

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
- Julie Trocchio, Catholic Health Association
- Why Age-Friendly Health Systems
- Overview of Action Community
- Sharing of Data & Learning
- Implementation at Providence St. Joseph Health
- How to Join the Action Community
- Q&A

Our Team



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Health & Services

We Invite Your Questions

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

Our Partners



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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).**



Catholic Health Care and Age-Friendly Health Systems

AHA Webinar
August 1, 2019

Julie Trocchio
Catholic Health Association

The Catholic Health Association



- More than 600 hospitals
- 1,600 long-term care and other health facilities in all 50 states
- Largest group of nonprofit health care providers in the nation
- Everyday more than one in seven patients in the U.S. is cared for in a Catholic hospital



Statement of Shared Identity

Shared Supremacy of Identity



*“Special attention to our neighbors who are poor;
underserved, and most vulnerable”*

Seniors Are Vulnerable



At risk of:

- Too many or wrong medications
- Falling (or bedrest)
- Delirium
- Dementia not being addressed in plan

Catholic Health Association Activity

- Annual meeting presence
- *Catholic Health World*
- *Health Progress*
- Website <https://www.chausa.org/eldercare/creating-age-friendly-health-systems>

CHA Website: *Catholic Health World* Article





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Catholic Health World

Systems embark on making health care 'friendly' for the elderly

August 15, 2017

By **JULIE TROCCHIO**

BOSTON — Three Catholic systems — Trinity Health, Ascension and Providence St. Joseph Health — are among five health care systems testing a prototype for creating a more age-friendly health system.

The Creating Age-Friendly Health Systems initiative is sponsored by the Institute for Healthcare Improvement and the John A. Hartford Foundation, which invests in research and practice innovations to improve the care of older adults. According to IHI, the goal of the initiative is to develop an age-friendly health systems model of care that can be in use in 20 percent of the nation's hospitals and across the continuum of care in health systems by 2020.

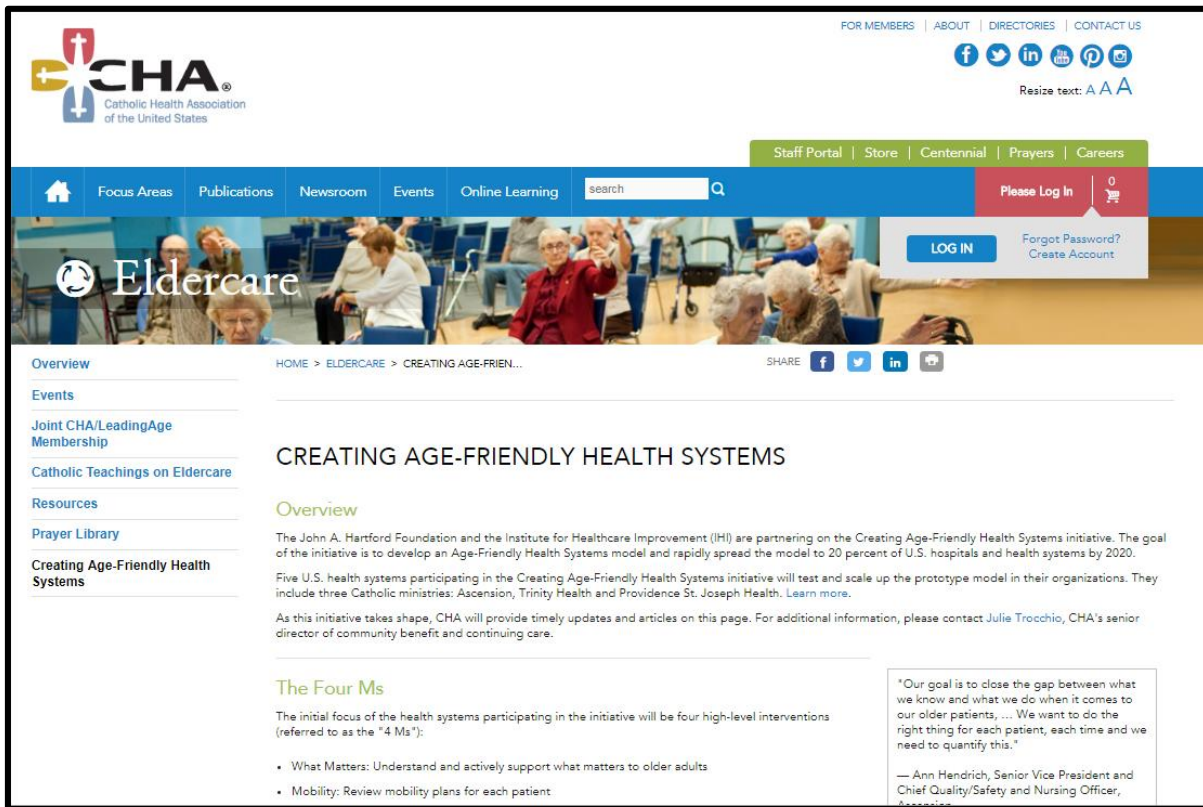
The other systems participating in the first phase of the initiative are Anne Arundel Medical Center and Kaiser Permanente. Representatives from all five systems participated in a June 6-7 workshop here that brought together researchers, physicians, nurses and other health care professionals from academia and acute, long-term and primary care.

"Our goal is to close the gap between what we know and what we do when it comes to our older patients," said Ann Hendrich, senior vice president and chief quality/safety and nursing officer for St. Louis-based Ascension, a workshop faculty member. "We want to do the right thing for each patient, each time and we need to quantify this."

Central to the age-friendly prototype is attention to four "Ms":

- mobility





The screenshot displays the CHA website's interface. At the top left is the CHA logo. The top right contains navigation links for 'FOR MEMBERS', 'ABOUT', 'DIRECTORIES', and 'CONTACT US', along with social media icons and a 'Resize text' option. A secondary navigation bar includes 'Staff Portal', 'Store', 'Centennial', 'Prayers', and 'Careers'. The main navigation bar features a home icon, 'Focus Areas', 'Publications', 'Newsroom', 'Events', 'Online Learning', a search bar, and a 'Please Log In' button with a shopping cart icon. Below this is a large banner image of elderly people in a care facility, with the 'Eldercare' logo overlaid. A 'LOG IN' button and a 'Forgot Password? Create Account' link are also present. The main content area shows a breadcrumb trail: 'HOME > ELDERCARE > CREATING AGE-FRIEN...'. A left sidebar lists navigation options: 'Overview', 'Events', 'Joint CHA/LeadingAge Membership', 'Catholic Teachings on Eldercare', 'Resources', 'Prayer Library', and 'Creating Age-Friendly Health Systems'. The main heading is 'CREATING AGE-FRIENDLY HEALTH SYSTEMS'. Under 'Overview', the text describes a partnership between the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) to develop an Age-Friendly Health Systems model. It mentions that five U.S. health systems are participating and that CHA will provide updates. A quote from Ann Hendrich, Senior Vice President and Chief Quality/Safety and Nursing Officer, is included in a box on the right. A list of 'The Four Ms' is also shown.

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Overview HOME > ELDERCARE > CREATING AGE-FRIEN... SHARE f t in

Events

Joint CHA/LeadingAge Membership

Catholic Teachings on Eldercare

Resources

Prayer Library

Creating Age-Friendly Health Systems

CREATING AGE-FRIENDLY HEALTH SYSTEMS

Overview

The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) are partnering on the Creating Age-Friendly Health Systems initiative. The goal of the initiative is to develop an Age-Friendly Health Systems model and rapidly spread the model to 20 percent of U.S. hospitals and health systems by 2020.

Five U.S. health systems participating in the Creating Age-Friendly Health Systems initiative will test and scale up the prototype model in their organizations. They include three Catholic ministries: Ascension, Trinity Health and Providence St. Joseph Health. [Learn more.](#)

As this initiative takes shape, CHA will provide timely updates and articles on this page. For additional information, please contact Julie Trocchio, CHA's senior director of community benefit and continuing care.

The Four Ms

The initial focus of the health systems participating in the initiative will be four high-level interventions (referred to as the "4 Ms"):

- What Matters: Understand and actively support what matters to older adults
- Mobility: Review mobility plans for each patient

"Our goal is to close the gap between what we know and what we do when it comes to our older patients, ... We want to do the right thing for each patient, each time and we need to quantify this."

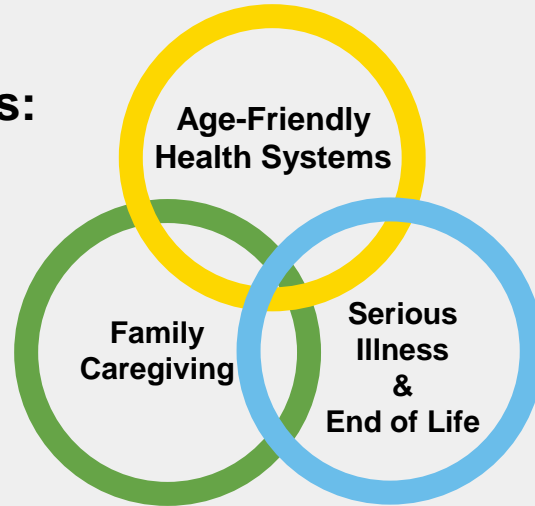
— Ann Hendrich, Senior Vice President and Chief Quality/Safety and Nursing Officer, Ascension

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

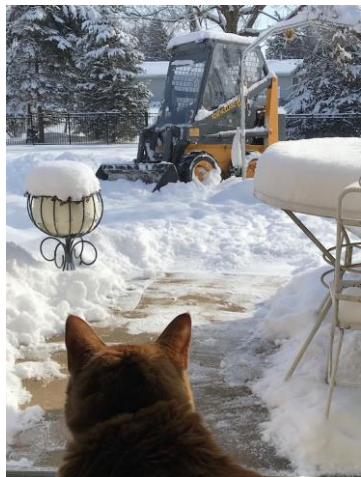
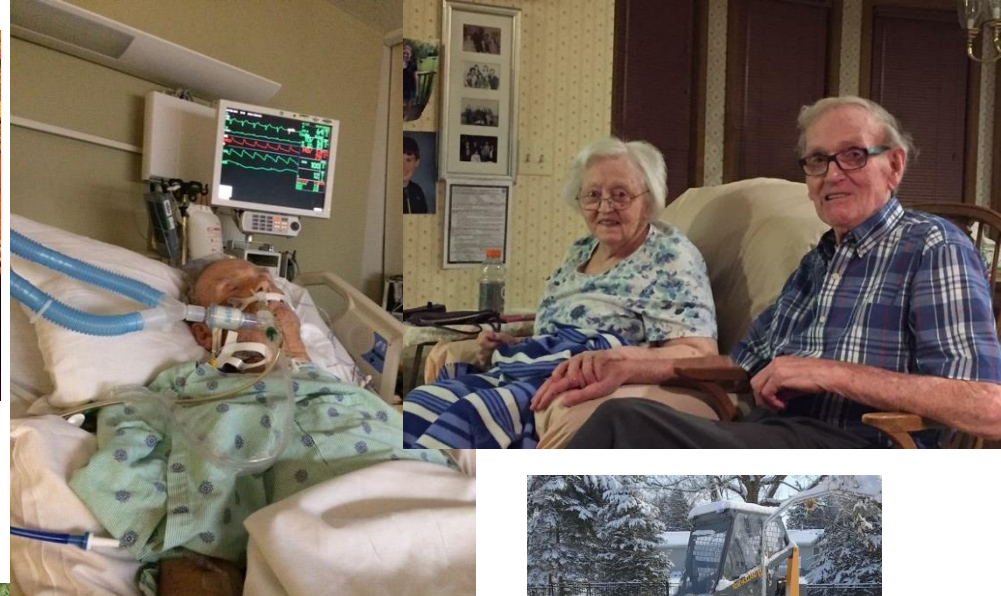
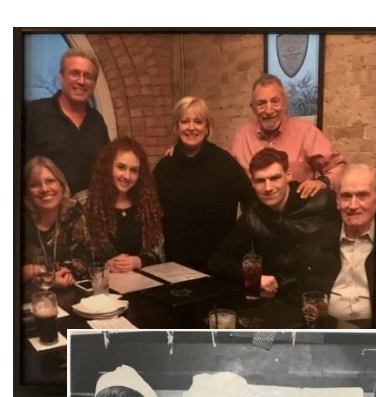
Affordability

Performance Improvement

Population Health

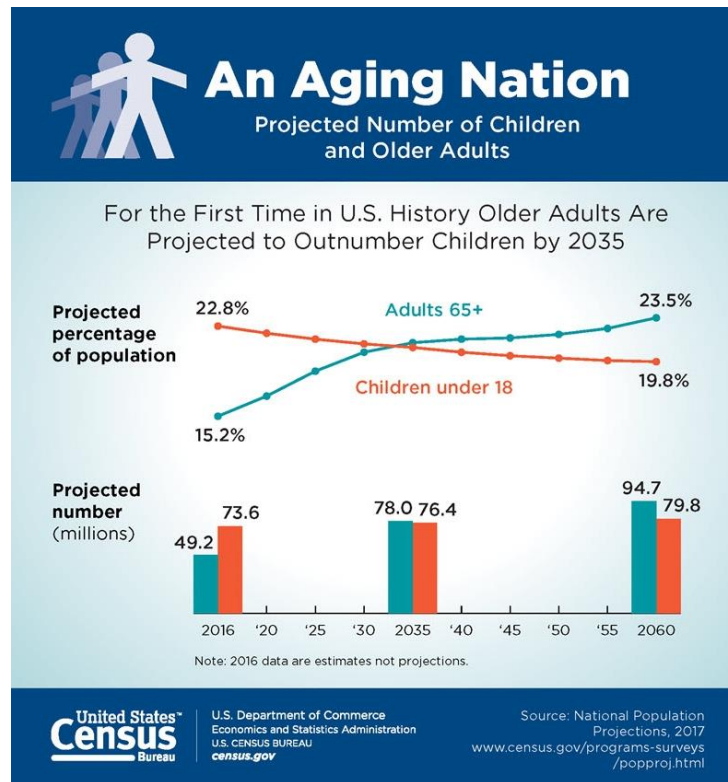
New Delivery Models

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**:

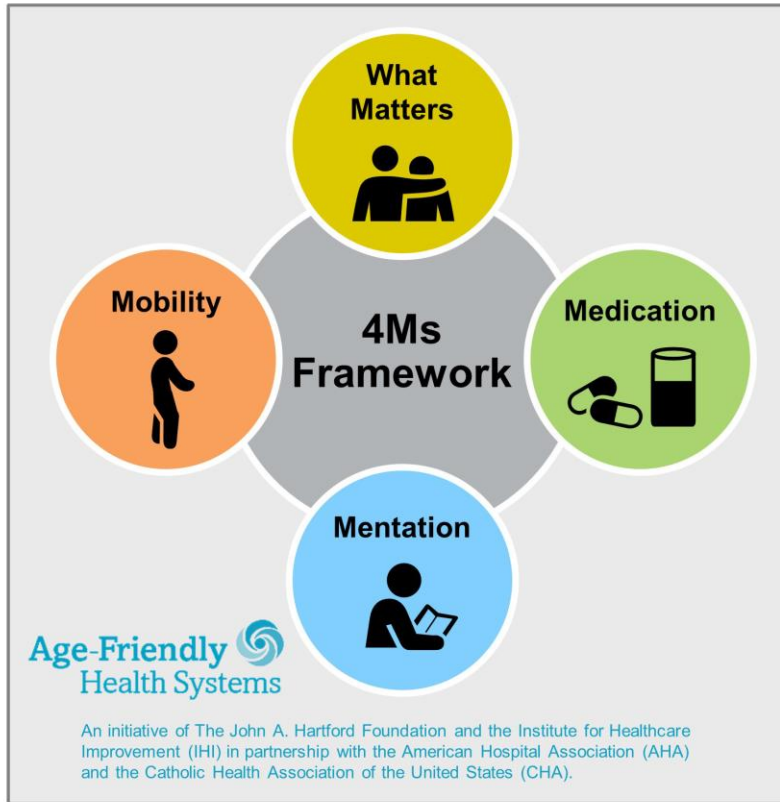
- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.

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

Evidence-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.

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

Age-Friendly across the U.S



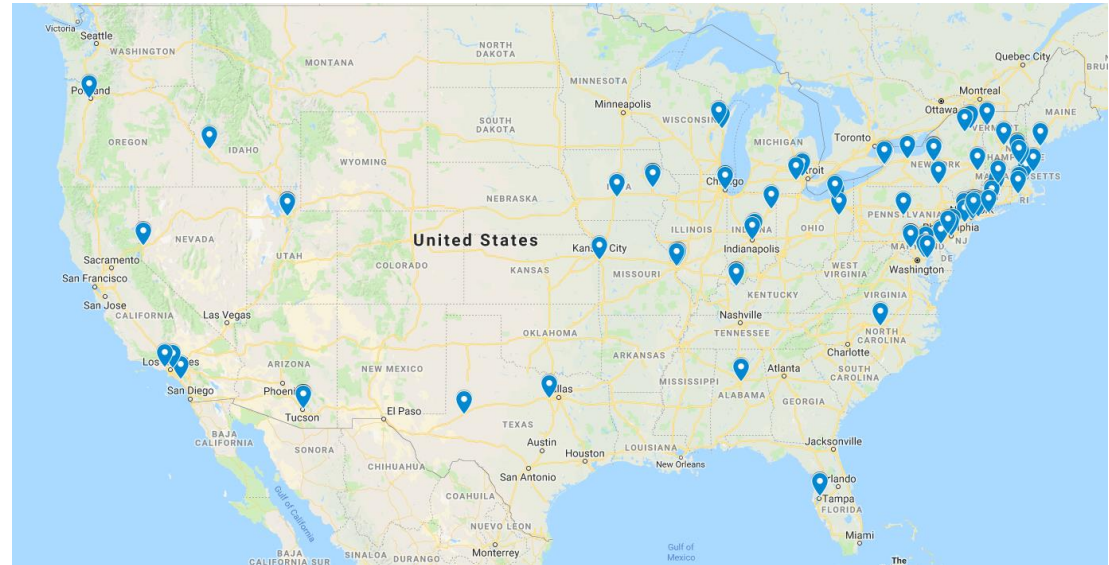
IHI Age-Friendly Health Systems Action Community Wave 1

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”



Age-Friendly
Health Systems

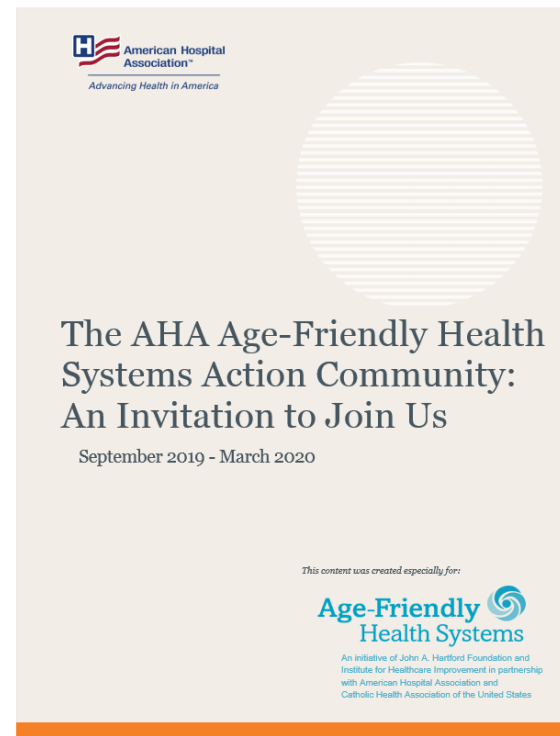
Participant



Age-Friendly
Health Systems

Join the AHA Action Community

- Visit 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 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

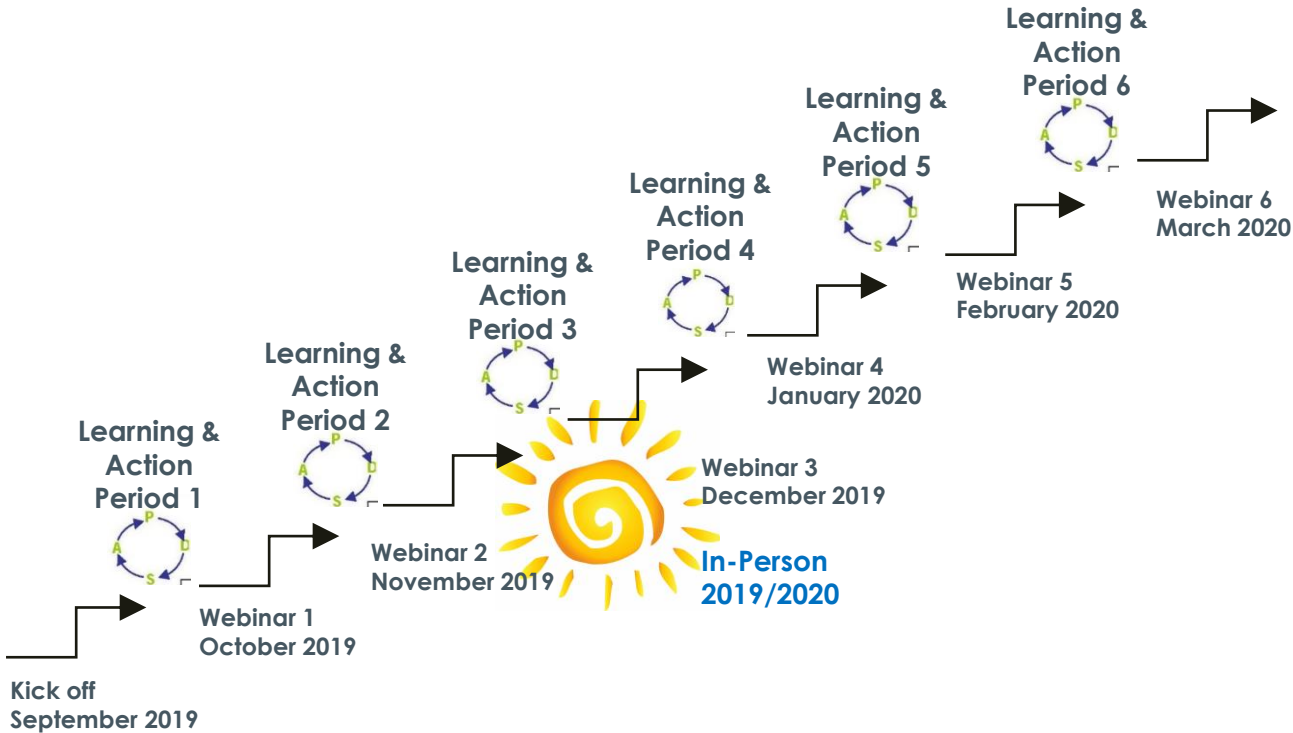


Age-Friendly
Health System
Action
Community

AHA Action Community Schedule



Reliable 4Ms implementation at the scale of the system



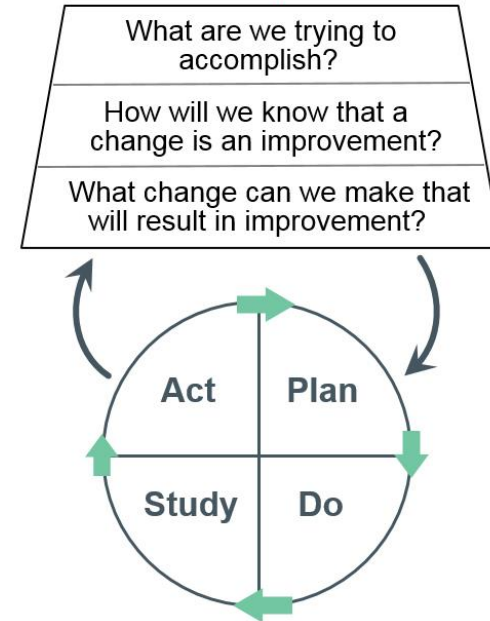
Some of the 4Ms sometimes with some older adults

← 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



What Matters to Me?

10.23 years

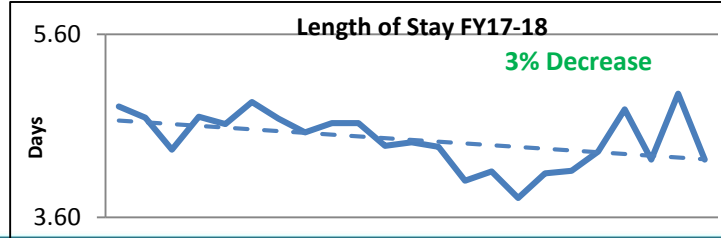
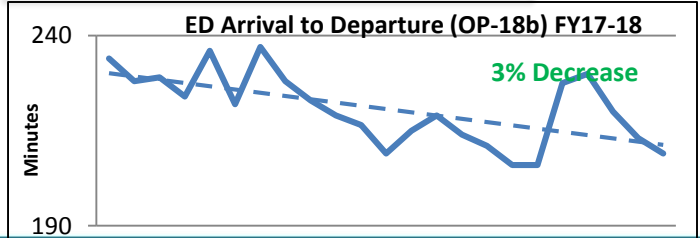
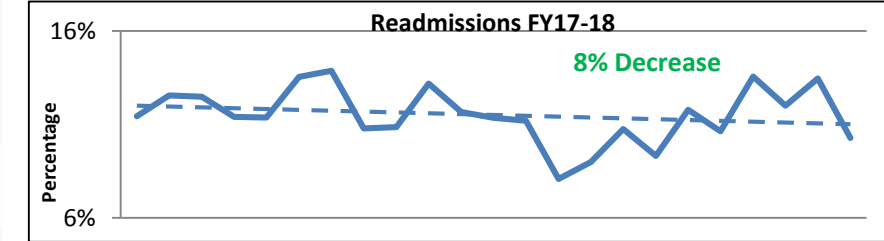
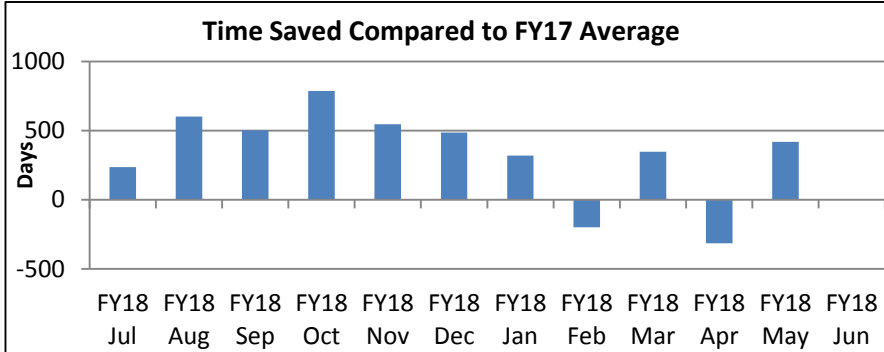
The amount of time AAMC has given back to patients (65+) since FY17



Time with my family

Time for new experiences

Time to do the things I love



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



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Age-Friendly Health System: From Framework to Practice

Angela Fox

Director, Business Development and Implementation
Senior Health Program, Oregon

**AHA Action
Community**

**Creating Age-Friendly
Health Systems**

August 1, 2019

Overview

- Who is Providence St. Joseph Health
- How Providence Oregon is advancing the 4Ms
 - Geriatric Mini Fellowship
 - What Matters Conversations
 - Fall Risk Management Program
- Applying AFHS concepts
 - 4Ms as organizing constructs for interventions
 - Lessons Learned

**Providence
Health & Services**
Alaska



Providence Health & Services
Western Washington, including Swedish Health Services
and Pacific Medical Centers



Providence Health & Services
Eastern Washington/Western Montana, including
Kadlec Regional Medical Center



**Providence
Health & Services**
Oregon
Providence Health Plan

St. Joseph Health
Northern California (Humboldt,
Napa, Sonoma counties),
including St. Joseph Heritage
Healthcare



Providence Health & Services
Southern California (Los Angeles
County), including
Facey Medical Foundation



St. Joseph Health
West Texas/Eastern New
Mexico, including
Covenant Health,
Covenant Medical Group and
FirstCare Health Plans



St. Joseph Health
Southern California (Orange and San
Bernardino counties, the High Desert),
including Hoag Health and St. Joseph
Heritage Healthcare

Age-Friendly Health System Initiative in Oregon



- Providence Senior Health in Oregon selected to be one of five pioneering systems
- Started our work in January 2016
- Focused on outpatient interventions in primary care clinics and in the home

**APPROACHES TO AN AGE-FRIENDLY HEALTH SYSTEM:
PROVIDENCE HEALTH & SERVICES OREGON**

The Older Adult Population in Providence Oregon

2018 at a glance for patients age 65+



80,000 in Primary Care

150,000 in Hospitals*

The average **85-year-old** with a PMG clinic visit in 2018:

**Came to the clinic 6 times, is taking 9+ medications,
had a 40% chance of an ED visit or hospital admission**

Tactic #1: Create Geriatric Champions in Primary Care

2019 Geriatric Mini-Fellowship

April 8-12
Intro & Medication

May 20-24
Mobility

Sept 23-27
Mentation

Oct 21-25
What Matters

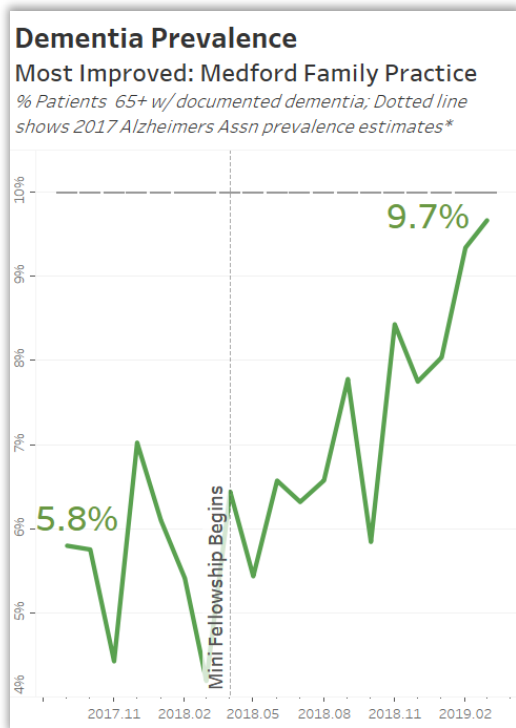
“My practice is being transformed”

- 11 MD and 1 NP champions in 12 clinics serving 28,000 seniors
- 4-week, all-day classes; taught by Geriatrician, Geriatric NP, PharmD and guest faculty
- Nursing/PharmD/Care Management join provider for one full day each week
- Conversations underway on how to grow



Tactic #1: Key Performance Indicators

Pre/Post completion of Mini-Fellowship



For all Mini Fellowship Clinics combined:

25% Increase in documented dementia

(now more in line with national prevalence rates)

25% Decrease in patients on Skeletal Muscle Relaxants

(high risk medication that increases risk of falling for patients over 65)

35% Increase in PT referrals for patients with high fall risk

Continuing to Monitor:

ED/Hospital utilization overall and due to fall/fracture

Readmission Rates

Orthostatic Measurement

Documented Goals of Care

Tactic #2: Strengthen What Matters Conversations

What Matters Conversation Guide

7 Steps with how-to, resources and guiding questions

Clinician Steps

Content/Intent/Hints

Steps/Actions/
Suggestions

1. Determine Need
2. Set up the Conversation to be a success
3. Invite the patient to the conversation
4. Ask more specific questions
5. Summarize & Action Planning
6. Next Steps
7. Document



Tactic #2: What Matters: Crucial Conversations

Becoming An Adult

All adults 18+ should have **Advance Care Planning**

discussion that ideally leads to completion of

Advance Directive documents



March 2018

Diagnosis of Serious Illness

Goals of Care

conversations about meaningful life in the context of illness. Explicit discussion of future hopes, worries and potential tradeoffs.

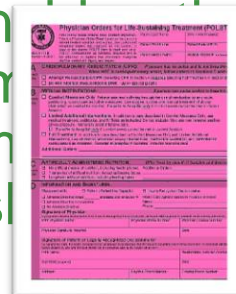


December 2015

Worsening of Illness

Current goals in context of worsening illness, including

completion of POLST forms and advance directives



October 2016

Tactic #2: ACP Summary Report - Current State

Advance Care Plan

Yes

Yes - ePOLST 2/1/2018

POLST

Yes

Advance Directive

No Code

Code Status

Yes

ACP Note: 1/19/2018
Goal of Care Note: 3/21/2018

Notes



Advance Care Plan

Yes
Yes - ePOLST 2/1/2018
POLST

Yes
Advance Directive

No Code
Code Status

Yes
ACP Note: 1/19/2018
Goal of Care Note: 3/21/2018
Notes

POLST
Create/Update POLST

POLST (Scanned)

Document Type	Status	Scanned On	Description
POLST		02/01/18	POLST OREGON 2018 ENGLISH
POLST		01/19/18	POLST OREGON 2018 ENGLISH
POLST	Received	01/13/18	1.jpg
POLST	Received	01/13/18	1.jpg
POLST	Received	01/05/18	SOB Conference Rooms.pdf

Advance Directive Documents (Scanned) [Go to ACP Conversation Summary / Go to ACP Navigator](#)

Document Type	Status	Received On	Received By	Description
Advance Directive	Received	01/31/18	Hyunjoon Kim	
Power of Attorney	Received	01/31/18	Hyunjoon Kim	
Advance Directive	Yes-At Providence	01/13/18	Hyunjoon Kim	
Power of Attorney	Received	01/13/18	Hyunjoon Kim	
Power of Attorney	Received	01/13/18	Hyunjoon Kim	1.jpg
Advance Directives and Living Will	Received	01/05/18	CDI User Himstetwo	Providence regions map.pdf

Current Code Status

Date Active	Code Status	Order ID	Comments	User	Order Full Code	Order Partial Code	Order No Code	Context
4/9/2018 10:13	No Code	288535		Matthew X-Pb Acct Gonzales				Inpatient

Questions for Current Code Status

Question	Answer	Comment
RN or MD pronounce	RN may pronounce	

Prior Code Status Orders

Date Active	Date Inactive	Code Status	Order ID	Comments	User	Context
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Tactic #3: Build Integrated Fall Risk Management Program

Implementing the 4Ms through the lens of Mobility

Community-Based Education

Hospitals, Community locations (centers, churches), Spanish Falls Classes, Focus on National Fall Prevention Awareness Day

Clinic-Based Fall Risk Management Models

PMG/Rehab STEADI screening, Fall Risk f/u Visit: RN only, Shared, Provider; Fall Risk Shared Medical Appointment

High Risk Fallers

ED Frequent Fallers, Home Safety Evaluation, Osteoporosis Bundle, Paramedicine curriculum



Tactic #3 Highlight: Frequent Fallers Program

Implementing the 4Ms through the lens of Mobility



Tactic #3: Frequent Fallers Program Key Performance Indicators

Operational Metrics - *Is this do-able?*

- Number of patients through the program
- % patients with a Geri consult

Leading Indicators – *Are we doing the things that will improve outcomes?*

- PT referrals
- Medication modifications
- Home safety assessments

Outcome Measures – *Have we made an impact?*

- ED/Hospital utilization due to fall/fracture
- Mortality



IMPLEMENTATION OF THE AGE-FRIENDLY HEALTH SYSTEM FRAMEWORK ACROSS SETTINGS AND POPULATIONS

CARING RELIABLY: IMPROVING OUTCOMES AND MAKING IT STICK

CORE BEHAVIORS OF HIGH RELIABILITY



Toolbox for Everyone

- Pay Attention to Detail (STAR, peer check)
- Communicate Clearly (SBAR, repeat back, clarifying questions)
- Have a Questioning Attitude (know why and comply, validate and verify)
- Operate as a Team (brief, execute and debrief)
- Speak Up for Safety (CUS, event reporting systems)



Toolbox for Leaders

- Message on the Mission (reflection/safety message, safety first in every decision, stand up for those who speak up for safety)
- Lead Reliable Operations (daily huddles including experience, top 10 lists)
- Build Engagement, Accountability (5:1 feedback, fair and just accountability, round to influence)
- Foster Teamwork (display unit-based results, learning boards, action plans)



Tones for Respect

- Smile and greet others; say hello
- Introduce using preferred names and explain roles
- Listen with empathy and intent to understand
- Communicate positive intent of our actions
- Provide an opportunity for others to ask questions

INPATIENT SAFETY: CARE BUNDLES



Prevent Infections

- Expect scrupulous hand hygiene
- Use standard precautions and appropriate PPE for isolation
- Conduct case reviews immediately when infections occur
- Assist patient in maintaining personal and hand hygiene
- Ensure comprehensive environmental cleaning



Eliminate CAUTI

- Know the evidence-based indications for catheter use and only use when met
- Insert catheter aseptically
- Ensure catheter is secured
- Perform appropriate catheter hygiene daily, and following fecal incontinence
- Remove at earliest opportunity, no later than 48 hours unless otherwise indicated



Eliminate C. difficile

- Avoid excess and inappropriate antibiotic use
- Isolate and test early on suspicion of infection
- Only test symptomatic patients where infection is suspected
- Terminally clean room with sporicidal disinfectant at discharge



Eliminate CLABSI

- Verify appropriate indications for placement
- At insertion, utilize maximal barrier precautions & sterile technique
- Change dressing/tubing every 7 days or when integrity is breached
- Flush the central line at least once every 12 hours
- Verify justification for continuing central line daily



Eliminate Surgical Site Infections

- Establish and maintain glycemic control targets (pre, peri, post)
- Maintain temperature at 36 degrees C or above (pre, peri, post)
- Conduct post-procedure pause to document wound class and skin closure
- Ensure weight-based, appropriate dosing of antibiotics
- Counsel for smoking cessation, at least for duration of wound healing



Eliminate Falls with Injury

- Universal assessment & safety protocol for all patients
- Interventions based on risk assessment
- Plan shared with patients, family and care team
- Team debriefs every fall immediately
- Pharmacy reviews medication regimen post fall

INPATIENT HEALTH: CARE BUNDLES



Make Hospitals Healthier

- Provide goal-aligned care (focus on what matters to the patient)
- Assess and support nutritional status
- Minimize night-time noise, enable undisturbed sleep
- Encourage exercise & staying out of bed
- Ensure 24-7 family access and support for patients



Care Compassionately

- Conduct nurse rounding using specific compassion-based behaviors
- Perform patient rounding and immediate intervention with patients



Reduce Sepsis Mortality

- Determine lactate level on suspicion of sepsis
- Obtain immediate blood cultures on suspicion of sepsis
- Fluid Resuscitation with 30 mL/kg over 1 hour
- Administer antibiotics within 3 hours
- Repeat lactate at 6 hours



Prevent Readmissions

- Med reconciliation at discharge and follow up
- Ensure safe discharge with concise instructions and f/u hotline
- Schedule f/u w/in 5 days (high risk) or 14 days (moderate risk)
- Conduct follow-up call within 48 hours (high risk)
- Same day d/c summary for transitions, warm handoff in high risk

CARING RELIABLY: IMPROVING OUTCOMES AND MAKING IT STICK IN AMBULATORY QUALITY

STRENGTHEN THE CORE



Toolbox for Everyone

- Pay Attention to Detail (STAR, peer check)
- Communicate Clearly (SBAR, repeat back, clarifying questions)
- Have a Questioning Attitude (know why and comply, validate and verify)
- Operate as a Team (brief, execute and debrief)
- Speak Up for Safety (CUS, event reporting systems)



Toolbox for Leaders

- Message on the Mission (reflection/safety message, safety first in every decision, stand up for those who speak up for safety)
- Lead Reliable Operations (daily huddles including experience, top 10 lists)
- Build Engagement, Accountability (5:1 feedback, fair and just accountability, round to influence)
- Teamwork (display unit-based results, etc.)



Tones for Respect

- Smile and greet others; say hello
- Introduce using preferred names and explain roles
- Listen with empathy and intent to understand
- Communicate positive intent of our actions
- Provide an opportunity for others to ask questions



Teamwork

- Ensure that caregivers understand the "why"
- Empathize with other caregivers
- Understand the perspective of the other
- Remember that encounters are sacred



Care Compassion

- Keep awareness of the suffering of others
- Demonstrate characteristics such as Listen and always keep the patient's best interests in mind
- Take action on patient feedback to improve care



Primary Care Redesign

- Maximize the health and well-being of our communities through partnership to deliver the best outcomes, patient experience and caregiver experience at the highest value, one person at a time.

Screen adults and adolescents for depression

BE OUR COMMUNITIES HEALTH PARTNER

CHRONIC DISEASE MANAGEMENT



Diabetes

- Effectively manage blood glucose levels
- Ensure that blood pressures are below recommended goals
- Performing renal function monitoring for risk assessment



Atherosclerotic Cardiovascular Disease

- Prescribe appropriate intensity statin for risk patients
- Manage blood pressure to treatment goals
- Treat underlying conditions for Heart Failure to slow disease progression



Other Conditions

- Screen adults and adolescents for depression
- Guide and triage reported suicidal ideations safely and appropriately
- Treat Chronic Obstructive Pulmonary disease with appropriate inhaler therapies

Encourage physical activity and complete an annual health assessment



Health and Wellness

- Identify and close adolescent health and wellness care gaps
- Encourage physical activity and complete an annual health assessment
- Provide the necessary tools and resources to achieve weight management goals



Age Friendly Health System

- Assign a proxy decision maker in the event of not being able to make care decisions during crisis or grief
- Ensure older adults have completed an advance directive

Assign a proxy decision maker in the event of not being able to make care decisions during crisis or grief

Ensure older adults have completed an advance directive

TRANSFORM OUR FUTURE



Data

- Use value based data to identify care gaps and target approaches to bridge needs
- Utilize patient reported outcomes and information to close care gaps
- Use claim data to identify and address care gaps



Innovation

- Identify and evaluate new approaches to deliver care
- Explore digital technologies to improve the delivery of care

Age-Friendly Health System 4M Bundle

What Matters:

Know and act on each older adult's specific health outcome goals and care preferences across all settings

Know the health outcome goals and care preferences for current and future use, including but not limited to end of life

Align all care goals and preferences with the older adult's specific goals and care preferences

Medications:

If medications are necessary, use Age-Friendly medications that do not interfere with What Matters, Mentation, or Mobility

Engage the older adult and the health care team in determining whether medications are impacting the older adult's Mobility, Mentation, and/or What Matters; if so, create a shared responsibility to de-prescribe or adjust the dosage

Make medication decisions in partnership with the older adult, family, and health care team, and identify options that support What Matters, Mentation, and Mobility

Mentation:

Identify and manage depression, dementia, and delirium across care settings

Know if an older adult has dementia and/or delirium

Manage the factors that contribute to delirium

Treat and manage dementia by understanding the underlying needs of older adults with dementia to keep them safe

Know if an older adult is depressed, and treat and manage depression

Mobility:

Ensure that older adults at home and in every setting of care move safely every day in order to maintain function and do what matters

Create an environment and culture that enables, supports, and encourages mobility

Identify and treat underlying contributors to immobility and fall injuries

Organization Key Stakeholders

Departments

Primary Care Leadership

Primary Care Providers

Clinic Caregivers (MAs, Nurses, Team Coordinators, Front Desk)

Specialists Providers and teams

Pharmacy

Fall Risk Prevention Team

ED

Hospitalists

Rehab – OT and PT

Home Services (home health, DME, hospice)

Palliative Care

System Office Leadership

Nursing

Community Partners

Health Plan / Payors



Lessons Learned

- Initiative needs to be on an organizational strategic plan
- Executive leadership is crucial to spread within your organization
- Providers as champions
- Nail your value proposition
- Use the 4M framework
- Measures are HARD but absolutely necessary
- SIMPLIFY

Summary and Next Steps

- Implementation of the Age-Friendly Health System provides rich opportunities to improve care to older adults across the continuum
- IHI supports implementation of the Age-Friendly Health System through ongoing Improvement Collaboratives and a growing library of resources – Get the *Start up & Measurement* guides
- Population and setting-targeted interventions are exemplars of 4M-focused improvement
- The Age-Friendly 4M Framework is complementary with top-of-license practice across the continuum of care and will benefit all patients
- There are multiple internal and external resources to assist in identifying tactics and defining metrics – Join Now!

THANK YOU!

**QUESTIONS?
PLEASE EMAIL:
ORSENIORHEALTHPROGRAM@PROVIDENCE.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 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 with any questions.



The cover of the invitation document features the American Hospital Association logo at the top left, which includes a stylized 'H' with a red and white striped banner and the text 'American Hospital Association' and 'Advancing Health in America'. To the right of the logo is a large, light-colored circle with horizontal lines. The main title is 'The AHA Age-Friendly Health Systems Action Community: An Invitation to Join Us', followed by the dates 'September 2019 - March 2020'. At the bottom right, it states 'This content was created especially for:' followed by the 'Age-Friendly Health Systems' logo, which consists of a blue swirl icon and the text 'Age-Friendly Health Systems'. Below this, it reads 'An initiative of John A. Hartford Foundation and Institute for Healthcare Improvement in partnership with American Hospital Association and Catholic Health Association of the United States'.

American Hospital Association
Advancing Health in America

The AHA Age-Friendly Health Systems Action Community:
An Invitation to Join Us

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