Creating Age-Friendly Health Systems

AHA Action Community: An Invitation to Join Us

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

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

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

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

Dedicated to Improving the Care of Older Adults

Priority Areas:
- Age-Friendly Health Systems
- Family Caregiving
- Serious Illness & End of Life
The Leader in Improving Care of Older Adults

$565,000,000

amount invested in Aging and Health since 1982

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

Photo by Julie Turkewitz
AHA’s Center for Health Innovation

Advancing Health in America

The Path Forward

Priorities Align With The AHA Path Forward and Playbook

- **Access:** Access to affordable, equitable health, behavioral and social services
- **Value:** The best care that adds value to lives
- **Partners:** Embrace diversity of individuals and serve as partners in their health
- **Well-being:** Focus on well-being and partnership with community resources

- Affordability
- Performance Improvement
- Population Health
- New Delivery Models
- Emerging Issues
Why Age-Friendly Health Systems?

• Demography
• Complexity
• Disproportionate harm
What is Our Goal?

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

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

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

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

- **90 care features** identified in pre-work
- Redundant concepts removed and **13 discrete features** found by IHI team
- Expert Meeting led to the selection of the “vital few”: **the 4Ms**
Evidence-base

• What Matters:
  – Asking what matters and developing an integrated systems to address it lowers inpatient utilization (54% dec), ICU stays (80% dec), while increasing hospice use (47.2%) and pt satisfaction (AHRQ 2013)

• Medications:
  – Older adults suffering an adverse drug event have higher rates of morbidity, hospital admission and costs (Field 2005)
  – 1500 hospitals in HEN 2.0 reduced 15,611 adverse drug events saving $78m across 34 states (HRET 2017)

• Mentation:
  – Depression in ambulatory care doubles cost of care across the board (Unutzer 2009)
  – 16:1 ROI on delirium detection and treatment programs (Rubin 2013)

• Mobility:
  – Older adults who sustain a serious fall-related injury required an additional $13,316 in hospital operating cost and had an increased LOS of 6.3 days compared to controls (Wong 2011)
  – 30+% reduction in direct, indirect, and total hospital costs among patients who receive care to improve mobility (Klein 2015)
4Ms Core of an Age-Friendly Health System

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

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

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

Mobility
Ensure that older adults move safely every day in order to maintain function and do What Matters.
Why the 4Ms?

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

Anne Arundel Medical Center
ASCENSION
Kaiser Permanente
Providence St. Joseph Health
Trinity Health

Pioneer
Celebration of Pioneers

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

Deploying the 4Ms to Improve Outcomes for Health Experience Adults

Finding Out What Matters to Older Patients: A Conversation Guide

Saint Alphonsus is Becoming Age Friendly

aha.org/AgeFriendly
Assess: Know About the 4Ms for Each Older Adult in Your Care

<table>
<thead>
<tr>
<th>Key Changes</th>
<th>Getting Started</th>
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</thead>
</table>
| Ask the older adult What Matters most | This change focuses clinical encounters, decision-making, and care planning for persons with complex care needs on What Matters most to them.  
If you do not have existing questions to start this conversation, try the following, and adapt as needed.  
- "What is the one thing about your health or health care you most want to focus on_____ (fill in health problem OR the health care task) so that you can do_____ (fill in desired activity) more often or more easily?"  
- For older adults with advanced or serious illness, consider: "What are your most important goals if your health situation worsens?"  |
| Document What Matters              | Documentation can be on paper or in the electronic health record where it is accessible to the whole care team across settings |
| Review high-risk medication use     | Specifically, look for:  
- Benzodiazepines  
- Opioids  
- Highly-anticholinergic medications, especially diphenhydramine  
- All prescription and over-the-counter sedatives and sleep medications  
- Muscle relaxants  
- Tricyclic antidepressants  
- Antipsychotics |
| Screen for dementia                | If you do not have an existing tool, try using the Mini-Cog©                       |
| Screen for depression              | If you do not have an existing tool, try using the Patient Health Questionnaire (PHQ-2) |
| Screen for mobility                | If you do not have an existing tool, try using the Timed Up & Go (TUG)            |
Age-Friendly across the U.S

IHI Age-Friendly Health Systems Action Community Wave 1 In September 2018,

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

IHI Age-Friendly Health Systems Action Community Wave 2

- April – October 2019
- 153 sites of care from 94 organizations
Celebration of Age-Friendly Health Systems

Build a community for hospitals to share with one another.

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

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

Participate in monthly interactive webinars
- Monthly content calls focused on 4Ms
- Opportunity to share progress and learnings with other teams

In-person meeting
- One in-person meeting (TBD)

Test Age-Friendly interventions
- Test specific changes in your practice

Share Description of 4Ms Care at your site
- Submit monthly qualitative feedback on your progress and description of 4Ms Care

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

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

7 Months
AHA Action Community Schedule

Kick off September 2019

Learning & Action Period 1

Webinar 1 October 2019

Learning & Action Period 2

Webinar 2 November 2019

Learning & Action Period 3

Learning & Action Period 4

Webinar 4 January 2020

Webinar 3 December 2019

Learning & Action Period 5

Learning & Action Period 6

Webinar 5 February 2020

Webinar 6 March 2020

In-Person 2019/2020

Some of the 4Ms sometimes with some older adults

Reliable 4Ms implementation at the scale of the system

Left: Monthly Webinars and Drop-In Coaching on Measurement and Changes

Right: Age-Friendly Health Systems
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

Practical Ideas for Changing the “Way we do it”

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

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

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

- Time with my family
- Time for new experiences
- Time to do the things I love

10.23 years

Time Saved Compared to FY17 Average

ED Arrival to Departure (OP-18b) FY17-18

3% Decrease

Length of Stay FY17-18

3% Decrease

Readmissions FY17-18

8% Decrease
Definition of an Age-Friendly Health System

An Age-Friendly Health System...

1. **Defines** the 4Ms for its hospital and/or practice
   - (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.ihi.org/AgeFriendly
Action Community Monthly Data Sharing

1. Description of the how you are putting the 4Ms into practice

2. Qualitative information about challenges and successes

3. When description is aligned with the Guide to Using the 4Ms in the Care of Older Adults, you will be asked for the count of 65+ people whose care includes the 4Ms
Join the AHA Action Community

• Visit www.aha.org/AgeFriendly to download invitation with more information

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  – Monthly all-team webinars
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  – Monthly reports on testing and learnings
  – Celebration of joining the movement!

• Email ahaactioncommunity@aha.org with any questions.
Creating an Age-Friendly Health System Initiative

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

American Hospital Association
Age-Friendly Action Community Webinar
July 17, 2019
Christiana Care Health System

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

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

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

51% - Inpatients discharged > 64 yrs old
Nurses Improving Care for Healthsystem Elders

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

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

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

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

We commit to being exceptional today and even better tomorrow.

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

We use resources wisely and effectively.

We are curious and continuously look for ways to innovate.

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

LOVE

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

We embrace diversity and show respect to everyone.

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

We tell the truth with courage and empathy.

We accept responsibility for our attitudes and actions.
Aim & Connection

Exceptional Experience is about creating an outstanding patient experience

Optimal Health is about being a top performer for everyone we serve
Tested 4Ms – Acute Care

• 1 ACE unit then moved to 2\textsuperscript{nd} ACE unit
• Met with key stakeholders on unit
  – Nurse Manager
  – Medical Director
  – Advanced Practice Registered Nurse
  – Nurse Educator
  – Unit-based Professional Practice Council
  – Pharmacist
  – Physical Therapist
  – Patient Advisor
# Evidenced Changes - Acute Care

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

**NEW**  
Beers Criteria embedded into electronic record  
Improving CAM/Delirium work up  
Hopkins AMP  

For ALL Patients
**Patient's Goals for the Day:**

What matters to you most?

**Plan of Care:**

- Mentation:
  - Alert + Oriented x 3
  - CAMO

- Mobility:
  - Out of bed x 1 with walker

- Medications:

**Plan of Care:**

- Mobility:
  - Out of bed x 1 with a walker

- Medications:
  - Insulin: blood thinner
  - Vancomycin: antibiotic
  - Liasis: diabetes
Know Me tab in Powerchart

“In order to serve you with love & excellence, could you tell me what matters most to you?”

Incorporate social/family history into mpage; My health & personal goals; Print capability for all about me poster
Tested 4Ms – Primary Care

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

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

For patients receiving their annual wellness visit
1. What Matters Most to the Patient:
The patient reports their healthcare goal is
The patient is most concerned about when he/she thinks about his/her health and health care needs in the future.
The patient states that would make tomorrow a really great day.

Advanced Care Planning:
Patient agreed to receive a copy of the 5 Wishes booklet. Reviewed with patient Wish 1&2.
Patient will take booklet home for completion and is aware to return to office so a copy can be made and placed in chart.

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

Patient reports he/she has a Living Will; advised to bring in copy to be scanned into chart at his/her convenience.
2. Medications:
Medication modifications reported by the patient today include:

New Medications:

Medications, Not Taking as Ordered:

Medications, No Longer Taking:

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

**Screening for Depression:**

PHQ2 -

PHQ9 -

Behavior Health In-Room consult placed.

Provided referral information for Behavior Health.

**Screening for Dementia:**

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

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

**OR**

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

Mini-Cog test was completed.

Mini-Cog score:

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

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

**OR**

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

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

Provided referral information for SWANK Memory Center
4Ms Quick Text: What Matters, Medications, Mentation, Mobility

4. Mobility

TUG Test completed.

Timed Up and Go revealed:


Provided referral information for Safe Steps and A Matter of Balance programs.
### Personal Action Plan

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

<table>
<thead>
<tr>
<th>Questions to ask</th>
<th>Answers</th>
<th>Action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is this medicine used for?</td>
<td></td>
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<tr>
<td>Does this medicine interact with others I am taking?</td>
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<tr>
<td>Could this medicine have side effects that might change my ability to drive safely or increase my risk of falling?</td>
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</table>
Are Your Medicines Increasing Your Risk of a Fall or a Car Crash?

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

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

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

- Use the [Personal Medicines List](#) to make a list of the medicines you take. Include all prescription medicines.

Ask your doctor or pharmacist these questions:

- What is this medicine used for?
- Does this medicine interact with others I am taking?
- Could this medicine have side effects that might change my ability to drive safely or increase my risk of falling?
Many people make financial plans for retirement, but not everyone plans for other changes that may come with age. This includes changes in your mobility—your ability to get around.

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

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

• FY20 Nursing Strategic Plan
  – Implement the 4 Ms on the
    • AMSL (11 units: 2 ACE; 2 ICU; 3 Step Down; 4 Medicine)
    • Primary care practices working with the Annual Wellness Nurses

• FY20 Patient Experience Strategic Plan
  – 4Ms & “What Matters Most” Systemwide Campaign
Design – Acute Care

Acute Care Meeting with

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

• Meeting with Annual Wellness Nurse & Supervisor
  – Embedding into onboarding for ALL nurses

• Expand to include Providers & other nurses in practice
## Key Stakeholders

<table>
<thead>
<tr>
<th>Department</th>
<th>The ASK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Management</td>
<td>Data</td>
</tr>
<tr>
<td>External Affairs</td>
<td>4Ms systemwide campaign/ scripting</td>
</tr>
<tr>
<td>IT</td>
<td>Embed 4Ms into electronic record</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>4M systemwide campaign/ Orchid rounds</td>
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</tbody>
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## Key Stakeholders – Buy-In & Support

<table>
<thead>
<tr>
<th>Department</th>
</tr>
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<tbody>
<tr>
<td>Hospitalist Group</td>
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<tr>
<td>Chief Learning Officer</td>
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<tr>
<td>Pharmacy</td>
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<tr>
<td>Physical Therapy</td>
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<tr>
<td>Fall Prevention &amp; Mobility Team</td>
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<tr>
<td>Injury Prevention Coordinator</td>
</tr>
</tbody>
</table>
## The Spread

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 2018 – March 2019</td>
<td>Tested on 1 ACE unit</td>
</tr>
<tr>
<td>March 2019 – June 2019</td>
<td>Tested on 2&lt;sup&gt;nd&lt;/sup&gt; ACE unit</td>
</tr>
<tr>
<td>FY 2020</td>
<td>Implement on Acute Medicine Service line</td>
</tr>
<tr>
<td>FY 2021</td>
<td>Implement on 6 other Service lines</td>
</tr>
</tbody>
</table>
9 Service Lines

- Acute Medicine
- Behavioral Health
- Cancer
- Heart and Vascular
- Musculoskeletal Health
- Neurosciences
- Primary Care & Community Medicine
- Surgical Services
- Women & Children’s Health
FY2020: # of Patients Reached

Acute Care Patient Care Units
11 units: 2 ACE; 2 ICU; 3 Step Down; 4 Medicine
  FY18: 9,115 pts > 64

Primary Care Practices
1  AWN: 5 pts/ day; 25 pts/ week; 650 pts/ year
4  AWN: 20pts/ day; 100 pts/ week; 2,600 pts/ year
12 AWN: 60 pts/ day; 300 pts/ week; 7,800 pts/ year
# Measurement

<table>
<thead>
<tr>
<th>Acute Care</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>• LOS</td>
<td>• 30-day readmissions</td>
</tr>
<tr>
<td>• 30 day Readmission</td>
<td>• Emergency department visits</td>
</tr>
<tr>
<td>• Fall rate</td>
<td>• CAHPS survey questions</td>
</tr>
<tr>
<td>• Fall w/ major injury</td>
<td>• Counts of people (volume) &lt; 65, 65-74, 75-84, 85+ years</td>
</tr>
<tr>
<td>• HCAHPS</td>
<td></td>
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<tr>
<td>• Delirium - # of + CAMs</td>
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</tr>
<tr>
<td>• White Board Audits (4Ms)</td>
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</tr>
</tbody>
</table>
Age-Friendly Health Systems Action Community

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

Questions
dlyons@christianacare.org
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.
Register for Upcoming Webinar

Creating Age-Friendly Health Systems

August 1