



Institute for  
Healthcare  
Improvement

Getting Started Guide



# Getting Started in the Age-Friendly Health Systems Action Community

April 2019

*This content was created especially for:*

**Age-Friendly**   
**Health Systems**

An initiative of John A. Hartford Foundation and  
Institute for Healthcare Improvement in partnership  
with American Hospital Association and  
Catholic Health Association of the United States



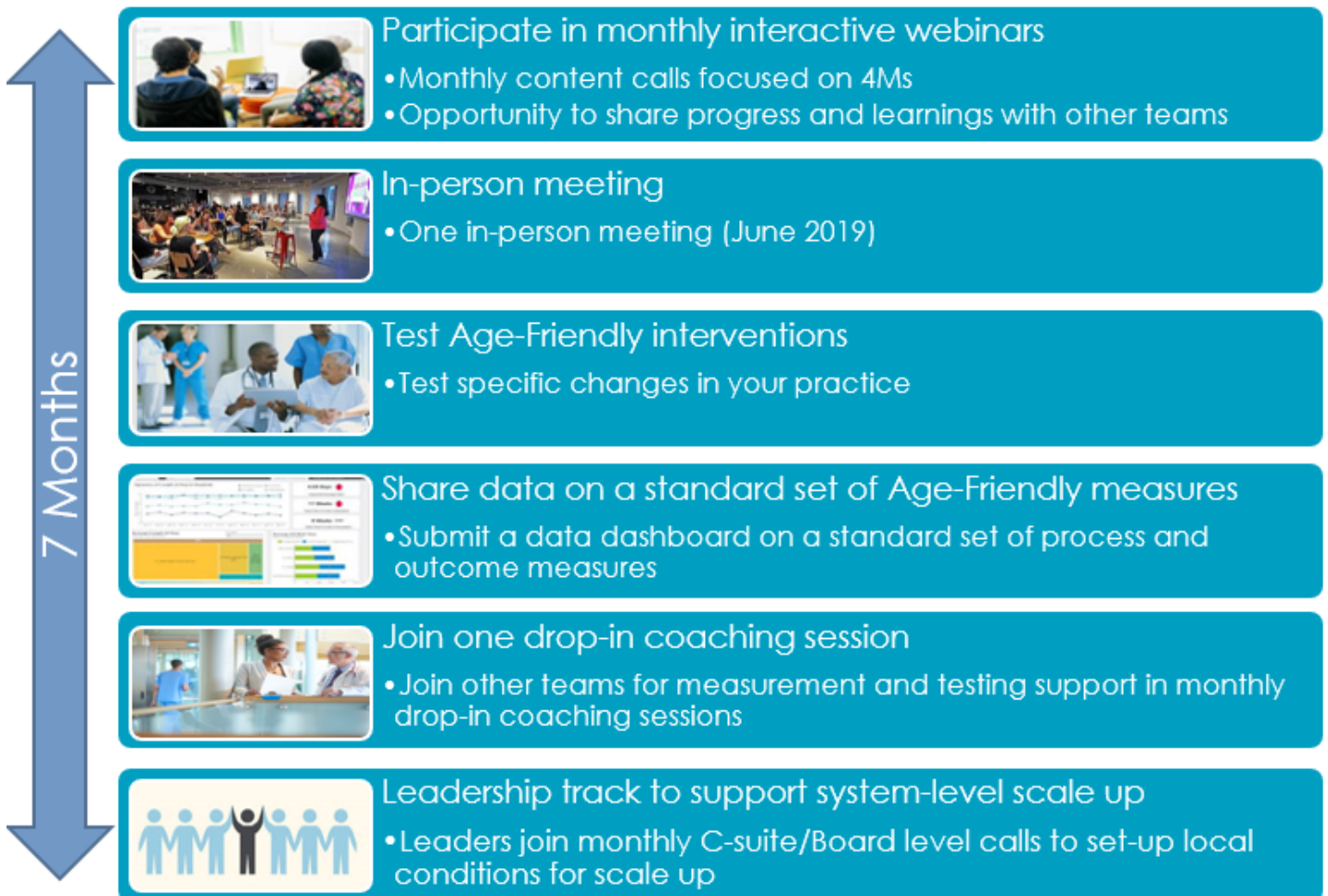
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## Welcome and Overview

Welcome and thank you for joining an Age-Friendly Health Systems Action Community. At the end of seven-months, your team will have adapted an essential set of evidence-based practices called the 4Ms Framework into your setting and will know the number of older adults that are receiving Age-Friendly care. Your team will also be leaders in a national movement of Age-Friendly Health Systems that are committed to all care with older adults being Age-Friendly.

### April 2019 – October 2019

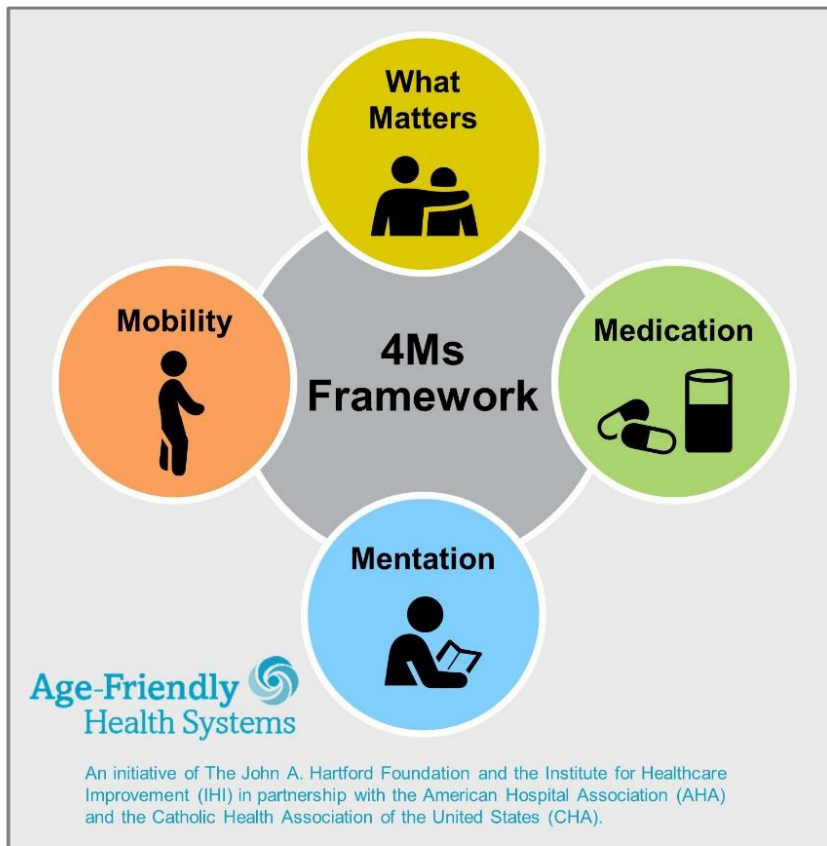


## Getting Started

To prepare you to start testing the 4Ms at the beginning of the Action Community, we have outlined key activities to complete before April 1, 2019.

- ❑ Register and participate in one Getting Started webinar. There are two options below. If you are unable to join either Getting Started webinar, please email [afhs@ihi.org](mailto:afhs@ihi.org) for the recording.
  - [Register for March 25, 2019](#) (3:00 – 4:00 pm ET); or
  - [Register for April 1, 2019](#) (2:30 – 3:30 pm ET).
- ❑ Review the [Principles of Age-Friendly Health Systems](#).
- ❑ Add Age-Friendly Action Community webinars and in-person meeting date to your team members' calendars (see [Schedule of Action Community Activities](#)).
- ❑ Send your list of team members (i.e., names, roles, and emails) to [afhs@ihi.org](mailto:afhs@ihi.org) (see [Setting Up Your Team](#)).
- ❑ Complete a 4 Ms Walk-Through and send to [afhs@ihi.org](mailto:afhs@ihi.org) (see [Understanding Your Population and System Assets](#)).
- ❑ Submit an aim statement to [afhs@ihi.org](mailto:afhs@ihi.org) (see [Setting an Aim](#)).

## Principles of Age-Friendly Health Systems



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

- Age-Friendly Health Systems and the 4Ms Framework are not intended to be a model or program that is layered on top of the care you provide today. The 4Ms are a framework to organize the efficient delivery of effective care with older adults.
- Age-Friendly Health Systems are designed to close the gap between the evidence-based care that we know works and the reliable practice of that care with every older adult in every interaction within every care setting.
- It is highly likely that some of the 4Ms are in place somewhere with some older adults most of the time in your care setting. Begin your Age-Friendly Health System journey by learning how the 4Ms are already in practice today. Consider what activities you may be able to stop doing when the 4Ms are reliably in practice.
- The 4Ms are a set to be integrated together into care for every adult ages 65 and older during every hospital stay and over the course of a year in a primary care setting.

## Schedule of Action Community Activities

- ☐ *Add Age-Friendly Action Community webinars and in-person meeting date to your team members' calendars*

Title:	Date:	Time:	Connection Details:	Add to Calendar:
Team Webinar 1	April 10, 2019	2:00 – 3:30 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly *By phone only: 1-866-469-3239, Access Code: 628 679 521	<a href="#">Click to add</a>
Topical Peer Coaching	April 17, 2019	11:00 – 12:00 pm ET	Topics and connection details will be emailed to listserv.	
Leaders & Sponsors Webinar 1	April 24, 2019	2:00 – 3:00 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly *By phone only: 1-866-469-3239, Access Code: 626 525 380	<a href="#">Click to add</a>
Team Webinar 2	May 8, 2019	2:00 – 3:30 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly *By phone only: 1-866-469-3239, Access Code: 624 854 521	<a href="#">Click to add</a>
Topical Peer Coaching	May 16, 2019	1:00 – 2:00 pm ET	Topics and connection details will be emailed to listserv.	
Leaders & Sponsors Webinar 2	May 22, 2019	2:00 – 3:00 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly *By phone only: 1-866-469-3239, Access Code: 620 830 318	<a href="#">Click to add</a>
Team Webinar 3	July 10, 2019	2:00 – 3:30 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly *By phone only: 1-866-469-3239, Access Code: 628 563 509	<a href="#">Click to add</a>
Topical Peer Coaching	July 18, 2019	11:00 – 12:00 pm ET	Topics and connection details will be emailed to listserv.	
Leaders & Sponsors Webinar 3	July 24, 2019	2:00 – 3:00 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly *By phone only: 1-866-469-3239, Access Code: 626 145 033	<a href="#">Click to add</a>
Team Webinar 4	August 7, 2019	2:00 – 3:30 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly	<a href="#">Click to add</a>

			*By phone only: 1-866-469-3239, Access Code: 625 616 792	
Topical Peer Coaching	August 15, 2019	11:00 – 12:00 pm ET	Topics and connection details will be emailed to listserv.	
Leaders & Sponsors Webinar 4	August 21, 2019	2:00 – 3:00 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly  *By phone only: 1-866-469-3239, Access Code: 623 297 552	<a href="#">Click to add</a>
Team Webinar 5	September 4, 2019	2:00 – 3:30 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly  *By phone only: 1-866-469-3239, Access Code: 622 897 849	<a href="#">Click to add</a>
Topical Peer Coaching	September 12, 2019	1:00 – 2:00 pm ET	Topics and connection details will be emailed to listserv.	
Leaders & Sponsors Webinar 5	September 18, 2019	2:00 – 3:00 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly  *By phone only: 1-866-469-3239, Access Code: 629 043 812	<a href="#">Click to add</a>
Team Webinar 6	October 2, 2019	2:00 – 3:30 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly  *By phone only: 1-866-469-3239, Access Code: 628 044 113	<a href="#">Click to add</a>
Topical Peer Coaching	October 10, 2019	1:00 – 2:00 pm ET	Topics and connection details will be emailed to listserv.	
Leaders & Sponsors Webinar 5	October 16, 2019	2:00 – 3:00 pm ET	<a href="#">Join WebEx</a> <b>Password:</b> agefriendly  *By phone only: 1-866-469-3239, Access Code: 624 394 915	<a href="#">Click to add</a>

## Setting Up Your Team

The Action Community testing and learning is designed to be integrated into your existing responsibilities and daily work. For example, testing of specific Age-Friendly changes by clinicians will occur as part of standard clinical workflow. Some additional time will be needed for planning and testing Age-Friendly interventions, collecting data, reviewing tests and data to understand improvements, and implementing those ideas that lead to improvement.

Based on IHI's experience, teams that include the following roles and/or functions are most likely to be successful:

- **An older adult and caregiver as core members of the team**

- Patients and families bring critical lived experience expertise to any improvement team. Patients and families have a different experience with the system than providers and can identify key issues that need to be addressed. We recommend that each team has at least one older adult patient or family member or other caregiver (ideally more than one), or a way to elicit feedback directly from patients at your site (e.g., through a Patient and Family Advisory Council). Additional information about appropriately engaging patients and families in improvement efforts can be found in the “Free downloads” subsection of the “Tools for Change” section of the Institute for Patient- and Family-Centered Care website at <http://www.ipfcc.org/resources/downloads-tools.html>

- **Leader/sponsor who can authorize and support team activities, engage senior leaders and other parts of the organization to remove barriers and support implementation as needed, and participate in the Action Community leadership track webinars to support scale-up**

Although they may not do the “on-the-ground” work, the leader/sponsor is responsible for:

- Encouraging the improvement team to set goals at an appropriate level to meet organizational goals;
- Providing the team with the resources needed, including staff time and operating funds;
- Ensuring that improvement capability and other technical resources are available to the team; and
- Developing a plan to scale up the successful changes from the improvement team to the rest of the organization.

- **An administrative partner (key contact) who represents the disciplines involved in the 4Ms**

- This person needs to be able to work effectively with the clinicians, other technical experts, and leaders within the organization. We recommend considering placing the manager of the unit where you will be testing in this role so that they can move nimbly to make the recommended changes within that unit and will be invested in sustaining any changes that result in improvement. We often also consider this person our “key contact,” the person we will reach out to if we have questions or information specific to your team.

- **Clinicians who represent the disciplines involved in the 4Ms (possibly including a physician, nurse, physical therapist, social worker, pharmacist, and/or others that represent the 4Ms in your context)**



- We strongly encourage inter-professional representation on your team and urge you to enlist more than one clinical “champion.” These champions should have a good working relationship with colleagues and should be interested in driving change to achieve an Age-Friendly Health System. Consider professionals who are opinion leaders in the organization, to whom others go to seek advice, and who are not afraid to test and implement change.

- **A data analyst/EHR analyst**
- **A finance representative**

☐ Send your list of teams and team members (example form below) to [afhs@ihi.org](mailto:afhs@ihi.org)

	<b>Team:</b>	<b>Name:</b>	<b>Title:</b>	<b>Em ail:</b>
<b>Leader/Sponsor</b>				
<b>Clinician</b>				
<b>Administrative partner (Key contact)</b>				
<b>Older adult</b>				
<b>Role:</b>				

## Understanding Older Adults and the 4Ms in Your System

There are two key drivers to Age-Friendly care – knowing about the 4 Ms for each older adult in your care (“assess”), and then incorporating the 4 Ms into the plan of care accordingly (“act on”). The aim in an Age-Friendly Health System is to reliably assess and act on the 4 Ms with all older adults. Just about all systems are integrating some of the 4 Ms into care, some of the time, with some older adults, in some place in their system. The work now is to understand where that is happening and build on that good work until the 4 Ms are reliably practiced with all older adults.

### Know the 4Ms in your health system

In order to identify where the 4 Ms are in practice in your health system, walk through the different activities as if you were an older adult or family caregiver. In an ambulatory setting that may include making an appointment for an Annual Wellness Visit, preparing to come to an Annual Wellness Visit, observing an appointment and understanding who on the care team takes responsibility for each of the 4 Ms. In an inpatient setting, go through registration, spend time on a unit, sit quietly in the hall of a unit. Look for the 4 Ms in action. You will find aspects that make you proud and others that leave you disappointed. Try not to be judgmental. Find the bright spots and the champions of each of the 4 Ms in your system.

Use the form below to note what you learn.

☐ *Complete Walk-Through and send notes to [afhs@ihi.org](mailto:afhs@ihi.org).*

M	Specifically, look for how do we...	Current Practice and Observations
<p><b>What Matters:</b> Know and align care with each older adult’s specific health outcome goals and care preferences including, but not limited to end-of-life, and across settings of care</p>	<ul style="list-style-type: none"> <li>• Ask the older adult What Matters most and document it</li> <li>• Align the care plan with What Matters most</li> </ul>	
<p><b>Medication:</b> 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</p>	<ul style="list-style-type: none"> <li>• Review high-risk medications and document them</li> <li>• Avoid, dose adjust, or deprescribe high-risk medications, and document and communicate changes</li> </ul>	

<p><b>Mentation:</b> Prevent, identify, treat, and manage dementia, depression, and delirium across care settings of care</p>	<p><u>Hospital:</u></p> <ul style="list-style-type: none"> <li>• Screen for delirium at least every 12 hours and document the results</li> <li>• Ensure sufficient oral hydration</li> <li>• Orient to time, place, and situation</li> <li>• Ensure adults have their personal sensory adaptive equipment</li> <li>• Support non-pharmacological sleep</li> </ul> <p><u>Ambulatory</u></p> <ul style="list-style-type: none"> <li>• Screen for dementia/ cognitive impairment</li> <li>• Screen for depression</li> <li>• Consider further evaluation and manage manifestations of dementia, educate older adults and caregivers, and/or refer out</li> <li>• Identify and manage factors contributing to depression</li> </ul>	
<p><b>Mobility:</b> Ensure that each older adult moves safely every day in order to maintain function and do What Matters</p>	<ul style="list-style-type: none"> <li>• Screen for mobility and document the results</li> <li>• Ensure early and safe mobility</li> </ul>	

**Know the older adults in your health system**

In the last month, estimate the number of adult patients in each of these age strata.

Strata	Number	Percent of total patients
<b>18-64 years</b>		
<b>65-74 years</b>		
<b>75-84 years</b>		
<b>85+ years</b>		
<b>Total number of adult patients</b>		100%

Know the language, race/ethnicity, religious and cultural preferences of the older adults in your care:

<b>Languages</b>	<b>Percent of total patients</b>

<b>Race/Ethnicity and Religious Preferences</b>	<b>Percent of total patients</b>

Know the health literacy levels of your older adults:

<b>Health Literacy Levels</b>	<b>Percent of total patients</b>
<b>Low</b>	
<b>Moderate</b>	
<b>High</b>	

## Setting an Aim

An aim statement articulates what you are trying to accomplish. It serves as the focus for your work and enables you to measure your progress. We've provided a draft aim statement that requires you to think about the reach of 4M's in the next six months.

- ❑ *Submit an aim statement to [afhs@ihi.org](mailto:afhs@ihi.org).*

### Example Aim Statements

#### *Ambulatory Version:*

By October 31, 2019, Practice ABC will articulate how it operationalizes 4M care and will have provided that 4M care to NUMBER patients 65+.

#### *Hospital Version:*

By October 31, 2019, Hospital ABC will articulate how it operationalizes 4M care and will have provided 4M care to NUMBER patients 65+.

For more resources on setting aims, please visit the below resources:

- [Science of Improvement: Setting Aims](#)
- [Quality Improvement Essentials Toolkit](#)

## Appendix A: Using Improvement Science Resources

Many of you are well-versed in improvement methodologies (e.g., Lean, Six Sigma, Model for Improvement). Participation in the Action Community is not dependent upon using any one methodology. The faculty in the Action Community will refer to the Model for Improvement.

Team members, including older adults and caregivers, who are not familiar with an improvement methodology may find it useful to review the following free resources:

- [QI 102: How to Improve with the Model for Improvement](#). This course is available once you register on [ihi.org](http://ihi.org) and is a *sample course* for the IHI Open School.
- [Quality Improvement Essentials Toolkit](#)
- [The Science of Improvement on a Whiteboard!](#)

## Appendix B: Age-Friendly Health Systems Recommended Readings

Several news articles, journals, and blogs have been written about the work of health systems involved in the movement. In preparation of the Action Community, we invite you to learn more about the initiative and work of Age-Friendly Health Systems at [www.ihf.org/AgeFriendly](http://www.ihf.org/AgeFriendly).

- Fulmer, T., Mate, K. S. and Berman, A. (2018), [The Age-Friendly Health System Imperative](#). J Am Geriatric Soc, 66: 22-24. doi:10.1111/jgs.15076
- Allen, K. and Ouslander, J. G. (2018), [Age-Friendly Health Systems: Their Time Has Come](#). J Am Geriatric Soc, 66: 19-21. doi:10.1111/jgs.15134
- The Hartford Institute for Geriatric Nursing: [Age-Friendly Health Systems – The 4Ms](#)
- IHI Blog
  - [What Will It Take to Make Our Care Systems More “Age-Friendly”?](#)
  - [3 Ways to Make Hospital Care More Age-Friendly](#)
  - [Are You Missing Opportunities to Improve Care for Older Adults?](#)
  - [To Make Care Age-Friendly, Mobility Matters](#)
  - [How Focusing on What Matters Simplifies Complex Care for Older Adults](#)
- Learn about the work Age-Friendly Health System teams are doing related to the 4Ms in a collection of stories on [Huddle for Care](#)
- [News articles](#) about the initiative