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

Age-Friendly
Health Systems

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
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Radhika Parekh, MHA
Performance Improvement
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Program Specialist, AHA

Speakers

Denise Lyons, DNP, APRN, AGCNS-BC, Adult/Gerontological Clinical Nurse Specialist, Christiana Hospital

Patricia Curtin, MD, FACP, CMD, Section Chief, Geriatric Medicine, Christiana Care Health System

Age-Friendly
Health Systems

We Invite Your Questions

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

Age-Friendly
Health Systems

Our Partners

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

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Senior Program Officer
The John A. Hartford
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The John A. Hartford Foundation

Institute *for* Healthcare Improvement

CHA®
Catholic Health Association of the United States

Age-Friendly Health Systems

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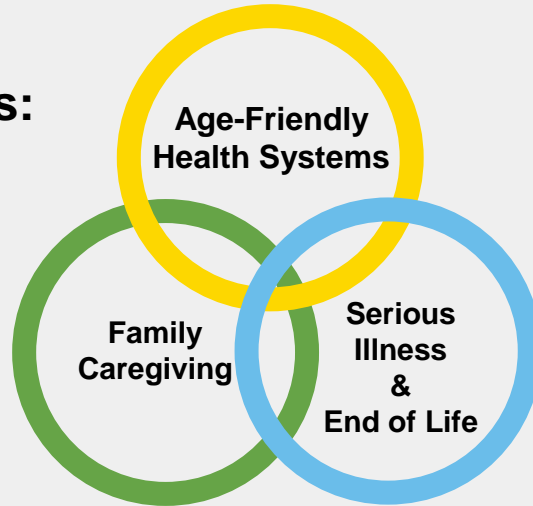
The John A. Hartford Foundation

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

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

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

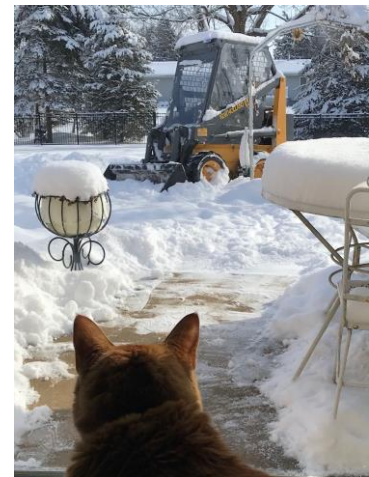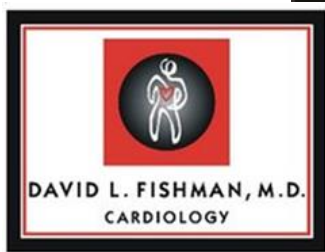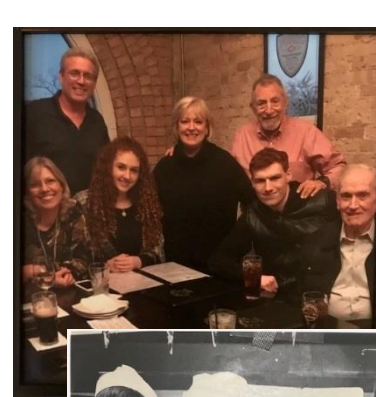🍎 **Well-being:** Focus on well-being and partnership with community resources

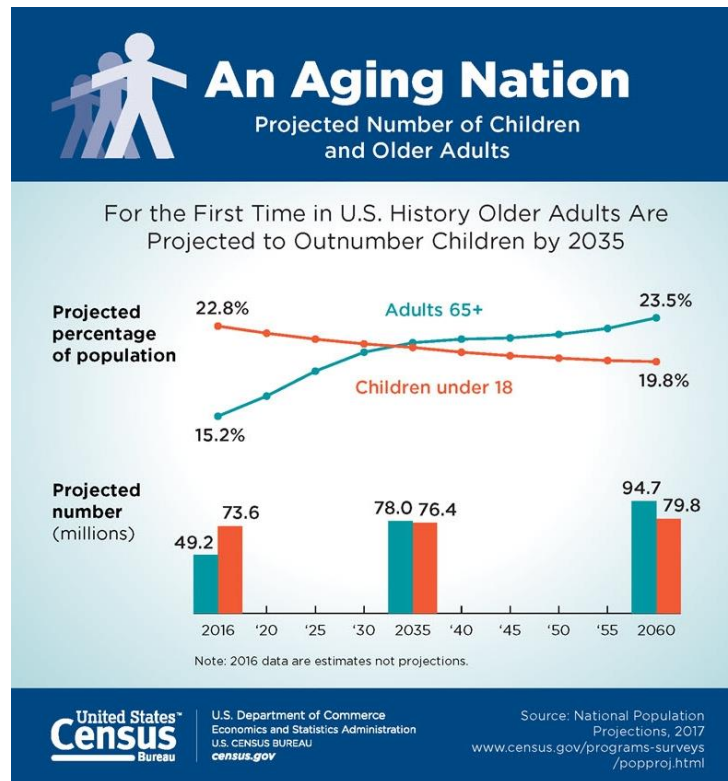| Affordability |
| Performance Improvement |
| Population Health |
| New Delivery Models |
| Emerging Issues |

Age-Friendly Health Systems

Mr. Cooky invites YOU

Rally

Age-Friendly
Health Systems

Why Age-Friendly Health Systems?

- Demography
- Complexity
- Disproportionate harm

An Aging Nation
Projected Number of Children and Older Adults

For the First Time in U.S. History Older Adults Are Projected to Outnumber Children by 2035

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

Age-Friendly
Health Systems

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**

Age-Friendly Health Systems

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)

Age-Friendly
Health Systems

4Ms Core of an Age-Friendly Health System
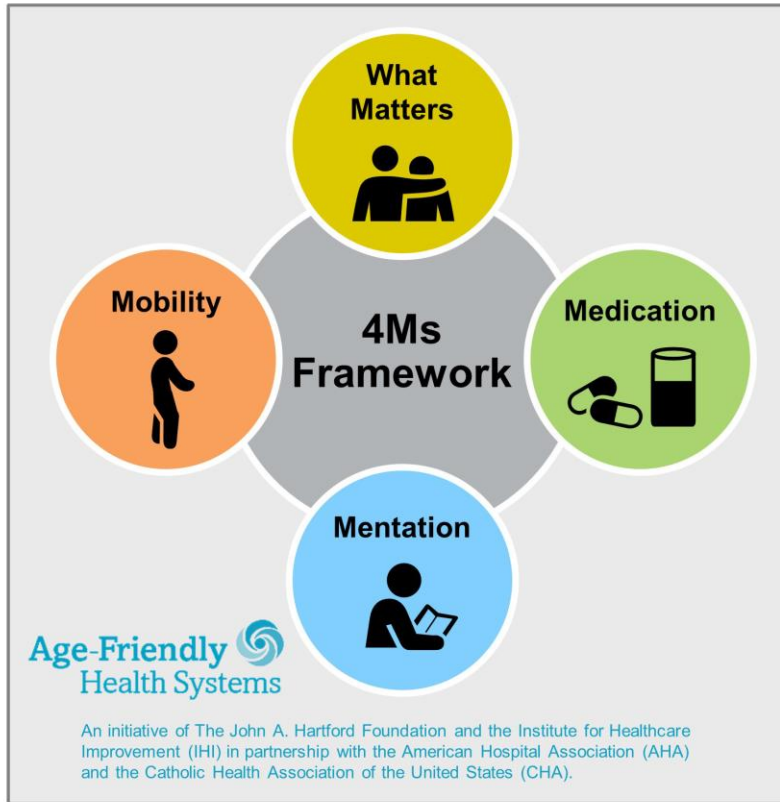
What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

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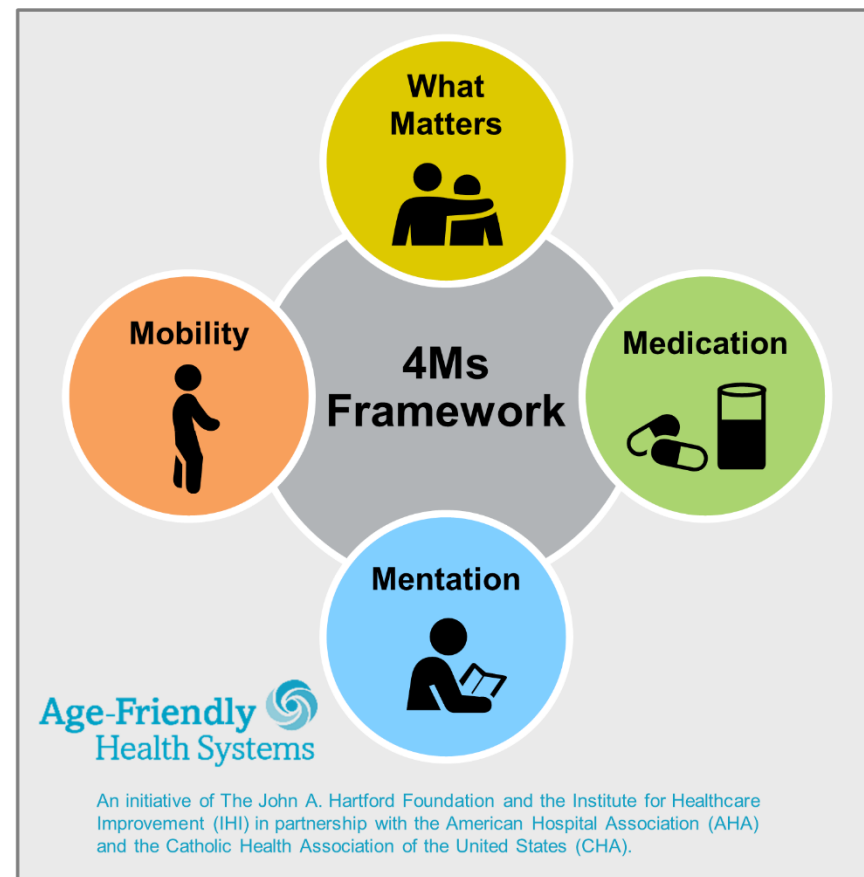
Mentation
Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

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

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).

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

Age-Friendly Health System Pioneers

Age-Friendly Health Systems

Pioneer

Anne Arundel Medical Center

ASCENSION

KAISER PERMANENTE.

Providence St.Joseph Health

Trinity Health

Age-Friendly Health Systems

Celebration of Pioneers

KAISER PERMANENTE®

Rolling
Friend
Contin

Karineh

Structuring Medicare
Wellness Exams and Geriatric
Consultations Around the
"4Ms"

Deploying the 4
Improve Outcon
Health Experienc
Adults

Lillian Banchero, May

Saint Alphonsus is Becoming
Age Friendly

Becky Beaver, May 14, 2018, 0

Finding Out What Matters to
Older Patients: A
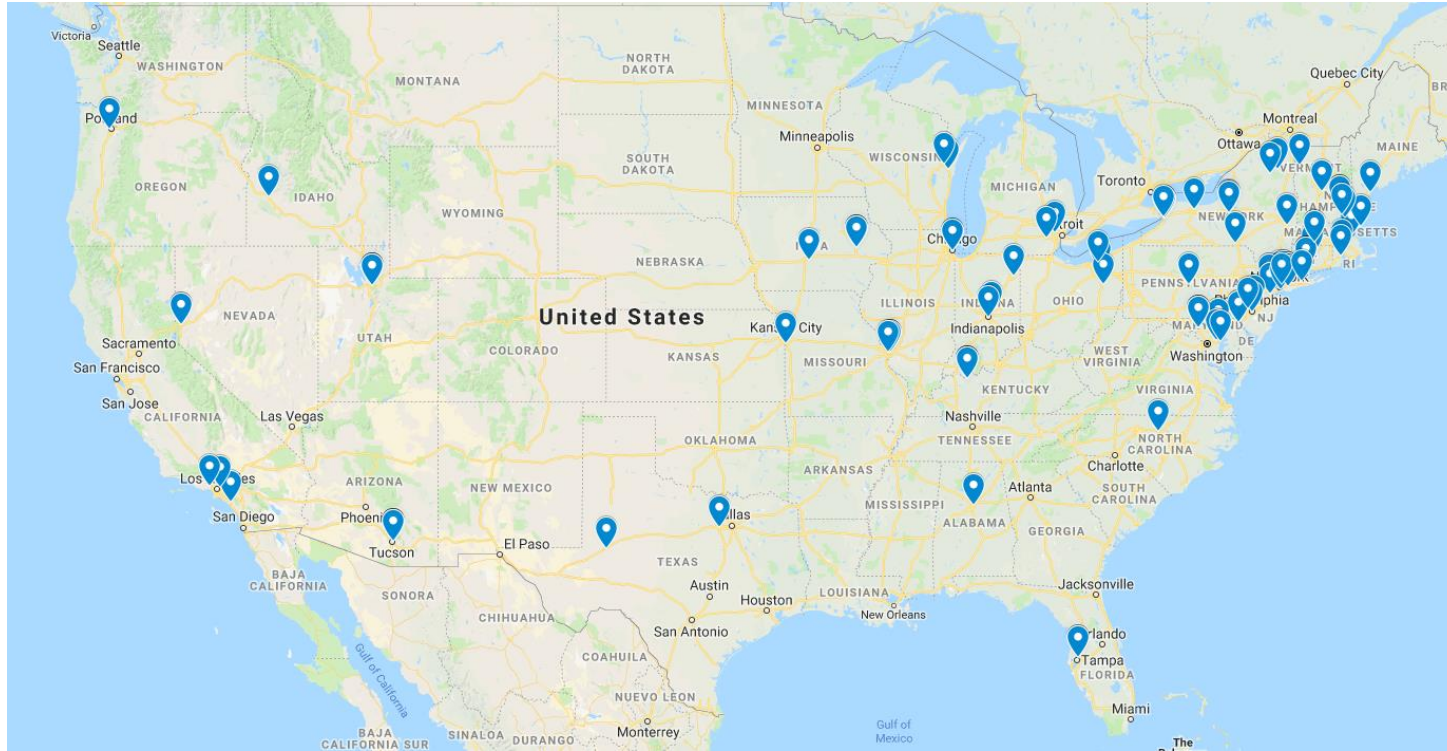Conversation Guide

Jennifer Lui, July 11, 2018, 0

18

aha.org/AgeFriendly

Age-Friendly
Health Systems

Assess: Know About the 4Ms for Each Older Adult in Your Care

Key Changes	Getting Started
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-Frien...
Guide to Using
How to Assess
for Care Team
March 2019
Institute
Healthca
Improve...

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ihi.org/AgeFriendly

Age-Friendly
Health Systems

Age-Friendly across the U.S

73 systems
131 sites
36 states

Age-Friendly
Health Systems

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 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.

American Hospital Association™
Advancing Health in America

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September 2019 - March 2020

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Engage in the AHA Action Community

7 Months

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 data on a standard set of Age-Friendly measures
- Submit a data dashboard on a standard set of process and outcome measures

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

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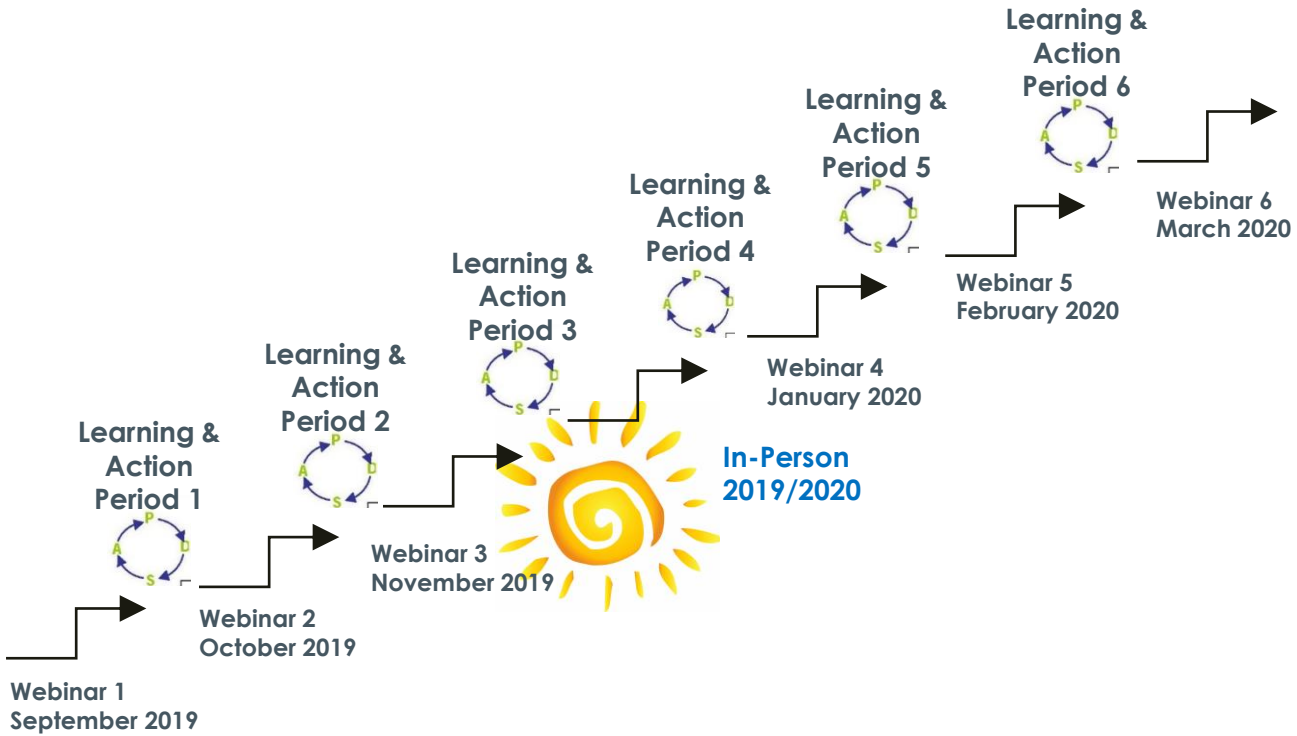- Leaders join monthly C-suite/Board level calls to set-up local conditions for scale up

Age-Friendly
Health System
Action
Community

Age-Friendly
Health Systems

AHA Action Community Schedule

Some of the 4Ms sometimes with some older adults

Learning & Action Period 1

Webinar 1 September 2019

Learning & Action Period 2

Webinar 2 October 2019

Learning & Action Period 3

Webinar 3 November 2019

In-Person 2019/2020

Learning & Action Period 4

Webinar 4 January 2020

Learning & Action Period 5

Webinar 5 February 2020

Learning & Action Period 6

Webinar 6 March 2020

Reliable 4Ms implementation at the scale of the system

← Monthly Webinars and Drop-In Coaching on Measurement and Changes →

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

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do

Age-Friendly Health Systems
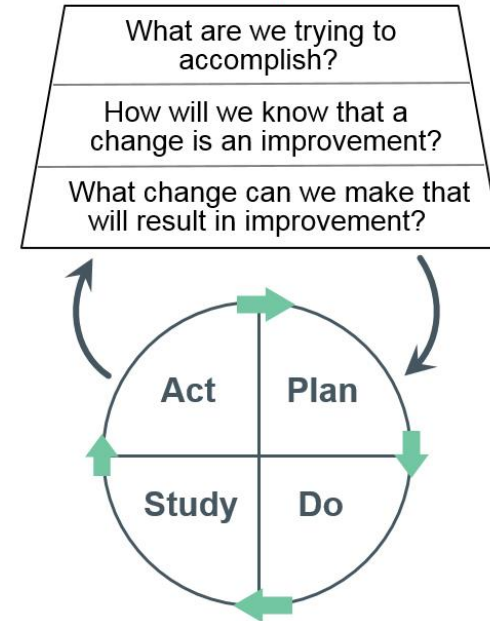
Practical Ideas for Changing the "Way we do it"

- 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

Age-Friendly
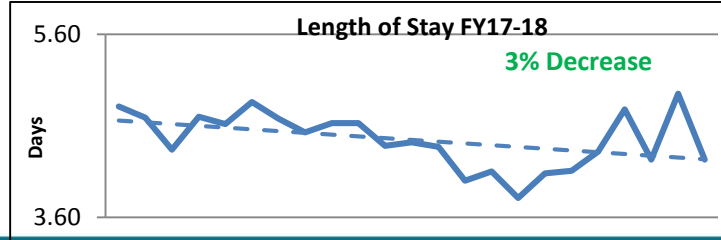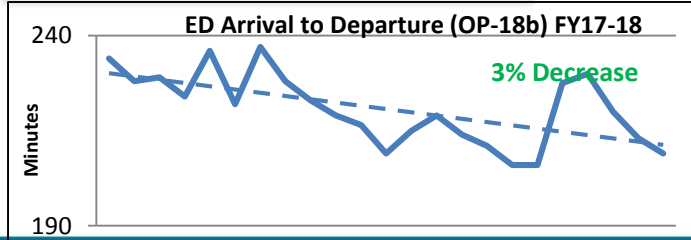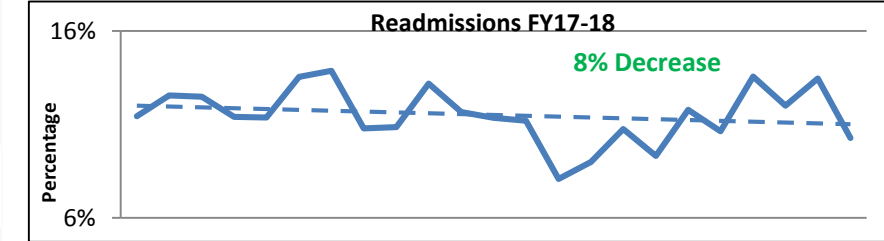Health Systems

What Matters to Me?

10.23 years

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

Time with my family

Time for new experiences

Time to do the things I love

Time Saved Compared to FY17 Average

Days (y-axis: -500, 0, 500, 1000)

FY18 Jul, FY18 Aug, FY18 Sep, FY18 Oct, FY18 Nov, FY18 Dec, FY18 Jan, FY18 Feb, FY18 Mar, FY18 Apr, FY18 May, FY18 Jun

Readmissions FY17-18

Percentage (y-axis: 6% to 16%)

8% Decrease

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

Minutes (y-axis: 190 to 240)

3% Decrease

Length of Stay FY17-18

Days (y-axis: 3.60 to 5.60)

3% Decrease
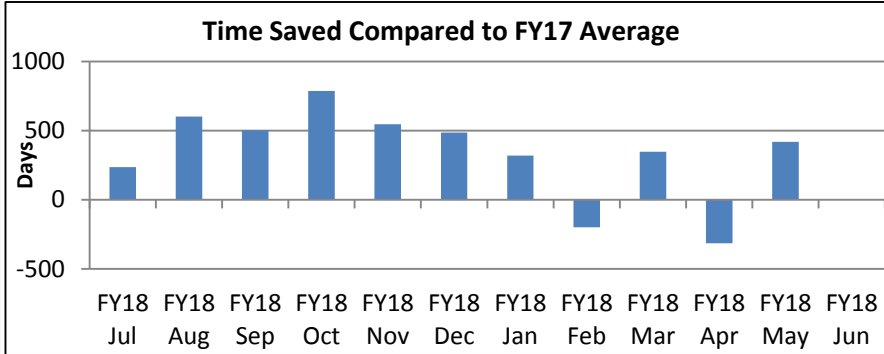
What matters documented in record: 22,263 times since start of initiative

Age-Friendly Health Systems

▸ Compassion ▸ Trust ▸ Dedication ▸ Innovation ▸ Quality ▸ Diversity ▸ Collaboration

Anne Arundel Medical Center

LIVING HEALTHIER **TOGETHER.**

Definition of an Age-Friendly Health System

An Age-Friendly Health System…

1. **Defines** the 4Ms for its hospital and/or practice

    1. (e.g. Hospital: How it will screen for delirium every 12 hours; Practice: What tool will it use to screen for depression and how does the screen fit into the AWV flow)

2. **Counts** the number of older adults whose care includes the 4Ms (reported by each site)

3. **Shares** the information with the Action Community and AHA to be celebrated on aha.org

Age-Friendly Health Systems

Action Community Monthly Data Sharing

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

2. Count of 65+ people whose care includes the 4Ms

Age-Friendly
Health Systems

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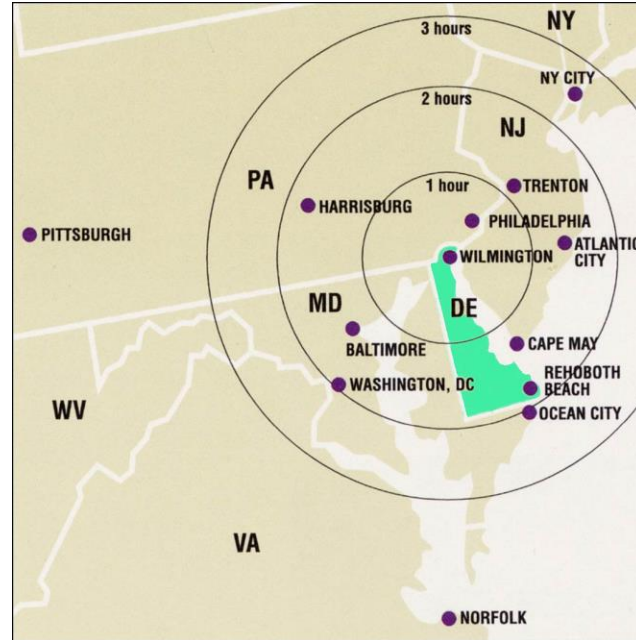# Creating an Age-Friendly Health System Initiative

Denise L. Lyons, DNP, APRN, AGCNS-BC

Patricia Curtin, MD, FACP, CMD

American Hospital Association
Age-Friendly Action Community Webinar
June 26, 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	Wilmington Hospital
Suburban	City
780 beds	321 beds
Level I Trauma Center	Level III Trauma Center
ACE unit (39 beds)	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

NICHE™

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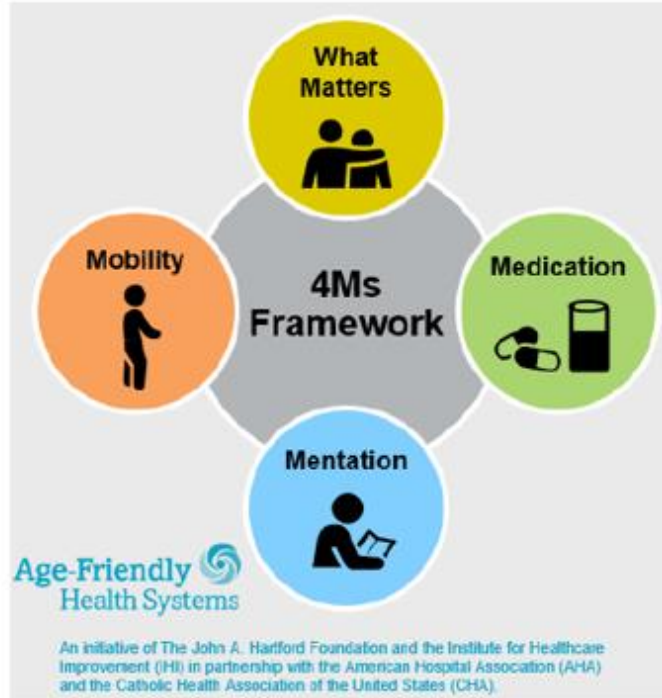
By December 31, 2020, we will reach older adults with the 4Ms in:
- 1,000 hospitals
- Practices of 57,000 primary care providers

Aim & Connection

Aim & Connection

Optimal Health is about being a top performer for everyone we serve

Exceptional Experience is about creating an outstanding patient experience

Tested 4Ms – Acute Care

- 1 ACE unit then moved to 2nd 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

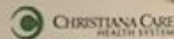| The 4 Ms	What Matters Most to the Patient	Medication	Mentation	Mobility
Description	Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to end-of-life	If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation	Prevent, identify, treat, and manage delirium	Ensure that each older adult moves safely every day to maintain function and do What Matters Most
Assessment	What Matters **most** to the patient	Review high-risk medication use	Screen for delirium	Screen for mobility
Specific Question	What matters most to you?	High-risk medications present?	Delirium present?	Mobility status?
Primary Responsibility	Nurse	Provider	Nurse	Nurse
Secondary Responsibility	Physician PCT	Pharmacist	Physician	PCT PT
Frequency	At Bedside Shift Report		Every 24 hours	Daily
Goal	Align the care plan with What Matters most	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 Innapropariate 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

Left Board

CHRISTIANA ACE UNIT — CHRISTIANA CARE HEALTH SYSTEM

Sun Mon Tues Wed Thurs Fri Sat	Room #:	Patient's Goals for the Day:
Date:	Nurse Station Phone #: / Room Phone #:	**What matters to you most?**

Care Team		Plan of Care:
Nurse: / Tech:		**Mentation:**
Doctor: / Nurse Manager:		**Alert + Oriented ×3**
Case Manager: / Social Worker:		**CAM⊖**

Patient/Family/Care Team Communication:

Plan of Care:

Mobility:
Out of bed ×1 with walker

Medications:

Activity/Assistance Level: Bedrest Independent Partial Total Lift

Weight Bearing: Full Partial NWB

Anticipated Discharge: Date: / Time:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Right Board

CHRISTIANA ACE UNIT — CHRISTIANA CARE HEALTH SYSTEM

Sun Mon Tues Wed Thurs Fri Sat	Room #: 16A	Patient's Goals for the Day:
Date: 5-14-19	Nurse Station Phone #: 733-6344 / Room Phone #: 133-6316	**What matters to me most?** "To treat my infection"

Care Team		Plan of Care
Nurse: Chandni / Tech: Nunan		**Mentation**
Doctor: Dr. Wetherill / Nurse Manager: Dennis		**Alert + Oriented ×3**
Case Manager: Alicia / Social Worker:		**CAM⊖**

Patient/Family/Care Team Communication:

Plan of Care:
☑ Chest XRay
☐ Pulmonary team is reviewing
☐ Monitor input + output
☐ Check blood glucose before every meal
☐ Check vital signs every 8 hours

Mobility:
Out of bed ×1 with a walker

Medications:
- Eliquis - blood thinner
- Vancomycin - antibiotic
- Lasix - diuretic

Activity/Assistance Level: Bedrest Independent Partial Total Lift

Weight Bearing: Full Partial NWB

Anticipated Discharge: Date: / Time:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

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

All About Me...

NAME:_____

I LIKE TO BE CALLED:_____

OCCUPATION:_____

IMPORTANT PEOPLE TO ME (family and friends):
_____
_____
_____
_____

FAVORITES

MOVIE:_____
TV SHOW:_____
BOOK:_____
MUSIC:_____
SPORT:_____
FOODS:_____
ACTIVITY/HOBBY:_____
PETS:_____
QUOTE OR SAVING:_____
_____

I UNDERSTAND BEST WHEN:_____
_____

AT HOME I USE:
☐ GLASSES   ☐ DENTURES
☐ HEARING AID   ☐ CONTACT LENSES

I USUALLY LIKE THE TEMPERATURE OF THE ROOM: ☐ WARM   ☐ COOL

THINGS THAT HELP ME RELAX OR CHEER ME UP:_____
_____
_____

THINGS THAT STRESS ME OUT:_____
_____
_____

THINGS THAT I AM PROUD OF:_____
_____
_____

OTHER THINGS I WOULD LIKE YOU TO KNOW ABOUT ME:_____
_____
_____
_____

PHOTOS

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

The 4 Ms	What Matters Most to the Patient	Medication	Mentation #1	Mentation #2	Mobility
Description	Know and align care with each older adult's specific health outcome goals	If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation	Prevent, identify, treat & manage depression	Prevent, identify, treat & manage dementia	Ensure that each older adult moves safely every day to maintain function and do What Matters Most
Assessment	What Matters most to the patient	Review high-risk medication use including OTC meds	Screen for depression	Screen for dementia	Screen for mobility
Specific Question	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?	High-risk medications present?	PHQ2 If + then client screened with PHQ9 -Overall mood for past 4 weeks	Mini-Cog	TUG -Safety Questionnaire -Fall Risk Past year -Fallen -Fear of Falling -Dizzy standing Up -Assistive Devices
Responsibility	Wellness Nurse	Wellness Nurse	Wellness Nurse	Wellness Nurse	Wellness Nurse
Frequency	Annual Visit	Annual Visit	Annual Visit	Annual Visit	Annual Visit
Goal	Align the care plan with What Matters most Review 5 Wishes	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 & sleepers Muscle relaxants Tricyclic antidepressants Antipsychotics	Identify and manage factors contributing to depression	Consider further evaluation and manage manifestations of dementia or refer	Ensure safe mobility Manage impairments that reduce mobility Create a home environment that is safe for mobility Support older adults to identify a daily mobility goal that supports What Matters
	Follow-up with provider	Follow-up with Provider/ PharmD	Referral to Behavioral Health	Referral to Swank Memory Care Center	Provides education (Fall prevention at home) A matter of balance info Referral to Safe Steps Program
	NEW	**NEW**	**Currently part of the workflow**	**Currently part of the workflow**	**Currently part of the workflow**

For patients receiving their annual wellness visit

4Ms Quick Text: What Matters, Medications, Mentation, Mobility

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.

<u>Advanced Care Planning:</u>

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.

4Ms Quick Text: What Matters, Medications, Mentation, Mobility

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:

4Ms Quick Text: What Matters, Medications, Mentation, Mobility

3. Mentation:

<u>Screening for Depression:</u>
PHQ2 -
PHQ9 -
Behavior Health In-Room consult placed.
Provided referral information for Behavior Health.

<u>Screening for Dementia:</u>
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:

Time: Seconds. Slow / Quick Steady tentative pace. No loss of balance. Short strides. Little or no arm swing. Steadying self on walls. Shuffling. Not using assistive device properly. Patient reports no recent history of falls. Patient does admit to worrying about falls.

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**.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Questions to ask	Answers	Action plan
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?		

3 in 4 older adults take at least 1 medicine commonly linked to falls or car crashes.

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?

1 in 4 adults now 65 will live to 90+

MyMobility Plan

What can you do to stay independent?

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.

There may be a time when you still need to get around, but can no longer drive.

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

Department	The ASK
Data Management	Data
External Affairs	4Ms systemwide campaign/ scripting
IT	Embed 4Ms into electronic record
Patient Experience	4M systemwide campaign/ Orchid rounds

Key Stakeholders – Buy-In & Support

Department
Hospitalist Group
Chief Learning Officer
Pharmacy
Physical Therapy
Fall Prevention & Mobility Team
Injury Prevention Coordinator

The Spread

Time Period	Implementation
Sept 2018 – March 2019	Tested on 1 ACE unit
March 2019 – June 2019	Tested on 2nd ACE unit
FY 2020	Implement on Acute Medicine Service line
FY 2021	Implement on 6 other Service lines

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

Acute Care	Primary Care
• LOS • 30 day Readmission • Fall rate • Fall w/ major injury • HCAHPS • Delirium - # of + CAMs • White Board Audits (4Ms)	• 30-day readmissions • Emergency department visits • CAHPS survey questions • Counts of people (volume) < 65, 65-74, 75-84, 85+ years

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

Q & A

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

Age-Friendly
Health Systems

Join the AHA Action Community

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

- Enroll through this link (see chat for hyperlink)

- Participate in AHA's Action Community (Sept. 2019 - March 2020)
  – Monthly all-team webinars
  – Scale-up leaders webinars
  – Listserv, sharing learnings
  – Monthly reports on testing and learnings
  – Celebration of joining the movement!

- Email ahaactioncommunity@aha.org with any questions.

American Hospital Association™
Advancing Health in America

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

September 2019 - March 2020

This content was created especially for:

Age-Friendly Health Systems

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Register for Upcoming Webinars

Creating Age-Friendly Health Systems

July 17

Age-Friendly
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