

CREATING AN AGE-FRIENDLY CONTINUUM IN BOISE, IDAHO

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The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) are partnering on the “Creating Age-Friendly Health Systems” initiative. Five U.S. health systems are testing and scaling up the prototype model in their organizations. They include three Catholic ministries: Ascension, Trinity Health and Providence St. Joseph Health.

“**W**hat’s important to you today?” the hospice nurse asked her patient. Thinking it over a bit, the elderly woman responded, “I would be so happy if I could have an ice-cream cone.”

In the intense business of caring, her family had forgotten about their mother’s fondness for ice cream, but with help, her daughter got her into the car and they headed to Baskin-Robbins. This was a good day for the hospice patient and her daughter, but it might not have happened if nobody had asked what was important to the patient that day.

Trinity Health’s Saint Alphonsus Health System in Boise, Idaho, is piloting The John A. Hartford Foundation/IHI Age-Friendly Health Systems initiative in its home care agencies, hospices, house call program, geriatrics clinic and in-patient palliative care service. The Age-Friendly initiative asks providers to focus on “4Ms” in caring for older persons: What Matters, Medication, Mentation (recognizing and addressing dementia, delirium and depression) and Mobility. Saint Alphonsus has set a goal of touching each of the 4Ms with every patient in the pilot sites by the end of the year.

Chad Boulton, MD, medical director of the Enhancing Care Initiative and senior sponsor of the age-friendly program at Saint Alphonsus said, “Older people are already the fastest-growing segment of the U.S. population — and their growth in numbers will accelerate throughout the coming decade. It’s time, *past* time, actually, for our health care systems to start focusing on meeting the special needs of these older patients. The Age-Friendly Health Systems initiative is pushing

the country in exactly the right direction.”

Each participating site has selected one or two Ms to start with. Three sites are working on “Medications.” A home care agency is screening for whether patients have been prescribed any of seven drugs known to be high risk for older persons. If one of those medications has been ordered, the team contacts the prescribing physician to see if a more age-friendly drug could be substituted.

In the in-patient palliative care service, a pharmacist reviews the patient’s chart for any relationship between symptoms and current medications, checks whether any medications may be causing adverse reactions and considers whether some medications could be eliminated or replaced. A hospice worker gathers all the medication con-

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tainers in the patient's home and checks for medicines that are expired, duplicate or no longer needed.

A home care agency working on "Mobility" does a pass/fail, TUG (timed up-and-go) test with each patient, timing how long it takes for him or her to get up from a chair, walk across the room, walk back and sit down again. Patients who can't complete the test within about 12 seconds are considered to be at risk for falling and are referred to physical therapy.

Another home care agency is focusing on "What Matters," asking patients, "What matters to you in your therapy, and what are your goals?" These questions help patients set realistic goals that they can achieve. That agency also is working on "Mentation" by administering cognitive tests and referring patients for further evaluation as indicated.

Staff from these practice sites meet monthly to share their experiences and lessons learned. Sometimes they swap or add interventions that they believe would work in their setting. The object is not to reinvent the wheel, but to modify interventions to meet patients' needs.

Being part of the Age-Friendly initiative was an eye-opening experience for the staff involved. They came to recognize that there were gaps in how they were caring for older patients, that they, themselves, were not always age friendly. They realized they had a duty to make changes so they could give the best care possible and achieve the best outcomes for their patients.

Becoming age friendly is not without challenges. Many of these interventions must be

carried out during the first visit with a patient, which is a very busy encounter. The results, however, have demonstrated to staff members that the effort is worthwhile as they incorporate new interventions into their plans of care. In fact, some of the staff have proposed hanging out a banner that boasts "We're Age-Friendly!"

Saint Alphonsus is one of four Trinity Health sites piloting Age-Friendly Health Systems initiatives. The others are Glacier Hills Nursing Home in Ann Arbor, Michigan; St. Mary Mercy Hospital in Livonia, Michigan; and LIFE, St. Mary's, a PACE program (Program of All-inclusive Care for the Elderly) in Bucks County, Pennsylvania.

NOTE

As the age-friendly strategies are being tested in the participating U.S. health care systems, anyone can follow updates on the Institute for Healthcare Improvement's website, ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems. Organizations are invited to use a tool on the website to assess how age friendly their health system is.

To receive notice when the initiative is expanded, or to join a quarterly call to review progress of the Age-Friendly Health Systems initiative and receive tips on getting ready, contact kmitchell@ihi.org.

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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, May - June 2018
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