**



**Primary Care &  
Community  
Medicine**



**Surgical  
Services**



**Women &  
Children's  
Health**

# FY2020: # of Patients Reached

## Acute Care Patient Care Units

11 units: 2 ACE; 2 ICU; 3 Step Down; 4 Medicine

FY18: 9,115 pts > 64

## Primary Care Practices

1 AWN: 5 pts/ day; 25 pts/ week; 650 pts/ year

4 AWN: 20pts/ day; 100 pts/ week; 2,600 pts/ year

12 AWN: 60 pts/ day; 300 pts/ week; 7,800 pts/ year



# Measurement

Acute Care	Primary Care
<ul style="list-style-type: none"><li>• LOS</li><li>• 30 day Readmission</li><li>• Fall rate</li><li>• Fall w/ major injury</li><li>• HCAHPS</li><li>• Delirium - # of + CAMs</li><li>• White Board Audits (4Ms)</li></ul>	<ul style="list-style-type: none"><li>• 30-day readmissions</li><li>• Emergency department visits</li><li>• CAHPS survey questions</li><li>• Counts of people (volume) &lt; 65, 65-74, 75-84, 85+ years</li></ul>

# Age-Friendly Health Systems Action Community

- National experts available at your fingertips
- Network with organizations across the country
- Robust listserv
- Receive *Start Up & Measurement* guides
- Part of a national movement
- Implementing evidence-based care
- Right thing to do for our patients
- Great experience....join NOW!

Thank you!

Questions

[dlyons@christianacare.org](mailto:dlyons@christianacare.org)



# Q & A

To submit a question, please type your question on the right-hand side of your presentation screen.

# Join the AHA Action Community

- Visit [www.aha.org/AgeFriendly](http://www.aha.org/AgeFriendly) to download invitation with more information
- Enroll through this [link](#) (see chat for hyperlink)
- Participate in AHA's Action Community (Sept. 2019 - March 2020)
  - Monthly all-team webinars
  - Scale-up leaders webinars
  - Listserv, sharing learnings
  - Monthly reports on testing and learnings
  - Celebration of joining the movement!
- Email [ahaactioncommunity@aha.org](mailto:ahaactioncommunity@aha.org) with any questions.



# Register for Upcoming Webinar

Creating Age-Friendly Health Systems

August 1