

An Aging Nation: Innovations and Research in Healthcare and Communities

October 28th, 2022

Alice Bonner, Senior Advisor for Aging
Institute for Healthcare Improvement (IHI)
Chair, the Moving Forward Nursing Home Quality Coalition



The
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Foundation

**Developed in
collaboration with
Dr. Terry Fulmer,
*President, The John A.
Hartford Foundation***

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



DEDICATED TO IMPROVING THE CARE OF OLDER ADULTS



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Age-Friendly Health Systems

Overview of the 4Ms Framework
Examples from Implementers and Researchers
A few personal Stories from All of Us
All Teach All Learn



Learning Objectives

After the presentation, learners will be able to:

1. Describe two ways that Age-Friendly Health Systems improves selected health outcomes in older adults
2. Explain how Age-Friendly Health Systems implementation research may improve workflow for point-of-care teams and across settings
3. Discuss at least one way in which Age-Friendly Health Systems and Age-Friendly Communities can integrate and align initiative goals and outcomes.

It's about leadership...





Key Take-Aways from Today

- Research on Age-Friendly Health Systems (AFHS) and communities provides evidence and a framework for **quality improvement**, with people of all ages and across settings
- Interprofessional teams are essential to AFHS implementation, to promoting positive outcomes, and to preventing adverse events - especially during care transitions
- Those teams need champions – they need leaders





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So, what will it take for **YOU** to be the leader and champion
for Age-Friendly Health Systems in your
health setting and community?

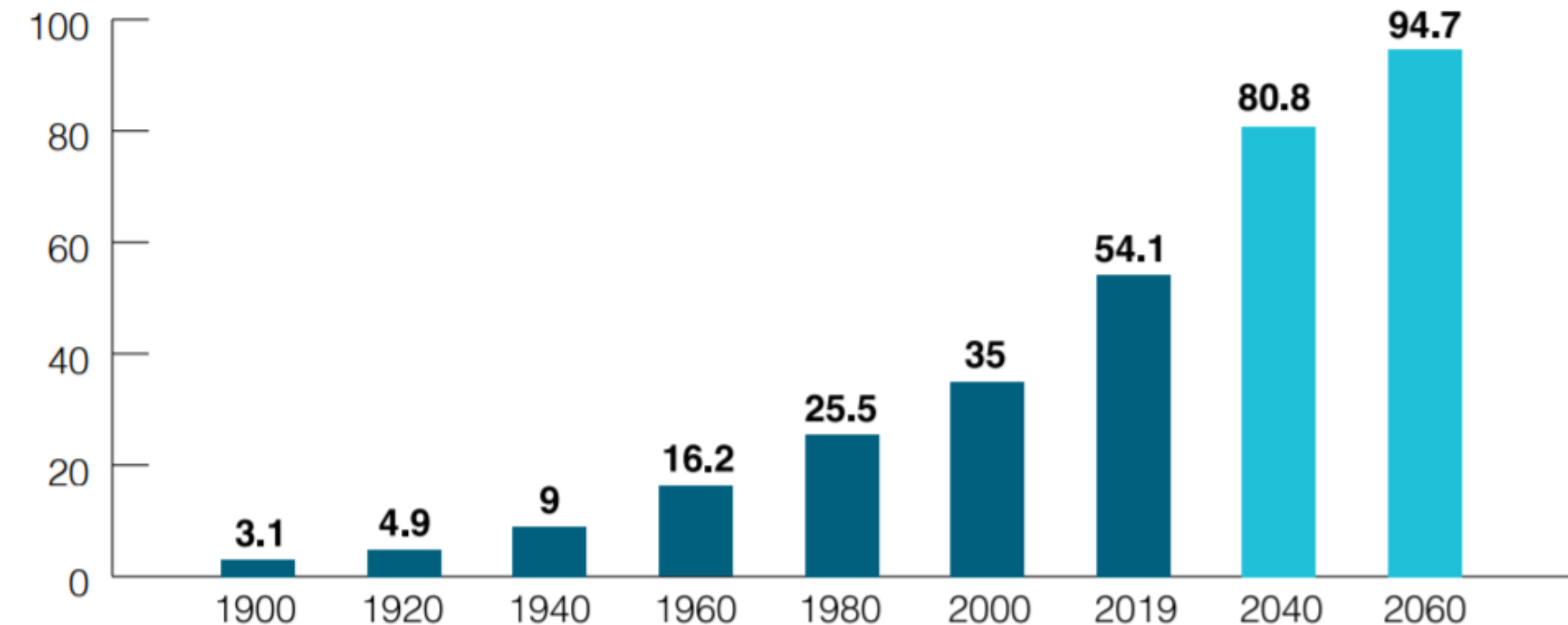
Planning for the Future: We Need Age-Friendly Solutions



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- **Demography:** # of older adults is rapidly growing and becoming more diverse
- **Complexity:** multiple chronic conditions, dementia, disability, social isolation, social determinants of health
- **Disproportionate Harm:** higher rates of health care-related harm, discoordination, poor preparation for disasters

Number of Persons Age 65 and Older, 1900 - 2060
(numbers in millions)



Note: Increments in years are uneven. Lighter bars (2040 and 2060) indicate projections.

Source: U.S. Census Bureau, Population Estimates and Projections

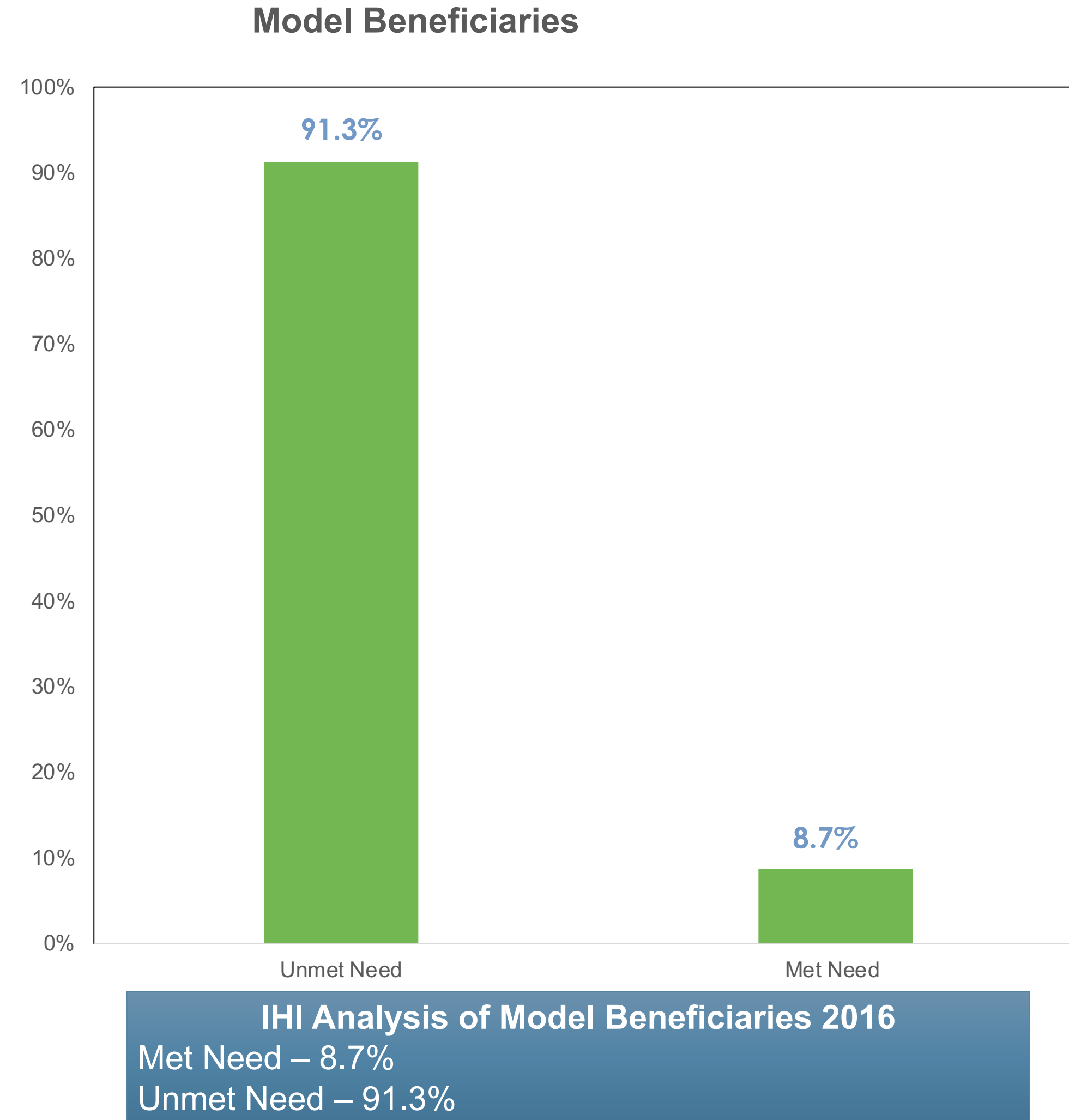


Evidence-Based Care Not Reliably Applied



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- We have lots of evidence-based geriatric-care models of care that have proven very effective
- Yet, most reach only a portion of those who could benefit
 - Difficult to disseminate and scale
 - Difficult to reproduce in settings with fewer resources
 - May not translate across care settings



Age-Friendly Health Systems

Our aim: Build a movement so ***all care*** with older adults is **equitable age-friendly care**:

- Guided by an essential set of evidence-based practices (**4Ms**)
- Causes no harms
- Is consistent with **What Matters** to older adults and their care partners

Fulmer, T., Mate, K. S., & Berman, A. (2018). The age-friendly health system imperative. *Journal of the American Geriatrics Society*, 66(1), 22-24.



Age-Friendly: Review of Evidence Resulted in the 4Ms

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

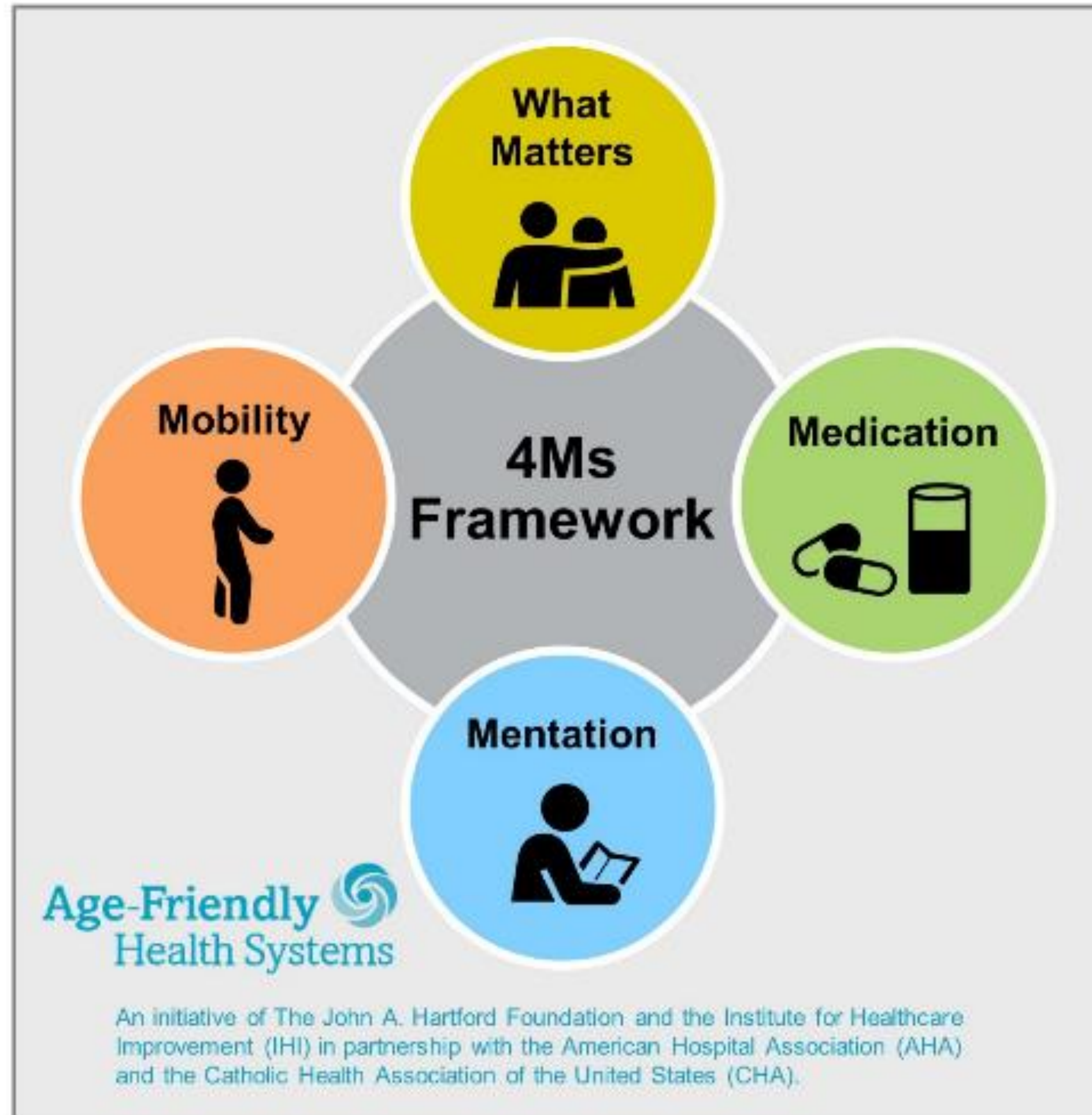
90 care features
identified in pre-work

Redundant concepts
removed and **13**
discrete features found
by IHI team

Expert Meeting led to
the selection of the “vital
few”: **the 4Ms**

The 4Ms of Age-Friendly Care

IHI.org/agefriendly



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?



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- 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 Systems

The 4Ms: What Matters, Medication, Mentation, Mobility

Assess

Know about the 4Ms for each older adult in your care

Act On

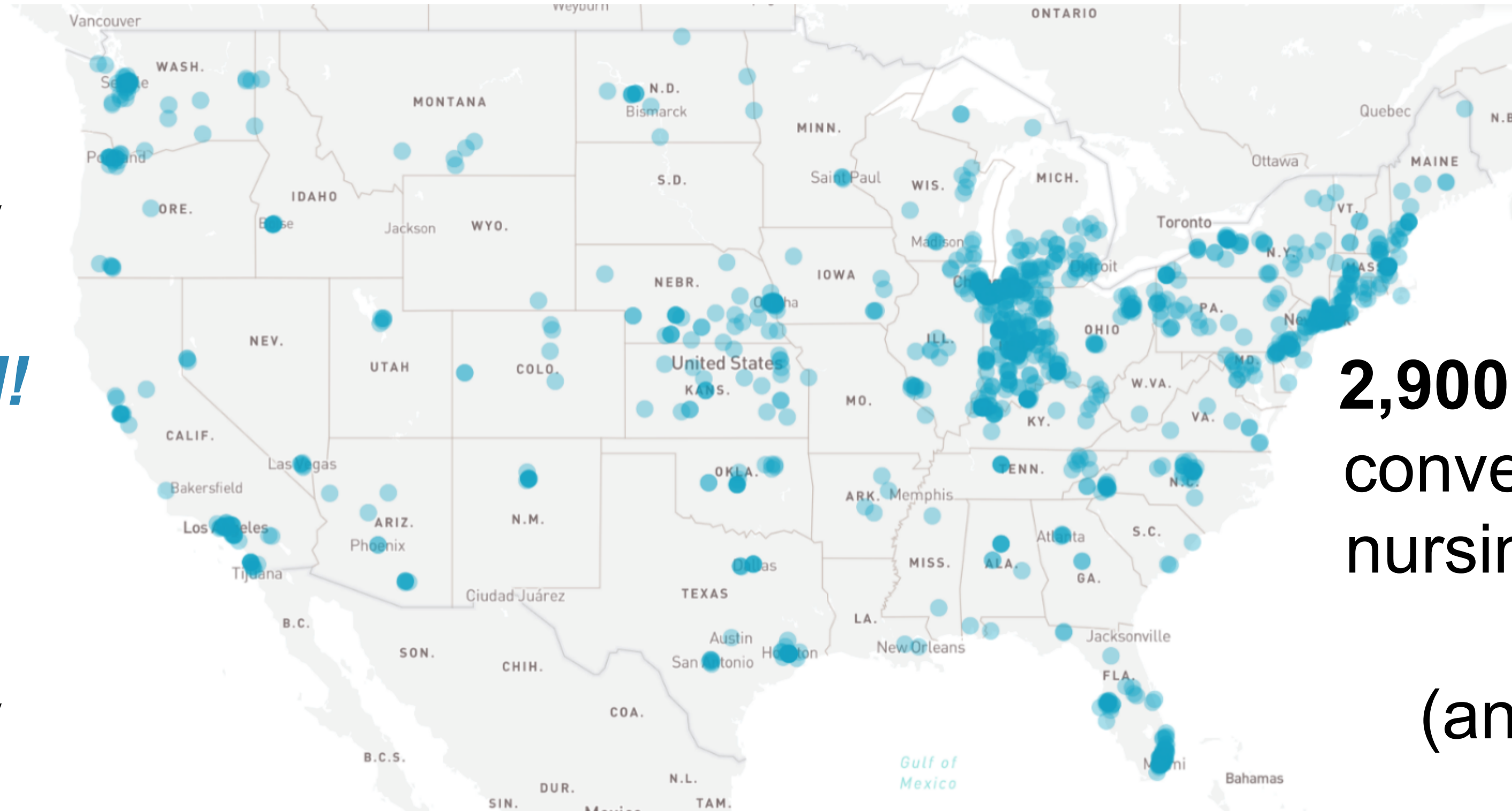
Incorporate the 4Ms into the plan of care

A Goal Met and a Growing Movement!



Our 1st Goal:
**Spread to
1,000 sites by
end of 2020**
Goal Achieved!

Next Goal:
**Spread to
2,600 sites by
June 2023**
Goal Achieved!



2,900+ hospitals, practices,
convenient care clinics and
nursing homes have joined
the movement!
(and growing globally)

As of October 2022

Vermont in the Age-Friendly Health Systems Movement



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3 hospitals, medical practices, convenient care clinics, and/or nursing homes in Vermont have joined Age-Friendly Health Systems movement!

Participating sites include:

- Grace Cottage Family Health
- Grace Cottage Family Health & Hospital
- University of Vermont Appletree Bay Primary Care



As of September 2022





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> *J Aging Health*. 2021 Feb 8;898264321991658. doi: 10.1177/0898264321991658.
Online ahead of print.

Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum

Kedar Mate ¹, Terry Fulmer ², Leslie Pelton ¹, Amy Berman ², Alice Bonner ¹, Wendy Huang ³,
Jinghan Zhang ³

Affiliations + expand

PMID: 33555233 DOI: 10.1177/0898264321991658

Free article

Abstract

Objectives: An expert panel reviewed and summarized the literature related to the evidence for the 4Ms—what matters, medication, mentation, and mobility—in supporting care for older adults. **Methods:** In 2017, geriatric experts and health system executives collaborated with the Institute for Healthcare Improvement (IHI) to develop the 4Ms framework. Through a strategic search of the IHI database and recent literature, evidence was compiled in support of the framework's positive clinical outcomes.

Results: Asking what matters from the outset of care planning improved both psychological and physiological health statuses. Using screening protocols such as the Beers' criteria inhibited overprescribing. Mentation strategies aided in prevention and treatment. Fall risk and physical function assessment with early goals and safe environments allowed for safe mobility. **Discussion:** Through a framework that reduces cognitive load of providers and improves the reliability of evidence-based care for older adults, all clinicians and healthcare workers can engage in age-friendly care.

Keywords: goal-directed care; quality; safety.



Age-Friendly Care – Helping Consumers Understand the 4Ms - NBC



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NBC Universal/Telemundo video segment at:
johnahartford.org/agefriendly

See WebMD.com/agefriendly for additional consumer info

Age-Friendly Health System Measures

All Measures to be Stratified by Age, Race, and Ethnicity

Access to Care (Community):

- Count of older adults who receive care (*numerator*)
- Count of 65+ population in capture region (*denominator*)

Access to 4Ms in the Health System:

- Count of older adults whose care includes the 4Ms (*numerator*)
- Count of older adults who receive care (*denominator*)

Process Measures:

- What Matters:
 - ACP documentation
 - What Matters documentation
- Medication:
 - Presence of any of 7 high-risk medications
- Mentation: screened for
 - Depression
 - Dementia
 - Delirium
- Mobility: screened for mobility

Outcome Measures:

- 30-day readmissions
- HCAHPS/CG-CAHPS, NH-CAHPS
- Length of stay
- ED utilization
- Delirium

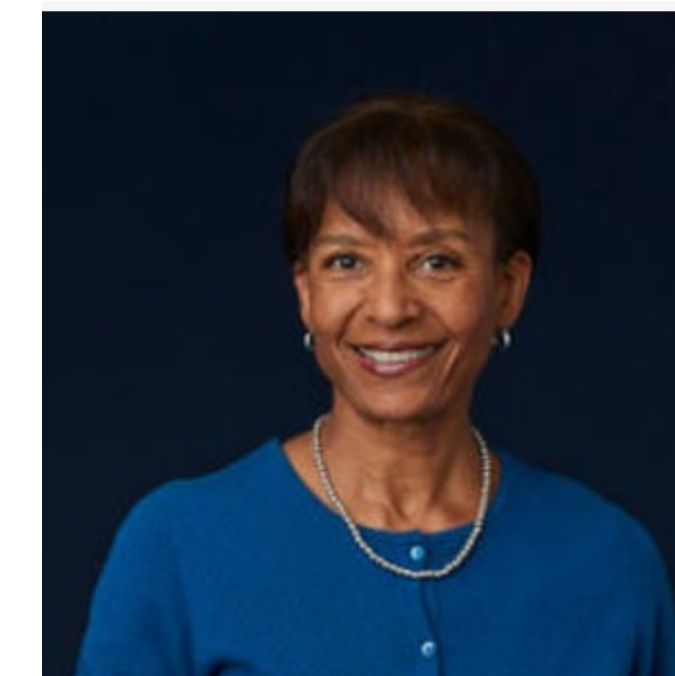


Equity & Age-Friendly Health Systems



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- **Equity Task Force** formed in 2020, began with measures and data collection
- Age-Friendly Health Systems participants now **recording racial/ethnic breakdown** of populations
- **Linking collection of racial/ethnic data to quality measures**, e.g., 30-day readmissions, length of stay, ED utilization, older adult experience
- **Analyzing outcomes** stratified by race/ethnicity
- **Taking actions** to address disparate outcomes



Faith Mitchell, PhD,
AFHS co-chair,
Urban Institute Fellow

www.healthaffairs.org/doi/10.1377/hauthor20130227.744848/full

Results and Impact: A Few Examples from Implementers

CVS Health

Integrated AFHS and the 4Ms into older adult visits across their **1,100 Minute Clinic** locations nationwide (scale and spread)

Baystate Health

40% increase in meaningful changes to treatment plans due to asking “*What Matters to you*”



Case Study: Examples of Interventions



- **Organizational Background**

- 1) Teaching hospital with 1100+ beds
- 2) 3rd largest public hospital in the US
- 3) 2008 Acute Care for Elders (ACE) launch began emphasizing age-friendly

4Ms Focused Interventions

What Matters	Medication	Mentation	Mobility
<ul style="list-style-type: none"> ▪ workflow issues—how to integrate conversations about all health outcome goals/preferences ▪ began experiment by having ACE coordinator ask patients What Matters and documenting in notes, with different ways of phrasing questions being piloted 	<ul style="list-style-type: none"> ▪ created flags for high-risk medications to pop up in EHR with suggested alternatives ▪ ACE units have daily team meetings including pharmacists to review meds and find opportunities for deprescribing ▪ expanded by partnering with surgical service teams to examine order sets for high-risk medications ▪ partnered with organization in Wisconsin to facilitate higher volume of EHR review 	<ul style="list-style-type: none"> ▪ previously developed effective system to screen for delirium, each unit has a delirium toolkit with items for cognitive stimulation 	<ul style="list-style-type: none"> ▪ Plan-Do-Study-Act cycles in place since 2016 ▪ created mobility dashboard for units to track progress with NICHE coordinators providing intensive coaching for pilot unit staff to embed age-friendly care into workflows ▪ hired mobility techs with sole purpose to mobilize people ▪ “move and groove” events with music therapists every week

Examples of Outcomes



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UAB MEDICINE

UAB HOSPITAL

Outcomes of Age-Friendly Interventions

- 16% increase in hospitalized older adults getting up from bed to a chair
 - 15% increase in those walking in the hall
- **5% decrease positive delirium screens overall**
 - **10% decrease for post-intervention medical patients**
- **26% decrease in BEERS medications** under new orders for urogynecology and gynecology-oncology surgical units

Lessons Learned

- Don't tell stakeholders what to do, ask them what they need
- Make it easy to do the right thing by integrating age-friendly care into workflows effectively
- Understand AFHS implementation as a continuous process with need for regular evaluation

Case Study: Examples of Interventions



- **Organizational Background**

- 1) Includes Stanford Hospital, outpatient clinics in Redwood City & Palo Alto, Stanford South Bay Cancer Center, primary care offices throughout Bay Area, and virtual services

4Ms Focused Interventions

Screening	EHR Integration	Pilot ACE Unit	Geriatric Trauma Pathway
<ul style="list-style-type: none"> ▪ shifted to interdisciplinary screening: <ul style="list-style-type: none"> ▪ nursing focus on Mentation ▪ rehab focus on Mobility ▪ geriatrics focus on Medication and What Matters within 24hrs of admission 	<ul style="list-style-type: none"> ▪ enhanced EHR based on 4Ms to be scaled across the SHC system ▪ focus on pain evaluation/management, sleep promotion, bowel regimen (what is modifiable) 	<ul style="list-style-type: none"> ▪ piloted interventions informed by 4Ms ▪ interdisciplinary rounds ▪ volunteer-driven visitor program 	<ul style="list-style-type: none"> ▪ formalized from ED admission to discharge; goal to implement 4Ms care further upstream of older adult's care journey ▪ steering committee formed to include Patient and Family Advisory Council members, clinicians, to co-design each phase of hospital and discharge experience ▪ dashboard for geriatric trauma allowed measurement of work and validation of quality ▪ governance structure in development to scale up implementation across SHC network



EHR Integration – Example from Convenient Care Clinics

Building 4Ms into EPIC EHR

4M Age-Friendly Evaluation

4Ms	What Matters	Mobility	Medications	
	Mentation	Unable to assess any of the 4Ms		
What Matters What is important to patient in general?	Family togetherness	Social activities/inclusiveness	Health	Independence
	Patient declined to discuss	Other		
Plan of care consistent with what matters to patient?	Yes	No		
Mobility Did you assess the patients Mobility?	Yes	No		
Is the patient:	Non-independently ambulatory	Independently ambulatory	Other	
Degree of assistance	Cane	Walker	Wheelchair	
Please provide information on the ability and time using this equipment if applicable	Uses 100 % of time, effectively			
Actions taken related to mobility:	Mobility specific physical exam done	Assistive device recommended	Referral to PCP	
	Encouraged to have a daily mobility goal	Education Based on Results	Explained Risk to Patient	



Outcomes: Examples



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Outcomes of Age-Friendly Interventions

- Between FY 2017-2019:
 - Length of stay decreased by 10%
 - Mortality decreased by 3.3%
 - **Time to 1st goals of care and advance care planning conversation decreased by 28 hours (>50%)**
 - **Average time to first mobilization decreased by 50%**
 - HCAHPS patient experience score increased by 18.6 pts (32%)
 - **Delirium incidence decreased by 8%**

Lessons Learned

- Starting with What Matters informs other Ms
- 4Ms as valuable teaching tool for all care staff, older adults, care partners (families)
- Engage key stakeholders in achieving EHR integration
- Have patience with progress (another theme)

Case Study: Examples of Interventions



- **Organizational Background**

- 1) Accountable Care Organization serving >1 million people in MD & DC
- 2) Established Acute Care of the Elderly (ACE) unit in 2013

4Ms Focused Interventions

What Matters	Medication	Mentation	Mobility
<ul style="list-style-type: none"> ▪ flow sheet in EHR ▪ whiteboards, visible displays of older adults' values ▪ wellness visits structured around 4Ms (reimbursed by Medicare) 	<ul style="list-style-type: none"> ▪ EHR incorporates updated Beers Criteria ▪ auto-generates a CP2 score for higher med assessment needs ▪ more general awareness and consideration before prescribing 	<ul style="list-style-type: none"> ▪ Brief Confusion Assessment Method (bCAM) delirium screening Qs into EHR ▪ group/diversion activities ▪ facilitate hydration with easier-to-use water cups ▪ ceased 4AM vitals check to aid sleeping ▪ ACercize, animal therapy 	<ul style="list-style-type: none"> ▪ mobility/quality tech ensures older adults move every day ▪ ACercize ▪ removing bedpans to encourage getting out of bed ▪ adapted falls committee into safe mobility committee that gives mobility scorecards ▪ mobility contest with prizes

Outcomes of Age-Friendly Interventions

- *Reduced 30-day all-cause readmission rates in 3 months*
 - By 7.8% for 65-84 year olds and 22% for 85+ year olds
- *Increased mobility*
 - By 16.7% for 65-84 year olds, 25.5% for 85+ year olds

Lessons Learned

- Starting with What Matters informs other Ms (a theme)
- Older adults are socially as well as clinically complex
 - No intervention is ‘one size fits all’
- Engage IT analysis at the start, utilizing community and external resources
 - Appropriate data collection is key to measuring impact
- Positive trends and progress motivate other team members

**What did
all of those
leaders do?**

Become a Mentor

Find a Mentor

Overview

Since its launch in 2017, the Rush Center for Aging (CEA) has pursued its mission to improve the health and well-being of older adults, for individuals and communities, aligning with the Rush University for Health's (RUSH) strategic priorities. RUSH is to improve the health of individuals and communities through the integration of outpatient care, education, research and community partnerships.

After learning about the Age-Friendly Health Systems initiative, the CEA completed the Institute for Healthcare Improvement's (IHI) self-assessment to find current programs and practices involving 4Ms across the health system. The Age-Friendly Health Systems initiative is an evidence-based approach that focuses on the 4Ms framework — what matters, medications, mentation and mobility. Although the team discovered pockets of excellence and identified care teams addressing some or all of the 4Ms, they were not applied consistently or broadly. There were opportunities to improve and scale up these efforts, aligning with ongoing health system priorities of quality improvement and cost savings.

Recognizing the synergy of the Age-Friendly Health Systems initiative with RUSH's strategic plan, the team decided to pilot the 4Ms framework.

RUSH provides services to the Chicago area and is composed of:

- Rush University Medical Center (RUMC)
- Rush Oak Park Hospital
- Rush Copley Medical Center
- Numerous outpatient facilities

Stanford Health Care



Background

Stanford Health Care in California encompasses the new Stanford Hospital, outpatient clinics in Redwood City and Palo Alto, the Stanford South Bay Cancer Center, and primary care offices throughout the Bay Area, as well as virtual services.

In October 2016, Stanford Health Care joined Age-Friendly Health Systems, an initiative of the Institute for Healthcare Improvement (IHI) and The John A. Hartford Foundation, in partnership with the American Hospital Association and the Catholic Health Association of the United States. Becoming an Age-Friendly Health System means providing evidence-based care to older adults that reliably implements the "4Ms": What Matters, Medication, Mentation, and Mobility (see Figure 1).

The Stanford Health Care Inpatient Geriatric Medicine team has long been devoted to providing the best possible care to hospitalized older adults. They recognized that becoming an Age-Friendly Health System created an opportunity to improve reliable use of evidence-based care in their high-risk inpatient population. In addition, they realized that the innovations they piloted, if successful, could then be spread across the whole system.

For the Stanford Health Care team, being part of the national Age-Friendly Health Systems movement enabled them to:

- Access a community of experts in process improvement and other health system teams that were implementing the 4Ms to improve age-friendly care;
- Design and measure key processes based on the 4Ms framework; and
- Build internal support from key stakeholders and resource allocation from hospital teams of various disciplines.

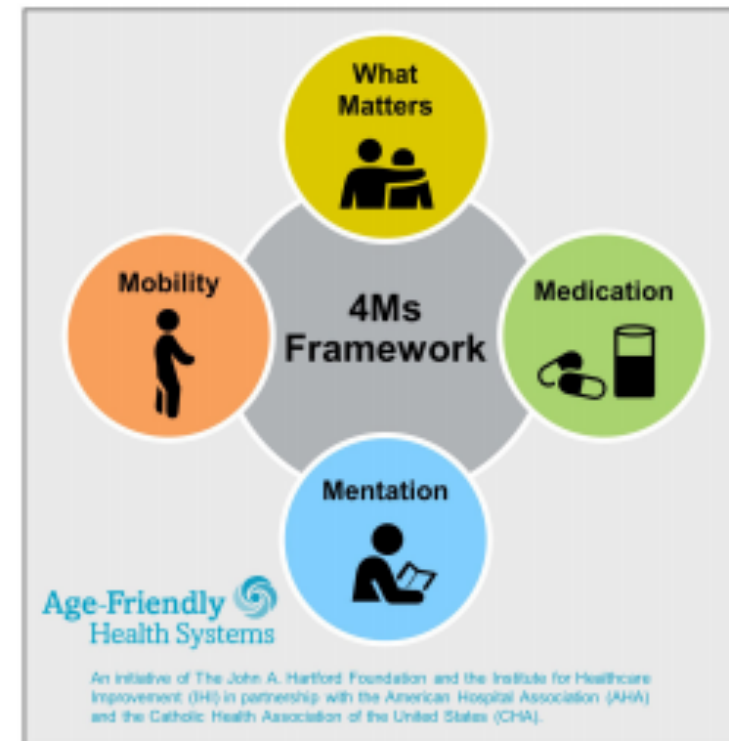


Figure 1. 4Ms Framework of an Age-Friendly Health System

Approach

Leaders selected the geriatric trauma service as the pilot site because older adults on the service tend to have high resource needs, are likely to suffer from frailty, and many have already experienced a fall. For all of these reasons, the cost of caring for the population is relatively high. As a result, this patient population seemed to offer a potentially high payoff for increasing reliable practice of the 4Ms. "It was sort of a natural synergy with our work," said Dr. Ankur Bharija. "We were working with a high-risk geriatric trauma population already, and it seemed like a natural partnership to improve the care in this population even more through the age-friendly work."

The team started by setting a measurable and time-bound goal: *To improve the consistent delivery of the "4Ms care bundle" from 60 percent to 80 percent in the geriatric trauma population from November 2018 to November 2019.*

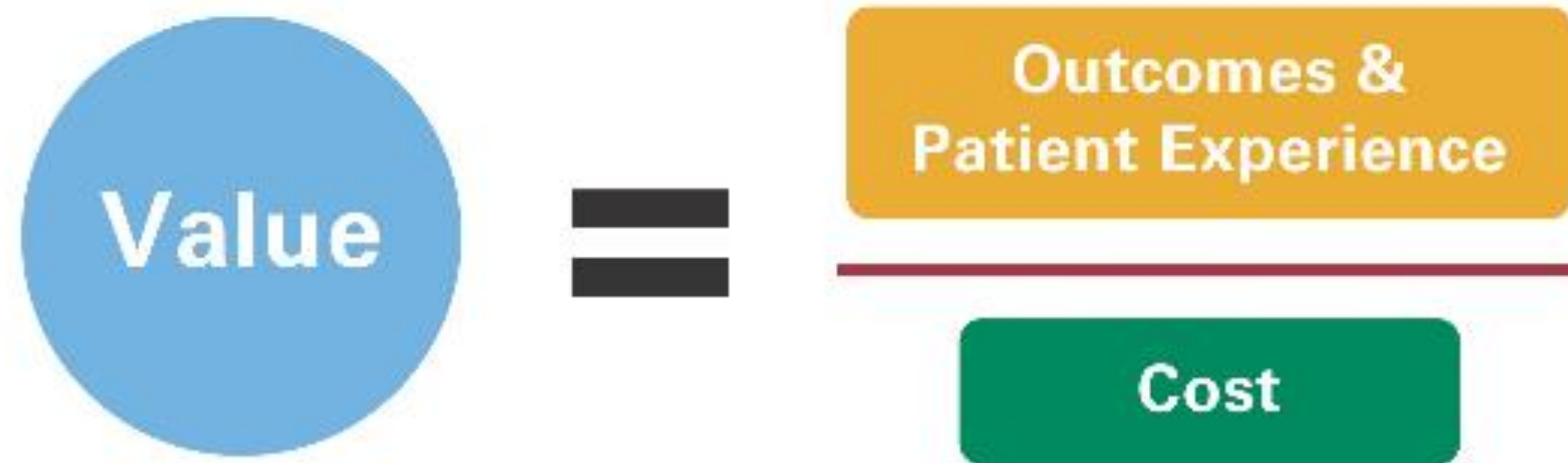


Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

- Read More About Outcomes in Case Study Examples at IHI.org/agefriendly
- Anne Arundel Medical Center - Maryland and Washington, DC
- Kent Hospital - Rhode Island
- MaineHealth - Maine Medical Center, Portland, Maine
- MinuteClinic - 1,200 locations inside CVS Pharmacy stores and CVS HealthHUBs
- Rush University Medical Center - Chicago, IL
- Stanford Health Care - California
- University of Alabama Hospital – Alabama
- Nursing home implementation case studies

Case studies developed by AHA, IHI, nursing homes

The Value of Age-Friendly Health Systems



- [Business Case for Becoming an Age-Friendly Health System](#)
- [Inpatient ROI Calculator](#)
- [Outpatient ROI Calculator](#)
- [Issue Brief: Creating Value with Age-Friendly Health Systems](#)

Three overlapping report covers from the Institute for Healthcare Improvement (IHI) are shown. The top cover is titled "The Business Case for Becoming an Age-Friendly Health System" and includes the word "REPORT" in orange. The middle cover is titled "Age-Friendly Health Systems Inpatient ROI Calculator Instructions" and includes the subtitle "The Business Case for Becoming an Age-Friendly Health System". The bottom cover is titled "Age-Friendly Health Systems Outpatient ROI Calculator Instructions" and includes the subtitle "The Business Case for Becoming an Age-Friendly Health System". All covers feature the IHI logo and the Age-Friendly Health Systems logo. The bottom cover also includes the text "This content was created especially for:" followed by the Age-Friendly Health Systems logo and a footer: "An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States".

Your Conversation Starter Guide



Helps you have ‘the conversation’ with the important people in your life about your – or their – wishes for care **through the end of life (*advance care planning*)**.

A great resource for ***older adults and care partners***.

Your Conversation Starter Guide

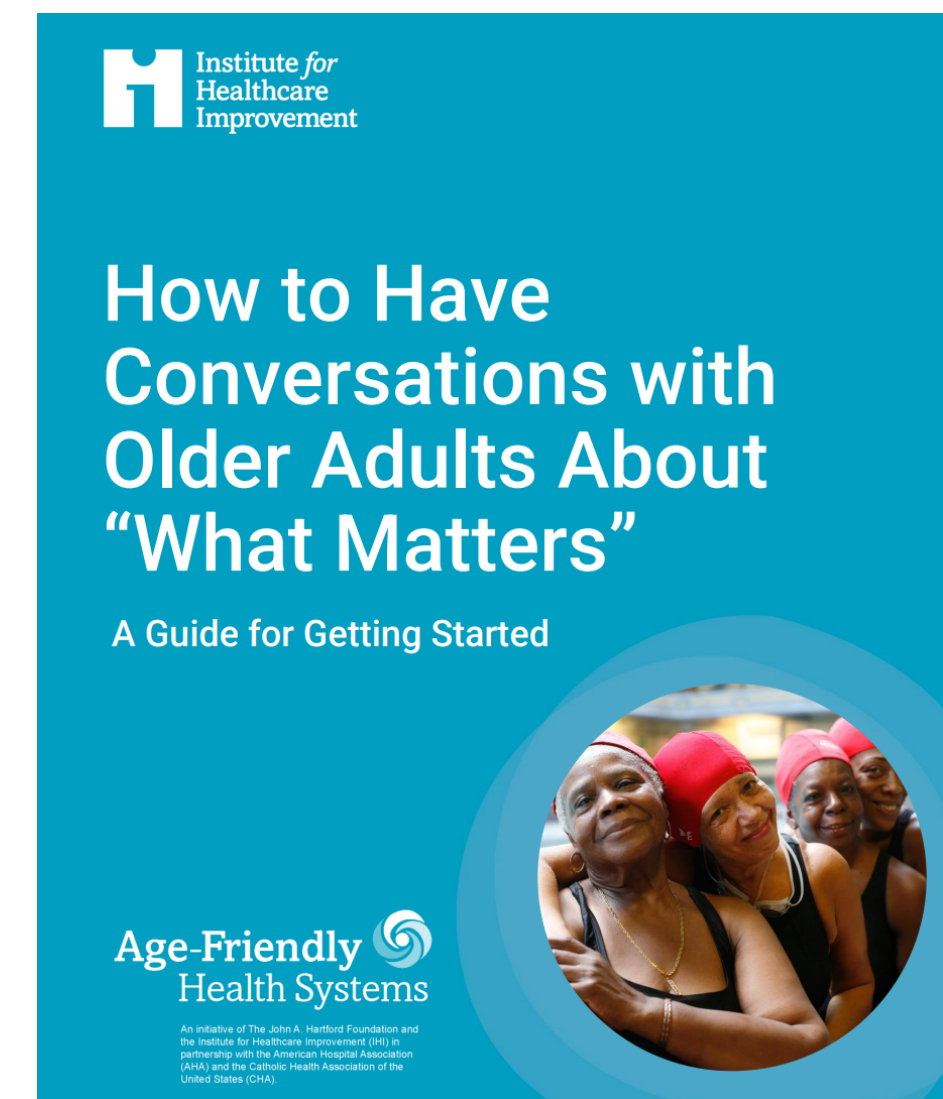
How to talk about what matters to you and have a say in your health care.

<https://theconversationproject.org/get-started> and
<https://theconversationproject.org/wp-content/uploads/2020/12/ConversationStarterGuide.pdf>

New: How to Have Conversations... about **What Matters**

What's Inside:

- Three steps you can start using this week to build trust (*current goal setting, care planning not just advance care planning*)
- Suggested phrases to help you begin What Matters conversations, e.g.,: ***“In today’s visit, I want to be sure we cover what is most important to you.”***
- Sample questions, e.g.,: ***“Is anything getting in the way of doing the activities that you would like to do?”***



ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/AgeFriendlyHealthSystems_How-to-Have-Conversations-with-Older-Adults-About-What-Matters.pdf

New Age-Friendly Health Systems: Guide to Care of Older Adults in Nursing Homes



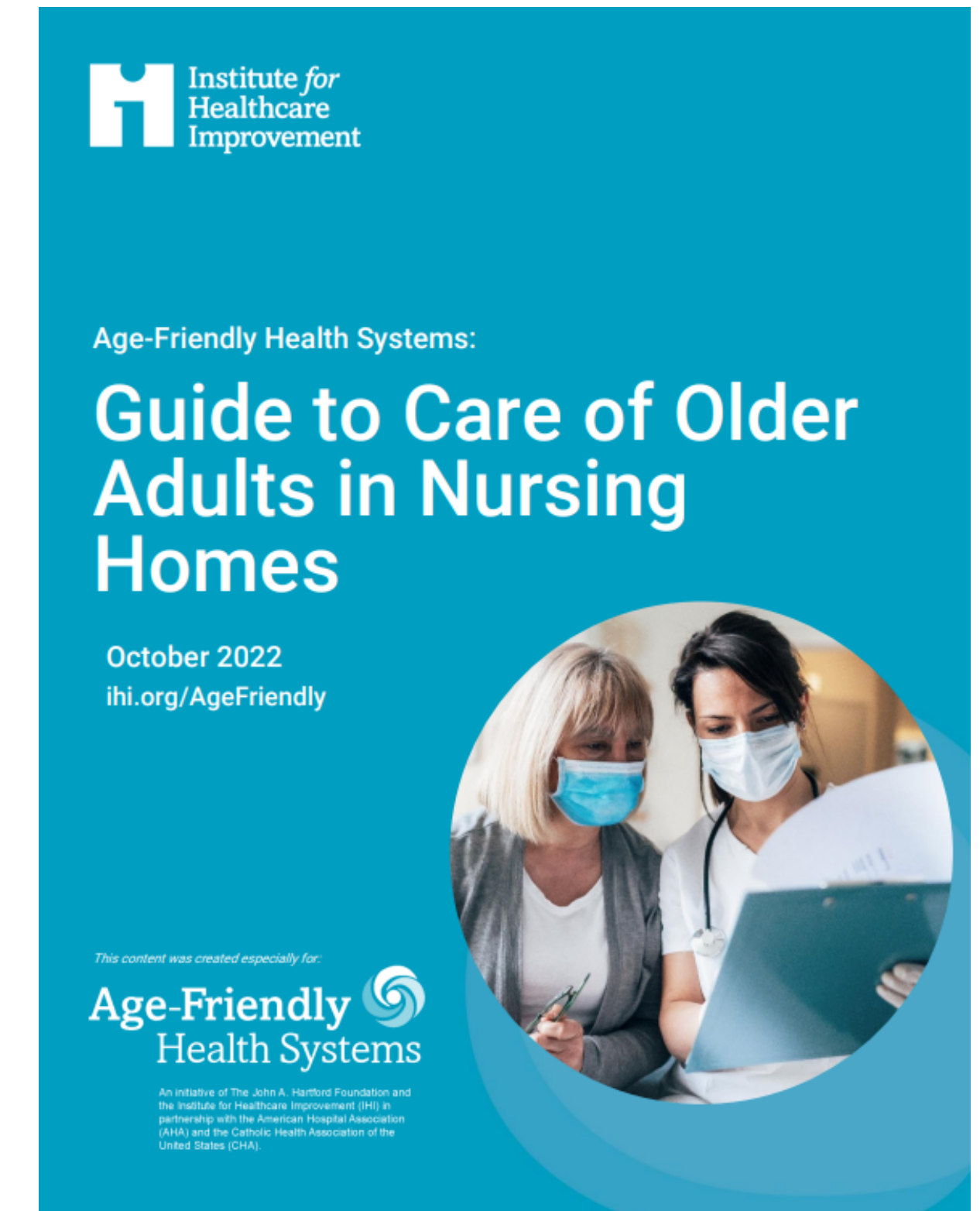
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Provides recommendations for implementing a series of actions **system-wide (throughout the nursing home or campus)**

Includes recommendations to:

- build the **will for change**
- **communicate about the 4Ms** to all residents, care partners, and staff members
- **engage the entire community** in promoting age-friendly care

https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/IHI-Age-Friendly-Guide-Nursing-Homes_March28-2022.pdf



New Age-Friendly Health Systems: Workbook for Nursing Home Teams



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Companion to *Guide to Care of Older Adults in Nursing Homes*

- practical and easy to use in **daily practice**
- includes **printable worksheets** that team members (including CNAs) can use to deliver 4Ms care
- **developed through collaboration** - expert faculty; U of Pennsylvania, U of Pittsburgh, & Penn State Schools of Nursing; four pioneering Teaching Nursing Homes; and ten pilot nursing homes



Age-Friendly Health Systems:

A Workbook for Nursing Home Teams

A Companion Resource to the
Age-Friendly Health Systems: Guide to
Care of Older Adults in Nursing Homes

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).



https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/IHI-Age-Friendly-Workbook-Nursing-Homes_March28-2022%20%28002%29.pdf



Guide to Using the 4Ms While Caring for Older Adults



The
John A. Hartford
Foundation

- American Hospital Association
- Institute for Healthcare Improvement
- Catholic Health Association of the United States

Tremendous partners in helping
improve care for older adults

Age-Friendly Health Systems

A Guide to Using the
4Ms While Caring
for Older Adults

EDITORS

Terry Fulmer, PhD, RN, FAAN
and Leslie Pelton, MPA

ASSOCIATE EDITORS

Jinghan Zhang, MPH
and Wendy Huang, MHA



Available Now

Age-Friendly
Health Systems

Age-Friendly Health Systems

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the 4Ms While Caring
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Editors: Terry Fulmer, PhD, RN, FAAN and Leslie Pelton, MPA
Associate Editors: Jinghan Zhang, MPH and Wendy Huang, MHA

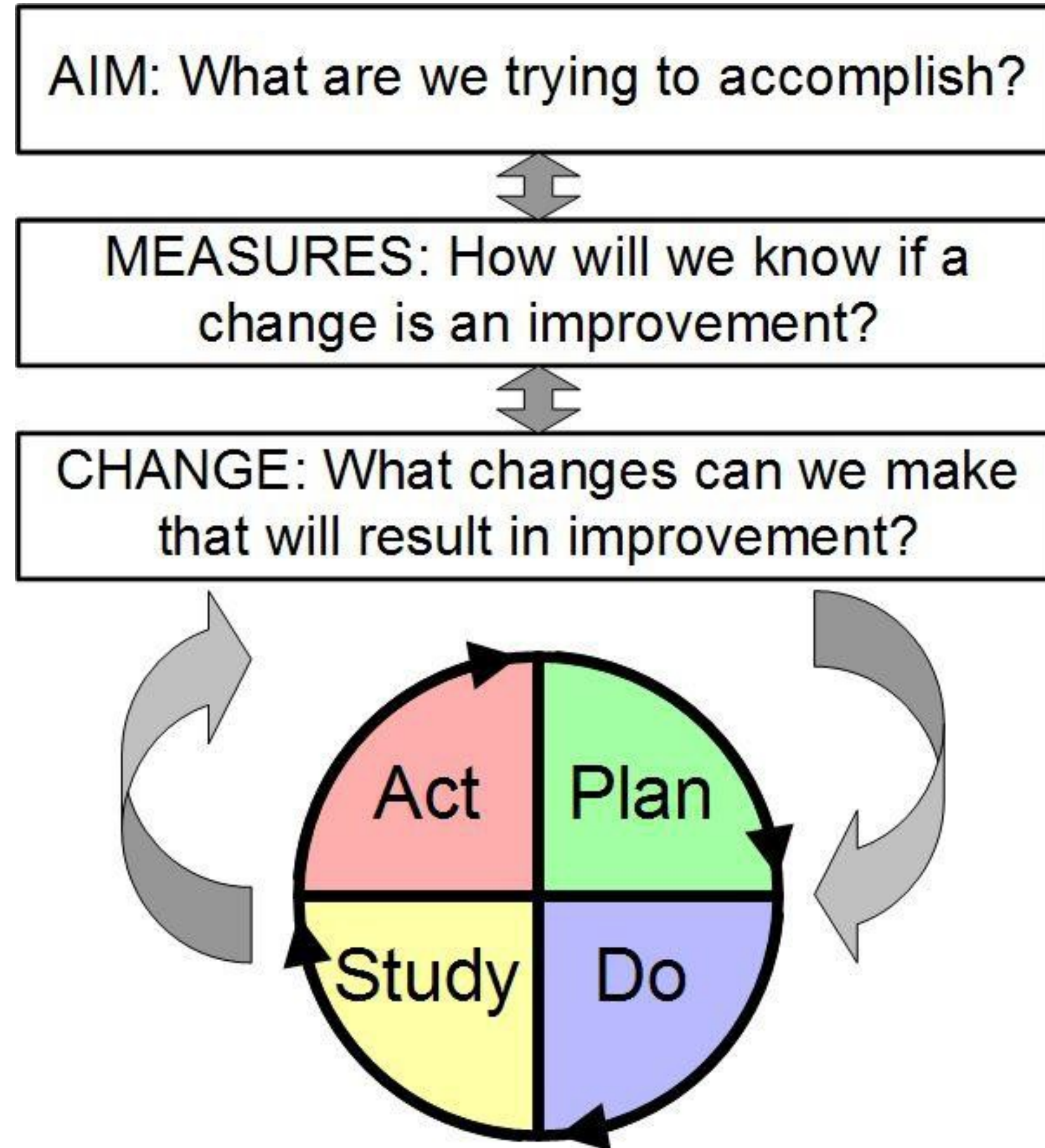


amazon.com/Age-Friendly-Health-Systems-Caring-Adults-ebook/dp/B09QPJ1DGS/ref=sr_1_11

So how do we scale up Quality Improvement in Care of Older Adults?



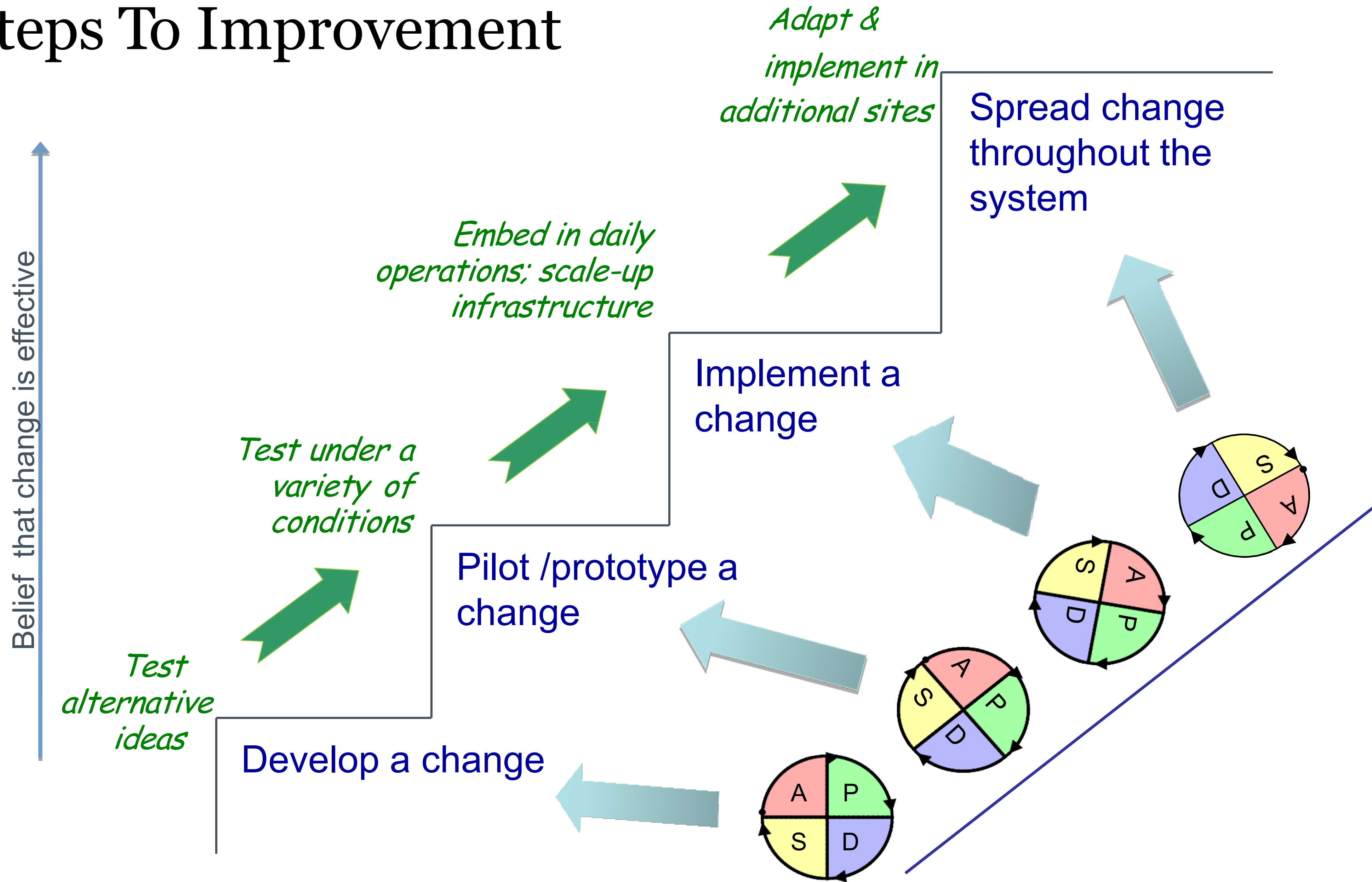
The Model for Improvement



Source: Associates in Process Improvement



The Steps To Improvement



Building Will



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From Compliance



To Commitment

States a minimum performance standard that everyone must achieve

States a collective goal that everyone can aspire to

Uses hierarchy, systems and standard procedures for coordination and control

Based on shared goals, values and sense of purpose

Threat of penalties/sanctions/shame creates momentum for delivery

Commitment to a common purpose creates energy for delivery

Based on organizational accountability
“If I don't deliver this, I fail to meet my performance objectives”

Based on relational commitment
“If I don't deliver this, I let down YOU the group and our shared purpose”



Start SMALL!

- Find volunteers
- Start with *one* older adult; *one* event; *one* nurse; try it *ONCE!*
- Test small, test often
 - Daily review (huddles)
 - Weekly plan
 - 90-day goals
- Faster testing ⇒ faster learning
- Increase scale of tests as process redesign matures





Funded by The John A. Hartford Foundation, the Moving Forward Nursing Home Quality Coalition will develop and test action plans over the next two years based on the April 2022 NASEM Report recommendations on nursing home quality.

<https://nap.nationalacademies.org/catalog/26526/the-national-imperative-to-improve-nursing-home-quality-honoring-our>

MOVING FORWARD

NURSING HOME QUALITY COALITION



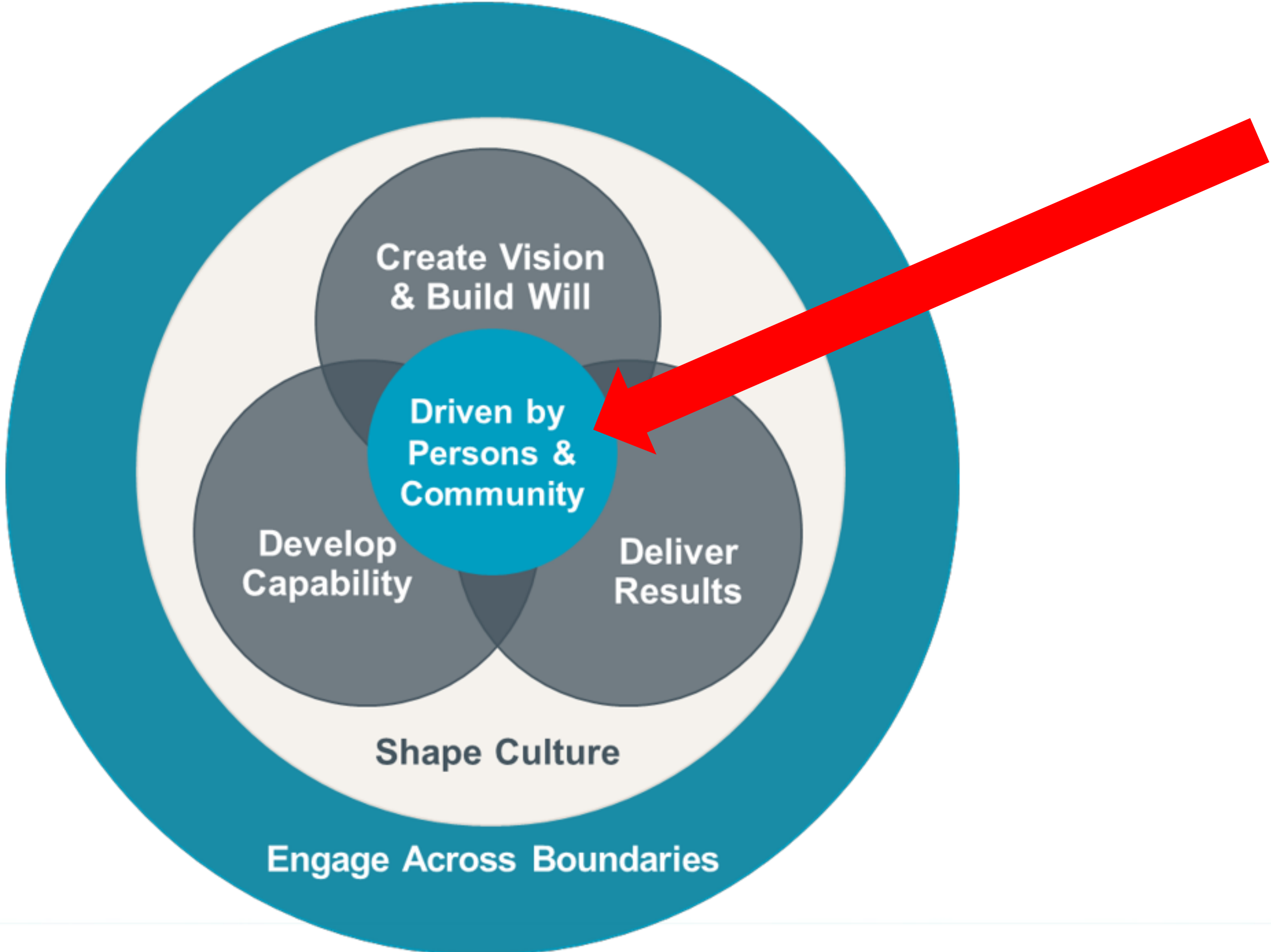
The Time is NOW.

It is up to all of us to come together and test solutions.

Quality nursing home care is what each one of us deserves.

<https://movingforwardcoalition.org/>

High Impact Leadership: What Leaders Focus On to Make a Difference



Swensen S, Pugh M, McMullan C, Kabcenell A. *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs*. Cambridge, MA: Institute for Healthcare Improvement; 2013. Available on www.ihl.org.



Public Narrative as a Leadership Practice through which we **motivate** others to join us in **action**

- To identify shared values among diverse stakeholders
- To call others to action – and keep them engaged
- To build a values-based culture that fosters commitment
- To access courage in the face of uncertainty
- To build empathy by connecting to others' stories
- To generate urgency to act – in light of differences or conflict
- To unite us as equals
- To catalyze change without reliance on formal authority

The Need for an Age-Friendly Ecosystem

A Multi-Sector Initiative to Accelerate Age-Friendly Impact

Age-friendly practitioners are doing transformational work in cities and communities, universities, health systems, the employment and public health sectors around the world.

We are working with partners to develop shared language that describes what it means to be age-friendly in all settings and provides a framework for cross-sector collaborative action and measurable impact.

Learn more at agefriendlyinstitute.org

Age-Friendly Ecosystem



Fulmer, et al. Moving Toward a Global Age-Friendly Ecosystem, *Journal of the American Geriatrics Society*, July 2020

Age-Friendly Ecosystem Compendium of Measures

Characteristics of an Age-Friendly Ecosystem	Measure	Measure Source	Link to Measure Source	Data Available for Public use? (Y/N)	Associated Age-Friendly Framework(s)	Citation
Responsive	Preference-based measure of successful aging	Preference-Based Measures (PBM)	https://www.pbm.org/	No	Public Health, Health Systems, Cities/Communities, Employers, University	Lara, Daniela, Alexander M. M. M., Marjolein J. M. M., Anton N. B. Report on Performance of Older Persons. The Journal of International Aging, Volume 24, Issue 2, February 2019, Pages 366-372. https://doi.org/10.1186/s12913-018-3251-2
Responsive	Availability of local sources providing information about health concerns and service referrals, including by phone	211 Community Services (211)	https://www.211.org/	No	Public Health, Health Systems, Cities/Communities	https://www.211.org/
Responsive	Proportion of older people living in a household with internet access at home	Computer and Internet Use in US 2018, American Community Survey Report (2018 Census Bureau)	https://www.census.gov/computeruse/data/	Yes	Public Health, Cities/Communities, University	https://www.census.gov/computeruse/data/
Responsive	Proportion of residents that have high-speed, broadband service	Survey of U.S. adults conducted 2009-2021 (Pew Research Center)	https://www.pewresearch.org/internet/	Yes	Public Health, Cities/Communities, University	https://www.pewresearch.org/internet/
Responsive	Proportion of facilities using good-rating and consumer-rated outcomes to drive care decisions and monitoring	Person-Centered Integrated Care (P-CIC) Learning (for work)	https://www.ahrq.gov/press-releases/2018/04/20180414-pcic/	Yes	Health Systems	https://www.ahrq.gov/press-releases/2018/04/20180414-pcic/
Responsive	Job satisfaction (self-report, e.g., RLAT)	Index of Job Satisfaction (Journal of Applied Psychology)	https://doi.org/10.1037/a0011817	No	Employers	https://doi.org/10.1037/a0011817
Responsive	Proportion of annual NIH research budget allocated to aging-related topics (NIH RESPORI)	NIH RESPORI	https://report.nih.gov/2018/03/26/2018032601	Yes	University	https://report.nih.gov/2018/03/26/2018032601
Responsive	Patient Patient Experience Questionnaire	Patient Patient Experience Questionnaire (International Journal for Quality in Healthcare)	https://onlinelibrary.wiley.com/doi/10.1111/ijq.12457	No	Public Health, Health Systems	https://onlinelibrary.wiley.com/doi/10.1111/ijq.12457
Responsive	Life Satisfaction Index - 2	Life Satisfaction Index 2 (Life by Ryan Ability Lab)	https://www.ryanabilitylab.com/life-satisfaction-2/	No	Public Health	https://www.ryanabilitylab.com/life-satisfaction-2/

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THE VOICE OF
OLDER ADULTS
Age-Friendly
INSTITUTE

Connect with Other Parts of the Age-Friendly Ecosystem



The
John A. Hartford
Foundation

- **Age-Friendly Public Health Systems** – Trust for America’s Health is helping state, local health departments better address healthy aging afphs.org
- **Aging & Disability Institute of USAging** – supporting AAAs and CBOs in partnering with health systems aginganddisabilitybusinessinstitute.org
- **Age-Friendly Institute** - agefriendly.org for consumers and institute.agefriendly.org for more on the Age-Friendly Ecosystem
- **Dementia Friendly America** dfamerica.org

So, what will it take for **YOU** to be the leader and champion for Age-Friendly Health Systems in your health setting and community?

Join Us!

Visit ihi.org/AgeFriendly or aha.org/AgeFriendly:

- Join an Action Community
- Access resources including the **Guides to Using the 4Ms** and the **Business Case for Becoming an Age-Friendly Health System**
- Sign up for **Friends of Age-Friendly** quarterly update calls
- Join the Moving Forward Coalition <https://movingforwardcoalition.org/>

Thank you!

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