

Age-Friendly Health Systems



Phelps Hospital
Northwell Health®

WHY IS THIS SO IMPORTANT?

New Yorkers are Aging:

- ☐ 2.9 million people or 14% of the total population is over of 65
- ☐ Of those 2.9 million, 14.5% are over the age of 85
- ☐ The Lower Hudson Valley outpaces NYS with an aging population
- ☐ Westchester County outpaces the Lower Hudson Valley; particularly for older adults over 85 years of age

WHY IS THIS SO IMPORTANT?

- ❑ When seniors interact with health systems, they tend to have a negative impact on their health.
- ❑ One third of patients over 70 and half of patients over 85 leave hospitals more disabled than when they arrive.



Governor Cuomo's 2018 State of the State Address

“To support the State’s commitment in creating age friendly communities, the State will set a goal of making fifty-percent of all health systems age friendly within the next five years, which will include the establishment of age-friendly Emergency Rooms that will be better equipped to provide care to aging New Yorkers with cognitive and other physical disabilities.”



How Is This Accomplished?

The Institute for Healthcare Improvement

Age-Friendly Health System Initiative

The 4Ms Model: A specific set of evidence-based geriatric best practices

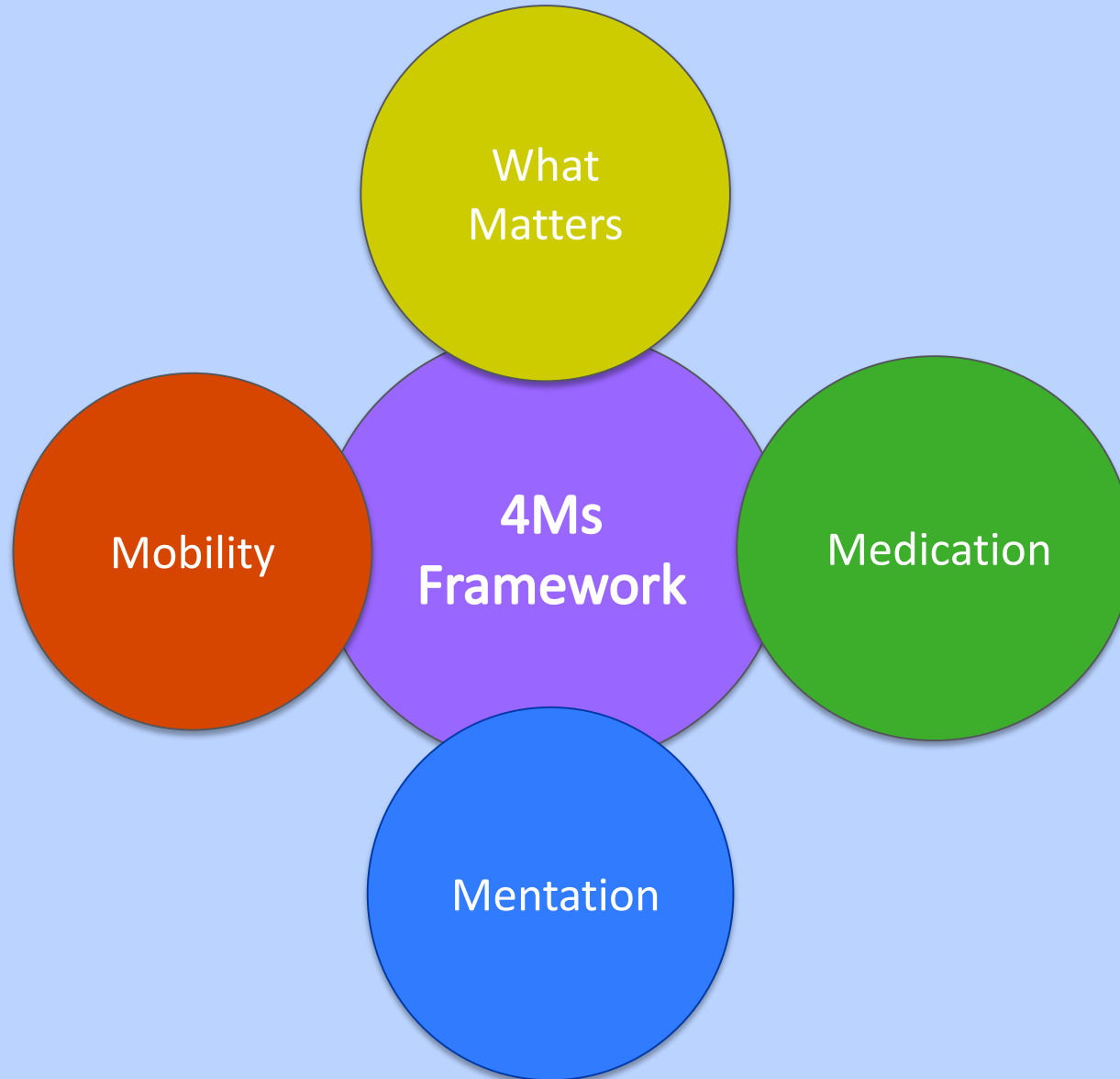
What Matters Most, Medication, Mentation and Mobility

What is an Age-Friendly Health System

- 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
- Aligns with What Matters to the older adult and their family caregivers

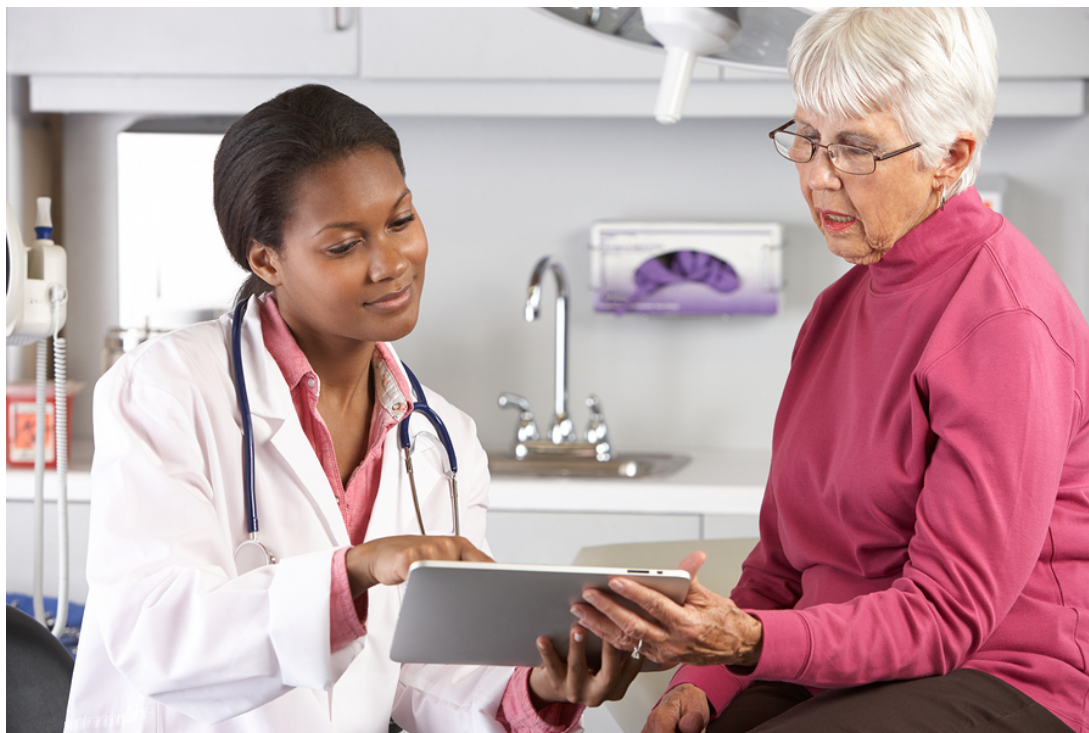
The 4Ms framework drives all care and decision-making for adults 65+ in the inpatient and ambulatory setting.

Evidence-Based 4Ms Framework



While You Are Here, What Matters Most To You?

Defined as knowing and aligning care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life-care.



Screening Tools: Mentation in the Hospital and Post-Acute and Long-Term Care

☐ UB-2

☐ CAM

☐ 3D-CAM

☐ CAM-ICU

☐ bCAM

☐ Nu-DESC

☐ Other

Delirium prevention and management protocols:

- ☐ Ensure sufficient oral hydration
- ☐ Orient older adult to time, place, and situation on every nursing shift
- ☐ Ensure that older adult has their personal adaptive equipment
- ☐ Prevent sleep interruptions; use non-pharmacological interventions to support sleep
- ☐ Avoid high-risk medications

Screening Tools: Mobility

in the Hospital and Post-Acute and Long-Term Care

- ☐ Timed Up & Go (TUG)2
- ☐ Get Up & Go
- ☐ JH-HLM
- ☐ POMA
- ☐ Refer to physical therapy
- ☐ Other: Shift Mobility and Gait Assessment

- ☐ Physical therapy intervention
(balance, gait, strength, gait training, exercise program)
- ☐ Ambulate 3 times a day
- ☐ Out of bed or leave room for meals
- ☐ Avoid restraints
- ☐ Remove catheters and other tethering devices
- ☐ Avoid high-risk medications
- ☐ Other

Screening Tools: Medication

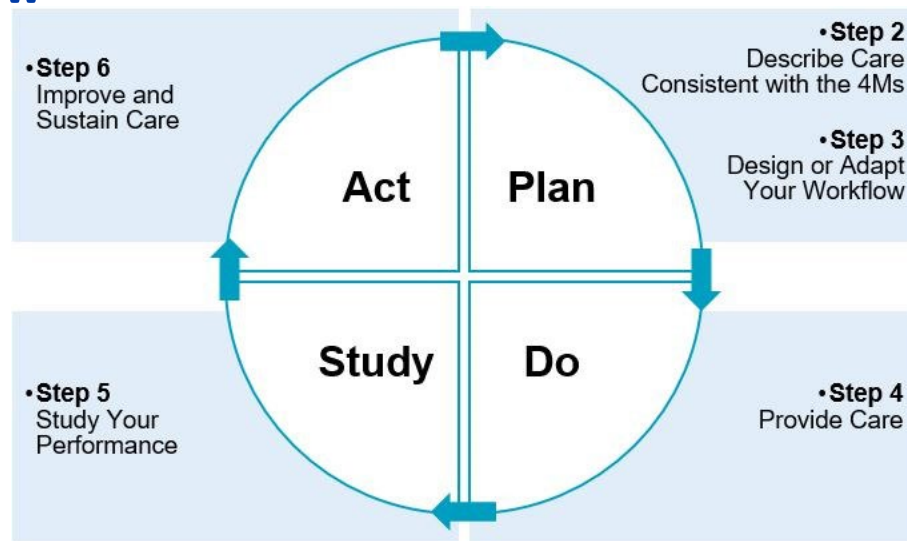
Modified Beers Criteria for Adults 65+: *De-prescribe or Lower the Dosage*

- ☐ Benzodiazepines
- ☐ Opioids
- ☐ Highly-anticholinergic medications (e.g., diphenhydramine)
- ☐ All prescription and OTC sedatives and sleep medications
- ☐ Muscle relaxants
- ☐ Tricyclic antidepressants
- ☐ Antipsychotics

	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

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		
What Matters Most (age =>65 years)			
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:			

Daily Assessment *(Medications are handled by Pharmacy)*

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

3 North
Pilot:

February
March
April

Screen Shots

ON ADMIT/INITIAL 4Ms ASSESSMENT	
Age 65 years or greater	<input type="radio"/> Yes <input type="radio"/> No If No, all done, no need to proceed.
Is patient willing to participate in 4Ms	<input type="radio"/> Yes <input type="radio"/> No, unable to answer <input type="radio"/> No, declined to answer If Yes, please continue.
What Matters Most information provided by	<input type="radio"/> Patient <input type="radio"/> Family <input type="radio"/> Other <input type="text"/>
During this admission, What Matters Most to you?	<div> <input type="radio"/> Advance Directives* <input type="radio"/> Housing concerns* <input type="radio"/> Nutrition concerns* <input type="radio"/> Comfort care/hospice <input type="radio"/> Medical condition <input type="radio"/> Pain Management <input type="radio"/> Cultural/Relig. concerns* <input type="radio"/> Medication concerns* <input type="radio"/> Respiratory concerns <input type="radio"/> Family communication <input type="radio"/> Mental Health <input type="radio"/> Skin Integrity* <input type="radio"/> Financial concerns* <input type="radio"/> Mobility concerns <input type="radio"/> Social concerns* <input type="radio"/> Other <input type="text"/> </div> <p>When asterisked option is selected it will automatically send a Clinical Notification to the appropriate department/services:</p> <ul style="list-style-type: none"> -Case Mgt/Social Work - Advance Directives, Housing Concerns, Financial Concerns, Social Concerns -Dietary - Nutrition Concerns -Pharmacy - Medication Concerns -Chaplain - Cultural and Religious Concerns -Wound RN - Skin Integrity <p>For other responses, discuss with provider and request appropriate consult ex:PT /OT consult.</p>
What Matters Most/4Ms Comment	<input type="text"/>

Screen Shots

WMM/4Ms ONGOING ASSESSMENT

- | | | |
|--|--|--|
| <input type="radio"/> Advance Directives* | <input type="radio"/> Housing concerns* | <input type="radio"/> Nutrition concerns* |
| <input type="radio"/> Comfort care/hospice | <input type="radio"/> Medical condition | <input type="radio"/> Pain Management |
| <input type="radio"/> Cultural/Relig. concerns* | <input type="radio"/> Medication concerns* | <input type="radio"/> Respiratory concerns |
| <input type="radio"/> Family communication | <input type="radio"/> Mental Health | <input type="radio"/> Skin Integrity* |
| <input type="radio"/> Financial concerns* | <input type="radio"/> Mobility concerns | <input type="radio"/> Social concerns* |
| <input type="radio"/> Other <input type="text"/> | | |

During this admission, What Matters Most to you?

When asterisked option is selected it will automatically send a Clinical Notification to the appropriate department/services:

- Case Mgt/Social Work - Advance Directives, Housing Concerns, Financial Concerns, Social Concerns
- Dietary - Nutrition Concerns
- Pharmacy - Medication Concerns
- Chaplain - Cultural and Religious Concerns
- Wound RN - Skin Integrity

For other responses, discuss with provider and request appropriate consult ex:PT /OT consult.

What Matters Most/4Ms Comment

4Ms reviewed

☐ CAM assessment completed ☐ Mobility Asmt completed ☐ WMM reviewed

Medication review (including BEERS criteria) needs to be completed by Pharmacy and Provider.

Reviewed during Interdisciplinary Team rounds?

- ☐ Yes
☐ No

Screen Shots

<p>During this admission, What Matters Most to you?</p>	<p>When asterisked option is selected it will automatically send a Clinical Notification to the appropriate department/services:</p> <ul style="list-style-type: none"> -Case Mgt/Social Work - Advance Directives, Housing Concerns, Financial Concerns, Social Concerns -Dietary - Nutrition Concerns -Pharmacy - Medication Concerns -Chaplain - Cultural and Religious Concerns -Wound RN - Skin Integrity <p>For other responses, discuss with provider and request appropriate consult ex:PT /OT consult.</p>
<p>Did we address What Matters Most to you during your stay?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable <input type="radio"/> N/A </p>
<p>What Matters Most/4Ms comment</p>	<input type="text"/>

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

The 4Ms Evidence-Based Model

**A Paradigm Shift in How We Care
for the Older Adult**



Thank You