

# Age-Friendly Health System

## Hospital-Wide Education

April, 2021



**Phelps Hospital**  
Northwell Health®

# What is an Age-Friendly Health System?

**A comprehensive organizational approach to age- friendly care for patients age 65 and over.**

**It aligns care with each older adult's specific health outcome goals and care preferences.**

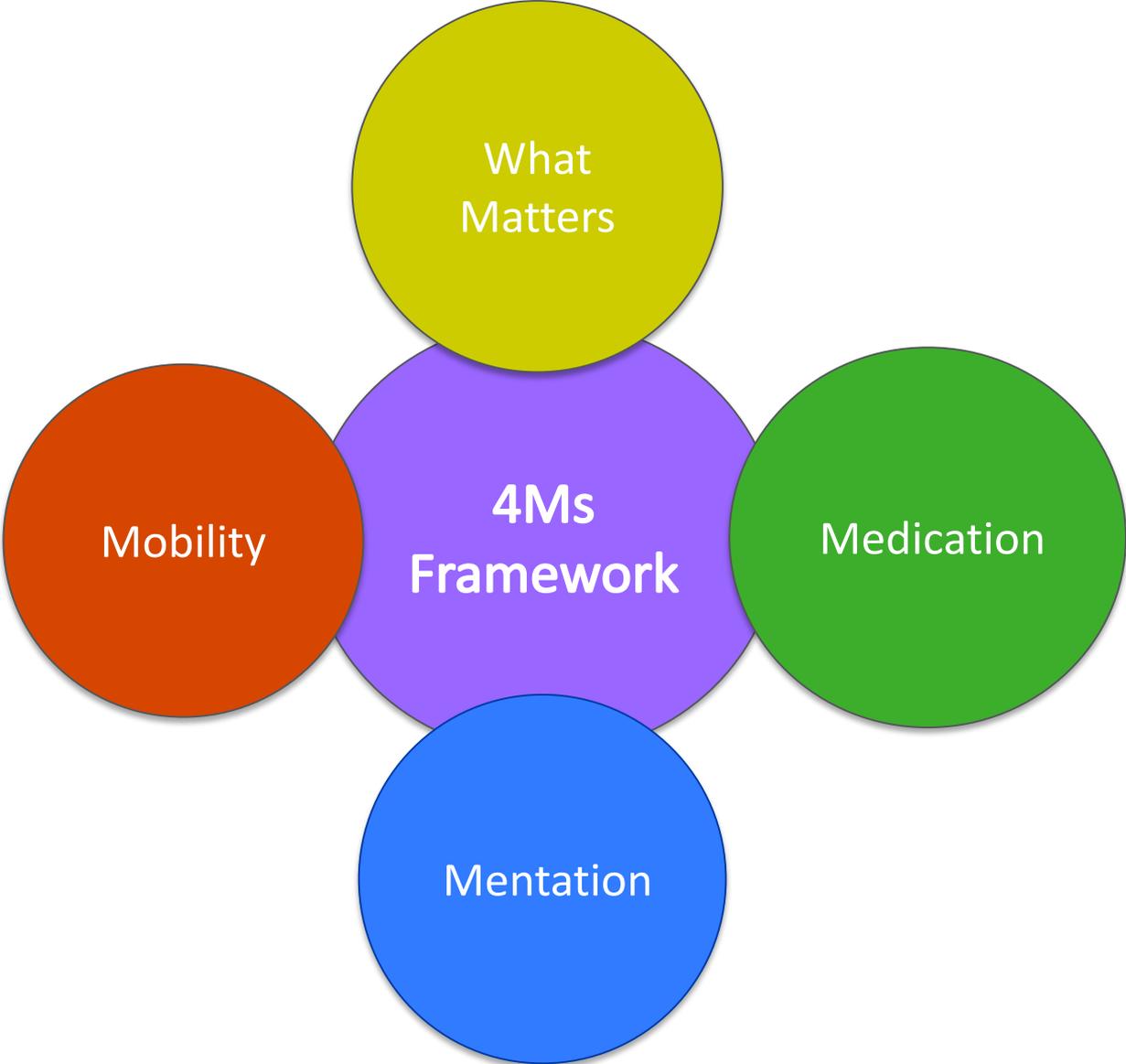
**Framework to develop efficient and effective delivery of care to patients 65 years old and over**

**Follows an essential set of evidence-based practices**

**Causes no harm**

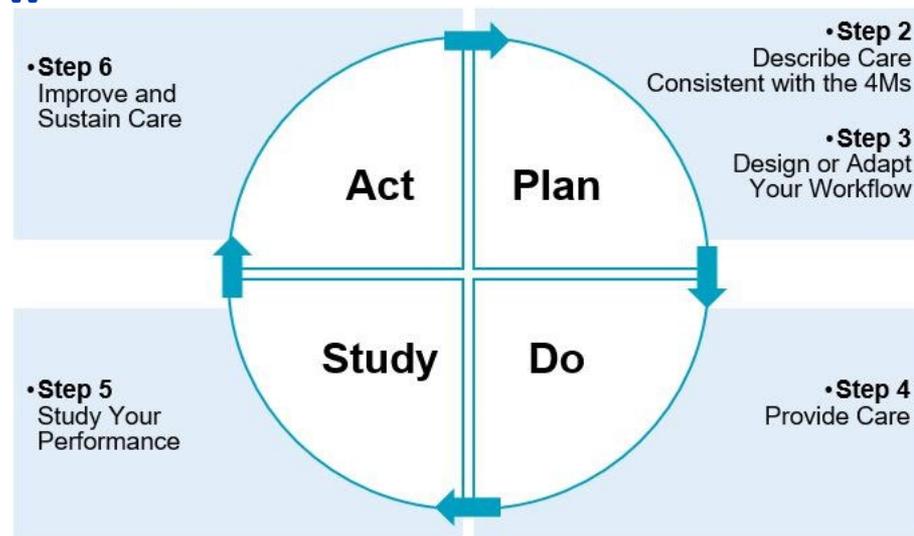
***The 4Ms framework drives all care and decision-making for adults 65+ in the inpatient and ambulatory setting.***

# Evidence-Based 4Ms Framework



# Process

- Understand Your Current State
- Describe Care Consistent with the 4Ms
- Design or Adapt Your Workflow
- Provide Care
- Study Your Performance
- Improve and Sustain Care



**Level I** (First Three Steps): *Age-Friendly Health System Recognition*

**Level II** (Last three Steps): *Age-Friendly Health System: Committed to Care Excellence*

Patient ID Label

**What Matters, Medication, Mentation and Mobility**



**On Admission**

Question	Answer/response		
<b>What Matters Most (age =&gt;65 years)</b>			
Pt over 65 & willing/able to answer what matters questions	<input type="radio"/> Yes <input type="radio"/> No, unable to answer <input type="radio"/> No, declines to answer		
What Matters Responses provided by	<input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Other		
While you are here, what matters most to you?	<table border="0"> <tr> <td> <input type="checkbox"/> Advance Directives  <input type="checkbox"/> Cultural Concerns  <input type="checkbox"/> Financial concern  <input type="checkbox"/> Housing concern  <input type="checkbox"/> Medical condition  <input type="checkbox"/> Medication concern  <input type="checkbox"/> Mobility concern  <input type="checkbox"/> Nutritional concern                 </td> <td> <input type="checkbox"/> Pain Management  <input type="checkbox"/> Respiratory concern  <input type="checkbox"/> Social concern  <input type="checkbox"/> Family communication  <input type="checkbox"/> Community Communication  <input type="checkbox"/> Other:  <input type="checkbox"/> _____  <input type="checkbox"/> _____                 </td> </tr> </table>	<input type="checkbox"/> Advance Directives <input type="checkbox"/> Cultural Concerns <input type="checkbox"/> Financial concern <input type="checkbox"/> Housing concern <input type="checkbox"/> Medical condition <input type="checkbox"/> Medication concern <input type="checkbox"/> Mobility concern <input type="checkbox"/> Nutritional concern	<input type="checkbox"/> Pain Management <input type="checkbox"/> Respiratory concern <input type="checkbox"/> Social concern <input type="checkbox"/> Family communication <input type="checkbox"/> Community Communication <input type="checkbox"/> Other: <input type="checkbox"/> _____ <input type="checkbox"/> _____
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What Matters Most Comment			
RN Name, Date and Time:			

**3 North  
Pilot:  
  
February  
March  
April**

**Daily Assessment** (*Medications are handled by Pharmacy*)

<b>Day 1:</b> _____	
CAM Assessment done	<input type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
Mobility Assessment done	<input type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
Patient's What Matters Most response from admission reviewed (Done at Shift Report).	<input type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
4Ms Reviewed during Interdisciplinary Rounds (Minimum of RN and MD).	<input type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
RN Name, Date and Time:	
<b>Day 2:</b> _____	
CAM Assessment done	<input type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
Mobility Assessment done	<input type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
Patient's What Matters Most response from admission reviewed (Done at Shift Report).	<input type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
4Ms Reviewed during Interdisciplinary Rounds (Minimum of RN and MD).	<input type="radio"/> Yes <input type="radio"/> No <b>Comment:</b>
RN Name, Date and Time:	

	ACCESS	ACT ON
Hospital	Key Actions (to occur at least daily):	
	<input type="checkbox"/> Ask the older adult What Matters <input type="checkbox"/> Document What Matters	<input type="checkbox"/> Align the care plan with What Matters
	<input type="checkbox"/> Review for high-risk medication use	<input type="checkbox"/> De-prescribe or do not prescribe high-risk medications
	<input type="checkbox"/> Screen for delirium at least every 12 hours	<input type="checkbox"/> Ensure sufficient oral hydration  <input type="checkbox"/> Orient older adults to time, place, and situation  <input type="checkbox"/> Ensure older adults have their personal adaptive equipment  <input type="checkbox"/> Prevent sleep interruptions; use non-pharmacological interventions to support sleep
	<input type="checkbox"/> Screen for mobility limitations	<input type="checkbox"/> Ensure early, frequent, and safe mobility

# Going Forward

- **Staff Education**
  - iLearn in May
  - Meditech Modifications
  - Identify AFHS Champions
- **Community Education**
  - Print, Digital, and Social Media
- **Standards of Care**
  - Interdisciplinary Rounds
- **Outcomes**
  - Reported to Shared Governance and PICG



# STANDARDS of CARE



- **What Matters Most (WMM)**  
*Nursing History and Database Interview*
- **Mentation**  
*CAM and CAM ICU*
- **Mobility**  
*Mobility and Gait Shift Assessment*
- **Medication**  
*Pharmacy and Provider Modules*

# OUTCOMES

- **30 Day Readmissions**
  - **LOS**
  - **Falls and Falls w/o Injury**
  - **Ambulation\***  
OOB and pt. activity
  - **Delirium\***
  - **Pressure Injuries**
  - **Incontinence\***  
Urinary Incontinence and Voiding Method
  - **Nutrition\***  
Current Diet and Percent Meal Consumed
  - **Adverse Drug Events**  
Beers Criteria/Risk Medications
  - **Patient Satisfaction**  
HCAHPS
  - **Discharge Disposition\***  
Discharge/Transfer Mode and Disposition; and  
Discharged Home
- \* Compare Admission and Discharge Statuses*



Thank You

