


Age-Friendly Health Systems: AHA Action Community In-person Meeting

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).



Welcome and Grounding

Jay Bhatt, DO, SVP/CMO, AHA and President, HRET

Our Team



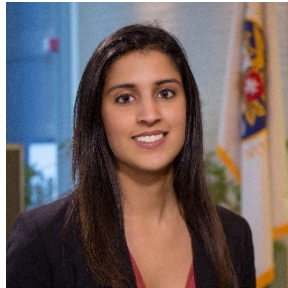
Jay Bhatt, DO, MPH, MPA,
President, HRET
SVP & CMO, AHA



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



Raahat Ansari, MS
Program Manager



Radhika Parekh, MHA
Performance Improvement
Coach, AHA



Aisha Syeda, MPH
Program Manager, AHA

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,
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Community Benefit and
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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).

Action Community Faculty



Barbara Jacobs, RN, Chief
Nursing Officer, Anne Arundel



Magdalena Bednarczyk, M.D.,
Section Chief of Geriatric
Medicine, Rush University Medical
Center



Jennifer Pettis, MS, RN, CNE, WCC,
Associate Director, Long-Term Care
Program, NICHE

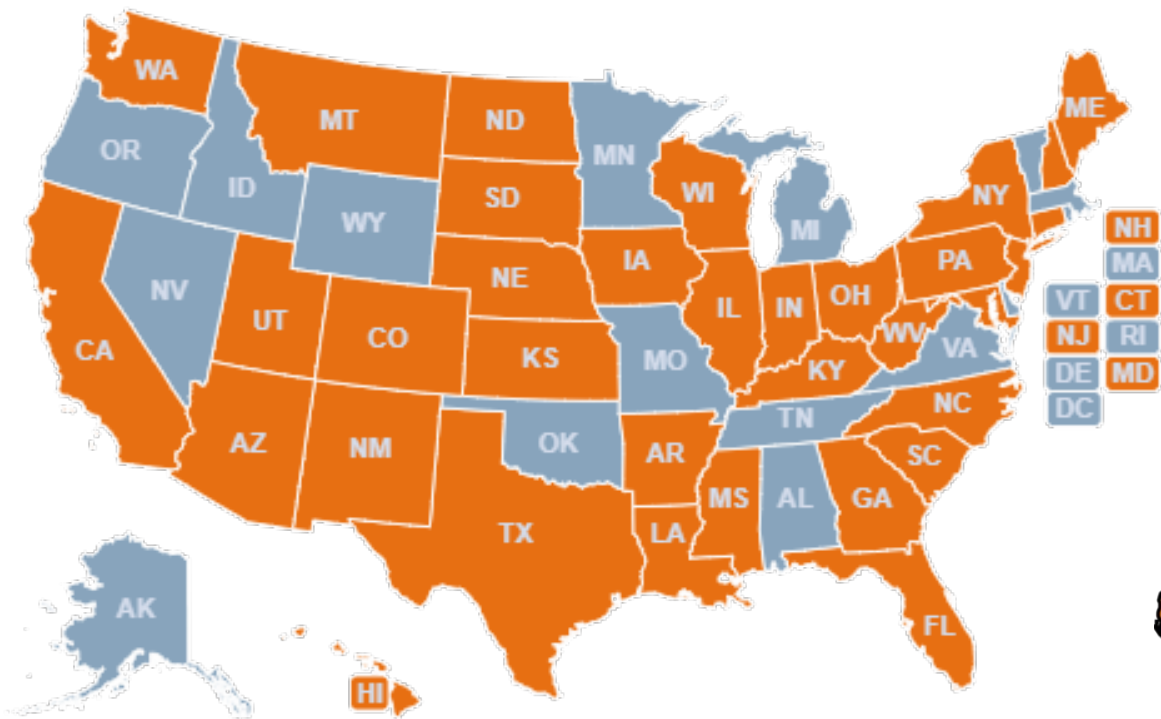


Lauren Bangerter, PhD, Assistant
Professor of Health Services Research,
Mayo Clinic College of Medicine



Karineh Moradian, MHA, Assistant
Administrator of Operations, Kaiser
Permanente Woodland Hills

AHA Action Community Participants



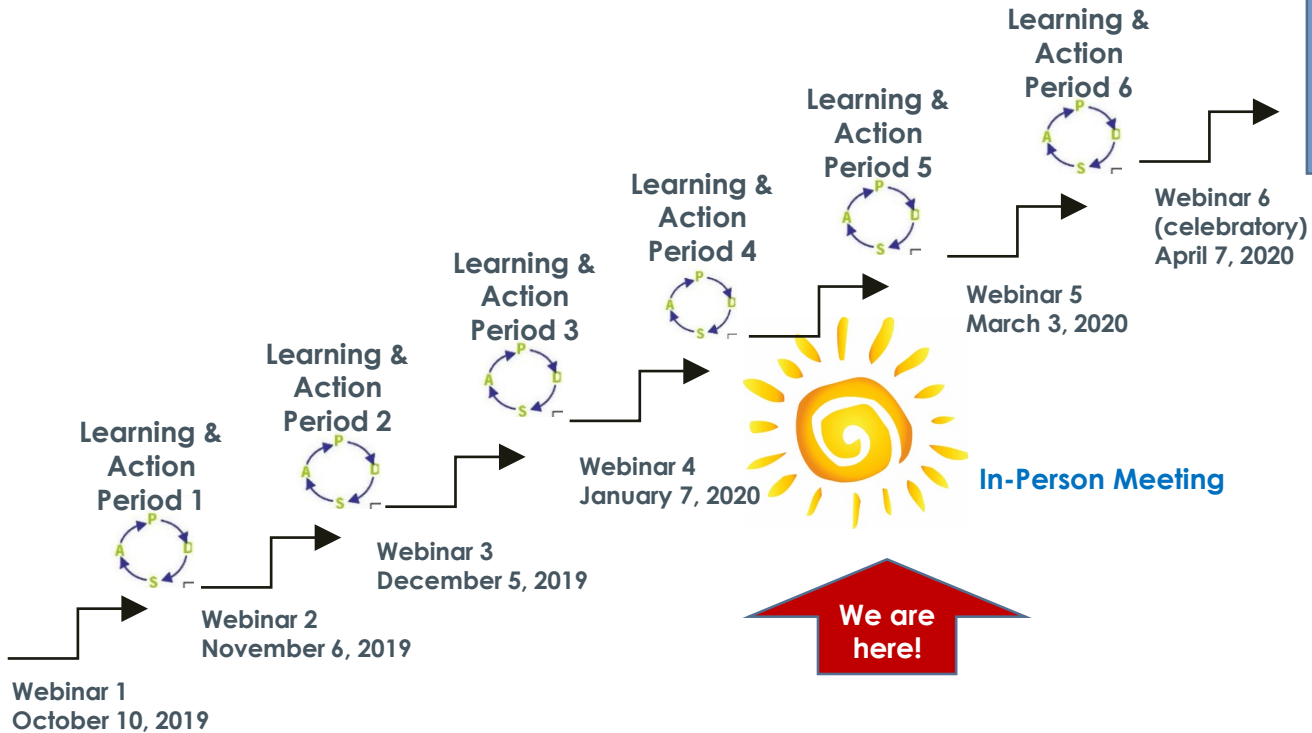
- 35 states
- 185 sites of care
- 1 in Australia



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 →

Tell Us: Where Are You Testing the 4Ms?

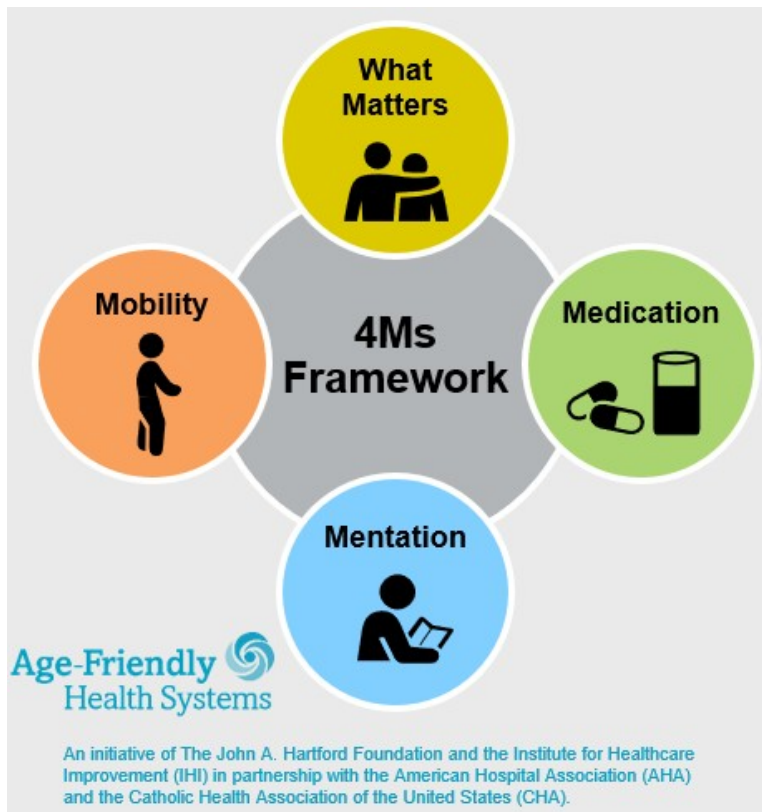
- Inpatient
- ED
- Outpatient
- Primary Care
- Other?
- Are you from a State Hospital Association?

What Are Age-Friendly Health Systems?

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



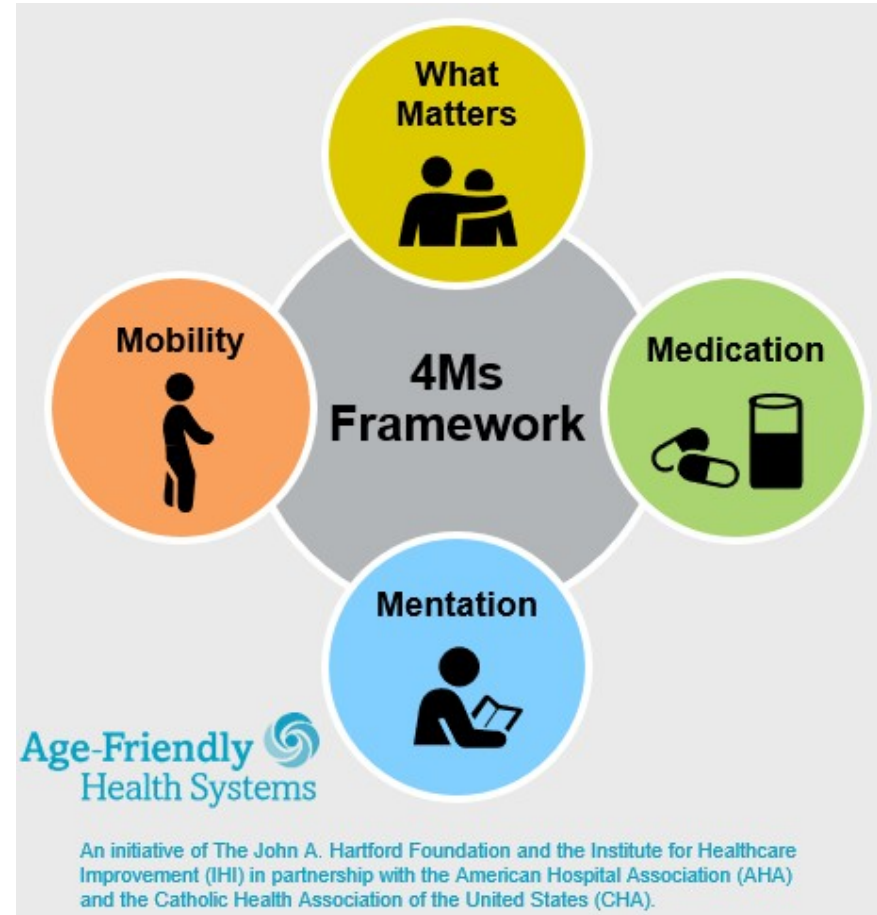
You Are Part of the National Movement



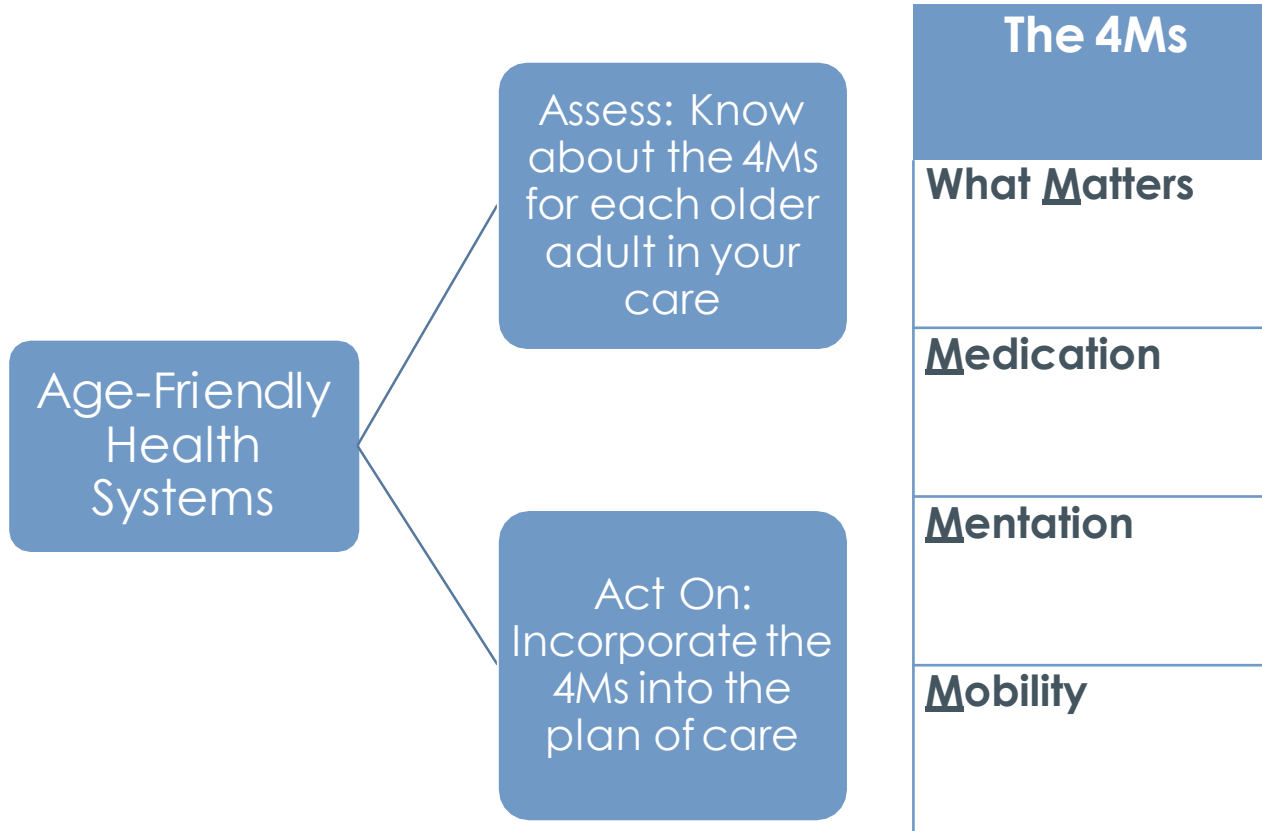
- Committed to building a social movement so **all care** with older adults is **age-friendly care**
- By December 31, 2020, we will reach older adults with the 4Ms in:
 - 1,000 hospitals and primary care practices

Why 4Ms as a Set?

- 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



4Ms Framework



Across Settings of Care



Hospital-based Care



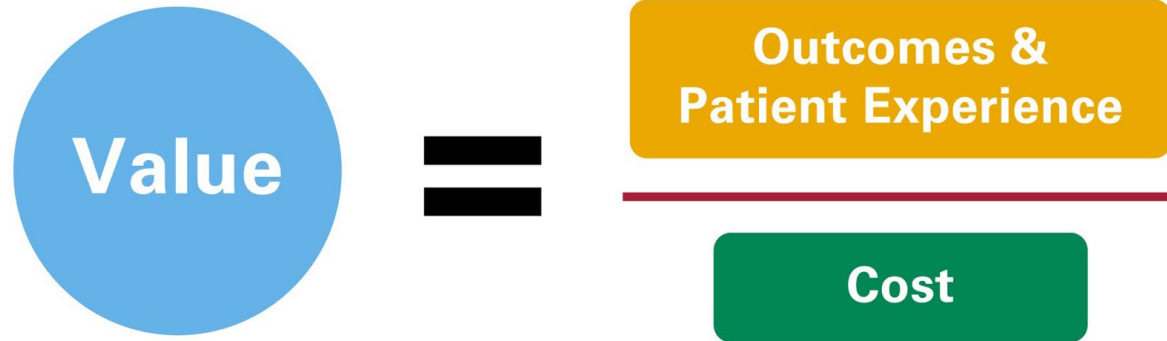
Ambulatory/ Primary Care

What Does Age-Friendly Mean To You?

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



The Value of Age-Friendly Care



Meeting Objectives

- Increase ability of the participants to adopt the 4Ms locally in their practice, unit, and health system
- Accelerate the adoption of the 4Ms through sharing of supporting practices and tools
- Build relationships and find practical support to accelerate your work
- Celebrate!

Agenda

Wednesday, February 5

- Identifying Our Strengths and Opportunities for Learning
- Review of Level 1 and Level 2 Recognition
- Deep Dive: Asking and Acting on What Matters
- Lessons Learned from Implementing the 4Ms at University of Utah Center of Aging
- Networking Reception

Thursday, February 6

- Age-Friendly: Being Part of the National Movement
- Using Stories to Accelerate and Sustain Age-Friendly Care
- Break Out Session 1: Approaches to Accelerate Your 4Ms Efforts
- Break Out Session 2: Continued Deep Dive into the 4Ms (Medication, Mentation, Mobility)
- Why Us, Why Now

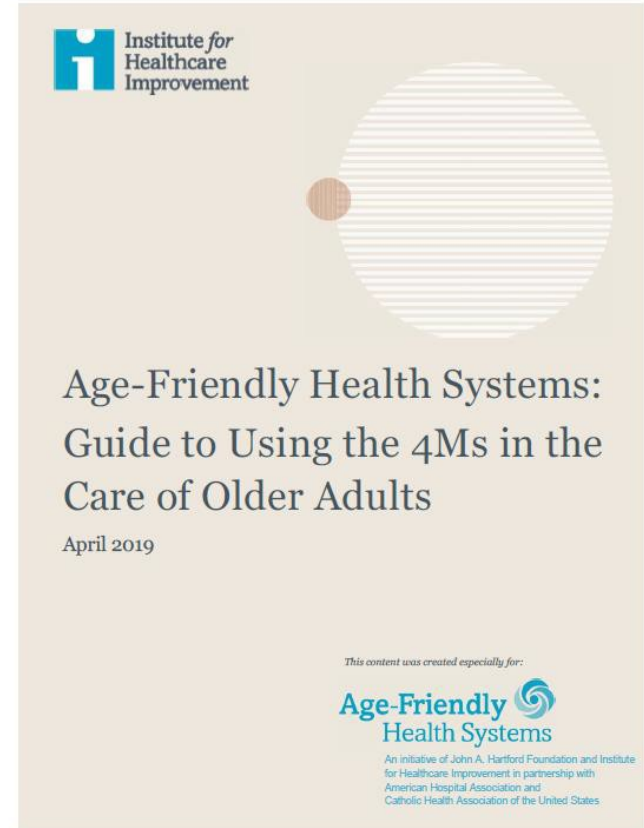
Agreements

- All teach, all learn
- Take responsibility for your own learning, during and after the meeting
- Be willing to “try on”
- Practice “both/and” thinking
- Write down your questions, and we’ll collect them during the day

Guide to Using the 4Ms

- Details the steps for putting the 4Ms into practice
- Includes essential Action Community resources such as examples of PDSA and workflows, ideas for getting started, and more

Visit www.ihl.org/agefriendly



Identifying Our Strengths and Opportunities for Learning

Jay Bhatt, DO, SVP/CMO, AHA and President, HRET

Objectives for this Session

- Set learning objectives for ourselves and our teams
- See and get to know others in the room
- Be teachers and learners
- Get moving! (Mobility)

Instructions

Find

Take out Worksheet to Guide Learning and Action. Find 1 new person in the room

Introduce

Introduce your name, where you're from and your site of care

Share

Share one success you've had and one thing you're hoping to learn (Fill out the Learning column on the worksheet)

Regions of the Country



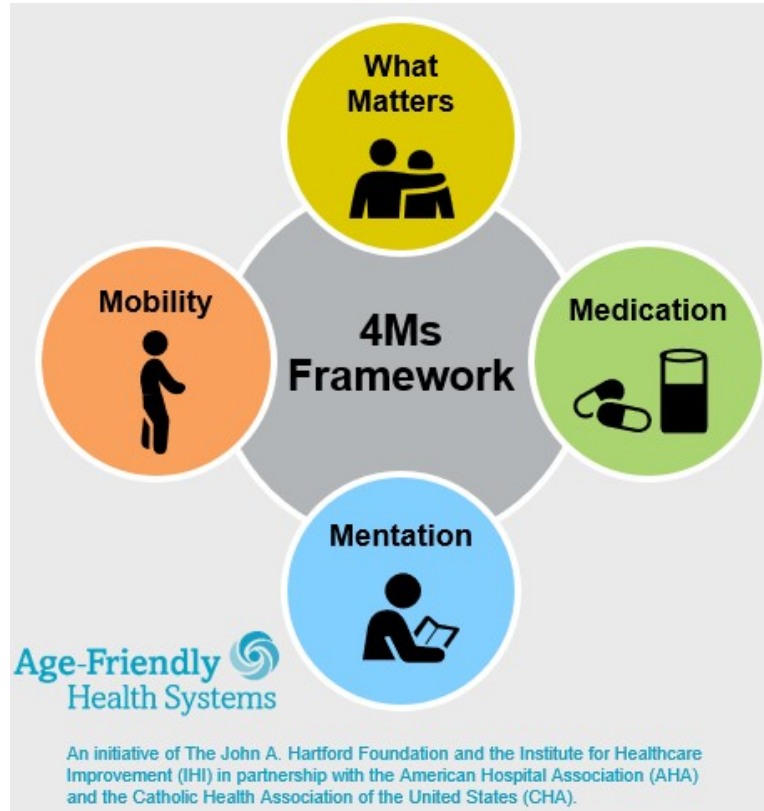
Inpatient



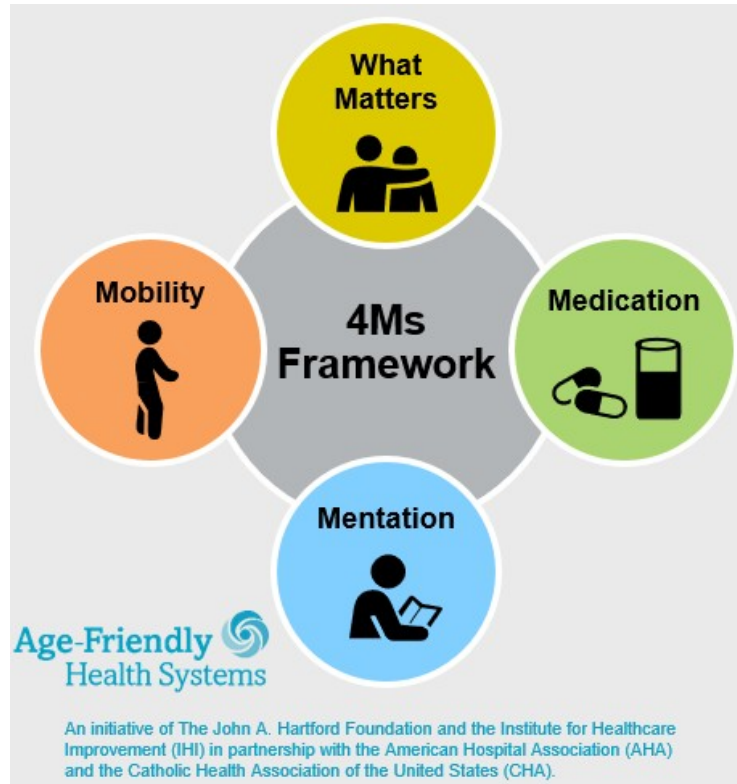
Outpatient



Our team has made the most progress with...



Our team has the most opportunity to improve with...





10
minutes

WHAT HAVE YOU
LEARNED?

Refreshment Break



- Enjoy your break
- Be back on time!

Review of Level 1 & 2 Recognition

- Level 1 – Be recognized as an Age-Friendly participant!
- Level 2 – Committed to Care Excellence



Putting the 4Ms into Practice: A “Recipe”

1. Understand your current state
2. Describe what it means to provide care consistent with the 4Ms
3. Design/adapt your workflow to deliver care consistent with the 4Ms
4. Provide care consistent with the 4Ms
5. Study your performance
6. Improve and sustain care consistent with the 4Ms

Putting the 4Ms into Practice: A “Recipe”

1. Understand your current state



- Know the older adults in your health system
- Know the 4Ms in your health system
- Select a care setting to begin testing
- Set up a team

Reference the Getting Started Guide for support in completing this first step.

2. Describe what it means to provide care consistent with the 4Ms



- Use the 4Ms Care Description Worksheet
- Integrate geriatric best-practices to assess, document, and act-on the 4Ms together
- Customize specifically to your context

Act On

Please describe how you use the information obtained from Engage/Screen/Assess to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the "Other" field.



Align the care plan with What Matters most
 Other: _____

Minimum requirement: First box must be checked.

Deprescribe (includes both dose reduction and medication discontinuation)
 Pharmacy consult
 Other: _____

Minimum requirement: At least one box must be checked.

Delirium prevention and management protocol including, but not limited to:

- Ensure sufficient oral hydration
- Orient older adult to time, place, and situation on every nursing shift
- Ensure older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers)
- Prevent sleep interruptions; use non-pharmacological interventions to support sleep
- Avoid high-risk medications
- Other: _____

Minimum requirement: First five boxes must be checked.

- Ambulate 3 times a day
- Out of bed or leave room for meals
- PT intervention (balance, gait, strength, gate training, exercise program)
- Avoid restraints
- Remove catheters and other tethering devices
- Avoid high-risk medications
- Other: _____

Minimum requirement: Must check first box and at least one other box.

4Ms

Description

Worksheet:

Hospital

Submit your 4Ms
Care Definition

	What Matters	Medication	Mentation	Mobility
Primary Responsibility Indicate which care team member has primary responsibility for the older adult.	<input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ Minimum requirement: One role must be selected.	<input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ Minimum requirement: One role must be selected.	<input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ Minimum requirement: One role must be selected.	<input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ Minimum requirement: One role must be selected.

4Ms Description Worksheet: Ambulatory

	What Matters	Medication	Mentation	Mobility
Aim	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	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	Prevent, identify, treat, and manage delirium across settings of care	Ensure that each older adult moves safely every day to maintain function and do What Matters
Engage / Screen / Assess Please check the boxes to indicate items used in your care or fill in the blanks if you check "Other."	List the question(s) you ask to know and align care with each older adult's specific outcome goals and care preferences. <i>One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.</i>	Check the medications you screen for regularly: <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Opioids <input type="checkbox"/> Highly-anticholinergic medications (e.g., diphenhydramine) <input type="checkbox"/> All prescription and over-the-counter sedatives and sleep medications <input type="checkbox"/> Muscle relaxants <input type="checkbox"/> Tricyclic antidepressants <input type="checkbox"/> Antipsychotics <input type="checkbox"/> Other: _____ <i>Minimum requirement: At least one of the first seven boxes must be checked.</i>	Check the tool used to screen for delirium: <input type="checkbox"/> UB-2 <input type="checkbox"/> CAM <input type="checkbox"/> 3D-CAM <input type="checkbox"/> CAM-ICU <input type="checkbox"/> bCAM <input type="checkbox"/> Nu-DESC <input type="checkbox"/> Other: _____ <i>Minimum requirement: At least one of the first six boxes must be checked. If only "Other" is checked, will review.</i>	Check the tool used to screen for mobility limitations: <input type="checkbox"/> TUG <input type="checkbox"/> Get Up and Go
Frequency	<input type="checkbox"/> Once per stay	<input type="checkbox"/> Once per stay	<input type="checkbox"/> Every 12 hours	

**Submit your 4Ms
Care Definition**

	What Matters	Medication	Mentation	Mobility
	<input type="checkbox"/> Daily <input type="checkbox"/> Other: _____ <i>Minimum frequency is once per stay.</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Other: _____ <i>Minimum frequency is once per stay.</i>	<input type="checkbox"/> Other: _____ <i>Minimum frequency is every 12 hours.</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Other: _____ <i>Minimum frequency is once per stay.</i>
Documentation Please check the "EHR" (electronic health record) box or fill in the blank for "Other."	<input type="checkbox"/> EHR <input type="checkbox"/> Other: _____ <i>One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method is accessible to other care team members for use during the hospital stay.</i>	<input type="checkbox"/> EHR <input type="checkbox"/> Other: _____ <i>One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method is accessible to other care team members for use during the hospital stay.</i>	<input type="checkbox"/> EHR <input type="checkbox"/> Other: _____ <i>One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method can capture assessment to trigger appropriate action.</i>	<input type="checkbox"/> EHR <input type="checkbox"/> Other: _____ <i>One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method can capture assessment to trigger appropriate action.</i>
Act On Please describe how you use the information obtained from Engage/Screen/Assess to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the "Other" field.	<input type="checkbox"/> Align the care plan with What Matters most <input type="checkbox"/> Other: _____ <i>Minimum requirement: First box must be checked.</i>	<input type="checkbox"/> Deprescribe (includes both dose reduction and medication discontinuation) <input type="checkbox"/> Pharmacy consult <input type="checkbox"/> Other: _____ <i>Minimum requirement: At least one box must be checked.</i>	Delirium prevention and management protocol including, but not limited to: <input type="checkbox"/> Ensure sufficient oral hydration <input type="checkbox"/> Orient older adult to time, place, and situation on every nursing shift <input type="checkbox"/> Ensure older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers) <input type="checkbox"/> Prevent sleep interruptions; use non-	<input type="checkbox"/> Ambulate 3 times a day <input type="checkbox"/> Out of bed or leave room for meals <input type="checkbox"/> PT intervention (balance, gait, strength, gate training, exercise program) <input type="checkbox"/> Avoid restraints <input type="checkbox"/> Remove catheters and other tethering devices <input type="checkbox"/> Avoid high-risk medications

Questions to consider:

- Observe: How does your current state compare to the actions outlined in your 4Ms Care Description Worksheet?
 - Compare your current state to your description for at least three patients.
- Which of the 4Ms do you already address? How reliably are they practiced?
 - For example: Do you already ask and document What Matters, review for high-risk medication use, screen for delirium/dementia/depression, screen for mobility for each older adult?
- Where are there gaps in 4Ms? What ideas do you have to fill-in the gaps?
- Do you need to refine your aim?

Putting the 4Ms into Practice: A “Recipe”

1. Understand your current state ✓
2. Describe what it means to provide care consistent with the 4Ms ✓
3. Design/adapt your workflow to deliver care consistent with the 4Ms
4. Provide care consistent with the 4Ms
5. Study your performance
6. Improve and sustain care consistent with the 4Ms

Level 2 Recognition: Submit Data

1. Submitted at least three months' count of older adults reached with evidence-based 4Ms care.

[Submit](#) your February
Monthly Report today!

Questions?



Asking and Acting on What Matters

*Mary Tinetti, M.D., Chief of Geriatrics, Yale School of
Medicine and Yale–New Haven Hospital*

What Matters (Most)
AHA Age Friendly Health Systems
Action Community
Phoenix
February, 2020
Mary Tinetti , MD

AFHS Framing What Matters: Assess and Act

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 care settings



Brief What Matters Most Story



What Matters (Most) for Older Adults

- Why what matters most matters most
- What are the components of what matters
- What tools exist to identify What Matters
- Value of knowing and acting on What Matters to patients, health system
- Tips for aligning care with what matters most

Why what matters most matters most for patients?

- Older adults receive A LOT of care (major users of healthcare)
 - uncertain benefit, potentially harmful, fragmented, burdensome, not focused on what matters most
- Older adults vary in their health goals (e.g. longer survival vs. current function) & healthcare preferences (Fried, PatEdCouns 2010, Arch IntMed 2011)

Why 'What Matters' matters most for patients?

- Older adults and caregivers suffer as result of care that doesn't match priorities. Ahalt, J Gen Intern Med; 2012
- Given uncertainty, burden, fragmentation, suffering, and variable priorities.
 - with what else would you align care to improve care, outcomes and reduce costs?

Why What Matters Most matters most

- For health systems
 - Better patient experiences scores & retention
 - Avoid unnecessary utilization (↓ ICU stays 80%; ↑ hospice use 47%)
- For everyone (patients, caregivers, clinicians, health systems)
 - Everyone on same page
 - Improved relationships
 - It is the basis of everything else



What Matters: What it is not

- What matters is not an advance directive initiative
- What matters is not just a conversation about end of life issues

“Clinicians should elicit what matters to their patients if their prognosis is 6 weeks, 6 months, 6 years or 6 decades...”

What are the components of what matters?

- Get to know person & what's important to them
- Inform care decisions:
 - **Situations:** Ongoing care or immediate decision
 - **Populations:** All older adults (not limited to those with advanced

What Matters: Whiteboards



How to ask What Matters Most

- Agree on what information important
- Involve patients, families, staff
- Feasible (time, format)
- How documented, transmitted, shared
- Transcend settings (not solely hospital based)
- Consider culture, cognition, etc.
- Reliable, specific, actionable (preferably vetted and tested)
- AFHS What Matters toolkit



IHI –AFHS What Matters toolkit

P5
3



The image shows the cover of a toolkit titled "What Matters" to Older Adults. The cover is light beige with a large, faint circular graphic on the right side. In the top left corner is the IHI logo (a blue 'i' in a square) and the text "Institute for Healthcare Improvement". Below this, the word "TOOLKIT" is written in orange, next to a small orange circle. The main title "What Matters" to Older Adults? is in a large, dark font. Below the title is the subtitle "A Toolkit for Health Systems to Design Better Care with Older Adults". Further down, it says "Generously funded by" followed by the logo for "THE SCAN FOUNDATION". At the bottom right, it says "This content was created especially for:" followed by the logo for "Age-Friendly Health Systems". Below that, in smaller text, it says "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". The bottom of the cover has a solid orange horizontal bar.

Institute for Healthcare Improvement

TOOLKIT

“What Matters” to Older Adults?

A Toolkit for Health Systems to Design Better Care with Older Adults

Generously funded by

THE SCAN FOUNDATION

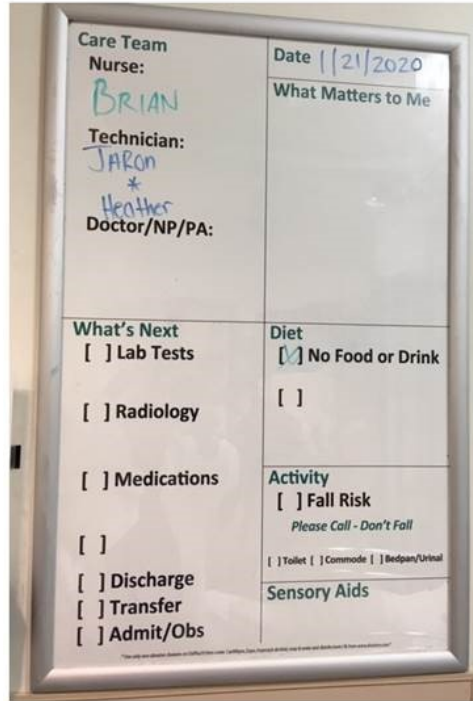
This content was created especially for:

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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



Anne Arundel Whiteboards



Date: Day:	Room 660 Phone # 443-924-6660	Welcome to the ACE Unit Acute Care of the Elderly
Diet: <input type="checkbox"/> NPO	Dentures or Bridgework:	Blood Sugar:
Health Care Team Nurse 443-481- PCT: 443-481- Physician: Charge Nurse 443-481-3604	<u>MENTATION PLAN</u> Eyeglasses Y/N _____ Hearing _____ Aide Y/N L/R _____ Activities I like: <u>Questions for the Care Team:</u>	<u>MOBILITY PLAN:</u> Assistive Devices (cane) (walker) (wheelchair)-- --Images Activity Level: <input type="checkbox"/> self <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> BSC <input type="checkbox"/> Lift <u>Mobility Goal:</u>
Family Contact Name: Relationship: Phone Number:	<u>MEDICATION EDUCATION:</u> <u>New Medications:</u> _____ <u>Purpose & Side Effects</u> <u>of medication:</u> Pain Goal? _____ Next Pain Medication Due _____	What Matters to You? Plan for the Day- Approximate Discharge Date

Tools for getting to know person & what's important

- **Patient Passport:** National Quality Forum
 - Free mobile APP from Doctella
 - Multi-stakeholders involved in development
- **Patient Wisdom**
 - Proprietary product
 - Grounded in research
- Effect on patient outcomes?



Getting to know person & what's important: Commonly used & vetted questions

- What is important to you today?
- What brings you joy? What makes life worth living?
- What do you worry about?
- What are goals you hope to achieve in the next six months, one year?
- What do we need to know about you to take better care of you?
- What else would you like us to know about you?

What are the components of what matters?

- Get to know person & what's important to them
- Inform care decisions:
 - **Situations:** Ongoing care or immediate decision
 - **Populations:** All older adults (not limited to those with advanced illness)

Tools for informing decisions: Advanced illness

For Patients:

- **Stanford What Matters Most letter project**
 - ✓ Who matters most (life review tool)
 - ✓ What matters most (advance directive ± Letter)
 - ✓ ↑ clinician understanding of patients' goals of care
 - ✓ ↑ clinicians knowing patients' preferred site of death (79% vs 20%, $p < 0.05$) VJ Periyakoil

Tools for informing decisions: Advanced illness

For Patients:

- Prepare for your care: Well researched patient-facing, online
 - ↑ advance care planning documentation (43% vs 32%; $P < .001$)
 - ↑ significant among English speakers & Spanish speakers
- **Physician (Medical) Orders for Life-Sustaining Treatment (POLST or MOLST) 42 states**
 - ↑ in treatments at the end of life that match orders on form
 - ↓ unwanted care (e.g. hospitalization, IV fluids)

Tools for informing decisions: Advanced illness

For clinicians (communication guides)

- **Serious Illness Conversation Guide** (Ariadne Labs): Outlines steps for having conversations with seriously ill patients about their goals and values
- **Vitaltalk** – training in communication skills

Tools for informing ongoing decisions: All older adults

- Less known than for advanced illness
- Goal setting approaches appropriate for specific situations
 - Goal attainment scaling (Psychiatry, Rehab, Dementia)
 - Disease specific goals & preferences

Tools for informing ongoing decisions: Patient health priorities identification

- Identify specific, actionable health outcome goals given care older adult willing and able to do & receive (care preferences)
- Feasible; acceptable, effective:
 - Takes 20-30 minutes; 100% able to complete
 - ↓ Unwanted care (meds, tests, etc.) & treatment burden
Tinetti, JAMA Int Med, 2019
- Self-directed under development

Patientprioritiescare.org



AFTER YOUR PATIENT SESSION: EHR TEMPLATE

After completing page 21 with the patient, you will also complete a note in the patient's electronic medical record documenting this conversation. This helps notify the patient's medical team of their goals and healthcare preferences, so that the team can discuss these with the patient and take these into account. Notify or route the document to the patient's care team.

Patient Name:		Date:	
Patient Priorities Aligned Care: Health Priorities Template			
Current Function and Support:		←	Based on facilitator's impression of patient
Health trajectory (Current understanding of how health will likely change over the next few years):			
Matters most: If we could accomplish (or change) one thing in your health/healthcare, what would it be?		←	What matters most: from patient manual page 7
Key Tradeoff:			
SMART Health Outcome Goals			
1.		←	SMART Goals: from patient page 11
2.			
3.			
Helpful care: The medications, self-management tasks, clinical visits, tests, or procedures, that I think are helping me most with my health goals and I can do them without too much difficulty			
1.		←	From patient page 12
2.			
3.			
Difficult or bothersome care: The medications, self-management tasks, clinical visits, tests, or procedures that I don't think are helping my goals and are bothersome or too difficult for me. I would like to talk with my doctor about whether these are helping my goals. If not, can I stop them or cut back? If they are helping, is there a way to make them less bothersome or less difficult?		←	From patient page 13
1.			
2.			
3.			
Priorities Facilitator:		Phone/Email:	
			← Your name and contact information

Tools for informing situational decisions

- **Best case:** worst case-likely case scenarios: Useful for procedures or surgery (death may not be worst outcome)
- **One thing** (Specific Ask): Two questions that focuses care on what matters
 - Based on Patient Priorities Care health priorities
 - Being tested by IHI-AFHS / Geriatric Emergency Departments

What Matters in ED Conversation Guide

Step	Step and Wording	Rationale
Let patients know why you are asking these questions.	<i>"We want to understand what matters to you about your health and healthcare, to make sure that the care we give is right for you."</i>	People may not expect these questions; this sentence helps explain/provide context.
Ascertain concerns and fears about health and healthcare in the ED.	<i>"What concerns you most when you think about your health and about being in the ED today?"</i> <i>"What fears and worries do you have about your health as you think about what brought you to the ED today?"</i>	Giving the patient an opportunity to share his/her fears and concerns helps tailor treatment and education, increasing effectiveness and efficiency of ED care.
Identify outcomes patients most wants from their ED visit	<i>"What outcome are you most hoping for from this ED visit?"</i> <i>"What are you most hoping for or looking for from your ED visit?"</i>	To align care with what matters most, help identify the outcome the patient hopes to achieve

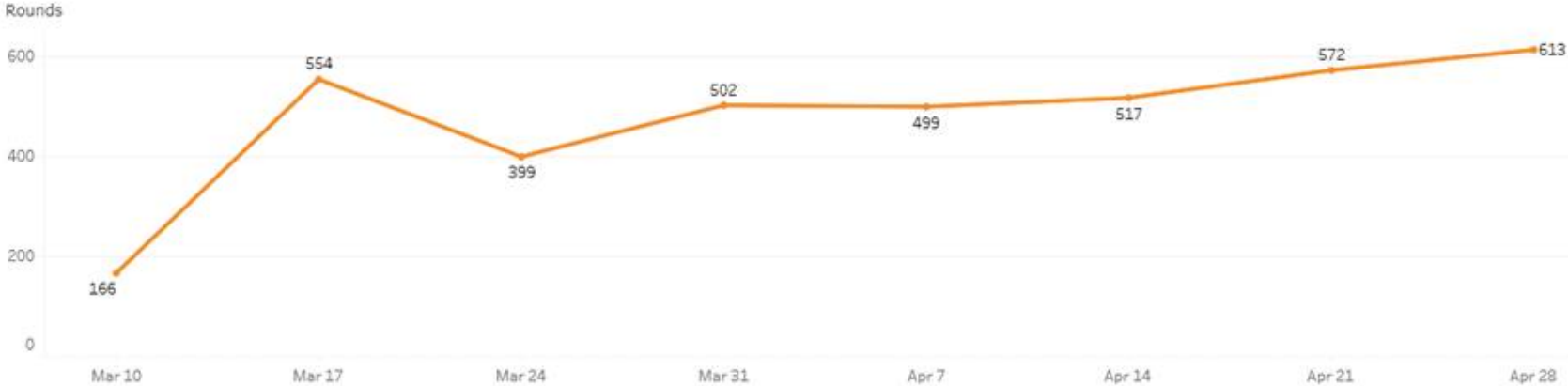
What Matters in ED IHI / Geriatric Emergency Department pilot

- 5 EDs pilot in small sample
- Lessons learned:
 - Surprised by responses, “*would never have known!*” E.g. woman chief complaint shoulder pain; couple with persistent cough
 - Replace not add
 - Help decide admit or discharge
 - Be early in encounter

Ascension - Review of Assessment Tools – What Matters

Ascension Rounding Tool - Usage by Round Type

Date Range: 3/11/2019 - 5/4/2019



Tips on acting on What Matters Most

- **Start with one thing** that matters most to each patient, “*You said you most want to be able to (most desired health outcome) and you think (health problem, symptom, treatment, etc.) is getting in way. I suggest we start with...*”
- **Link care options to outcome goals & care preferences**, “*There are several things we could do, but knowing what matters most to you, I suggest we...*”



Tips on acting on What Matters Most

- **Use patient's priorities (not just diseases)** in communicating, decision-making, assessing benefit, *“I know you don't like the CPAP mask, but are you willing to try it for 2 weeks to see if it helps you be less tired so you can get back to volunteering which you said was most important to you”*
- **Acting on What Matters** requires input & coordination from many disciplines (PT, SW, community organizations, etc.) – Everyone on the same page



What Matters: Your turn



nce your efforts to ask What Matters as part of What Matters Day 6/6



Questions?



Reflections and Lessons Learned from Implementing the 4Ms

*Julie Trocchio, Senior Director, Community Benefit, Catholic Health
Association*

*Mark Supiano, M.D., Chief of the Division of Geriatrics in the School of
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What Does Age-Friendly Mean To You?

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University of Utah Center of Aging

Questions?



Feedback

- Help us make improvements
- Take 1 minute to complete the evaluation form in your folders



Closing Day 1

- Complete Day 1 evaluation form
- Join the networking reception, located in Paseo
- Level 1 Recognition
- Reminder: use your worksheet as a notetaking guide!
 - **What's 1 new idea you'll test by next week? Add it to your worksheet.**
- Bring a question to breakfast to get help from the team, leaders, and speakers
- ⁷⁷ Switch it up tomorrow, sit with a new team