



AHA Team Training

Creating Age-Friendly Health Systems

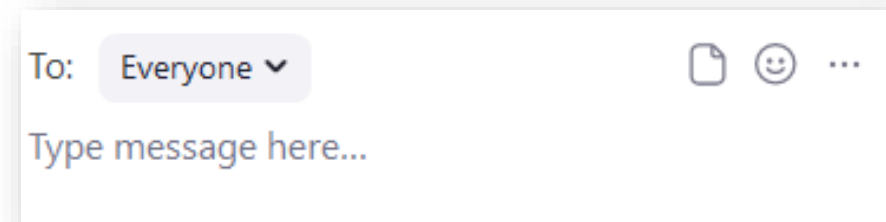
August 10, 2022



AHA CENTER FOR HEALTH
INNOVATION

Rules of Engagement

- **Audio for the webinar can be accessed in two ways:**
 - Through your computer
 - Or through the phone (*Please mute your computer speakers)
- **Q&A session will be held at the end of the presentation**
 - Written questions are encouraged throughout the presentation
 - To submit a question, type it into the Chat Area and send it at any time
- **Other notable Zoom features:**
 - This session is being recorded, the chat will not be included in the recording
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Upcoming Team Training Events

Courses & Workshops

In-person TeamSTEPPS Master Training Courses

- November 9-10 at Houston Methodist
- December 6-7 at Tulane

Virtual TeamSTEPPS courses and workshops

- Managing Conflict in Health Care: September 7-28
- TeamSTEPPS for Change Leaders & Champions: October 6-November 17

Webinars

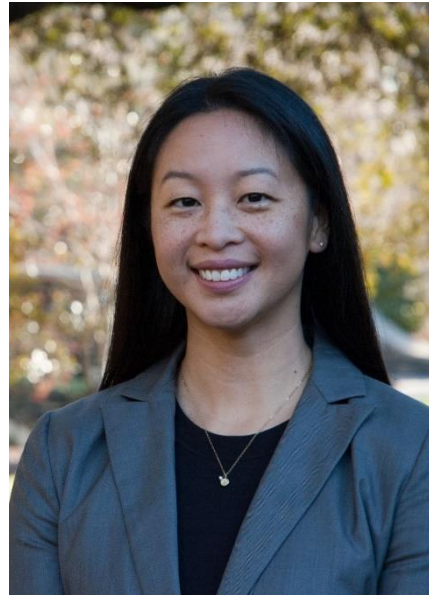
Caring for Each Other: Emotional Support for Health Care Team Members – September 14 at 12 pm CT

An Improved Standard of Care: The Effects of Social and Behavioral Factors on Maternal Mortality and Morbidity – September 20 at 12 pm CT *Sponsored by Relias*

Today's Presenter's



Marie Cleary-Fishman, MS, MBA
Vice President, Clinical Quality,
American Hospital Association



Serena Wong, DO
Assistant Professor,
Duke University School of Medicine



Nikki Webb, MSSW, LCSW, ACM-SW
Program Manager – Geriatrics,
Duke Population Health
Management Office



Lori Ritter, G-CNS
Duke University Health System

Today's Agenda

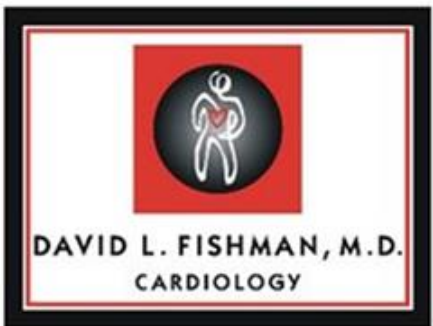
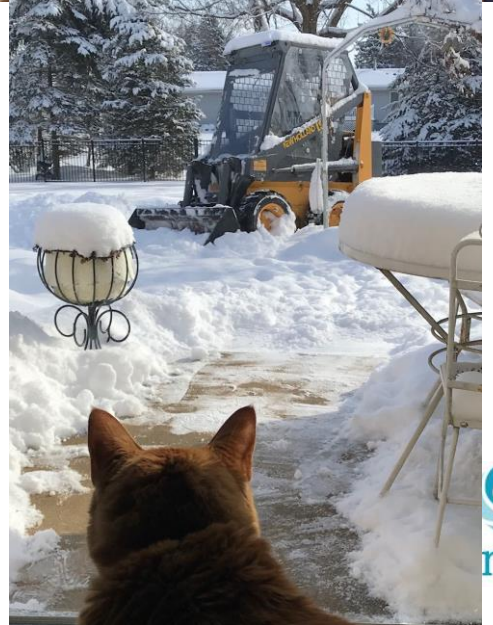
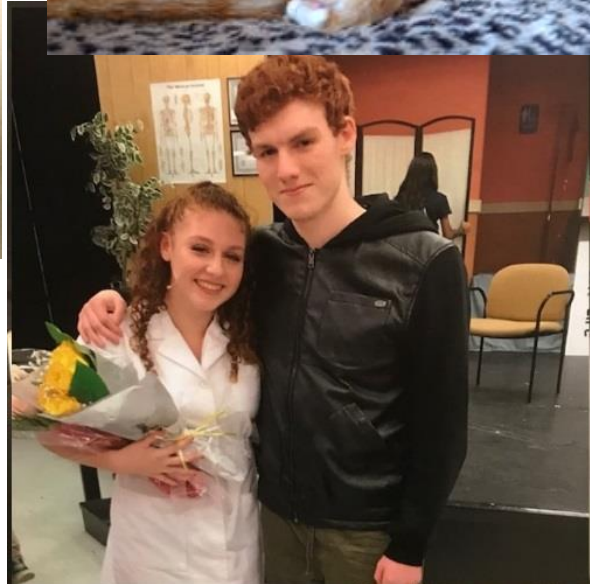
- Welcome & Introductions
- Value of Age-Friendly Health Systems
- Overview of Action Community
- Implementation at Duke Regional Hospital
- Q&A

What does Age-Friendly mean to you?



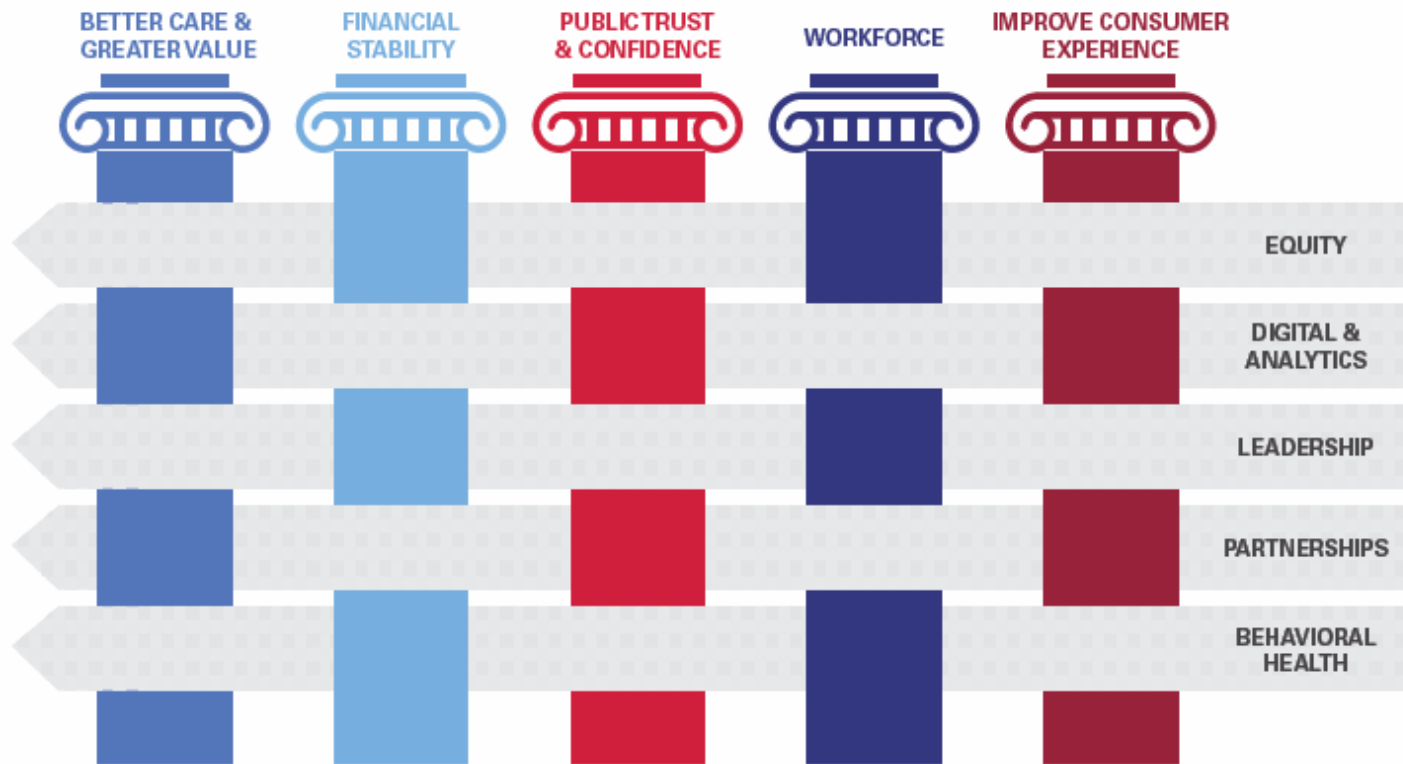
Please share in the chat box.

What Matters Story



AHA Strategic Plan

OUR PILLARS 7 GOALS (2022-2024)



OUR APPROACH



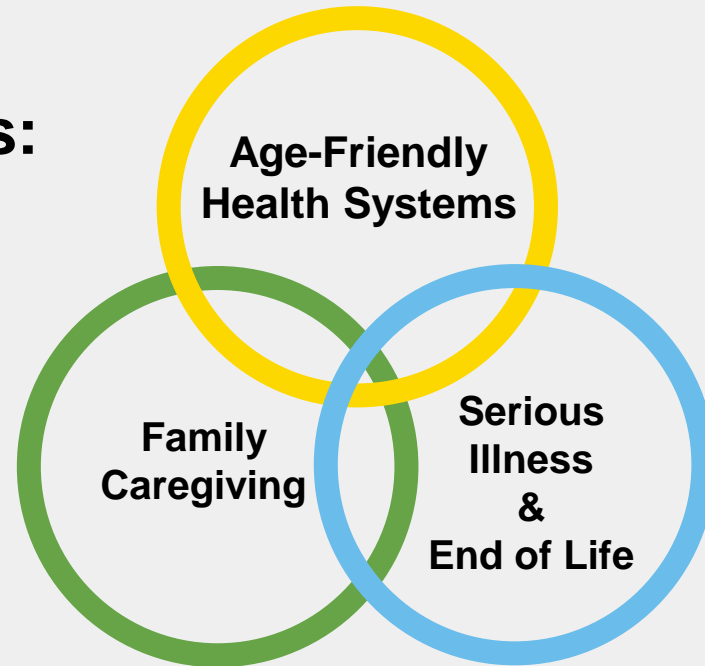
ADVOCACY/ REPRESENTATION	THOUGHT LEADERSHIP	KNOWLEDGE EXCHANGE	AGENT OF CHANGE
Advancing field priorities in Congress, with the Administration, in courts, in media, in public opinion and beyond.	Highlighting thoughts, data, insights and solutions that are new or do not yet have consensus.	Facilitating the exchange of information and best practices in a way participants can understand and apply it.	Supplying tools and information to empower people to enact change in organizations, systems and communities.

The John A. Hartford Foundation

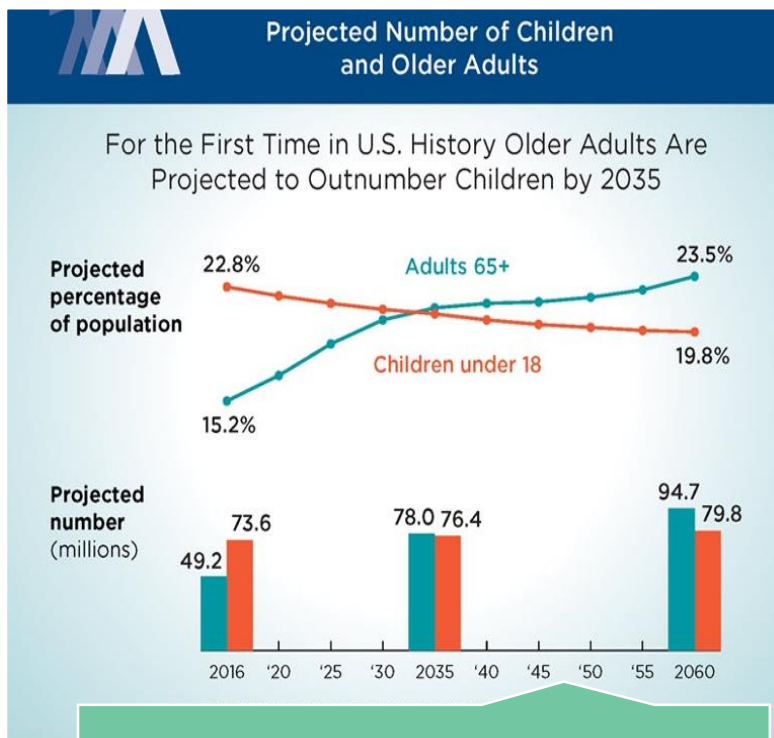
A private philanthropy based in New York, established by family owners of the A&P grocery chain in 1929.

Dedicated to Improving the Care of Older Adults

Priority Areas:



Why Age-Friendly Health Systems?



Demography

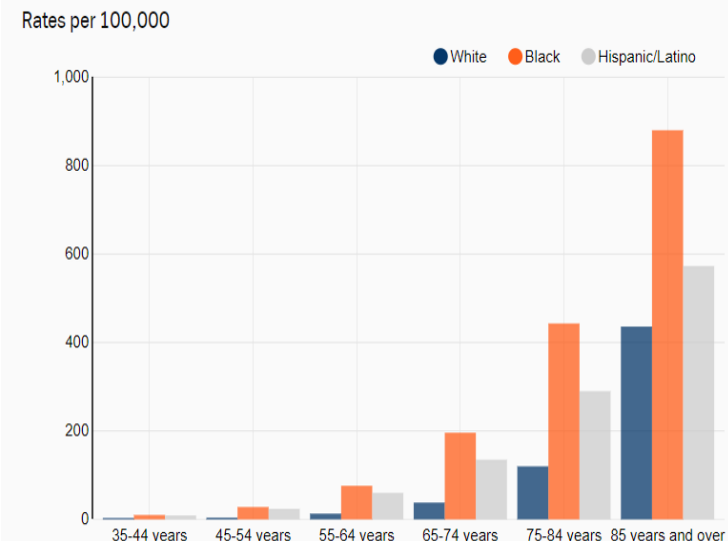
Fast Facts: Adults Age 65 and Older

- 80%** Have 1 chronic condition
- 77%** Have 2 chronic conditions
- 75%** Will require long-term care
- 40%** Will require care in skilled nursing facility

Source: Fact Sheet: Healthy Aging. National Council on Aging. (2016). Accessed at www.ncoa.org/resources/fact-sheet-healthy-aging/; U.S. Department of Health and Human Services. (2018). National Clearinghouse for Long-Term Care Information. Accessed at www.hhs.gov/ncsl/

Complexity

Figure 1. COVID-19 death rates by age and race



Source: CDC data from 2/1/20-6/6/20 and 2018

Census I

Disproportionate Harm

What is Our Goal?

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

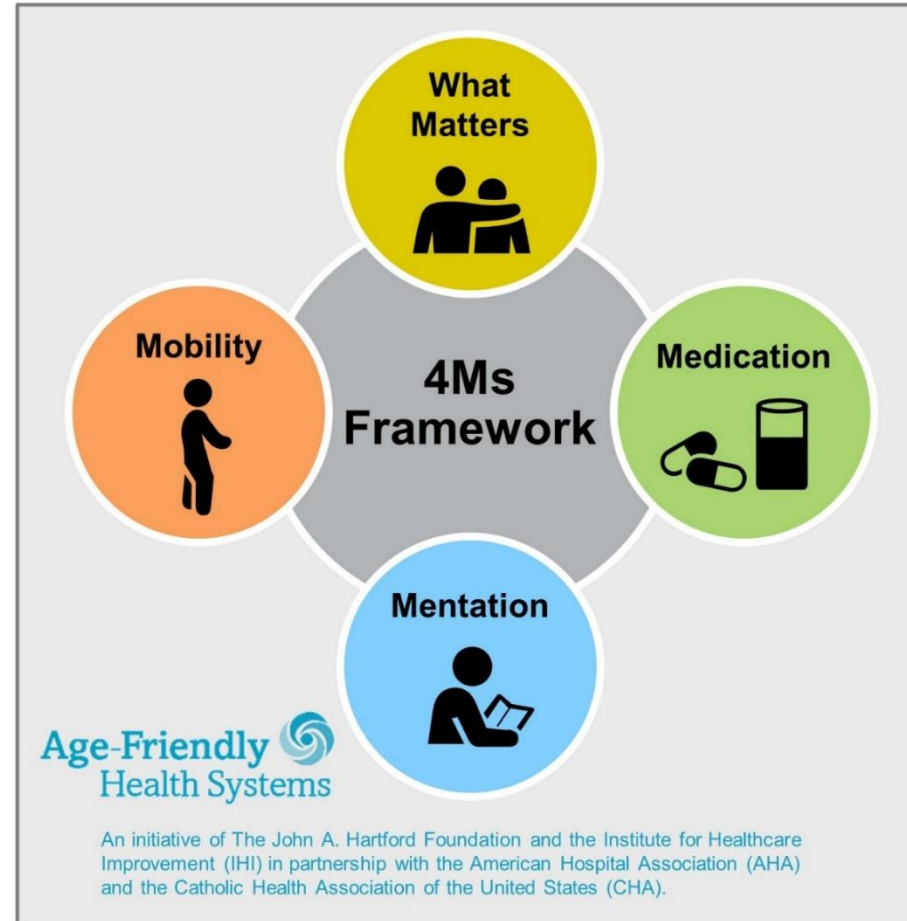
- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.

Specific Aims:

- ✓ By 12/31/20: Reach older adults in 1000 hospitals and practices recognized as Age-Friendly Health Systems
- ✓ By 6/30/23: Reach older adults in 2500 hospitals and practices, and 100 post acute communities recognized as Age-Friendly Health Systems

What is an Age-Friendly Health System?

- 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



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

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.

Overview of Action Community

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).

Age-Friendly Action Communities

In an Action Community, teams from across different organizations come together to accelerate their work of putting the 4Ms into practice. During the 7-month virtual learning community, your team will test the 4Ms Framework and share learnings.

- Multiple sites of care within an organization can join at the same time
- No cost to participate. The cost of participation includes the time teams must allocate to engage in 7 month Action Community activities
- The Action Community testing and learning is designed to occur as part of each person's existing activities and is, therefore, a re-purposing of time

Pioneers




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 or virtual meeting (TBD)
- 


Test Age-Friendly interventions

 - Test specific changes in your practice
- 

Share data on a standard set of Age-Friendly measures

 - Submit a 4Ms Care Description worksheet to IHI on a standard set of processes to identify opportunities for improvement
- 

Join monthly topical coaching sessions

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

Leadership track to support system-level scale up

 - Leaders join quarterly C-suite/Board level calls to set-up local conditions for scale up (Hosted by IHI)

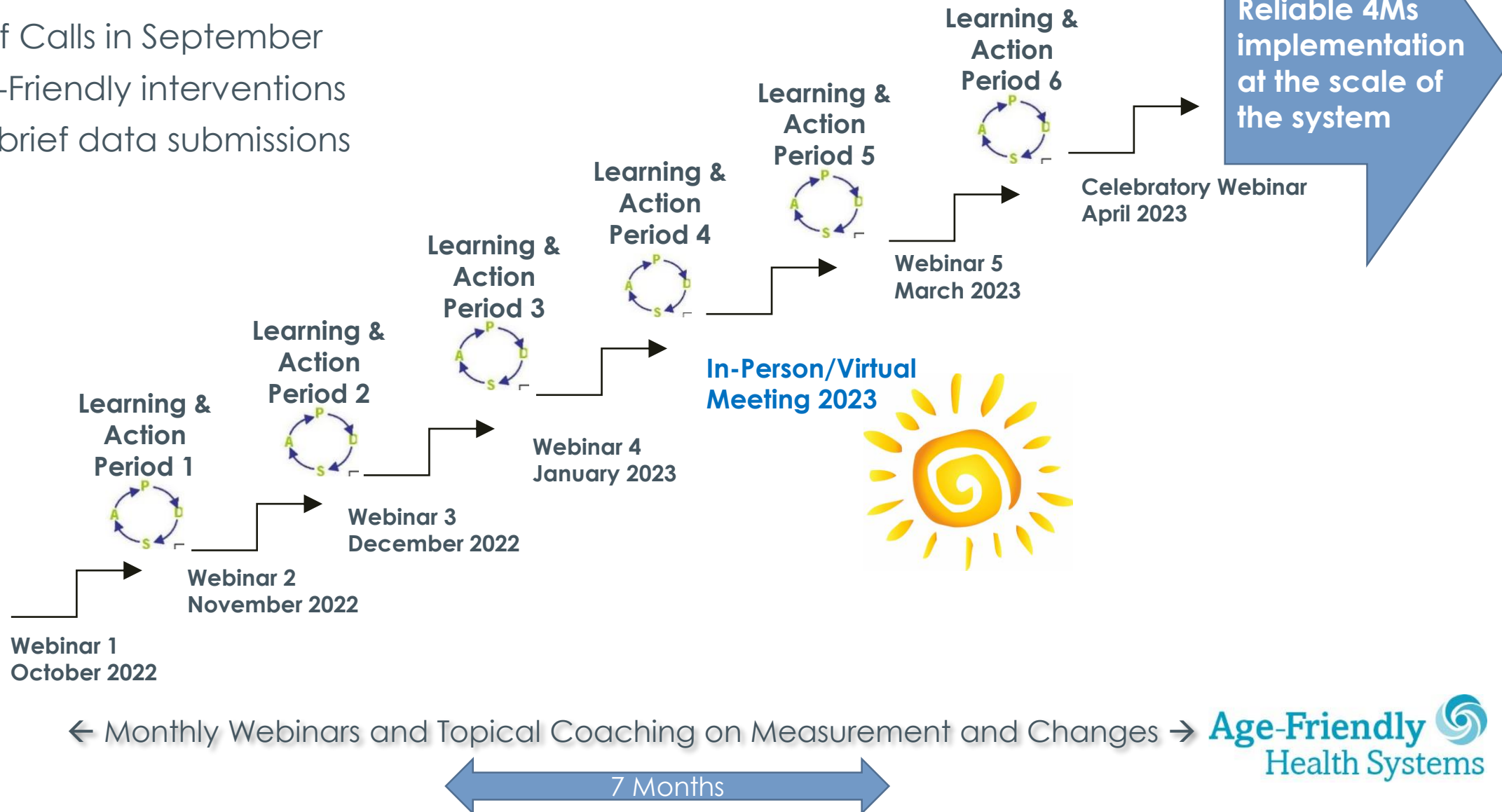


Age-Friendly
Health System
Action
Community

AHA Action Community Activities

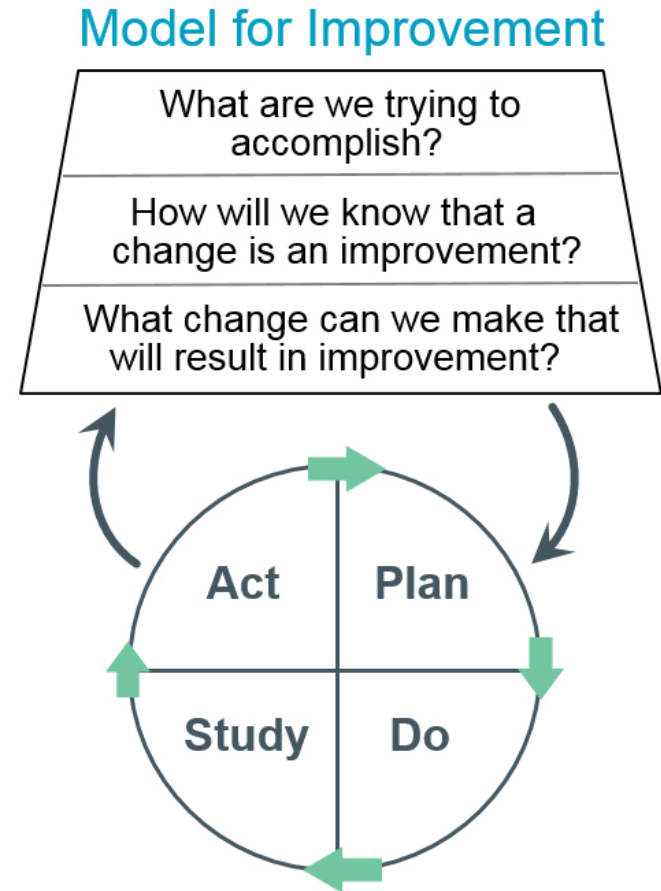


- 2 Kick Off Calls in September
- Test Age-Friendly interventions
- Monthly brief data submissions



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



Resources

www.ihl.org/AgeFriendly



REPORT

The Business Case for Becoming an Age-Friendly Health System

This content was created especially for:

Age-Friendly Health Systems

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Age-Friendly Health Systems Inpatient Financial Calculator Instructions

The Business Case for Becoming an Age-Friendly Health System

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Age-Friendly Health Systems Outpatient ROI Calculator Instructions

The Business Case for Becoming an Age-Friendly Health System

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Age-Friendly Health Guide to Using the 4L Care of Older Adults

April 2019

This content was created especially for:

Age-Friendly Health Systems

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TOOLKIT

“What Matters” to Older Adults?

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

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Age-Friendly Health System Recognition

An Age-Friendly Health System...

- **Defines** the 4Ms for its hospital and/or practice
- **Counts** the number of 65+ people whose care includes the 4Ms (reported by each site)
- **Scales** the work and **celebrates** recognition nationally

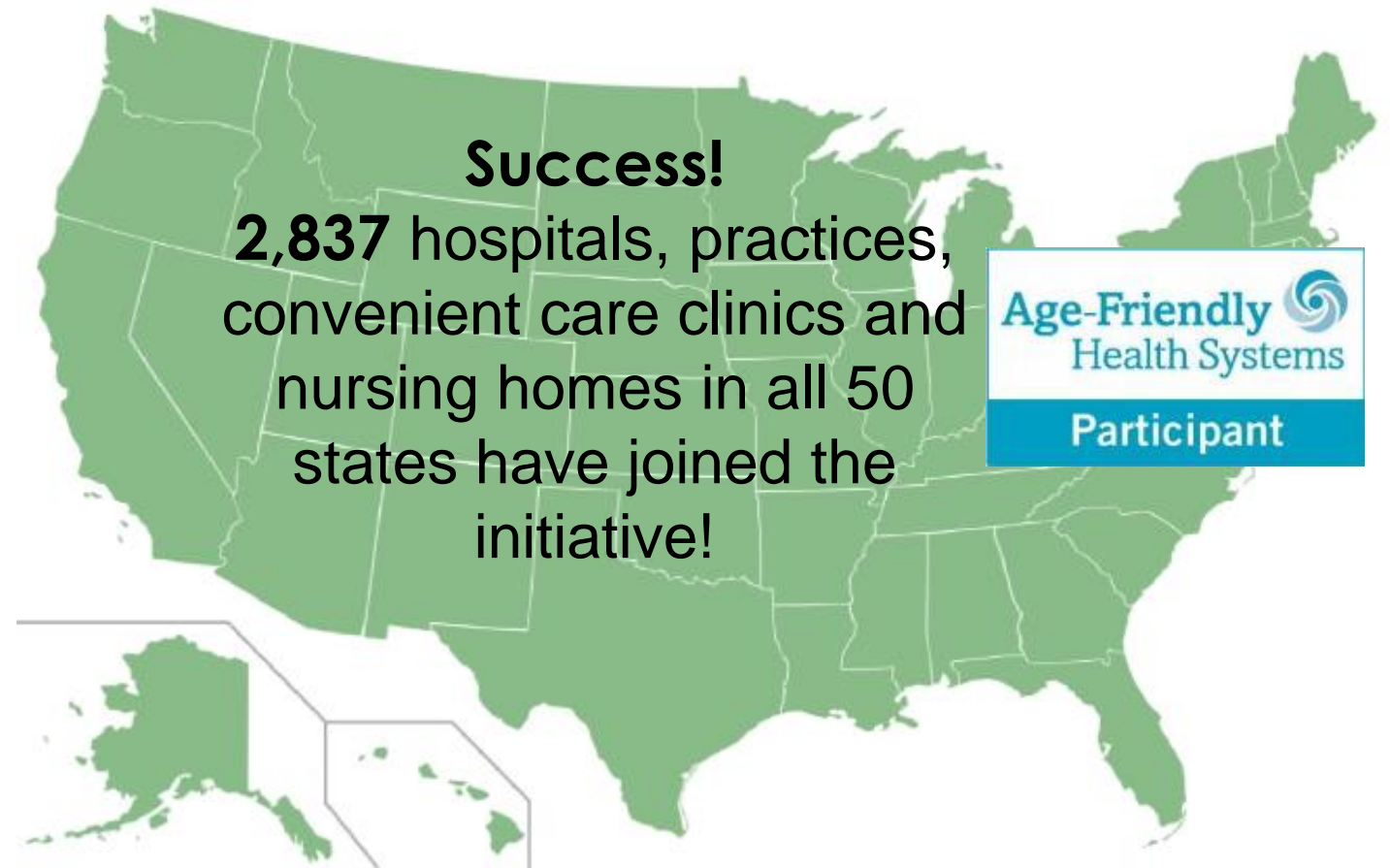


A Goal Met and a Growing Movement!

Goal #1 Achieved:
**Spread to 1,000 sites by
end of 2020**

Goal #2 Achieved:
**Spread to 2,600 sites by
June 2023**

798



As of June 2022



Older Adults Reached with 4Ms

More than **1,400,000** older adults have been reached with 4Ms care



"...Screening [using] 4Ms is so powerful in finding patients who may benefit from services with geriatric principles." **Asan Medical Center, South Korea**

Focusing on what matters to the patient has been eye opening. It reminds us all to focus on the patient as a whole and what is important to them, which is often times motivating to the patient. - **Coffee County Hospital**

AHA has been very supportive and encouraging to stay on the journey- even if our initial start for interventions were delayed because of COVID-1- **Middlesex Health**



**As of February 2022*

Connecting Age-Friendly Measures with Value

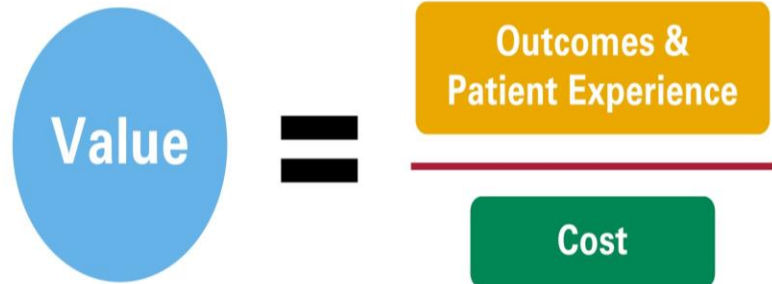








Figure 3: Age-Friendly Measures Contribute to Value

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

Case Examples- Measureable Results

St. James Parish Hospital

Reduced readmissions by **62%**

Hospital had **\$93,000** worth of cost savings in 2020.

Built Age-Friendly Health Systems into new hire orientation for residents and nursing staff

Advent Health Hendersonville

Usage of telehealth to implement 4Ms care has led to **20% increase** in breast cancer and colon cancer screenings

Addition of 2 geriatric psychiatrists and a licensed social workers to the Age-Friendly team have led to greater completion in fall risk assessments

Cedar-Sinai Medical Center

Length of stay in the hospital was cut **11%**, down to **4.5 days**

Program saved **\$330,000 in direct costs** its first year, when it served 153 patients.

Annual savings of about **\$1 million** are projected.

Join AHA Action Community 2022-2023

- **Join and get your Age-Friendly Recognition. It's FREE**
- **AHA AFHS Action Community is from September 2022 – April 2023**
 - Starts Mid-September with 2 Kick off Calls
 - Starting October
 - Monthly all-team webinars
 - Quarterly Scale-up leaders webinars
 - Sharing testing and learnings on peer to peer calls
 - 1:1 coaching calls
 - Celebration of joining the movement!
- **Download [AHA's Invitation Guide](#)**
- **Visit aha.org/agefriendly to learn more**
- **Email ahaactioncommunity@aha.org with any questions or to set up a 1:1 coaching call.**

Enroll Today



Fall 2022 Age-Friendly Health
Systems Action Community:
An Invitation to Join Us

September 2022 – April 2023

Facilitated by the AHA

This content was created especially for:

Age-Friendly
Health Systems

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).



Duke Regional Hospital: Our Age-Friendly Journey

Lori Ritter, G-CNS

Nikki Webb, LCSW

Serena Wong, DO

Setting





Why DRH?

- Optimizing Care for Older Adults Think Tank
- Geriatrics-trained nurses and nursing aides
- Geriatric ED Accreditation
- Geriatrics consults
- Geriatric Clinical Nurse Specialist





Setting



Mobility Care Redesign



Delirium Care Redesign



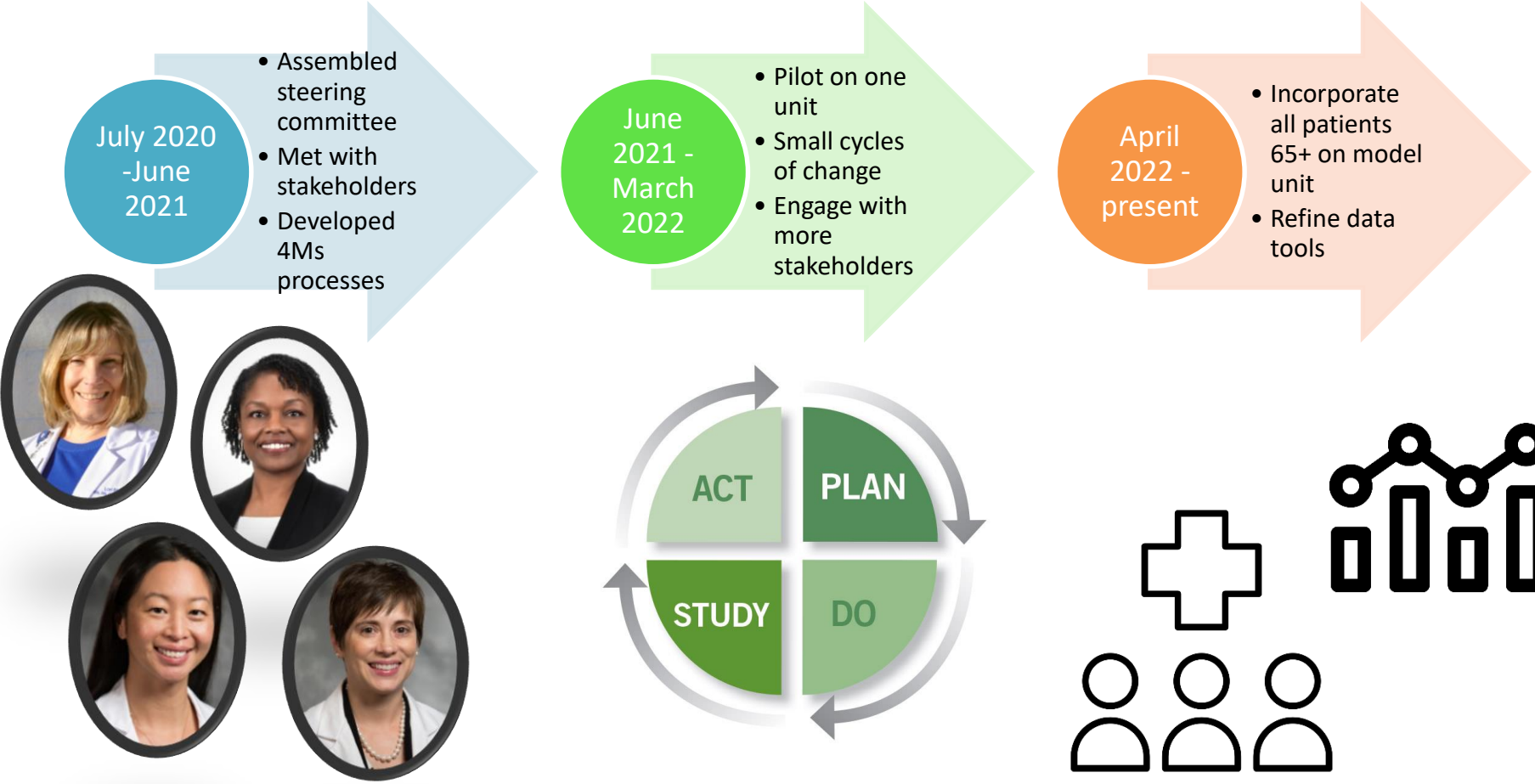
Geriatrics-led High Risk Medication
identification program



Palliative Care-led Advance Care
Planning documentation programs



Timeline



Assembling the Team



Mentation	Mobility	Medications	Matters Most
Lead: Lori Ritter, CNS	Lead: Serena Wong, DO	Lead: Milta Little, DO	Lead: Nikki Webb, LCSW
Loretta Matters, MSN Liz Brown, CCC-SLP Melissa Cooke, DNP, RN	Rebecca Mittendorf, PT Jody Rister, PT	Nancy Kraemer, OT Ramonna Cvelich, PharmD Deanna Malone, PharmD Melissa Cooke, DNP, RN	Kiki Barnes, MDiv Liz Brown, CCC-SLP Mary Ann Eller, CCC-SLP Victoria Crump, LCSW Marnie Shotwell, BSN Trig Brown, MD (Palliative) Beth Munoz, PT
<p style="text-align: center;">Brenda Dowse, Sevda Mirza, Liza Solomon – Nursing on Model Unit DRH Patient and Family Advisory Council Delirium and Mobility Care Redesign Leadership Division of Palliative Care DRH Optimizing Care for Older Adults Committee</p>			

The 4Ms Workgroups



	Mentation Lead: Lori Ritter	Mobility Lead: Serena Wong	Medications Lead: Milta Little	Matters Most Lead: Nikki Webb
Focus	Delirium Care Redesign	Mobility Care Redesign	Patient Education, Medication Management	Patient Engagement
Screening	Nurses screen for delirium once per shift using the Nurse Delirium Screening Scale (NuDESC)	Nurses assess safe mobility once per shift using the Bedside Mobility Assessment Tool (BMAT)	OT medication management screen Pharmacist med review and discussion with providers	Case Managers (CM), Therapy, Chaplain Explore WMM within scope of practice
Primary action	Nurses implement delirium care plan Providers address delirium risk factors	Provider mobility orders PT support for safe mobility	OT pillbox training Pharmacist and provider assessment to address high risk meds	CM, Therapy, Chaplain Align treatment and dc plans with patient goals Palliative Care assessment where appropriate
Process measures	NuDESC twice daily Delirium care plan implementation	Mobility activity 3x/day	OT screen and education Communication of recs for deprescribing	WMM documentation and communication
Potential outcomes	Decreased delirium incidence and length	Maintain/improve BMAT Decrease discharge to Skilled Nursing Facility (SNF)	Improve med compliance Fewer high risk meds	Goal-concordant care

Decrease length of stay, readmission rates, falls
Improve patient and staff satisfaction



Our work so far...





Mentation



- Delirium care redesign:
 - NuDESC screening 1x/shift
 - High risk for or positive for delirium care plan initiation
- Already met AFHS requirements
- High % of required delirium care plans implemented

Patient Screened Positive for Delirium
Within Last 24 Hours ↗

[Click Here for
Delirium
Report](#)



Mentation



- Challenges
 - How do we track our effectiveness with preventing or decreasing time in delirium
 - Keeping up with the staff turn-over to ensure their NuDESC training / delirium interventions are consistent between preceptors
- Dementia
 - Addressing difficult behaviors in our inpatient patients living with dementia



Mobility



- Mobility care redesign:
 - BMAT screening 1x/shift, mobility 1x/shift
- Did not meet AFHS requirements

BMAT and Range of Motion	
Safety Screen Assessment M.O.V.E.S.	Pass
Sit and shake assessment	Fail
Stretch and point assessment	Fail
Stand assessment	Fail
Walk assessment	Fail
BMAT Level	1
ROM exercises performed - Active	
Repetitions - Active	
ROM exercises performed - Active Assist	
Repetitions - Active Assist	
ROM exercises performed - Passive	
Repetitions - Passive	
Mobility	
Mobility	Repositioned in bed/ch...
Repositioned in bed/chair	Rolling; Scooting



Mobility



- Challenges:
 - Documentation of RNs vs therapists for mobility
 - Mobilizing pts according to BMAT ability
 - Brainstorming ways to get 3x/day mobility
 - Coordinating with Care Redesign leaders across sites
 - Continued fidelity to BMAT screening practices



Medications



- Screening: When? Who? How? Documentation?
- Tried screening for high risk meds at daily huddle
 - Early morning
 - Goal of huddle = dispo
 - Provider-related issues
 - Not all providers present
 - Providers may not know pts well enough to make changes
 - Opinion that some recs more appropriate for outpatient f/u
- Action: avoid high risk meds? De-prescribe high risk home meds? Utilize lower doses or frequency? Send recommendations to outpatient providers?

Anti-
Psych/BEERS/
Antidepressants

0 / 0 / 1

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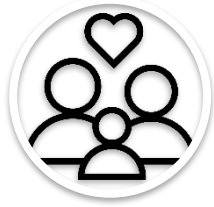
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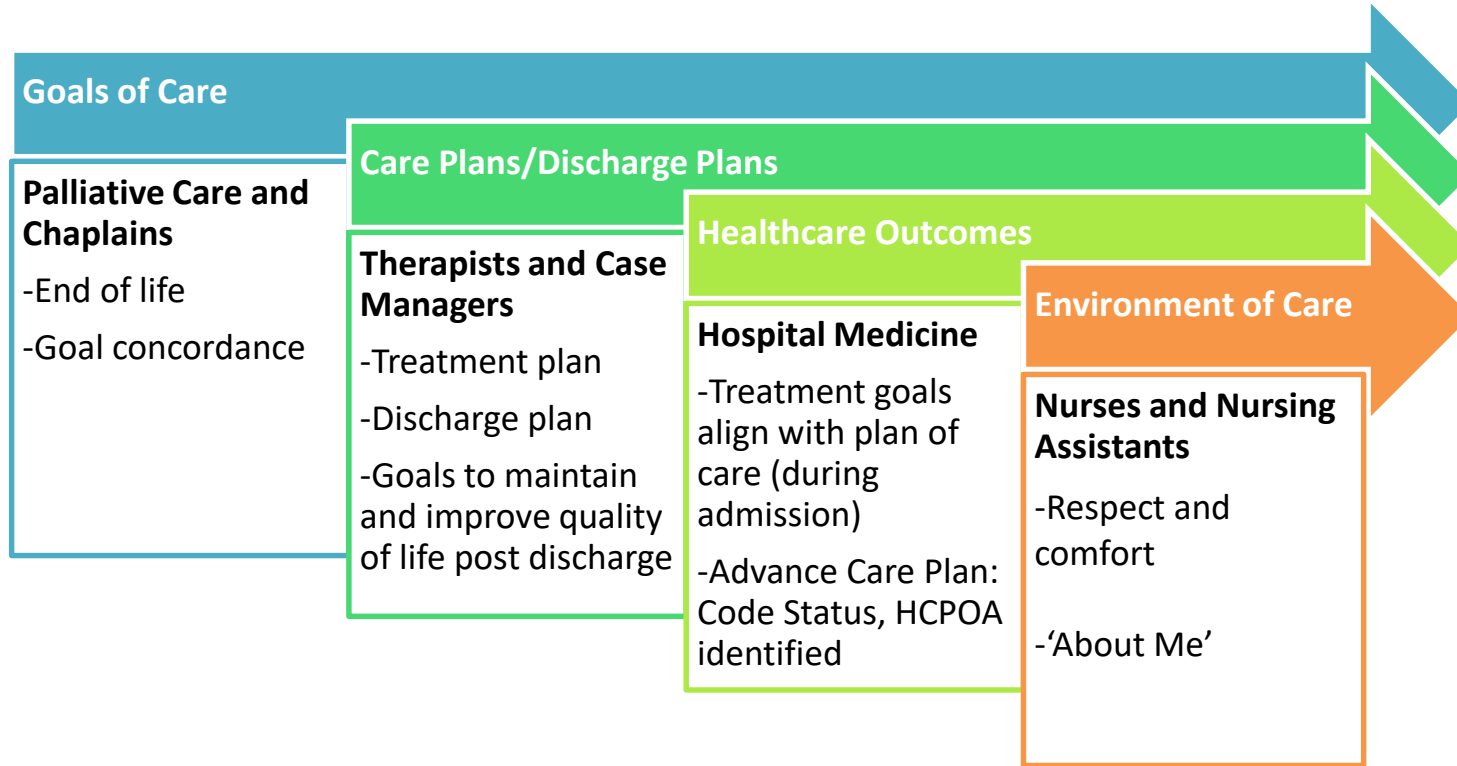
Medications

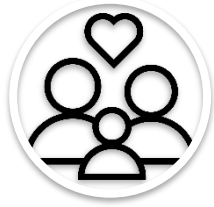


- Next steps:
 - Hospitalist join workgroup
 - Improve documentation and timing of screening
 - Work at systems level with EHR tools



What Matters Most





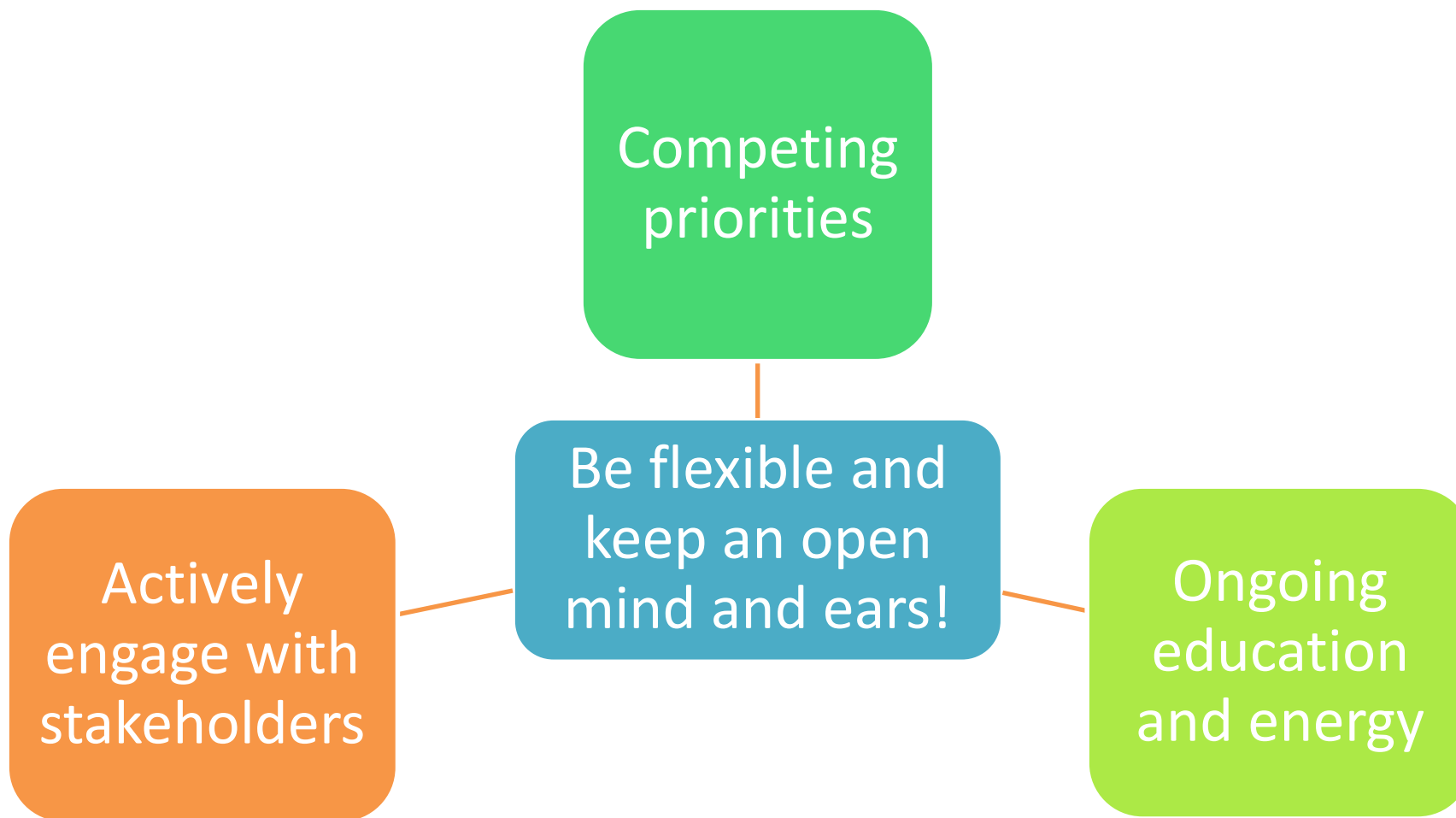
What Matters Most



- Next steps:
 - Re-address meaningful goal discussions with team members
 - Align WMM aim with other ACP protocols for hospitalists
 - Develop patient/caregiver WMM education tool, engaging nurses to begin discussion
- How to track goal concordant care?
 - RN and MD discussions?
 - CM initial and closing notes?
 - Patient satisfaction data?
 - Ask patients yes/no upon discharge?



Lessons Learned



Questions and Discussion



Discussion/Q & A



AHA & IHI Case Studies

Learn what other organizations are doing around the nation to spread and sustain this work

Members in ACTION
MEMBERS IN ACTION CASE STUDY

BECOMING AN AGE-FRIENDLY HEALTH SYSTEM

Kent Hospital, a member of Care New England

Overview

In February 2019, Kent Hospital, part of Care New England, opened an Adult Care for Elders (ACE) unit to test and implement the Age-Friendly Health Systems 4Ms Framework. The unit focused on documenting what matters to the patient and implementing delirium screening and prevention plan on all patients. Since opening, the unit has seen a reduction in both length of stay and falls with injury, along with an increase in patient and staff satisfaction.

The mission of Care New England (CNE) is to be "your partner in health" and create a community of healthier people in the areas served by the health system's hospitals and partners. The 749-bed health system includes five hospitals, a medical group, and a wellness center. Additionally, the Integra Community Care Network is an accountable care organization (ACO) formed

by CNE, South County Health and Primary Care Physicians Corporation, an independent practice association. CNE realized to do true population meet the needs of its older adults Hospital in Warwick, R.I., where it is highest. Since 2014, the health leadership teams have supported service and clinical to senior older contin At the work line in a need was p Hospi statist that more than 30% of hospital ad patients over the age of 65, and of were over 85. CNE's participation Health Systems initiative focused Care for Elders (ACE) unit at Kent.



Kent Hospital

Members in ACTION
MEMBERS IN ACTION CASE STUDY

BUILDING AN AGE-FRIENDLY HEALTH SYSTEM AND COMMUNITY WITH STRATEGIC PRIORITIES

Rush University Medical Center | Chicago

Overview

Since its launch in 2017, the Rush Center for Excellence in Aging (CEA) has pursued its mission to improve the health and well-being of older adults, families and communities, aligning with the Rush University System for Health's (RUSH) strategic priorities. RUSH's mission is to improve the health of individuals and diverse communities through the integration of outstanding patient care, education, research and community partnerships.

After learning about the Age-Friendly Health Systems initiative, the CEA completed the Institute for Healthcare Improvement's (IHI) self-assessment tool to find current programs and practices involving the 4Ms across the health system. The Age-Friendly Health Systems initiative is an evidence-based approach that focuses on the 4Ms framework — what matters, medications, mentation and mobility. Although the CEA discovered pockets of excellence and identified health care teams addressing some or all of the 4Ms, none were applied consistently or broadly. There were large opportunities to improve and scale up these practices, aligning with ongoing health system priorities for quality improvement and cost savings.


Recognizing the synergy of the Age-Friendly Health Systems initiative with RUSH's strategic plans and the

priorities of the CEA, he begin implementation and lives of older adult patient in the process, RUSH

Approach

Shortly after conducting participated in the first Action Community, host through March 2018, and RUSH to begin the journey the second action comm valuable skills that inform

RUSH staff approach ways:



Rush University Health System

Members in ACTION
MEMBERS IN ACTION CASE STUDY

HEALTHY TOGETHER CARE PARTNERSHIP EMBEDS AGE-FRIENDLY FRAMEWORK INTO PRACTICE

Banner Health System | Tucson, Arizona

Overview

Banner Health created its Healthy Together Care Partnership program in 2013 to provide patient-centered care to high-risk and vulnerable older adult patients. Six years later, the HTCP team joined the American Hospital Association's Age-Friendly Health Systems Action Community. That is when the Healthy Together Care Partnership, or HTCP, began its journey of embedding age-friendly care into practice. As a result, patient and provider satisfaction scores for patients who receive age-friendly care have increased, and costs have decreased. Promising outcomes related to emergency utilization also have been reported. The team is now working to spread its model for adopting age-friendly approaches throughout the health system.

Modeled on home-based primary care, HTCP serves Banner Health's adult, dual-eligible Medicaid and Medicare populations by providing evidence-based, high-touch, multidisciplinary care. This care includes in-home comprehensive health assessments, comprehensive medication management assessments, and short-term community-based case management.

Nebraska. "Making health care easier, so life is the mission and way of practice for Banner

Approach

Based in Tucson, HTCP has a team of eight: a case manager, nurse practitioner, clinical pharmacist, case manager, behavioral health case manager, population health specialists. While the number of participants varies, the average ranges from 8 to 12. Each case manager assigned approximately 20 participants who receive an assessment are of care based on their needs:

- no enrollment;
- care coordination that requires no more than two interventions;
- low level of care in which the case manager provides more than four brief interventions;
- medium level of care that warrants occasional provider visits; or
- high level of care in which the HTCP team

Banner Healthy Together Care Partnership

Age-Friendly Health Systems | Case Study

Hebrew SeniorLife

Institute for Healthcare Improvement

Background

Hebrew SeniorLife is a leading provider of senior care in the Boston area that has served the community for more than a century. Built on the Jewish tradition of honoring elders, Hebrew SeniorLife is open to residents of all faiths and backgrounds. The facility is affiliated with Harvard Medical School, and is home to the Marcus Institute for Aging Research. Through these partnerships, they have pursued a number of pilot studies and a focus on research and continuous improvement.

Hebrew SeniorLife is currently participating in a nursing home prototyping initiative sponsored by Age-Friendly Health Systems. Age-Friendly Health Systems is an initiative of IHI and The John A. Hartford Foundation, in partnership with the American Hospital Association and the Catholic Health Association of the United States. In Age-Friendly Health Systems, age-friendly care is defined as care that is based in the "4Ms": What Matters, Medication, Mentation, and Mobility (see Figure 1).

Figure 1. 4Ms Framework of an Age-Friendly Health System



When they began the prototyping initiative, they started small. "We focused on one M with one resident," said Joe Rodriguez, Nurse Manager of the third floor. That was Mobility, with a wheelchair-bound resident. The team engaged physical therapy, and got her involved in a walking program, which provides assistance walking from her room to the dining room and back.

Over time, they branched out to implementing all 4Ms with five residents—engaging them individually to learn what mattered to them, especially in terms of the other 4Ms. Which groups did they want to join to reduce isolation and enhance mood in tackling Mentation? What exercises or activities did they enjoy that could enhance physical function when tackling Mobility? Gradually, they continued expanding to new residents, until they had reached all 14 of the residents in that unit, over a four-week period.

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Hebrew SeniorLife Age-Friendly Health Systems

Supports for Age-Friendly in Nursing Homes

- [AFHS Guide to Care of Older Adults in Nursing Homes](#)
 - Detailed document designed for nursing home leaders and senior team members
 - Links to assessment tools, websites, and other document
- [AFHS: A Workbook for Nursing Home Teams](#)
 - A companion resource to the Guide designed for point of care teams to use in daily care delivery

Join AHA Action Community 2022-2023

- **Join and get your Age-Friendly Recognition. It's FREE**
- **AHA AFHS Action Community is from September 2022 – April 2023**
 - Starts Mid-September with 2 Kick off Calls
 - Starting October
 - Monthly all-team webinars
 - Quarterly Scale-up leaders webinars
 - Sharing testing and learnings on peer to peer calls
 - 1:1 coaching calls
 - Celebration of joining the movement!
- **Download [AHA's Invitation Guide](#)**
- **Visit aha.org/agefriendly to learn more**
- **Email ahaactioncommunity@aha.org with any questions or to set up a 1:1 coaching call.**

Enroll Today



Fall 2022 Age-Friendly Health
Systems Action Community:
An Invitation to Join Us

September 2022 – April 2023

Facilitated by the AHA

This content was created especially for:

Age-Friendly
Health Systems

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).



Questions? Stay in Touch!

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