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
  - Utilize the chat throughout the webinar. To chat everyone, make sure your chat reflects the picture below**:**

To: Everyone ▾

Type message here...
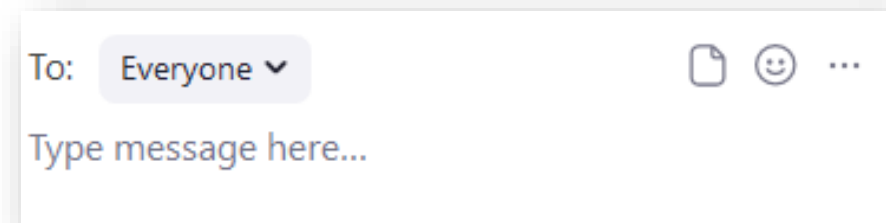
Continuing Education Credit

To receive 1.0 CE credit hour for this webinar, you must:

- **Create a Duke OneLink account.** You only need to create an account once – you may use it for all future webinars. Instructions will be chatted in and/or you may find them in your registration confirmation email.
    - Step 1: Register for a OneLink account
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- **Text KUKREB to (919) 213-8033 after 1:00 pm ET today – 24-hour window**

In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

DukeHealth

Upcoming Team Training Events

Courses & Workshops

- Virtual TeamSTEPPS Master Training (University of Washington) – September 7 – November 2
- In-person TeamSTEPPS Master Training
    - Northwell – October 23-24
    - Houston Methodist – October 31- November 1
    - Tulane – December 4-5
    - UCLA – December 11-12
- TeamSTEPPS Refresher – October 3-24

Webinars

- The Future of Obstetrics: The Latest Practices Improving Maternal Outcomes – August 16, sponsored by Relias
- Save the date! Team Training September Monthly Webinar – September 13
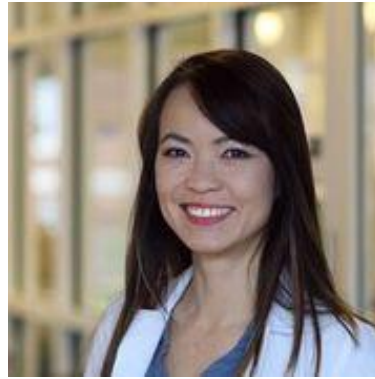
Upcoming Team Training Events Cont.

Custom TeamSTEPPS Advisory Services at Your Organization

- o 2-day TeamSTEPPS Master Training Courses and comprehensive TeamSTEPPS programs
- o Learn more

Today's Presenters

Autumn Branch, Program Manager, American Hospital Association

Tru Byrnes, DNP, RN, GERO-BC, CMSRN Geriatric Clinical Nurse Leader/NICHE Coordinator, Atrium Health-Mercy

Mercy Kern, MSN, RN Nurse Manager, Atrium Health-Mercy

Ice Breaker!

If you had an extra hour in your day, what would you do during that time?

*Type your answer in the chat

Age-Friendly
Health Systems

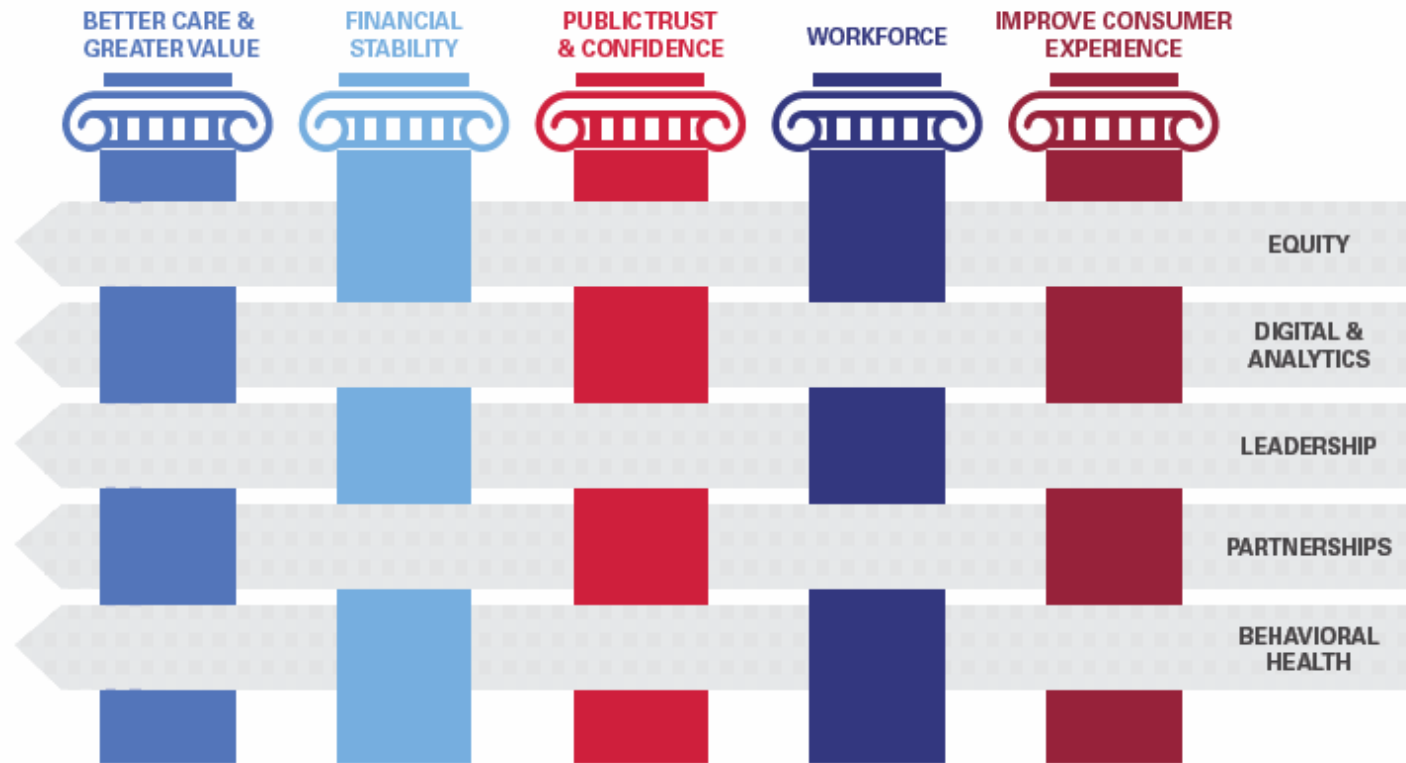# Poll: How familiar are you with Age-Friendly Health Systems?

Please complete the poll

AHA Strategic Plan

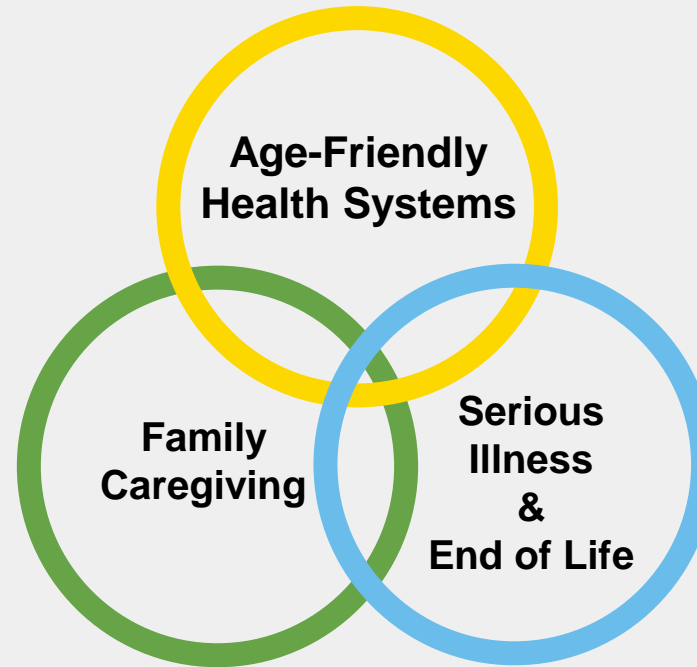## OUR PILLARS 7 GOALS (2022-2024)

OUR APPROACH

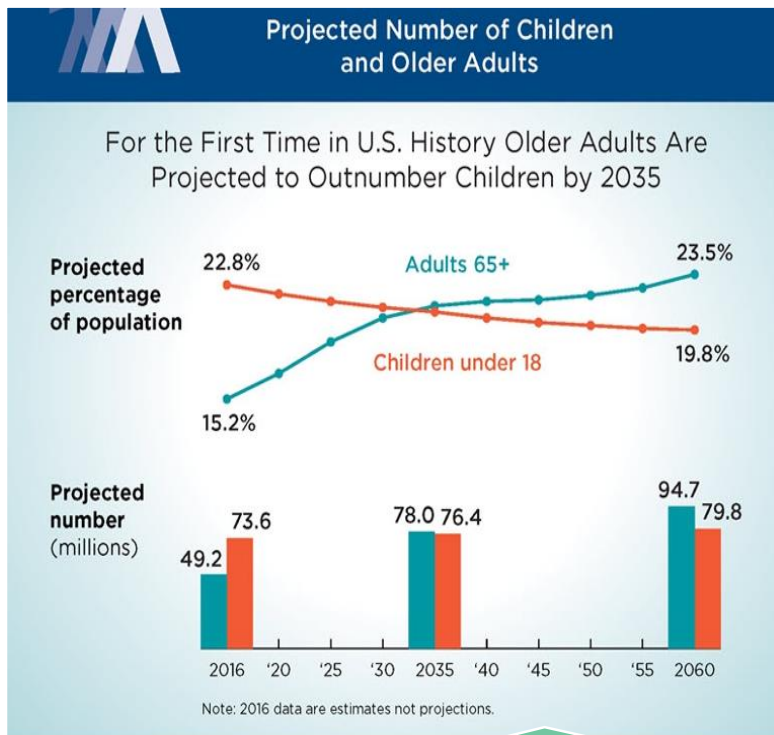# The John A. Hartford Foundation

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:
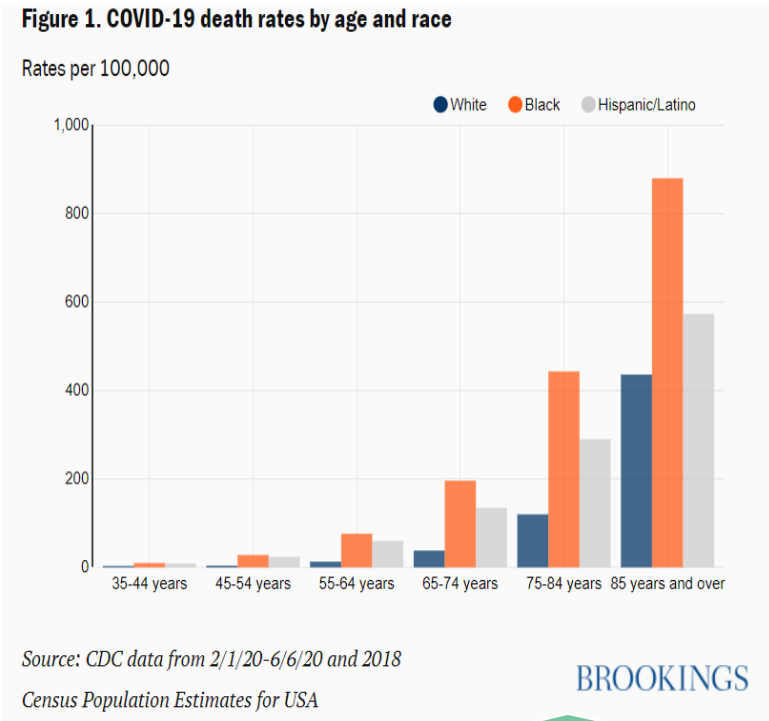
Why Age-Friendly Health Systems?

Demography

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.

Specific Aims:
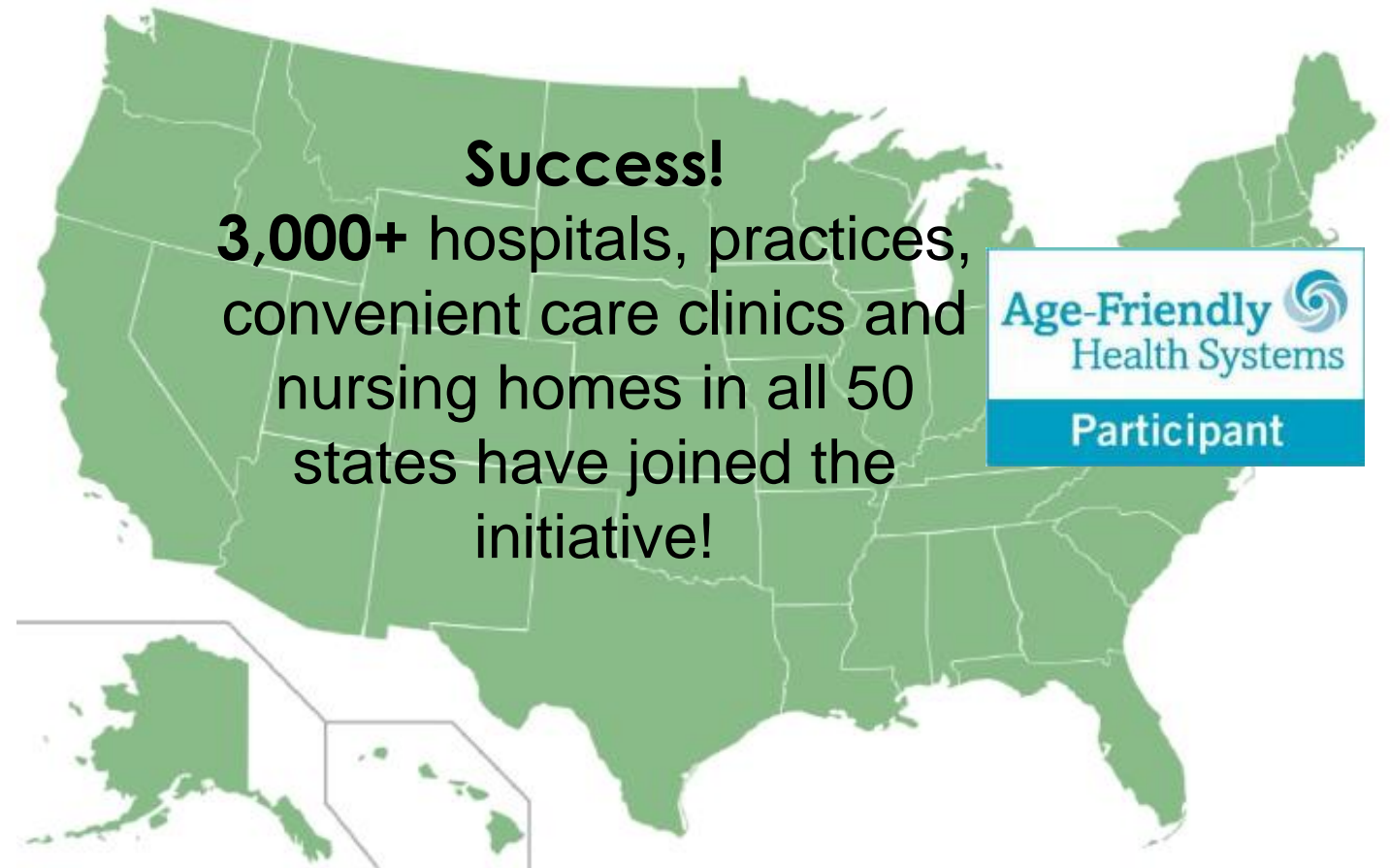
✓ By 12/31/20: Reach older adults in 1,000 hospitals and practices recognized as Age-Friendly Health Systems

✓ By 6/30/23: Reach older adults in 2,500 hospitals and practices, and 100 post acute communities recognized as Age-Friendly Health Systems

Age-Friendly
Health Systems

A Goal Met and a Growing Movement!

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

Goal #2 Achieved:
Spread to 2,500 sites by June 2023

1939

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

Success!
3,000+ hospitals, practices, convenient care clinics and nursing homes in all 50 states have joined the initiative!

Age-Friendly Health Systems
Participant

As of August 2023

Age-Friendly Health Systems
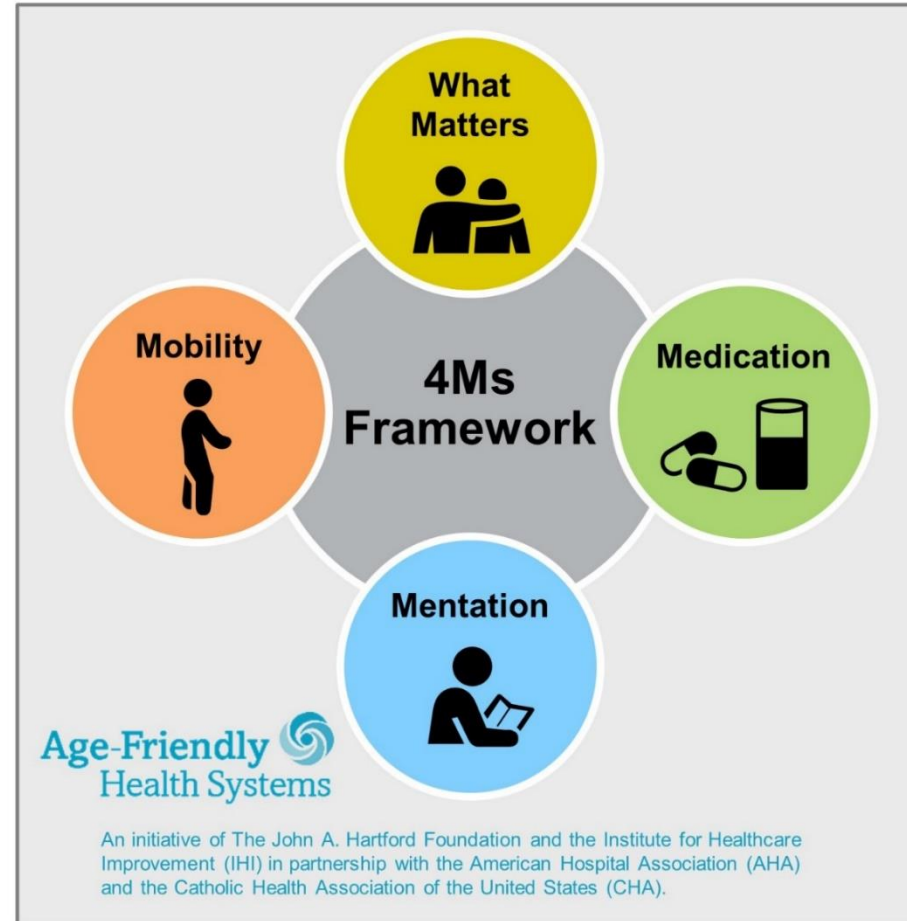
What is an Age-Friendly Health System?

- 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

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).

15

Age-Friendly Action Communities

Pioneers

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 the 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

Anne Arundel Medical Center

ASCENSION

KAISER PERMANENTE®

Providence St.Joseph Health

Trinity Health

Age-Friendly Health Systems
Pioneer

16

Age-Friendly Health Systems

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

Attend the Virtual Convening
- Virtual learning event held February 21st and February 22nd

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)
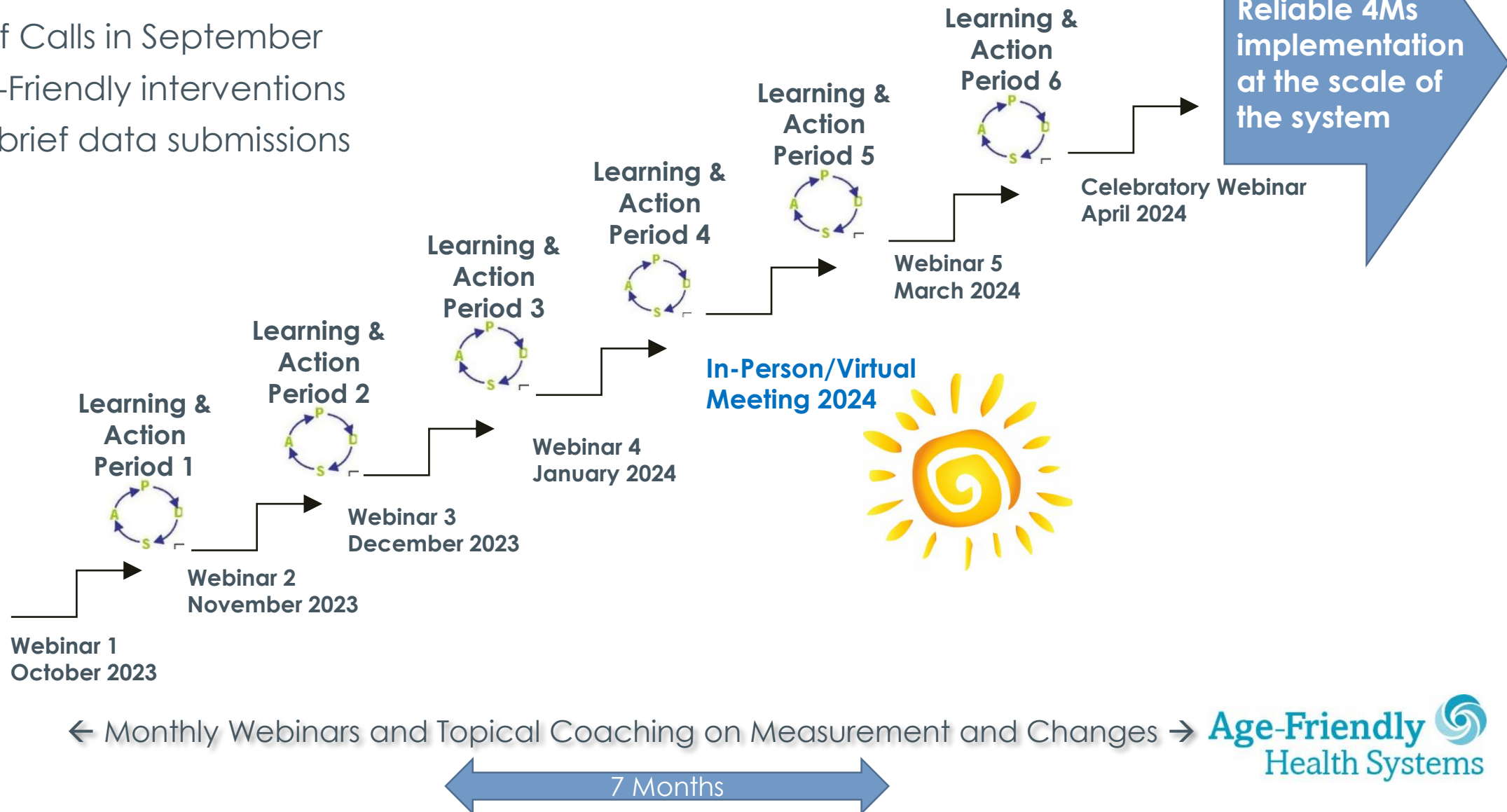
Age-Friendly
Health System
Action
Community

Age-Friendly
Health Systems

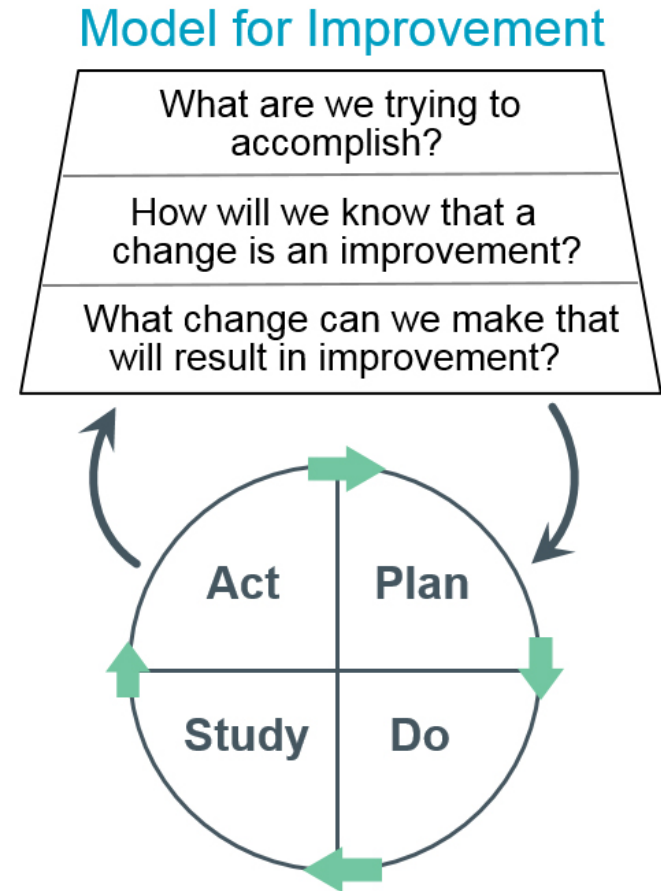# AHA Action Community Activities

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

Some of the 4Ms sometimes with some older adults

Webinar 1
October 2023

Learning & Action Period 1

Webinar 2
November 2023

Learning & Action Period 2

Webinar 3
December 2023

Learning & Action Period 3

Webinar 4
January 2024

In-Person/Virtual Meeting 2024

Learning & Action Period 4

Webinar 5
March 2024

Learning & Action Period 5

Celebratory Webinar April 2024

Learning & Action Period 6

Reliable 4Ms implementation at the scale of the system

← Monthly Webinars and Topical Coaching on Measurement and Changes →

7 Months

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

Resources

Institute for Healthcare Improvement

REPORT

The Business Case Becoming an Age-Health System

The Business Case for Becoming an Age-Friendly Health S

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Institute for Healthcare Improvement

Age-Friendly Health Systems Inpatient R Calculator Instructi

The Business Case for Becoming an Age-Friendly Health Sy

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Age-Friendly Health Systems Outpatient ROI Calculator Instructions

The Business Case for Becoming an Age-Friendly Health System

This content was created especially f

Age-Friendly
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Health Syste

An initiative of The John A. H
the Institute for Healthcare In
with the American Hospital A
Catholic Health Association

Institute for Healthcare Improvement

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

April 2019

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for Healthcar
American Ho
Catholic Hea

Institute for Healthcare Improvement

TOOLKIT

"What Matters" to Older Adults?

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

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).

Resources

Integrating Equity into your AFHS Journey

(Diagram: circular cycle of six steps)
- 1 Understand
- 2 Make Equity Central
- 3&4 Examine and Target Disparities
- 5 Stratify Data
- 6 Close Gaps in Care

Step 1: Understand
Understand current work underway in your system regarding equity and how older adults are represented in that work.

Step 2: Make Equity Central
Ensure equity is a central to your AFHS journey, specifically in your aim and 4Ms Care Description.

Steps 3&4: Examine and Target Disparities
Examine workflows and test change ideas that address known disparities in care and align with the diverse cultures.

Step 5: Stratify Data
Stratify your Age-Friendly Health Systems measures to understand any disparities in process or outcome measures.

Step 6: Close Gaps in Care
Eliminate disparities while sustaining care consistent with the 4Ms.

Age-Friendly Health Systems

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

Age-Friendly Health Systems
Participant

3,000+

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

1,939

Age-Friendly Health Systems

Older Adults Reached with 4Ms

More than **2,400,000** 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 July 2023

Age-Friendly Health Systems

Connecting Age-Friendly Measures with Value

$$\text{Value} = \frac{\text{Outcomes \& Patient Experience}}{\text{Cost}}$$
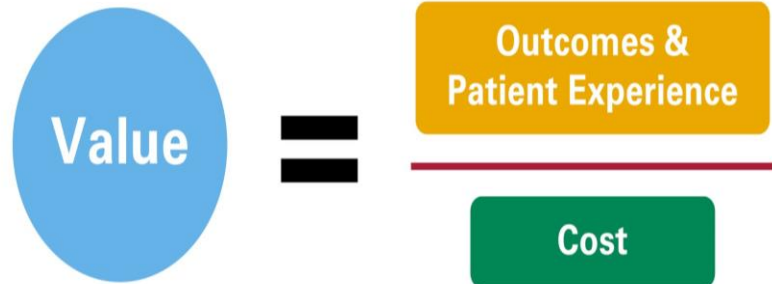
Figure 3: Age-Friendly Measures Contribute to Value

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

The Value Initiative

Age-Friendly Health Systems

Improve Outcomes: Case Examples

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.

Providence St. Joseph Health

Launched a Geriatric Mini-Fellowship to train provider champions. As a result clinic patients:

-**2x** as likely to be screened for fall risk and cognitive impairment

-Saw **3% reduction** in high-risk medication upon seeing a fellow

-**2%-7% decrease** in hospitalizations for patients seen by fellow

Age-Friendly Health Systems

Join AHA Action Community 2023-2024

- **Join and get your Age-Friendly Recognition. It's FREE**

- **AHA AFHS Action Community is from September 2023 – April 2024**

  - 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

Age-Friendly Health Systems: An Invitation to Join Us

American Hospital Association
Advancing Health in America

Fall 2023 Age-Friendly Health Systems Action Community: **An Invitation to Join Us**

September 2023 – April 2024

Facilitated by the American Hospital Association

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).

Visit aha.org/agefriendly | 1
Visit aha.org/agefriendly | 1

Age-Friendly Health Systems

Atrium Health

Building An Age-Friendly Health System

August 09, 2023

TRU BYRNES, DNP, CNL, RN, GERO-BC, CMSRN
Geriatric Clinical Nurse Leader/NICHE Coordinator
Atrium Health-Carolinas Medical Center
Atrium Health-Mercy

MERCY KERN, MSN, RN, NEA-BC
6 South Nurse Manager
Atrium Health-Mercy

Objectives

- Introduction

- Team building

- Unit selection and 4Ms goals

- 4Ms implementation process

- Outcome measures

- Big Wins, challenges, and lessons learned

Who Are We?

Atrium Health- Mercy

207 licensed beds, located in Charlotte, NC

Serves adult-only population

Orthopedic and Bariatric Centers of Excellence

876 Beds- Atrium Health Carolinas Medical Center

Level 1 Trauma Academic Medical Center

Why Is This Initiative Important to Our Health Care System?

Mission: To improve health, elevate hope, and advance healing for all.

- 4Ms evidence-based framework to ensure that older adults receive the highest quality care to promote health, elevate hope, and advance healing.

Our Goals:

- All 4Ms
- To every patient age ≥ 65
- At every encounter
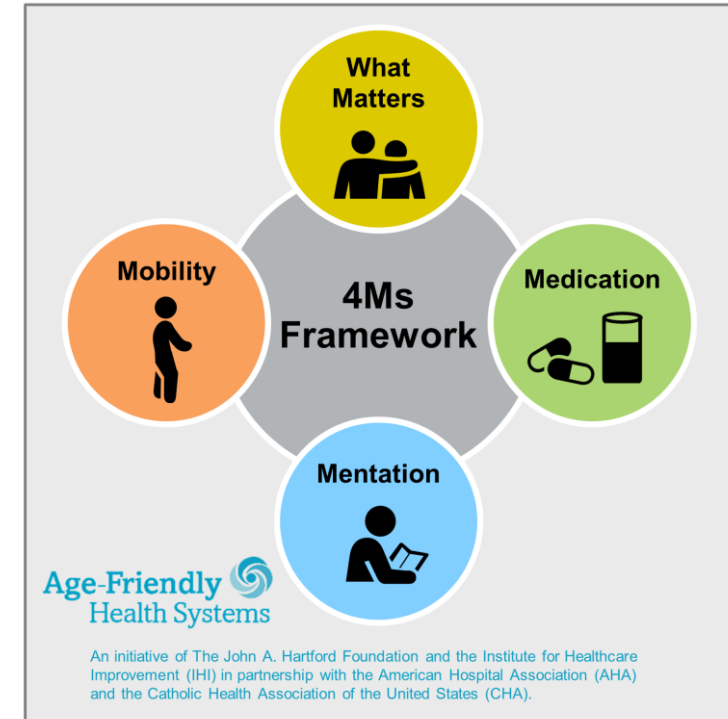
Source: Resources to Practice Age-Friendly Care | IHI - Institute for Healthcare Improvement

4Ms PROJECT TIMELINE

May 2022	June - Nov 2022	DEC-2022 - Current

Planning

Implementation

Post-Intervention

- Planning Phase
- Selected unit to pilot the 4Ms

- Assemble multidisciplinary team
- Preperaed staff for the initiative
- Developed 4Ms tracking tool.
- Implementation
- Attended the AHA biweekly training.

- Submitted Description- Received Level 1 Recognition
- Data Tracking

Building a Team

4Ms Core Team

Lisa Hennigan MSN, RN, NEA-BC
Assistant Vice President

Christina Neagle, MSN RN CEN NE-BC
Director of Nursing

Anthony J. Caprio, MD, CMD, AGSF
Chief, Division of Geriatric Medicine Program Director, Geriatric Medicine Fellowship Clinical Associate Professor, Wake Forest School of Medicine

Veronica Rankin, DNP, RN-BC, NP-C, CNL
Magnet Program Director / Clinical Nurse Leader Coordinator

Scott Malesiewski, PT
Acute Therapy Director

Tru Byrnes, DNP, RN, GERO-BC, CMSRN
Geriatric Clinical Nurse Leader / NICHE Coordinator

Mercy Kern, MSN, RN
Nurse Manager

Rachel Topper, MSN, RN, CNL
Clinical Nurse Leader (CNL)

Anne-Marie McKnight PharmD, BCPS
Clinical Pharmacist Lead

Relationship
- Members with diverse background and experiences

Accountability
- Ensure each person understand his/her roles, responsibilities and contributions to the team's goals

Communication
- Discuss team goals openly and honestly
- Be prepared for disagreement, especially in the early state of team formation

Foster Trust Among the 4M Core Team

Communicate Openly
Develop Team Charter

Set SMART Goals (Specific, measurable, achievable, relevant, and time-based)

Establish regular meeting

Meet with individual team members

Show appreciation

Create a space for psychological safety

Team Charter for ___Age- Friendly Steering Committee   Date: ___11/10/2022_____

Step 1: Build Relationships Based on Trust:
- o
  - ❖ The Steering Committee will meet in-person for lunch every quarter to build relationships, promote the "buddy" system and sustain relationships throughout the team's tenure.
  - ❖ A "buddy" system is already in place to promote support and accountability. The buddy structure is built by setting, for example Rachel and Mercy meet regularly on the Mercy campus, and Tru and Veronica meet on CMC's campus.
  - ❖ A profile gallery with each member's photo and biography outlining experience and skills will be created and posted on the team SharePoint site for sharing and reference.

Step 2: Create or Revisit the Team's Purpose, Mission, Values and Vision
  - ❖ To provide safe and compassionate care for individuals who have lifted and cared for society through generations

- o Mission:
  - ❖ The mission of the Age-Friendly Steering Committee is to leverage the multidisciplinary team to implement the 4Ms evidence-based model to provide holistic care that promote health, elevate hope, and advance healing for older adults within the Central Market

- o Values:
  - ❖ Commitment - an empathetic concern for teammates and others that inspires an urgent desire to help; dedication to the Age-Friendly Health System initiative.
  - ❖ Integrity – authentic transparency to one another that results in strong relationships and trust amongst the team.
  - ❖ Teamwork – collaboration and partnership between members of the team that add values and results in the implementation of initiatives to achieve set goals.

- o Vision:
  - ❖ To become an age-friendly healthcare system that encompasses and advances the outcomes and wellbeing of older adults.

Step 3: Determine How We Will Accomplish the Purpose, Mission, and Vision

Foster Trust Among Teammates

 TeamSTEPPS

Leadership Team
• Foster positive environment (
i.e. activities outside of work
Communication
•Pre-rollout communication
•Daily huddle to review 4Ms patients
and goals
Situation Monitoring
•4Ms metrics
•Patient outcomes metrics
Mutual Support
•Teamwork to accomplish daily goals
(mobility)

Can Do Attitude!

Atrium Health

4Ms Pilot Unit and Goals Setting

6 South Age Groups

Age Distribution

Pie chart — Age Distribution

- 18-64: 57.1%
- 65 +: 42.9%
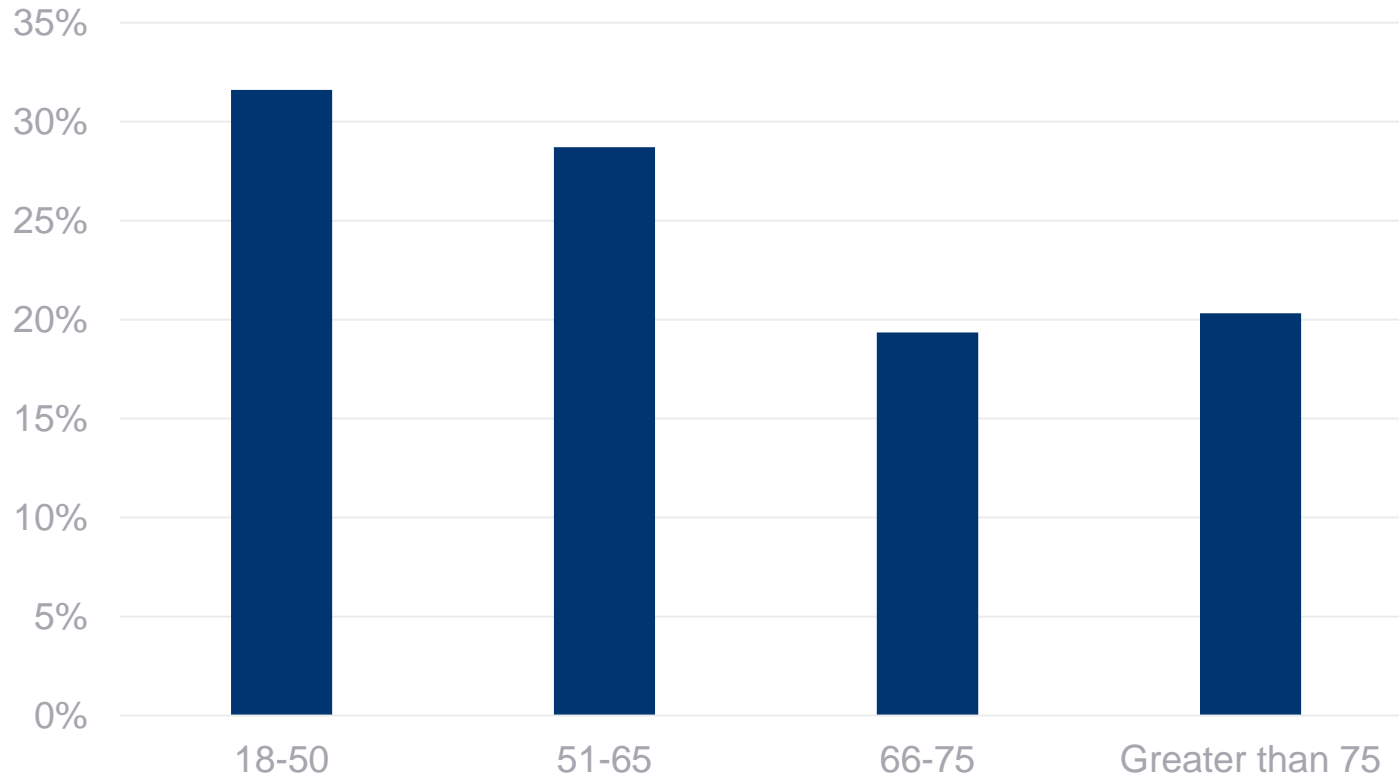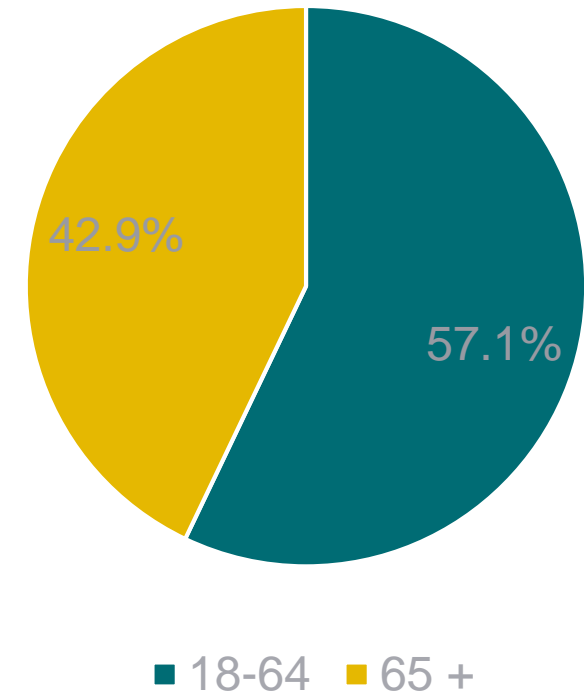
Atrium Health

AIM Statement

By **May 2, 2023**, Atrium Health-Mercy 6 South will articulate how it operationalizes 4Ms care and will have provided that 4Ms care in **100** encounters with patients 65+ years old.

4Ms Goals

ASSESS WHAT MATTERS –80% BY MAY 2023

MOBILIZE PATIENTS 3 TIMES PER DAY -ACHIEVE HOSPITAL GOAL OF 60%

DELIRIUM ASSESSMENT AND DELIRIUM PREVENTION- 80% BY MAY 2023

DEPRESCRIBE THE TOP 3 COMMON ANTICHOLINERGIC MEDICATIONS- 5% BY MAY 2023

4Ms Implementation Process

Team Responsibility

RN: What Matters

RN: Mentation (delirium assessment & prevention)

PT/Nursing: Mobility

Pharmacist & MD: Medication

Atrium Health

Announcement 📣

We are pleased to announce Atrium Health Mercy-6S has joined The National Age-Friendly Health System Movement- 4Ms

What is an age-friendly health system?	Why do we want to become age-friendly?	Who is involved in this initiative?	How can you help?
• Age-friendly health care designed around what matters to older adults	• Cause no harm to older adults • Align with "What Matters" to the older adult and their caregiver	• All healthcare team members play a crucial role in this initiative	• Ask older adults "What Matters" and share it with the team • Avoid use of the BEERs Criteria medications (i.e., Benzodiazepine, Benadryl) • Ensure patient mobilizes • Assess and treat delirium, depression, and dementia

Attention Health Care Team

Please provide care for older adults consistent with the 4Ms framework. Our team may contact you for questions or care plan modifications to better align with What Matters to older adults and the 4Ms.

Thank you in advance for your collaboration. For questions, please contact the leaders of 6S

🌿 **Atrium** Health

What Does It Mean to Be Age-Friendly?

To become an Age-Friendly Health System, we must provide a set of **Four** evidence-based elements known as the **4Ms** to all older adults on 6 South:

- What Matters
- Medication
- Mentation
- Mobility

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...

4Ms- Age Friendly Health System-Staff Education

Atrium Health

Charge Nurse Process for the 4Ms

1. Run 4Ms – 6South report to identify patient ≥ 65

2. Announce patients in the 4Ms care bundle at morning huddle

3. Place the 4Ms magnet/laminate sheet on the patient's door

4. Ensure the primary RN is aware patient is on 4Ms care bundle

5. Include 4Ms in the afternoon touchpoint

- Ensure What matters is being documented on the communication board
- RN assess CAM and document intervention, hydration, orientation, place, person, and time. Ensure assistive equipment available in room: walker, glasses, avoid high risk medications
- Mobilizes patients 3times/days and out of bed for meals

6. **Data Tracking**: Record CAM compliance documentation, mobility, and What Matters on the 4Ms Excel worksheet under the **Nursing Tab** 6S- 4Ms data collection worksheet.xlsx

"What Matters"

🔍 What is important to you while are you are in the hospital?

📊 How can we help make your stay more comfortable?

📄 Document : Communication board "About me"
EPIC "Getting to Know Me"

📝 **Getting to Know Me**   Comment

ES:
Therapy Diagnosis: Generalized Weakness
Neck/shoulder exercises, core strengthening, endurance, circulation, general sitting exercises, and leg strengthening.
Stick w/ bed level or EOB for now
Pt is HOH

D/C plan: IPR
Precautions: None
Transfer assist/type: No transfers at this time
Gait assist/AD: No ambulating at this time

Wants to get better to go home to children and grandchildren

RN:
4Ms Age-Friendly Care Bundle

Ask and document "What Matters"

- Use this scripting "What is important to you while you are in the hospital?"

Mentation: Assess and document CAM

- Provide sufficient oral hydration
- Provide orientation, person, time, & place
- Provide personal adaptive equipment (glasses, hearing aids, walkers, dentures)
- Prevent sleep interruptions
- Avoid high-risk medications

Mobility: Perform and document

- Ambulate patient 3 times/day
- Out of bed for meals
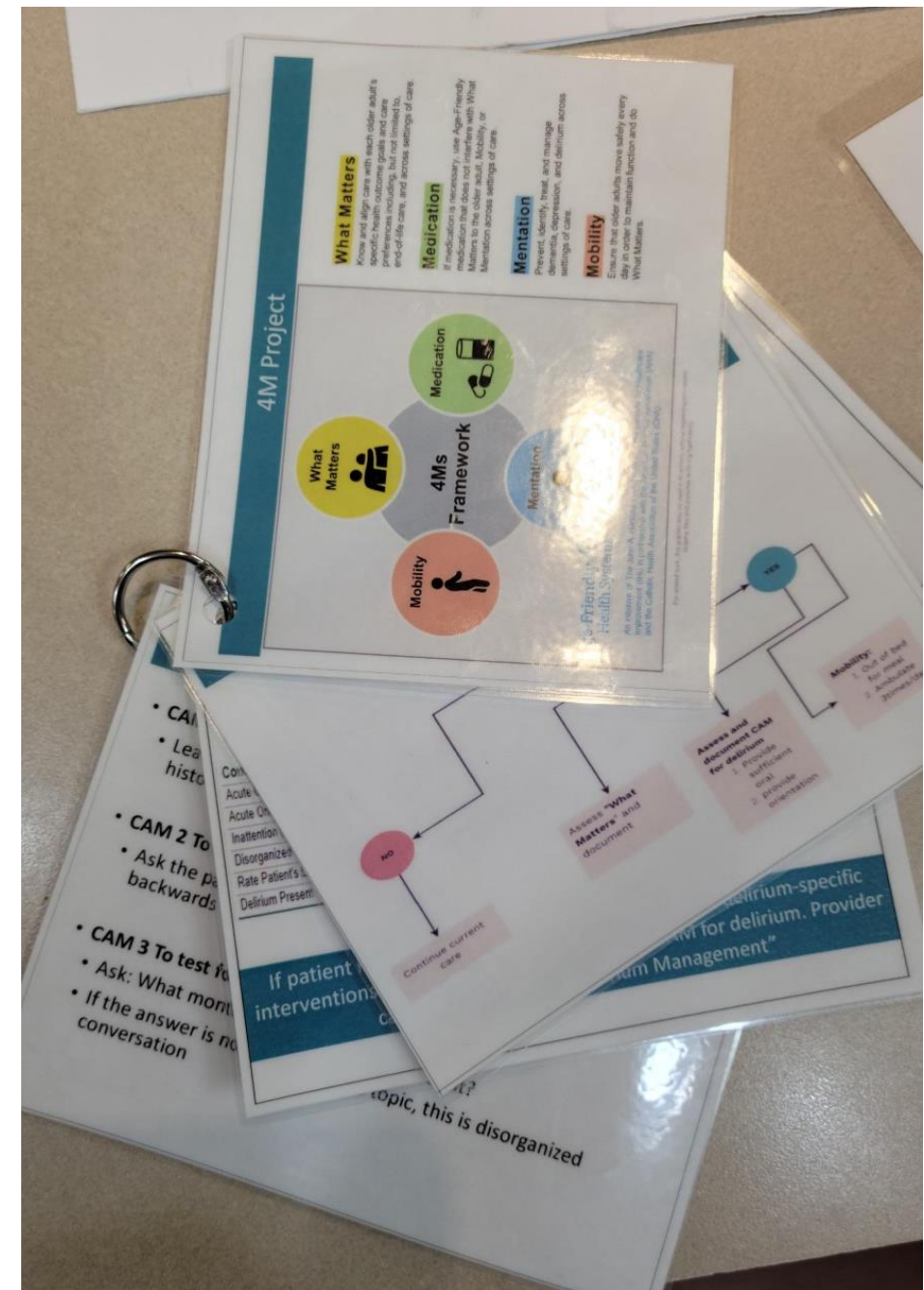
Mobility

1. Screening:

- PT Team assists with screen for risk – AM-PAC

2. Action:

- Nursing

- Exercise physiologists
  - Ambulate patient 3 times/day
  - Out of bed with meal

Physical Therapy

Medications Pharmacist and Geriatrician

Age	DZD	Opioid	Anticholinergics	Sedative	Muscle Relaxant	TCAD	Antipsychotics	Others
79	X							
87	X							
87		X	X		X			Gabapentin (600 TDD, clonidine metoclopramide)
73		X						
75		X						
66		X (2)						
68		X (2)						
86		X (2)	X					Clonidine
100		X						Metoclopramide
75		X (2)	X					
67		X (2)	X (2)					Gabapentin (300mg TDD)
75		X	X					

- Baseline data was manually tracked to identify opportunities for improvement.
- Focus on three commonly prescribed highly anticholinergic medications: Benadryl, Hydroxyzine, and Phenergan.
- The pharmacy team assists with reviewing patients' charts and contacting providers to deprescribe.
- The geriatrician educated the physician group/residents about the 4Ms work and deprescribing.

4Ms Data Tracking Method

Nursing Tab

What Matters per admission 1= Yes 0= No	Mobility screen for limitation (AM-PACT Score) 1 = Yes 0 = No	How many times did the patient ambualte during the AM shift ?	How many times did the patient ambulate during the PM shift	CAM assement day shift 1 = yes 0 = No	CAM assessment night shift 1 = yes 0 = No	Delirium Interventions documented per day shift 1 = yes 0= No	Delirium intervention documented per night shift 1 = Yes 0 =No	Total Mobility Occurance (do not edit, calculates automatically)	CAM Assessment for both shifts (do not edit, calculates automatically)	Delirium Intervention for both shifts (do not edit, calculates automatically)
1	1		0	1	1	1		0	2	1
1	1	1	0	1	1	1		1	2	1
								1	4	2
1	1	3	1	1	1	0	0	4	2	0
1	1	2	0	1	0	0		2	1	0
1	1	2	0	1		1		2	1	1
1	1	4	0	1	1	1		4	2	1
1	1	3	1	0	1	0	0	4	1	0
1	1	3	2	1	1	1	1	5	2	2
1	1	4	1	1	1	1	1	5	2	2
1	1							26	11	6

Pharmacist Tab

Benadryl on MAR 1= Yes 0 =No	Benadryl deprescribe 1= Yes 0 =No	Phenergan on MAR 1 = Yes 0= No	Phenergan deprescribed 1= Yes 0= No	Hydroxyzine on MAR 1= Yes 0= No	Hydroxyzine deprescribe 1= Yes 0= no	Total Anticholinergic Meds on MAR	Total Anticholinergic Meds Deprescribed
1	1	1	1	0	0	2	2
1	1	0	0	0	0	1	1
0	0	1	1	0	0	1	1
0	0	0	0	1	1	1	1
0	0	1	1	0	0	1	1
0	0	1	1	0	0	1	1
0	0	1	1	0	0	1	1
0	0	1	1	0	0	1	1
0	0	1	1	0	0	1	1
0	0	1	1	0	0	1	1
1	0	1	0	0	0	2	0
0	0	1	1	0	0	1	1

4MS COMPLIANCE TAB

Age	What Matters 1= Yes 0= No	Mobility screen for limitation (AM-PACT Score) 1 = Yes 0= No	Mobility	Mobility Compliance (Observed occurrences / expected 3 times/day * LOS) Goal 60%	CAM assessment (Total Observed Occurrence)	CAM Assessment Compliance (total observed occurrences / expected 2times/day * LOS) Goal 80%	Delirium Interventions documented (Observed occurrences / expected 2times/day * LOS)	Delirium Intervention Compliance (Observed occurrence / expected 2times/day * LOS) (Goal 80%)	Benadryl on MAR 1 = yes 0= No	Benadryl deprescribe 1= yes 0 =No	Phenergan on MAR 1 = yes 0= No	Phenergan deprescribed 1= yes 0= No	Hydroxyzine on MAR 1= Yes 0= No	Hydroxyzine deprescribe 1= Yes 0= no
66	1	1	12	100%	4	100%	4	100%	0	0	1	1	0	0
70	1	1	44	92%	28	88%	27	84%	1	1	0	0	0	0
68	1	1	23	100%	9	90%	8	80%	0	0	0	0	0	0
65	1	1	4	100%	1	100%	1	100%	1	0	1	0	0	0
70	1	1	31	100%	11	92%	10	83%	0	0	0	0	0	0
67	1	1	15	100%	8	89%	8	89%	1	1	0	0	0	0
70	1	1	31	100%	11	92%	10	83%	1	1	0	0	0	0
74	1	1	145	100%	43	86%	42	84%	0	0	1	1	1	1
89	1	1	6	100%	3	100%	3	100%	1	1	1	1	0	0
74	1	1	25	100%	12	80%	12	80%	1	1	0	0	0	0
65	1	1	4	100%	1	100%	1	100%	0	0	1	1	1	1
81	1	1	237	100%	68	84%	68	84%	1	1	0	0	0	0
65	0	1	9	100%	1	100%	1	100%	0	0	1	1	1	1
78	1	1	10	100%	4	80%	5	100%	1	0	1	1	0	0

4Ms in EPIC

Age	Bedrest Order?	Number of Episodes	Mobilized Three Times?	Oral Intake (P.O.)	Last Documented CAM	AM-PAC Basic Mobility 6 Items	Admission Med Rec Complete?	Drug Cls (Amb)
76	No	5	Yes	240 mL	7/20/2023 09:20	16	Yes	CARDIAC DRUGSANALGESICSC... DRUGSANTIPLATELET DRUGSHORMONESGA...
76	No	5	Yes	240 mL	7/20/2023 09:20	16	Yes	CARDIAC DRUGSANALGESICSC... DRUGSANTIPLATELET DRUGSHORMONESGA...
76	No	5	Yes	240 mL	7/20/2023 09:20	16	Yes	CARDIAC DRUGSANALGESICSC... DRUGSANTIPLATELET DRUGSHORMONESGA...
76	No	5	Yes	240 mL	7/20/2023 09:20	16	Yes	CARDIAC DRUGSANALGESICSC... DRUGSANTIPLATELET DRUGSHORMONESGA...
76	No	5	Yes	240 mL	7/20/2023 09:20	16	Yes	CARDIAC DRUGSANALGESICSC... DRUGSANTIPLATELET DRUGSHORMONESGA...
73	No	5	Yes	240 mL	7/20/2023 08:38	20	Yes	
73	No	5	Yes	240 mL	7/20/2023 08:38	20	Yes	
73	No	5	Yes	240 mL	7/20/2023 08:38	20	Yes	
73	No	5	Yes	240 mL	7/20/2023 08:38	20	Yes	
73	No	5	Yes	240 mL	7/20/2023 08:38	20	Yes	

Atrium Health

Do the 4Ms improve older adults' outcomes?

Atrium Health

4Ms Performance Indicators

Metrics Defining Success	Goal	Cumulative Avg % From December 2022-June 2023
What Matters	80%	87%
CAM Assessment	80%	82%
Delirium Interventions	80%	75%
Medication Deprescribing	5%	71%
Mobility	60%	75%

Medications Order by Drug Class
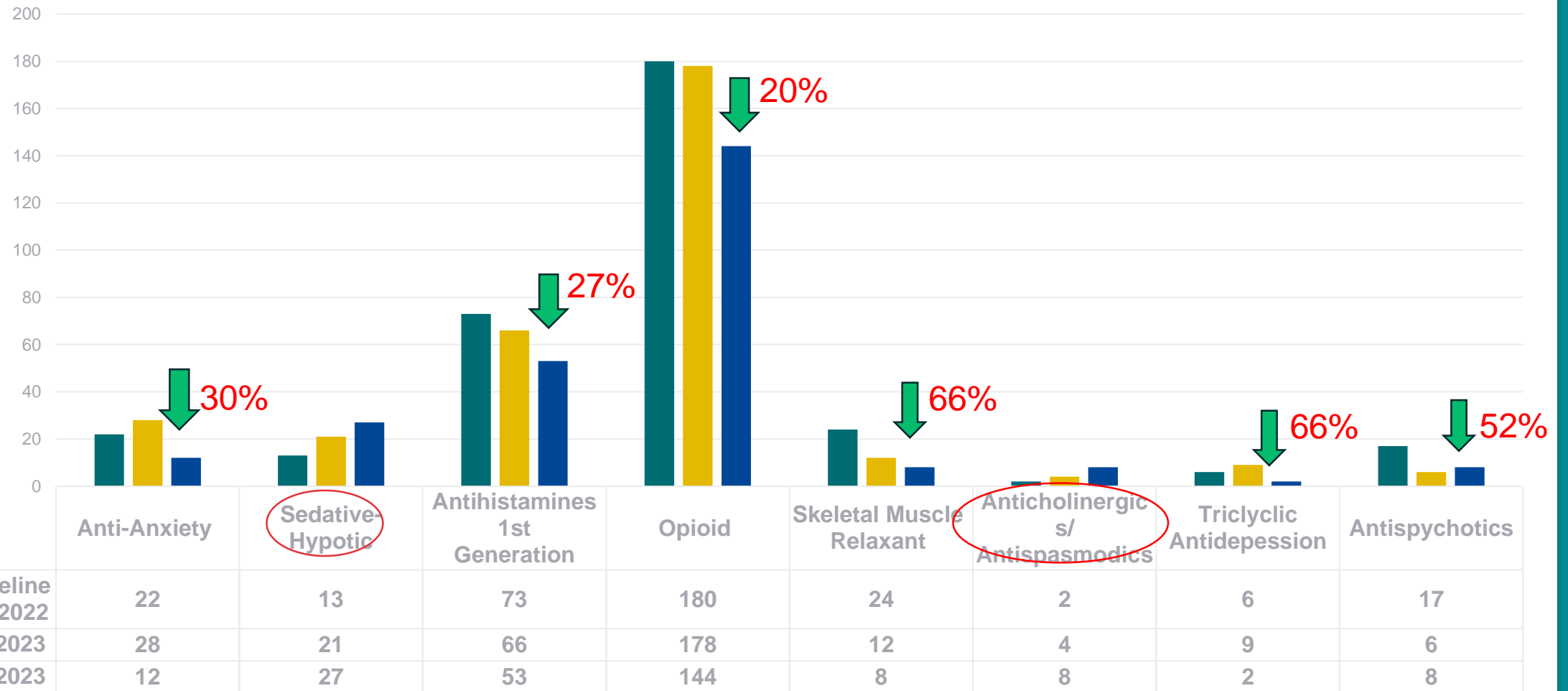
	Anti-Anxiety	Sedative-Hypotic	Antihistamines 1st Generation	Opioid	Skeletal Muscle Relaxant	Anticholinergics/ Antispasmodics	Triclyclic Antidepession	Antispychotics
Baseline Q4-2022	22	13	73	180	24	2	6	17
Q1-2023	28	21	66	178	12	4	9	6
Q2-2023	12	27	53	144	8	8	2	8
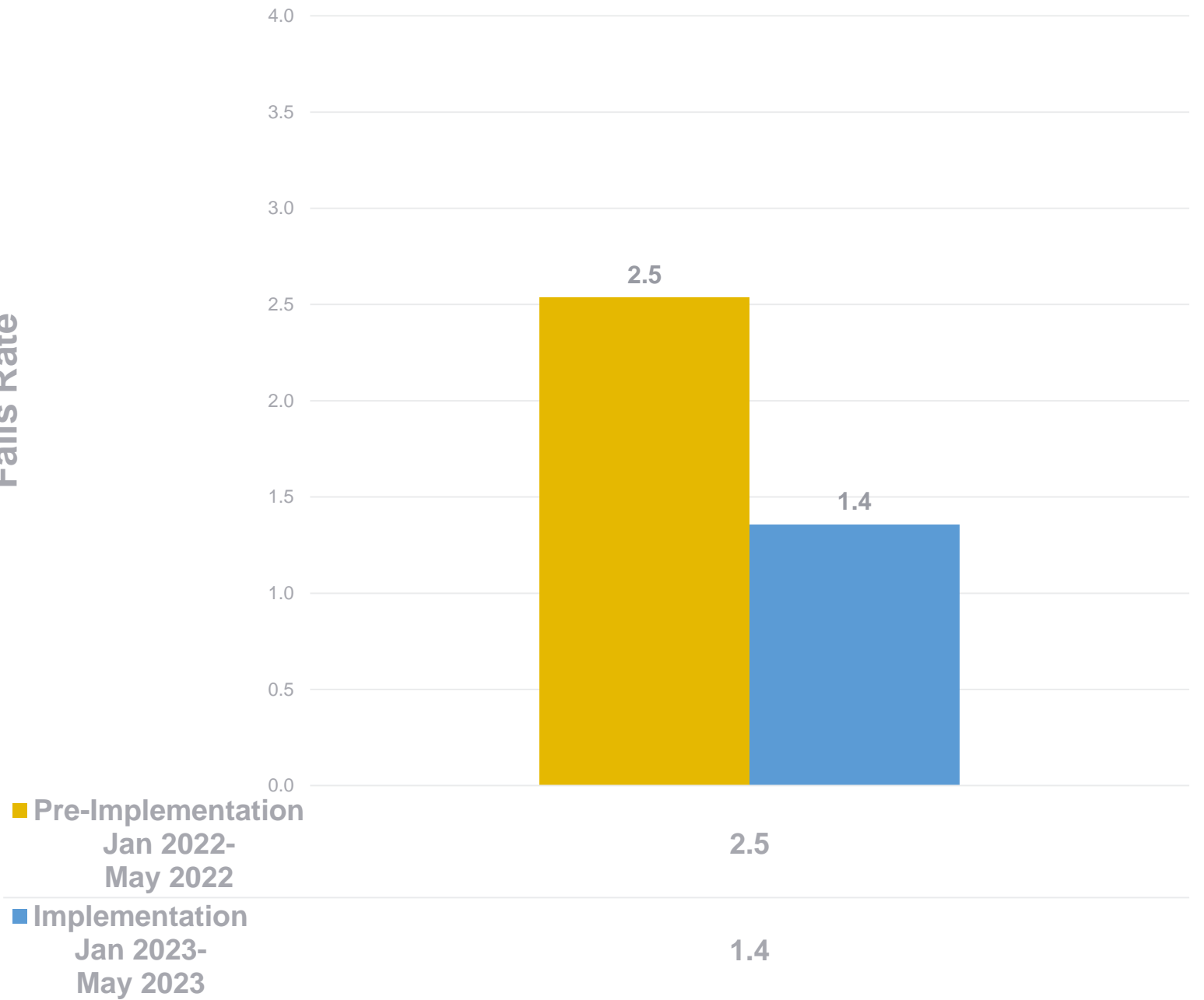
4Ms Reliable Care and LOS
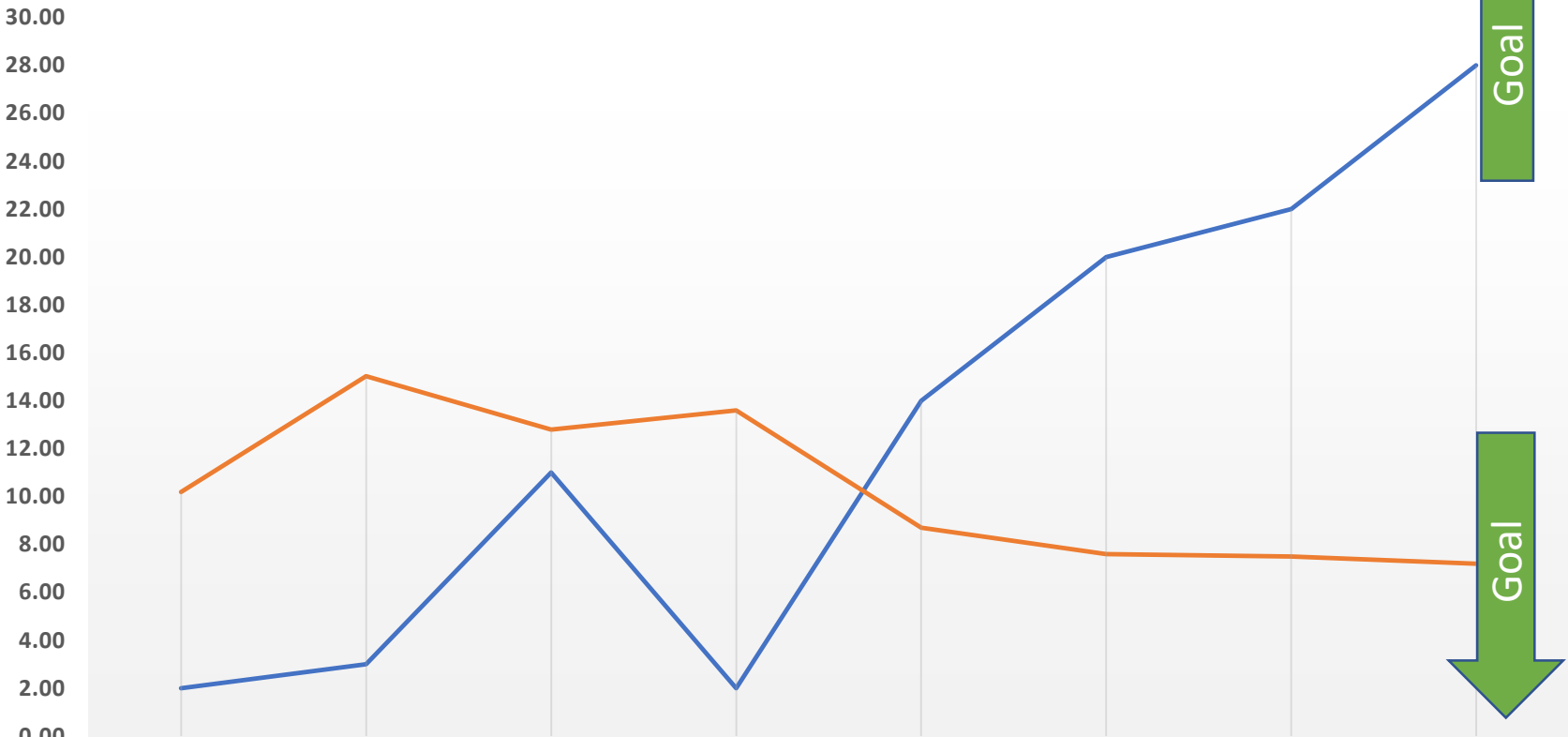
	November-22	December-22	January-23	February-23	March-23	23-Apr	23-May	23-Jun
Patients 4Ms Reliable Care	2.00	3.00	11.00	2.00	14	20	22	28
Actual Ave LOS	10.19	15.02	12.8	13.6	8.70	7.6	7.5	7.2
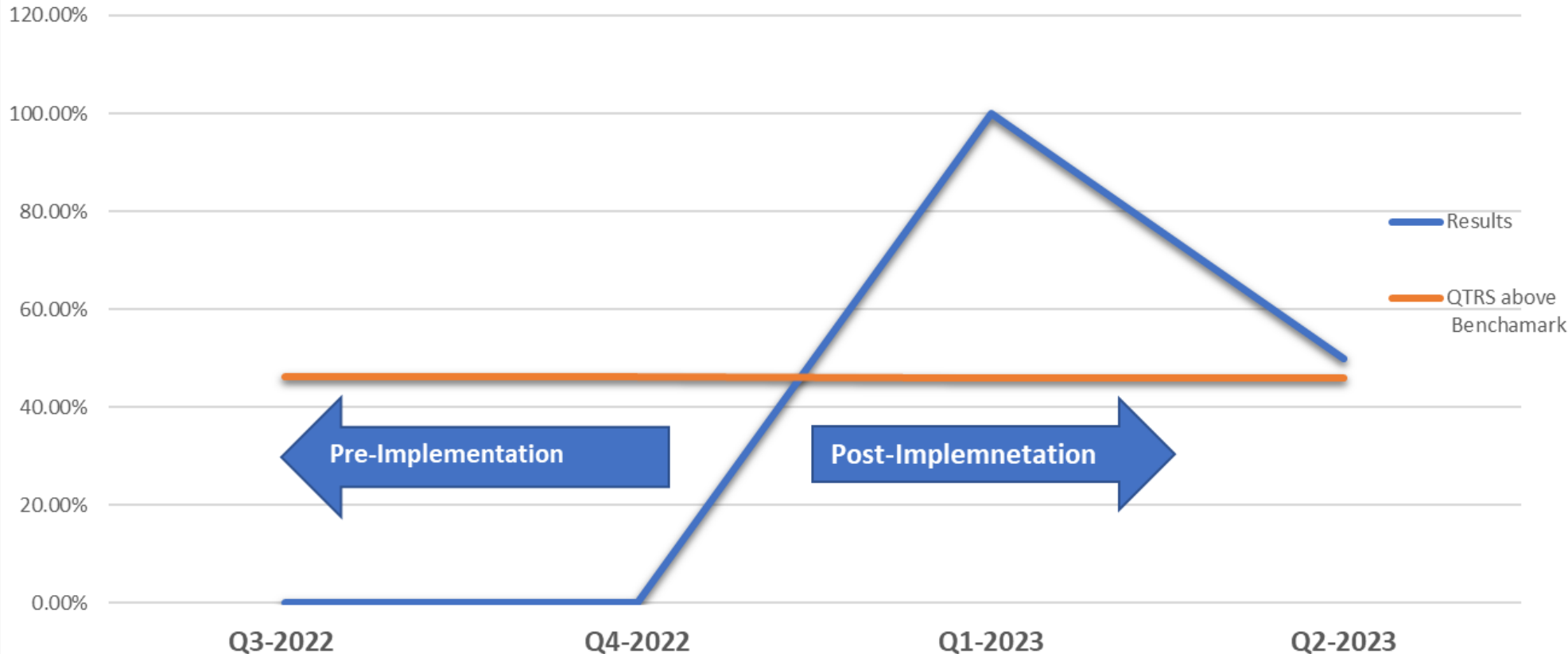
Milestone: Achieved Level 2 Recognition

Challenges, Successes, Lessons Learned

Challenges

Time, Time, Time!

Competing Priorities- multiple initiatives

Manual tracking data

Successes

Team effort!

Having the opportunity to be on the action community to learn and share with others

Lessons Learned

Start small

Don't be afraid to ask questions- the AFHS coaching team is there to support!

Celebrate small wins

Continue to evaluate the process (what's going well? what do we need to improve?)

Case Study

Mr. S, 84Y male from a skilled nursing facility

- Admitted: CHF, pneumonia, acute encephalopathy

- Hx: ESRD on HD, sick sinus syndrome, Type 2 DB, STEMI

- Activity level: Max assist to transfer

Inpatient Medications:

Aspirin, Lipitor, Calcitriol, Coreg, Benadryl, melatonin, heparin, insulin, Vancomycin IV, and Norco

How would you care for this patient, using the 4Ms framework?

Thank you!

TEAMWORK MAKES THE DREAM WORK!

AHA & IHI Case Studies

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

Kent Hospital

Rush University Health System

Banner Healthy Together Care Partnership

Hebrew Senior Life

Join AHA Action Community 2023-2024

- **Join and get your Age-Friendly Recognition. It's FREE**

- **AHA AFHS Action Community is from September 2023 – April 2024**

  - 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.**

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Age-Friendly Health Systems: An Invitation to Join Us

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Advancing Health in America

Fall 2023 Age-Friendly Health Systems Action Community: **An Invitation to Join Us**

September 2023 – April 2024

Facilitated by the American Hospital Association

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Final Reminders

- **Evaluation**
  - Please complete the evaluation form that appears on your screen once the webinar ends
- **Continuing Education**
  - Create a Duke OneLink account if you have not done so
    - Instructions can be downloaded from the Files pod or your registration confirmation email
  - **Text KUKREB to (919) 213-8033 within 24 hours**