

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 Overview of Day Two



Agenda

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
- Lunch
- Break Out Session 2: Continued Deep Dive into the 4Ms (Medication, Mentation, Mobility)
- Stretch Break
- Why Us, Why Now?

Acting on Day 1 Feedback



Age-Friendly Health Systems

The National Movement

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).

Session Participants

- Terry Fulmer, PhD, RN, FAAN, President, The John A. Hartford Foundation
- Amy Berman, RN, LHD, FAAN, Senior Program Officer, The John A. Hartford Foundation
- Leslie Pelton, MPA, Senior Director, IHI
- Jay Bhatt, DO, SVP/CMO, AHA and President, HRET
- Moderator: Marie Cleary-Fishman, MS, MBA, Vice President, Clinical Quality AHA

Situation (1)

Older Adults:

- Demography
- Complexity
- Disproportionate harm

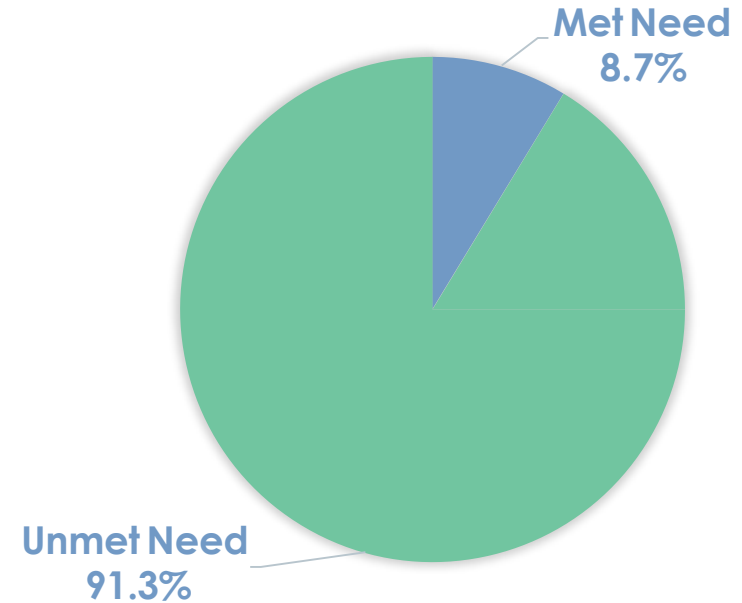


Health Systems:

- ↑ older adults seek care
- Rapidly changing Medicare reimbursement
- ↓ health system operating margins
- “Model” uncertainty to follow

Situation (2)

- We have evidence-based geriatric-care models of care that have proven very effective
- Yet, most reach only a portion of those who could benefit
 - Difficult to disseminate and scale
 - Difficult to reproduce in settings with less resources
 - May not translate across care settings



IHI analysis of model beneficiaries 2016

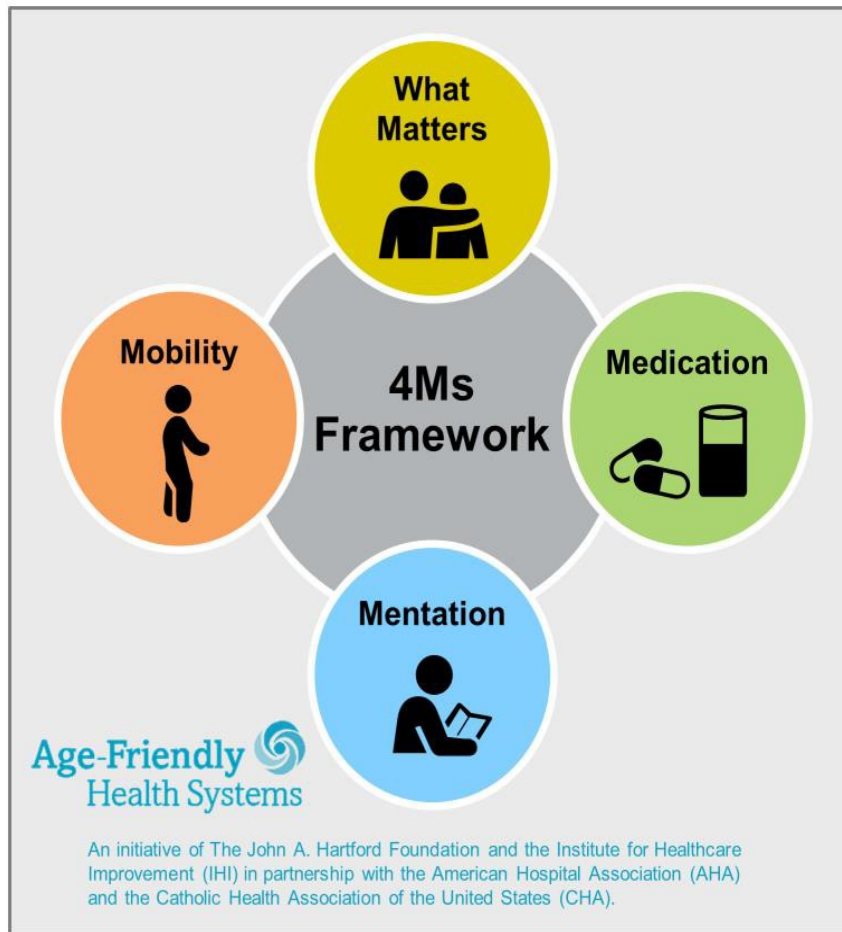
Adopt a game-changing aim

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% of US health systems by December 31, 2020.

The 4Ms Framework



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

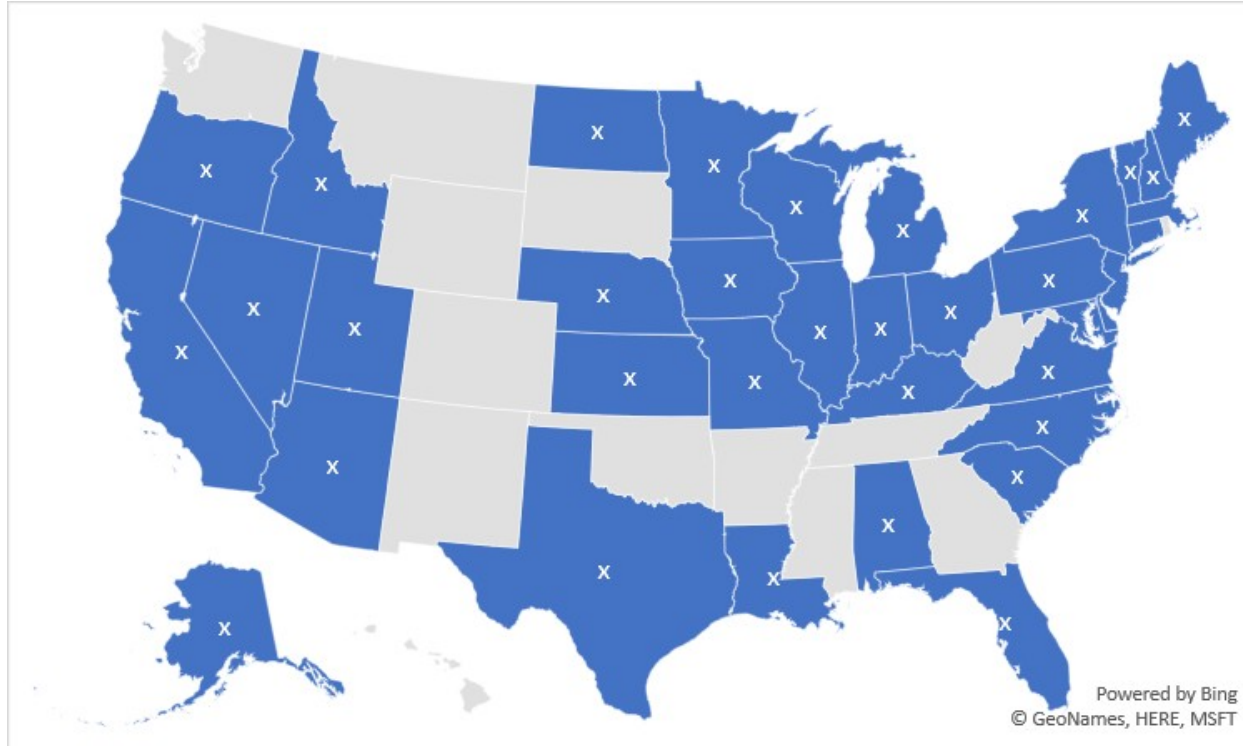
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

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

Age-Friendly in 2019 (1st Quarter): IHI Wave 2 Action Community

126 systems
357 sites
37 states



Stakeholders Engaging with Our Work



American Hospital Association®



MASSACHUSETTS
HEALTHY AGING
COLLABORATIVE



advocacy | action | answers on aging



Real Possibilities



Department of Health



THE BRAINS BEHIND SAVING YOURS.™



Geriatrics Workforce Enhancement Program

Transform clinical training environments into integrated geriatrics and primary care systems to become age-friendly health systems that incorporate the principles of value-based care and alternative-payment models. The essential elements of age-friendly health systems are:

- What matters to the older adult
- Medication
- Mentation
- Mobility



On the horizon...



**The Joint
Commission®**



An Anchor for Quality Care

AHA Hospital Improvement
Innovation Network (HIIN)

Catholic Health Association of
the United States Aging Service

Nurses Improving Care for
Healthsystem Elders
(NICHE)

Geriatric-ED

Coalition for Quality in
Geriatric Surgery
(CQGS)

PACE 2.0

Age-Friendly
Public Health



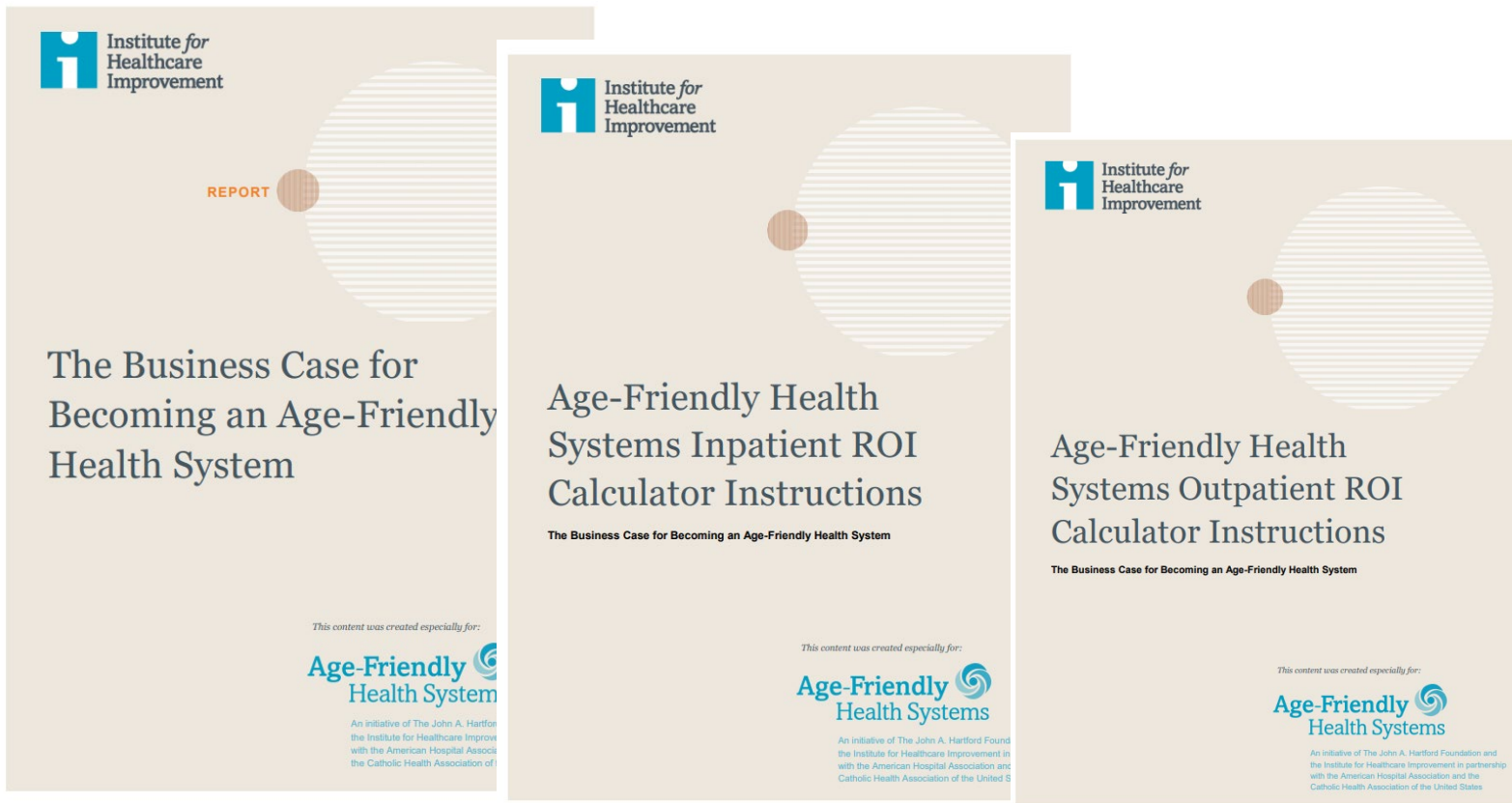
Age-Friendly 
Health Systems

15 World Health Organization (WHO)
Global Network for Age-friendly
Cities and Communities

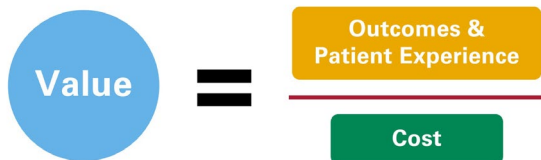
AARP Network of Age-Friendly
States and Communities

Age-Friendly 
Health Systems

Making the Business Case



Connecting Age-Friendly Measures with Value



Age-Friendly Measures			The Value Equation
Basic Outcome Measures	Hospital Setting	Ambulatory/Primary Care Setting	Components
30-day readmission	X		Patient outcomes, cost
Emergency department utilization		X	Patient outcomes, cost
Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey	HCAHPS	CGCAHPS	Patient experience
Length of stay	X		Patient outcomes, cost
Advanced Measures	Hospital Setting	Ambulatory/Primary Care Setting	The Value Equation
Delirium	X	N/A	Patient outcomes, cost
CollaboRate (or similar tool to measure goal concordant care)	X	X	Patient outcomes, Patient experience

Continue to Stay Engaged!

Questions?



Using Stories to Accelerate and Sustain Age-Friendly Care

Christine Waszynski, APRN, Hartford Hospital



Hartford Hospital

Questions?



Break Out Session 1: Approaches to Accelerate Your 4Ms Efforts

Break Out Sessions 1:11 – 12:15 PM

- 1a: Leading and Sponsoring Age-Friendly Efforts Across Systems
 - **Location: South Mountain Ballroom**
 - Leslie Pelton, MPA, Senior Director, IHI
- 1b: Documentation
 - **Location: Noble**
 - James Lai, M.D., Associate Chief for Clinical Affairs Yale School of Medicine, Department of Internal Medicine, Section of Geriatrics
- 1c: Partnering with Community-Based Organizations
 - **Location: Mesquite**
 - Karol Tapias, Deputy Director, Aging and Disability Business Institute at N4A

Lunch



- Please be back in our desired breakouts by 1:15 pm

Break Out Sessions 2: 1:15 – 2:30 PM

- 2a: Medication
 - **Location: South Mountain Ballroom**
 - James Lai, M.D., Associate Chief for Clinical Affairs Yale School of Medicine, Department of Internal Medicine, Section of Geriatrics
- 2b: Mentation
 - **Location: Noble**
 - Diane Meier, Executive Director, Center to Advance Palliative Care
- 2c: Mobility
 - **Location: Mesquite**
 - Mary Tinetti, M.D., Chief of Geriatrics, Yale School of Medicine and Yale–New Haven Hospital

Break Out Session: Leading and Sponsoring Age- Friendly Efforts Across Systems

Leslie Pelton, MPA, Senior Director, IHI



Break Out Session: Medication

*James Lai, M.D., Associate Chief for Clinical Affairs Yale School of
Medicine, Department of Internal Medicine, Section of Geriatrics*

Yale Medicine

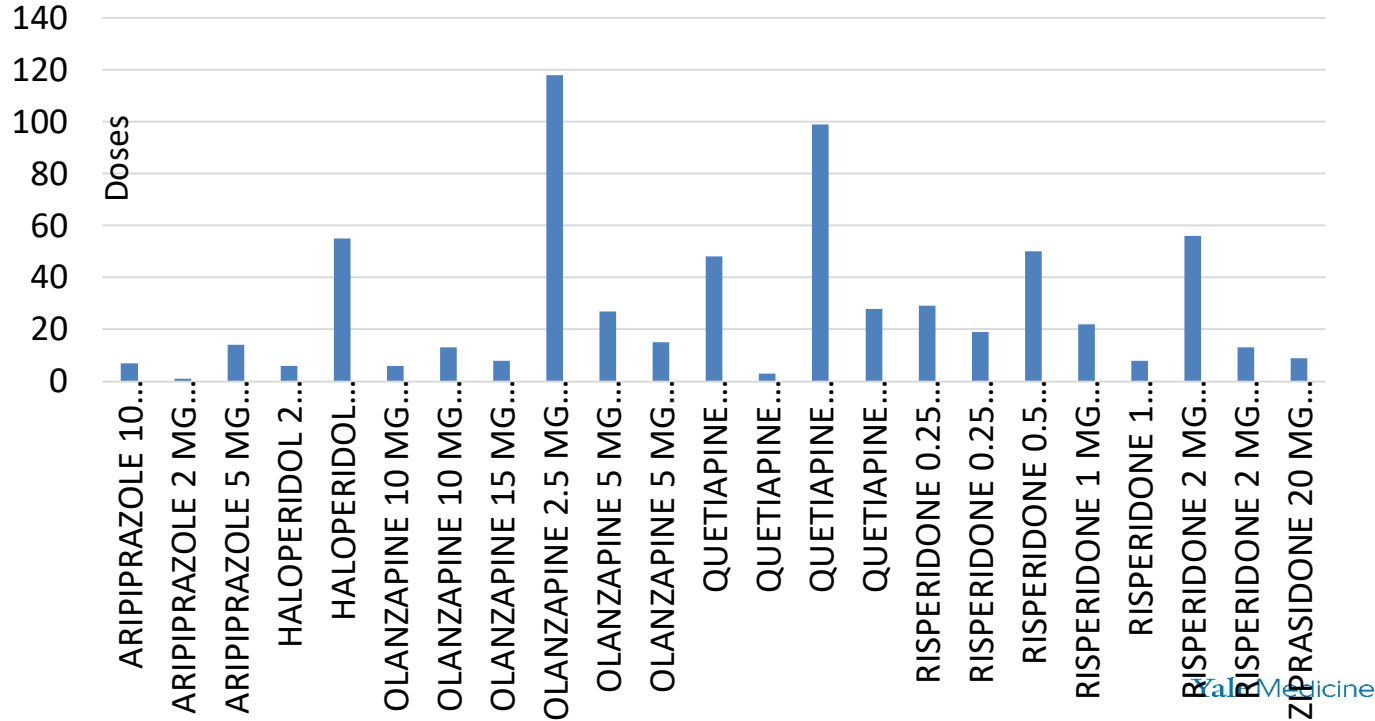
Yale
NewHaven
Health

Yale New Haven Health System: 4M EMR Medications

James M. Lai, MD ScM MHS

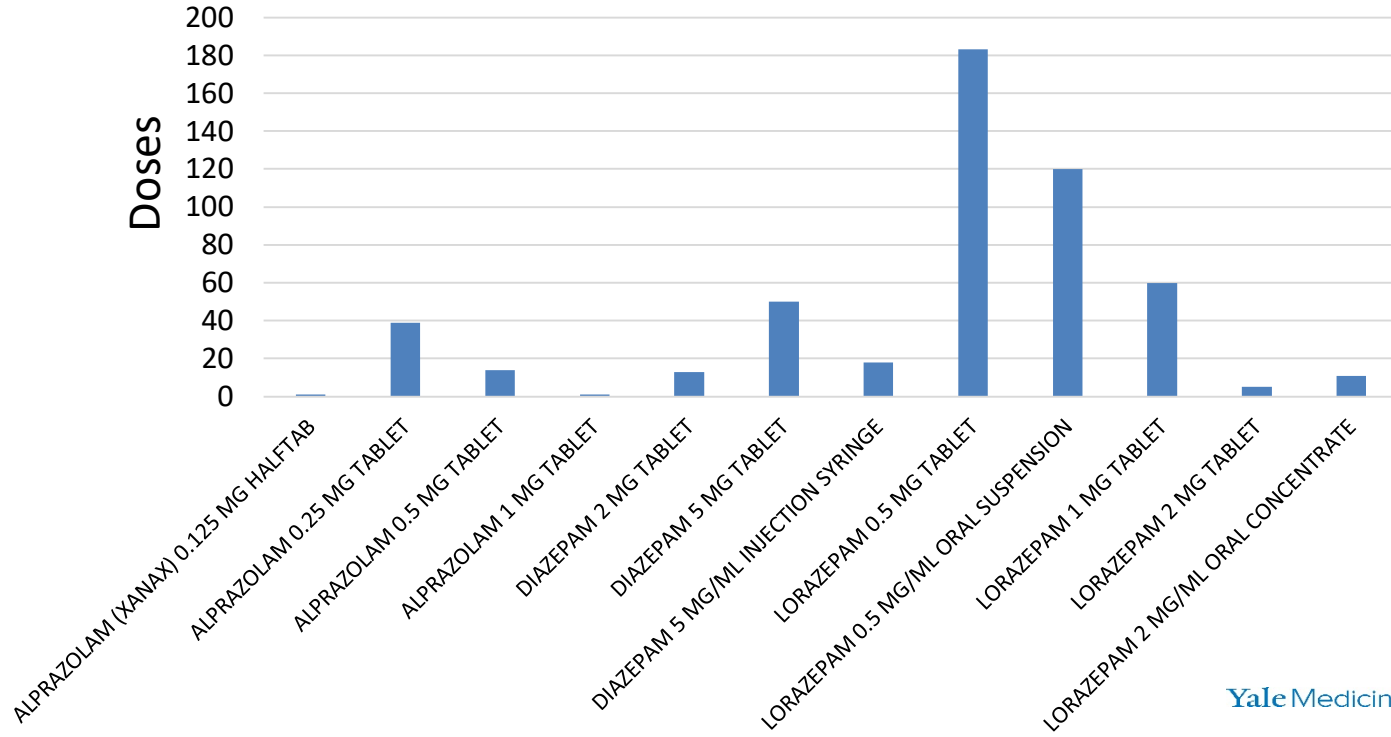
Med/Surg Antipsychotic Use Over 3 Months

EP 9-7, SP 6-4, and V4W, Age >65, N=90 patients

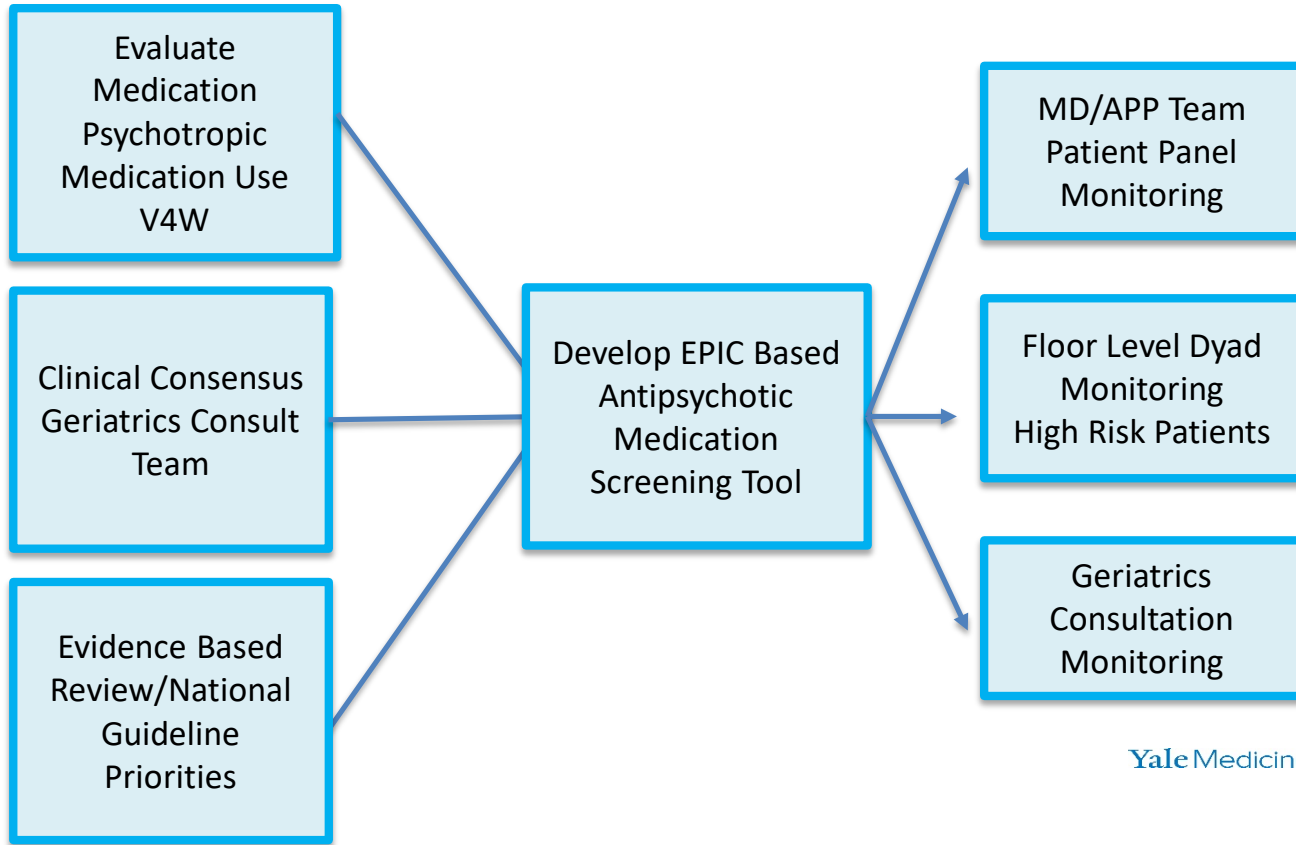


Benzodiazepine Use: Baseline Data

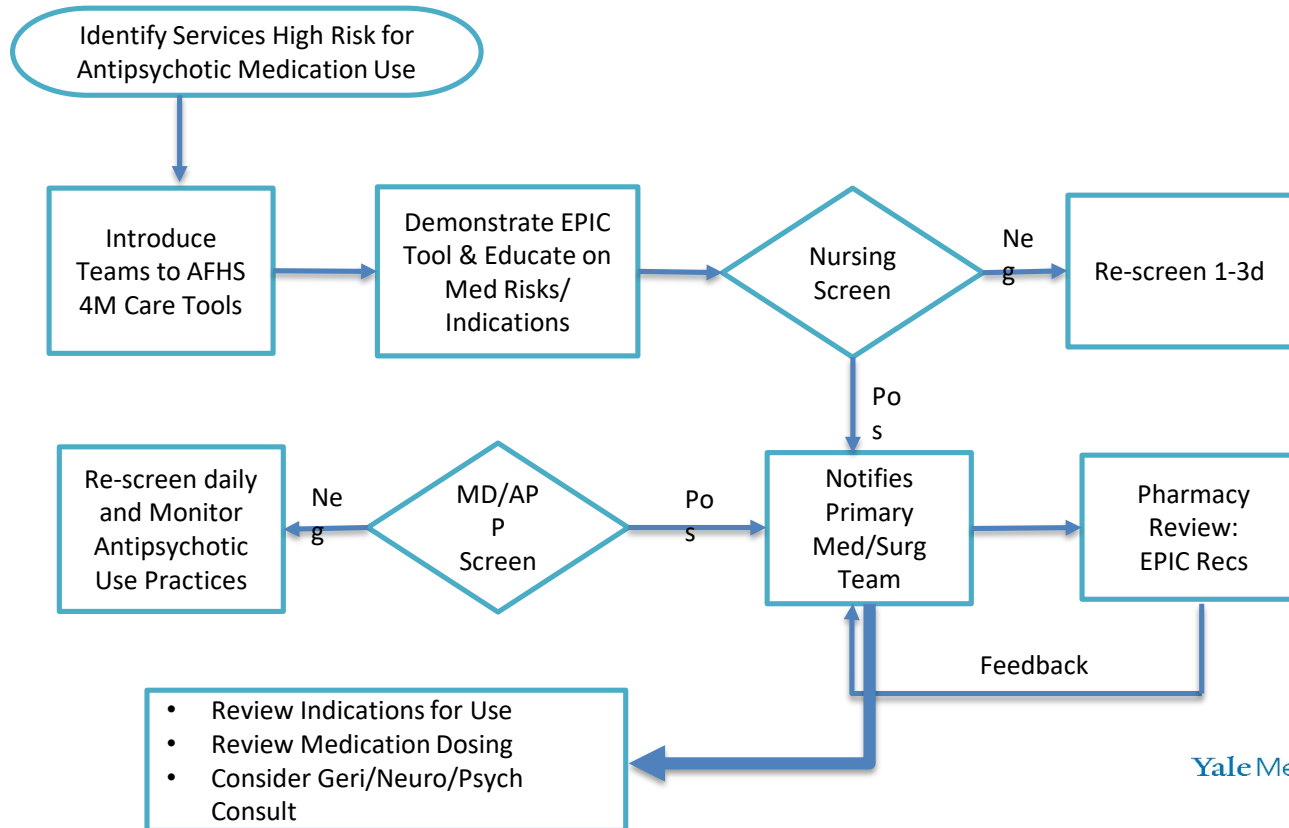
EP 9-7, V4W, and SP 6-4 Combined 10/22/19-1/22/20, Age >65, N=76 Patients



Project Development



Project Design



EPIC Workbench: Medication Stewardship

PIMS in Elderly [62649864] as of Tue 12/17/2019 1:52 PM

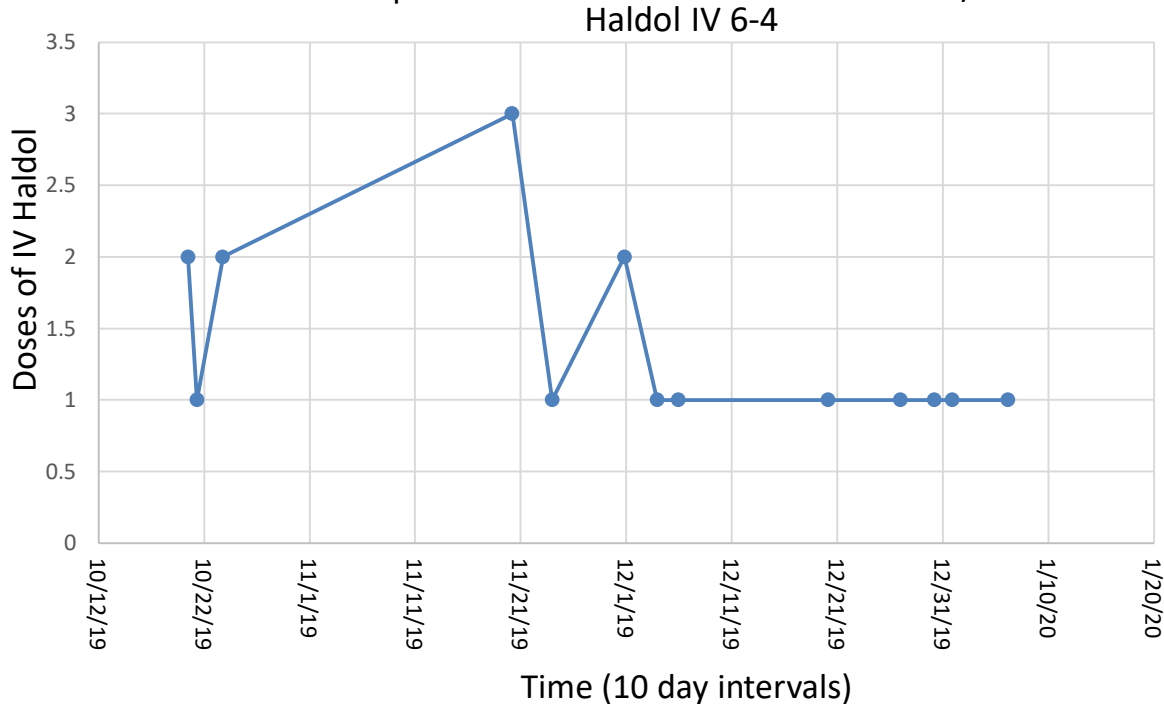
Filters Options Medications Add to List M&R Enter/Edit Results Reveal Result

- 3 day Look-back
- Sorts by Patient/Floor
- Sorts by Team/User
- Clinical tool
- Pharmacy oversight

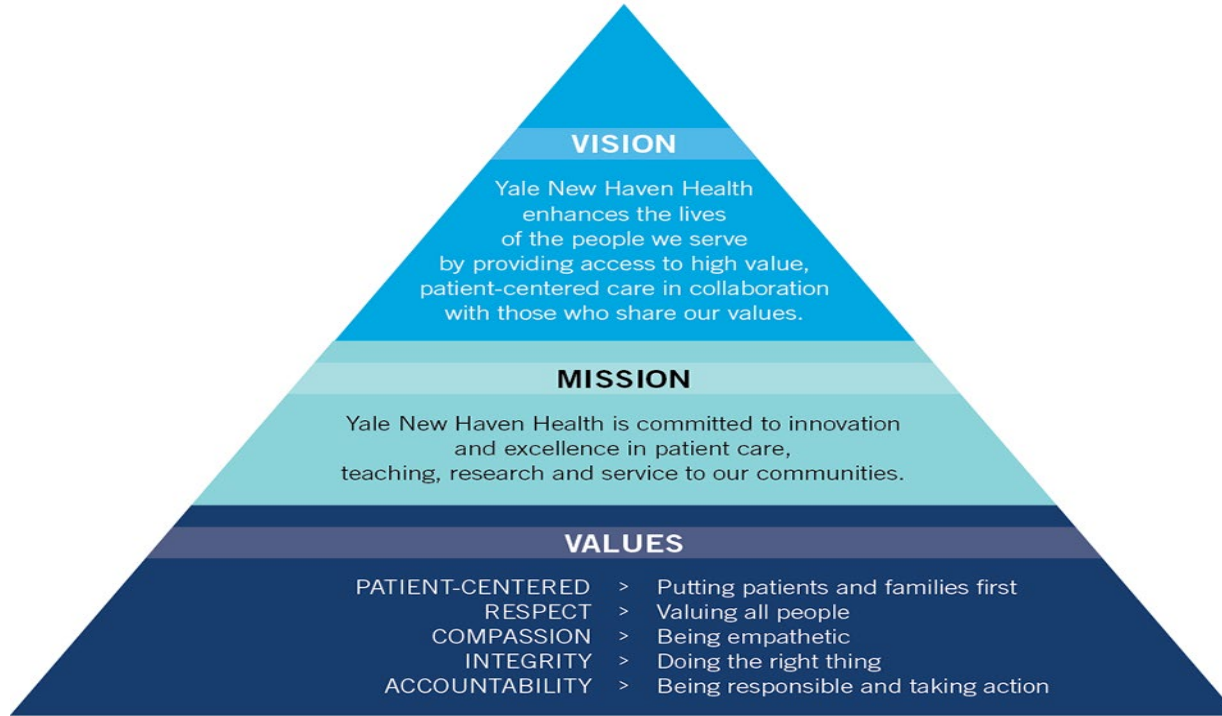
Order Name	Order Date	Administration Time	Order End Date	Admin End Time	Current Outpatient Psych Medication
haloperidol lactate (HALDOL) injection 5 mg	12/14/2019		12/14/2019	04:10 PM	QUetiapine (SEROQUEL) 50 mg Immediate Release tablet
haloperidol lactate (HALDOL) injection 2 mg	12/14/2019	12/14/2019 2055	12/14/2019	08:55 PM	QUetiapine (SEROQUEL) 50 mg Immediate Release tablet
haloperidol lactate (HALDOL) injection 2 mg	12/16/2019	12/16/2019 0605	12/16/2019	06:05 AM	
haloperidol lactate (HALDOL) 5 mg/mL injection	12/16/2019				
haloperidol lactate (HALDOL) 5 mg/mL injection	12/15/2019		12/15/2019	02:30 PM	
haloperidol lactate (HALDOL) injection 2 mg	12/15/2019	12/15/2019 1430	12/16/2019	12:13 PM	
haloperidol lactate (HALDOL) injection 2 mg	12/14/2019	12/14/2019 0652	12/14/2019	06:52 AM	
QUetiapine (SEROquel) Immediate Release tablet 50 mg	12/13/2019	12/14/2019 2124 12/15/2019 2039 12/16/2019 2112			QUetiapine (SEROQUEL) 100 mg Immediate Release tablet
QUetiapine (SEROquel) Immediate Release tablet 50 mg	12/16/2019	12/16/2019 2120			QUetiapine (SEROQUEL) 25 mg Immediate Release tablet QUetiapine (SEROQUEL) 300 MG tablet
QUetiapine (SEROquel) Immediate Release tablet 25 mg	12/16/2019	12/17/2019 0912	12/17/2019	11:18 AM	QUetiapine (SEROQUEL) 25 mg Immediate Release tablet QUetiapine (SEROQUEL) 300 MG tablet
QUetiapine (SEROquel) Immediate Release tablet 50 mg	12/16/2019				QUetiapine (SEROQUEL) 200 mg Immediate Release tablet
haloperidol lactate (HALDOL) injection 0.5 mg	12/14/2019	12/14/2019 0804	12/14/2019	08:04 AM	
haloperidol lactate (HALDOL) injection 2 mg	12/13/2019	12/13/2019 1938	12/13/2019	07:38 PM	
haloperidol lactate (HALDOL) injection 5 mg	12/17/2019		12/17/2019	01:47 PM	fluPHENAZine (PROLIXIN) 10 MG tablet
haloperidol lactate (HALDOL) 5 mg/mL injection					fluPHENAZine (PROLIXIN) 10 MG tablet

Predictions: Changing Patterns of Use

- Reductions in IV/IM/SL Use
- Reductions in Olanzapine use
- Increased Geriatrics Consultation
- Stable/decreased Delirium



VISION, MISSION AND VALUES



YaleNewHaven**Health**

Stretch Break Connection

Step 1: Stand up, stretch

Step 2: Find 1 new person close by

Step 3: Ask one another a “what matters” question such as, *what does a good day look like for you?*



****Complete Evaluation Form***

Please be in the main room by 2:45 pm

Why Us, Why Now?

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

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

Customizing Putting the 4Ms into Practice: A “Recipe”



4Ms

Description

Worksheet:

Hospital

	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: One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.	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: _____ Minimum requirement: At least one of the first seven boxes must be checked. <div style="position: absolute; top: 20px; right: -100px; font-size: 2em; color: red;">←</div>	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: _____ Minimum requirement: At least one of the first six boxes must be checked. If only "Other" is checked, will review.	Check the tool used to screen for mobility limitations: <input type="checkbox"/> TUG <input type="checkbox"/> Get Up and Go <input type="checkbox"/> JH-HLM <input type="checkbox"/> POMA <input type="checkbox"/> Refer to physical therapy <input type="checkbox"/> Other: _____ Minimum requirement: One box must be checked. If only "Other" is checked, will review.
Frequency	<input type="checkbox"/> Once per stay <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____ Minimum frequency is once per stay.	<input type="checkbox"/> Once per stay <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____ Minimum frequency is once per stay.	<input type="checkbox"/> Every 12 hours <input type="checkbox"/> Other: _____ Minimum frequency is every 12 hours.	<input type="checkbox"/> Once per stay <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____ Minimum frequency is once per stay.
Documentation	<input type="checkbox"/> EHR	<input type="checkbox"/> EHR	<input type="checkbox"/> EHR	<input type="checkbox"/> EHR

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	

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." <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. <i>Minimum requirement: First box must be checked.</i>	<input type="checkbox"/> Align the care plan with What Matters most <input type="checkbox"/> Other: _____ <i>Minimum requirement: At least one 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-

Submit your 4Ms
Care Definition

Level 1 Recognition

Submit your 4MS
Description!



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!



Share your Reflections on the 4Ms Descriptions



Share your Reflections from In-Person Meeting



Questions?



Closing

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

Upcoming Webinars

<p>Leaders & Sponsors Webinar 5</p> <p>Leaders & Sponsors Webinars are designed to support leaders to set-up local conditions for scale up of Age-Friendly Health Care. Topics may include creating a business care, the psychology of change, engaging boards, and partnering with community organizations.</p>	<p>February 11, 2020 12:00 – 1:00 pm ET</p>
<p>Topical Peer Coaching Webinar 5</p> <p>Join other participants to learn from one another and share successes and challenges related to a specific topic or setting of Age-Friendly Health Care. Often, Topical Peer Coaching calls will be facilitated by expert faculty. Both calls will run concurrently, please join the WebEx that best fits your setting or area of interest.</p>	<p>February 18, 2020 2:00 – 3:00 pm ET</p>
<p>Team Webinar 5</p> <p>Team Webinars are 60 -minute calls focused on understanding the steps to implementing Age-Friendly care in your setting and illustrating 4Ms care in action through examples.</p>	<p>March 3, 2020 12:00 – 1:00 pm ET</p>

4Ms Description

- Reminder: If you have not submitted your **February 2020** Report please do so via the survey
 - The survey includes an area for you to provide qualitative information about your 4Ms testing and an updated 4Ms Description
 - When your 4Ms Description is aligned with the *Guide to Using the 4Ms in the Care of Older Adults*, afhs@ihi.org will notify you and ask for your monthly count of older adults who received your description of 4Ms care. You will receive the Age-Friendly Health Systems Participant Badge and Press Kit
 - When you have submitted 3 consecutive monthly counts, afhs@ihi.org will notify you and you will receive the Age-Friendly Health Systems Committed to Care Excellence Recognition.

Keep Learning!

- Complete evaluation form
- Level 1 Recognition
- Engage in our listserv
- Take your learnings back to your teams
- Commit to 1 new idea you'll test next week.
- Engage your older adults!



Group Photo!

Thank you!