



Implementing Age-Friendly and Dementia Focused Care in the Hospital Setting

Ohio Hospital Association
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Conflicts of Interest

Geriatric Workforce Enhancement Program (HRSA grant) partners with Dementia Friends through the Ohio Coalition for Cognitive Health.

Summa Foundation Grant to expand Dementia Friends training throughout the health system

Presentation Outline

- Describe the **Age-Friendly Health Systems** initiative including the CMS reporting requirements for 2025.
- Describe **4Ms model** of care
- Provide Case Studies for nursing staff driven implementation of 4Ms Care
 - What **M**atters
 - **M**entation/Dementia
 - **M**obility/Falls reduction

Age-Friendly Health Systems

Why?

Changing demographics

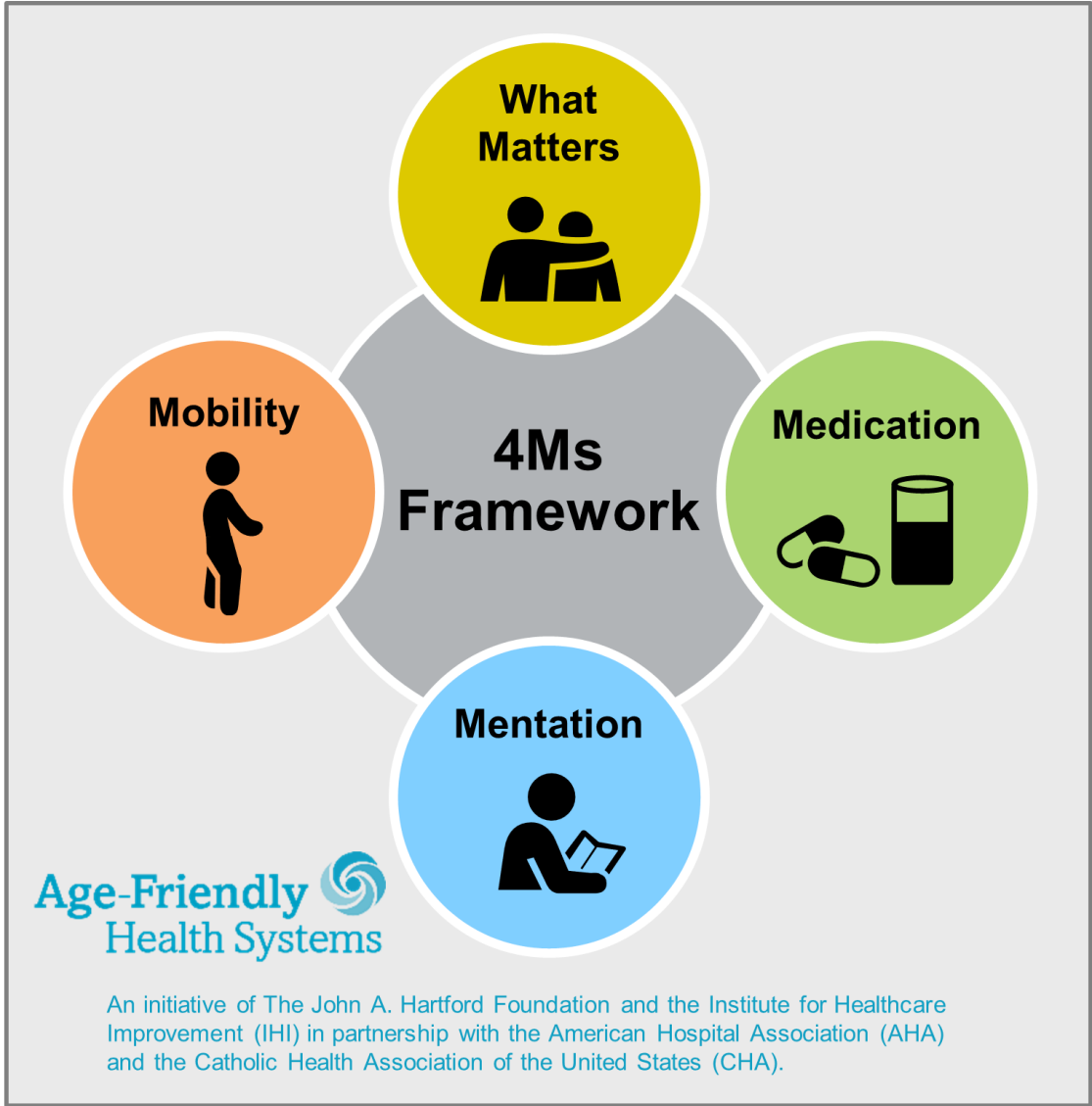
- Aging population
- Increasing complexity, multiple comorbidities
- Increasing complexity
psychologic and social needs

What is the Age-Friendly Health System?

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)

- Becoming an Age-Friendly Health System entails reliably providing a set of specific, evidence-based geriatric best practice interventions to all older adults in your health system.
- A system where older adults:
 - Get the best care possible;
 - Healthcare-related harms to older adults are dramatically reduced and approaching zero;
 - Older adults are satisfied with their care; and
 - Value is optimized for everyone.

The 4 M's Framework



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.

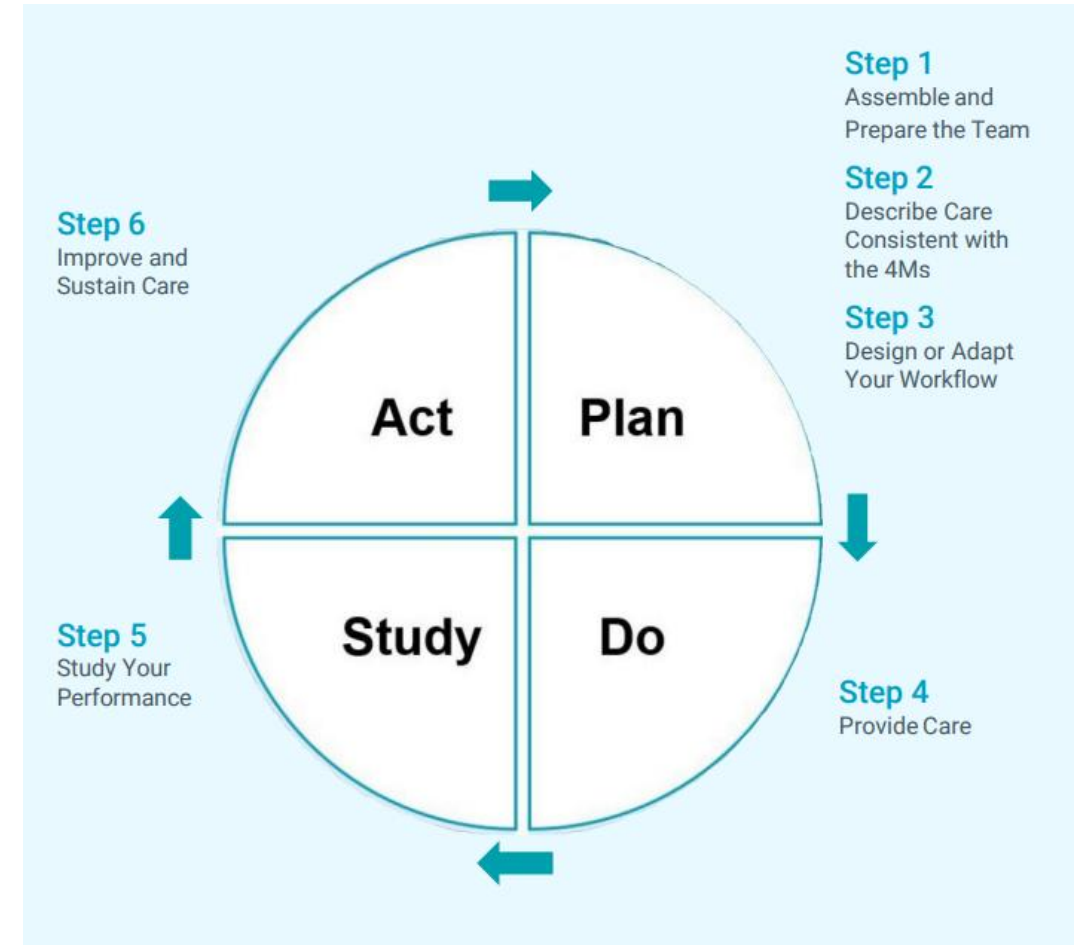
Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

4Ms Framework: Not a Program, But a Shift in Care

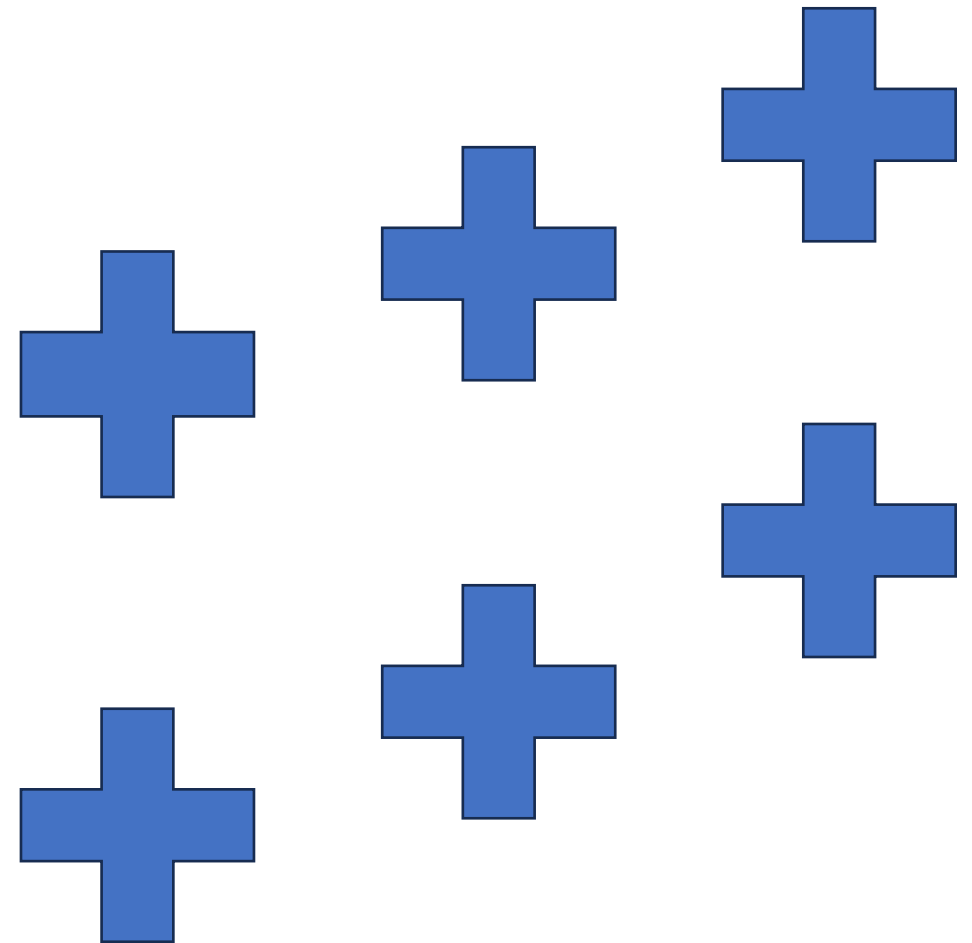
The 4Ms Framework is a shift in how we provide care to older adults:

- The 4Ms are implemented together as a set of evidence-based elements of high-quality care for older adults.
- The 4Ms are practiced reliably for all older adults, in all settings and across settings, in every interaction.
- Focus on continuous evaluation and quality improvement

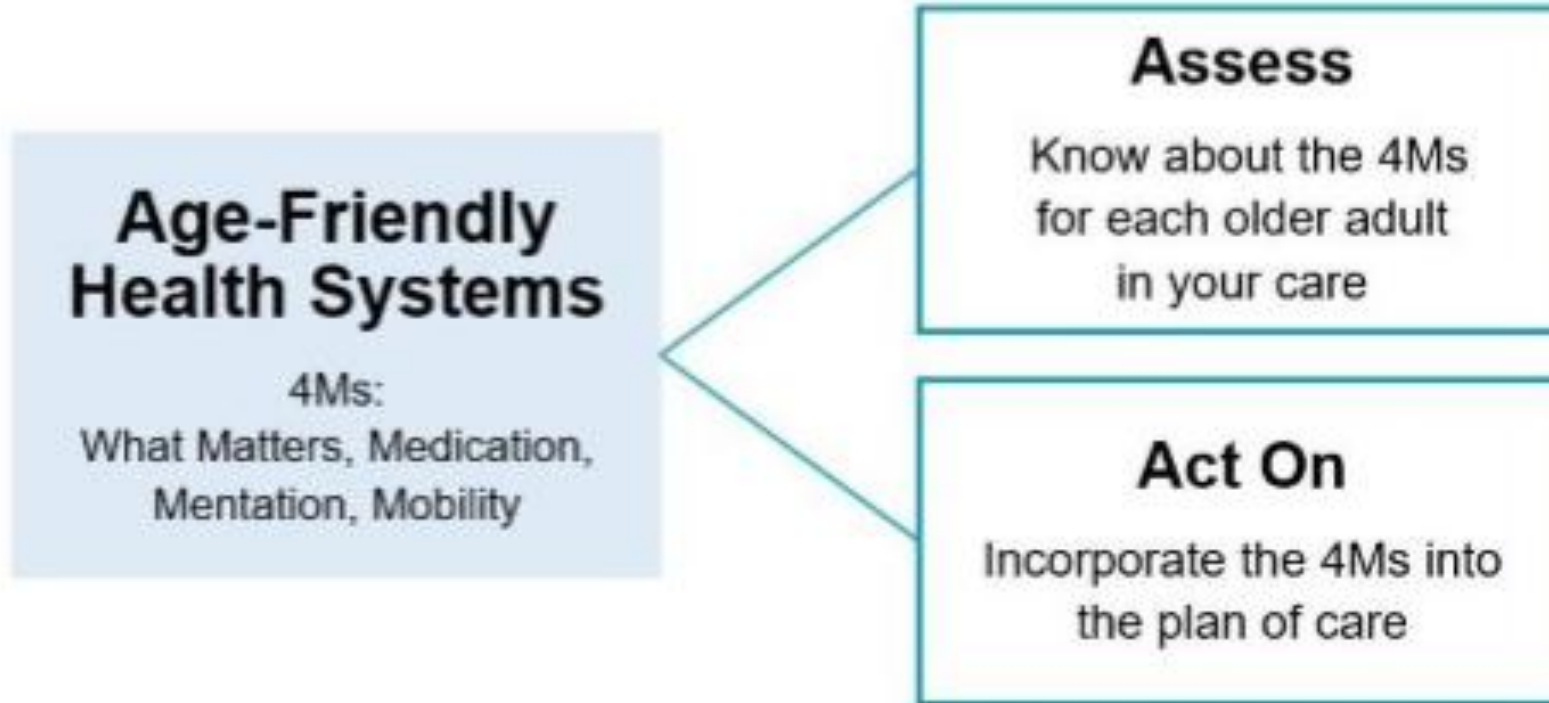


Age Friendly Care: Real patient and healthy system benefits

- Decrease in hospitalizations
- Decreased lengths of stay
- Decreased health system costs for hospitalizations
- Increase screenings for falls and cognitive decline
- Increase in fall risk interventions
- Decrease in falls with injury
- Increased patient satisfaction
- Increased provider satisfaction



Key Drivers of Age Friendly Health Systems



Implementation

Evaluation of current state

- Processes and workflows already in place
- Identification of gaps

Creating the team

- Identification of strategic partners and key stakeholders

Standardization of screening tools and data input into EMR

- Identify standardized tools
- Process for documentation

Staff education

- 4M's and Age Friendly Goals
- Documentation and interventions

Intervention

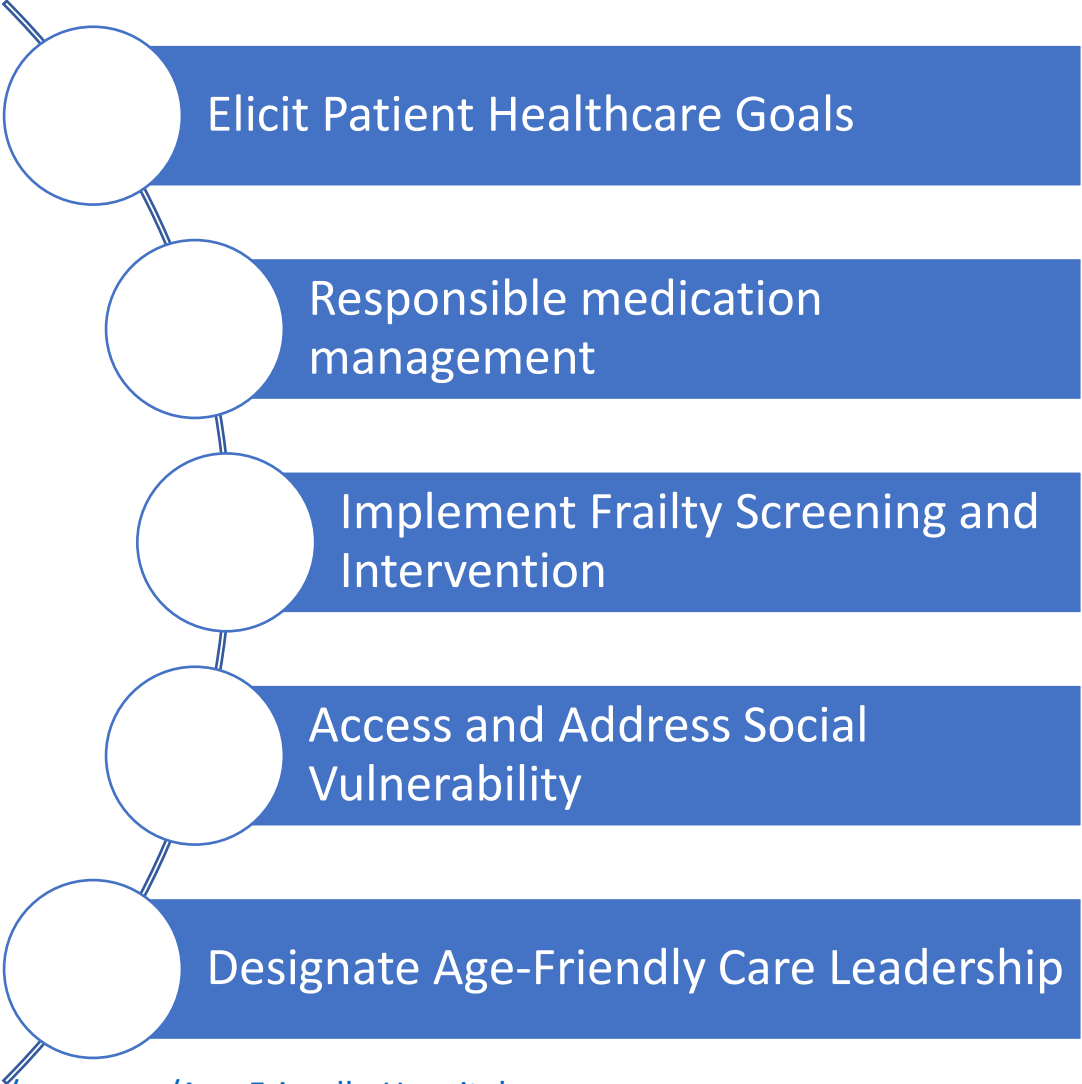
- Development of patient centered intervention/treatment plans

Evaluation and maintenance

CMS Age-Friendly Hospital Measure

Age Friendly Health Systems: Medicare metrics

Beginning in 2025, hospitals that participate in Medicare’s Hospital Inpatient Quality Reporting (IQR) Program will be required to report on whether hospitals have protocols in place to:



<https://www.johnhartford.org/images/uploads/resources/Age-Friendly-Hospital-Measure-Domains-2024-Final-Rule-p-1428.pdf>
[CMS-2024-0131-0001_content.pdf](https://www.cms.gov/medicare/quality/quality-reporting-and-improvement/quality-reporting-and-improvement-reports/CMS-2024-0131-0001_content.pdf)

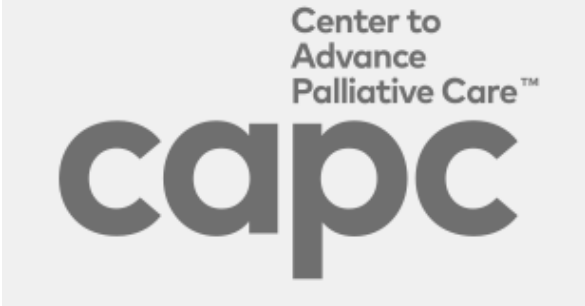
Support Programs and Certifications



<https://www.facs.org/quality-programs/accreditation-and-verification/geriatric-surgery-verification/>



www.acep.org/geda



www.capc.org



Choosing what matters.
Doing what works.

patientprioritiescare.org

Age Friendly Hospital: Medicare metrics



- Elicit Patient Healthcare Goals
- Responsible medication management
- Implement Frailty Screening and Intervention
- Access and Address Social Vulnerability
- Designate Age-Friendly Care Leadership

Age Friendly Hospital: Medicare metrics

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.



Elicit Patient Healthcare Goals

- Establish protocols to ensure patient goals are obtained, reviewed and documented
- Before major procedures and significant changes in clinical status
 - Health Goals
 - Treatment Goals
 - Healthcare Proxies, Living Will
 - Advance Care Planning

Age Friendly Hospital: Medicare metrics

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.



Responsible medication management

- Meds reviewed to identify potentially inappropriate medications based on evidence based guidelines
 - Beers, START/STOPP
- Review at admission, before major procedures and if significant clinical change
- PIMS should be identified for possible discontinuation or adjustment

Age Friendly Hospital: Medicare metrics

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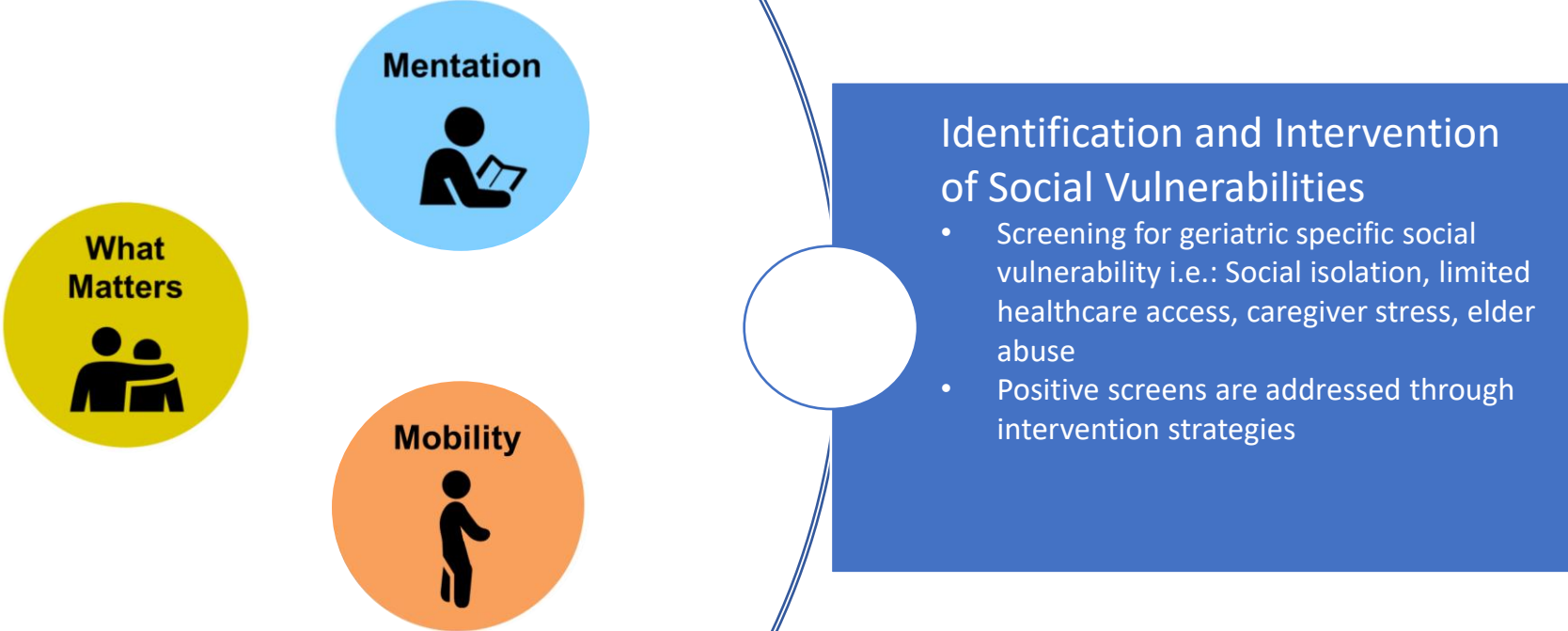


Implement Frailty Screening and Intervention

- Routine screening for risks including mentation, mobility, malnutrition using validated tools
- Positive screens result in management plans to address risks and included in discharge instructions
- Data are collected on rates of falls, pressure injury, 30-day readmission
- ED protocols to decrease delirium, length of ED stay

<https://www.johnhartford.org/images/uploads/resources/Age-Friendly-Hospital-Measure-Domains-2024-Final-Rule-p-1428.pdf>
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Age Friendly Hospital: Medicare metrics



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Age Friendly Hospital: Medicare metrics

Creating the team

Age-Friendly Care Leadership

- Designation of person or interprofessional committee to ensure age friendly care issues are prioritized
- Complies with quality data related to age-friendly hospital measure

<https://www.johnhartford.org/images/uploads/resources/Age-Friendly-Hospital-Measure-Domains-2024-Final-Rule-p-1428.pdf>
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Nursing Role in implementation of Age-Friendly Care

Why nurses ?

- Nurses are at the forefront of providing direct care to our older adults across sites of care



Why Nurses?



- Nurse driven ambulation programs have been found to programs have been found to reduce length of stay and support functional status



- Nurses play a significant role in working with pharmacists and prescribers to ensure patients are receiving appropriate medications



- Nurses monitor closely for changes in mentation and employ delirium protocols at the bedside



- Increased time with patients and families puts nursing staff in positions to advocate for patient needs/wishes

What Matters

“Getting to Know Me”

Project focused on "What Matters Most"

- Purpose statement:
 - Promote patient centered care on an Acute Care of the Elderly (ACE) unit through use of a "Get to Know Me" poster with the aims to increase patient satisfaction and nursing perception of providing patient centered care

Getting to know me: What Matters

Get To Know Me
WHAT MATTERS MOST TO ME

Important People (Family/Friends)

Things That Help Me Relax

Hobbies/Past Work

MY PREFERRED NAME

Favorite Music & TV Channels

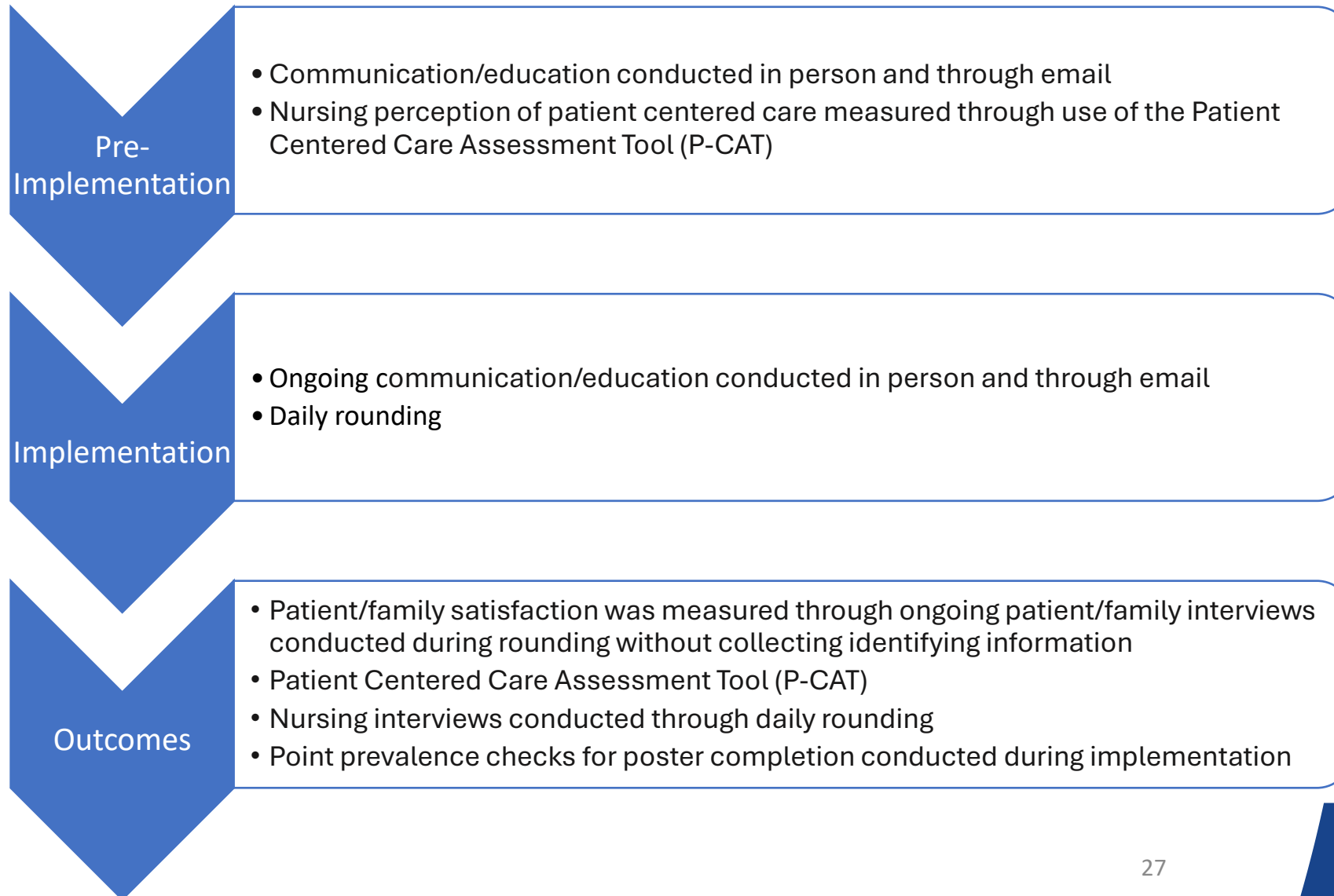
Favorite Foods

MY PREFERRED LANGUAGE

AT HOME I USE

- Glasses
- Contact Lenses
- Hearing Aid
- Dentures
- Other _____

Getting to Know Me: What Matters



Getting to Know Me: What Matters

P-CAT Tool

Two – Factor P-CAT

Item No.	Item Content
Subscale 1- extent of personalizing care	
1	We often discuss how to give PCC
2	We have formal team meetings to discuss patients' care
3	The life history of the patient is formally used in the care plans we use
4	The quality of interaction between staff and patients is more important than getting the task done
5	We are free to alter work routines based on patients' preferences
6	Patients are offered the opportunity to be involved in individualized everyday activities
7	Assessment of patients' needs is undertaken on a daily basis
13	Patients are able to access outside space as they wish
Subscale 2- amount of organizational and environmental support	
8	I simply do not have time to provide PCC
9	The environment feels chaotic
10	We have to get work done before we can worry about a home-like environment
11	This organization prevents me from providing PCC
12	It is hard for patients in this facility to find their way around

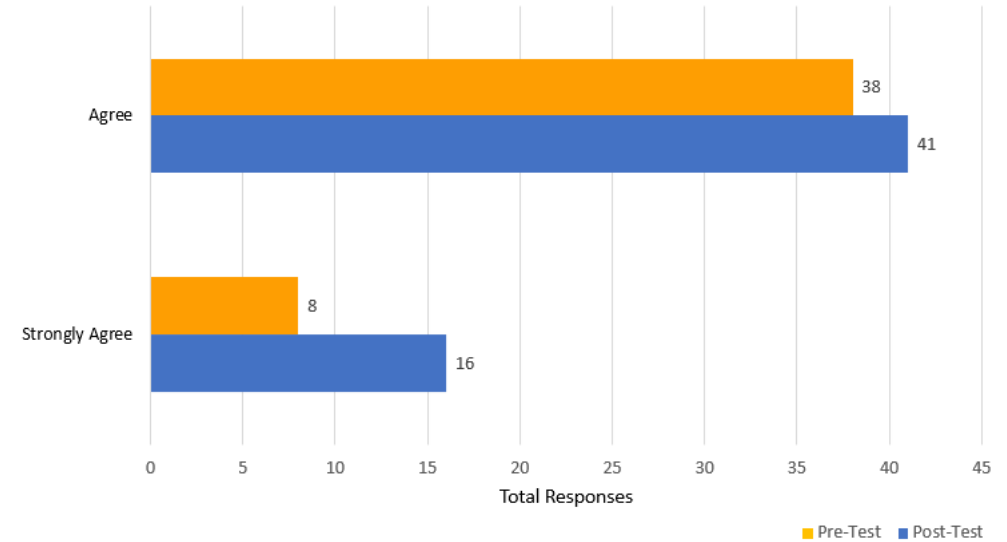
Getting to Know Me: What Matters

- Evaluation/Results

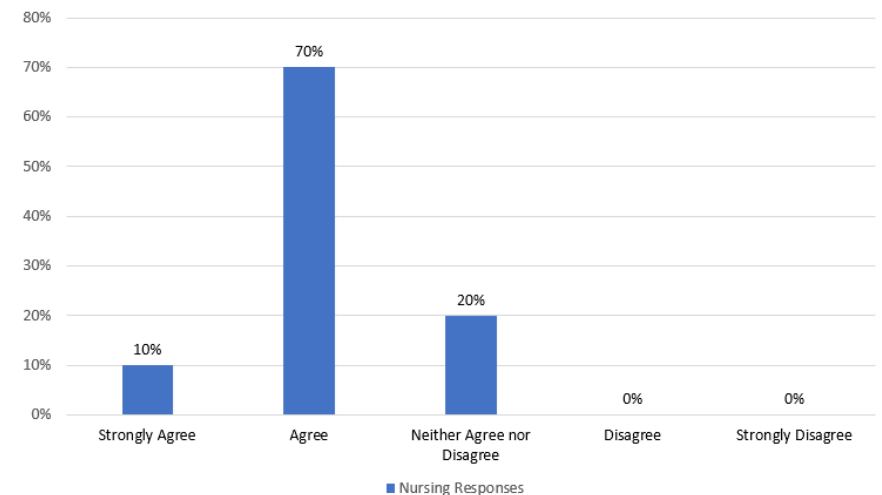
- Nursing Perception:

- Nursing interview themes:
Increased/improved communication and
Increased family involvement
 - 80% of nurses survey "Agree" or "Strongly Agree" that the "Get to Know Me" posters increased ability to provide patient centered care
 - P-CAT Surveys: 24% increase among "Agree" & "Strongly Agree" in subscale one

"Agree" or "Strongly Agree" Responses
P-CAT Subscale 1



"Do you feel that the "Get to Know Me" posters increased your ability to provide patient centered care?" (n=10)



Getting to Know Me: What Matters

- Evaluation/Results
 - Patient/Family Satisfaction:
 - Interview themes: increased ability to communicate information to staff, positively focused on the aspect of staff "getting to know them"
 - 83% of interviewees reported that they perceived the poster as being helpful in the care that they received

Mentation

Frailty Assessment/Awareness

Becoming Dementia Friendly

Becoming Dementia Friendly: Mentation/Frailty

- Dementia Friends (DF) is an education-based initiative developed by the Alzheimer's Society that aims to change misperceptions of dementia. The DF program provides education and dementia-specific communication tips that are applicable in a variety of settings.
- Project Purpose:
 - To improve knowledge and confidence among staff in outpatient clinics in interacting with individuals living with dementia through participation in Dementia Friends.

Dementia Friends

- Purpose statement:
 - To improve knowledge and confidence among staff in outpatient clinics in interacting with individuals living with dementia through participation in Dementia Friends.

Becoming Dementia Friendly: Mentation/Frailty

Methods:

- One hour-long DF sessions were conducted in person at 15 outpatient sites of care.
- Participants were provided an anonymous and optional pre-test survey prior to the session, followed by a post-test survey at completion.
- Knowledge was measured through six true/false items. Attitudes about dementia and confidence were measured through five Likert-style items (1=strongly disagree to 5=strongly agree).

Becoming Dementia Friendly: Mentation/Frailty

Results:

- A total of 154 individuals completed at least one of the pre- or post-session surveys and 53 completed both.
- The results revealed an increase in knowledge about dementia demonstrated by a significant improvement in correct response to the true/false item “Dementia is a normal part of aging [False]).
- Almost all respondents “agreed” or “strongly agreed” that they learned something new from the session (96.51%, n=83).

Becoming Dementia Friendly: Mentation/Frailty

Results:

- Changes in attitudes towards dementia and confidence were also noted with significant improvement in three of the Likert-style questions:
 - “Being confident interacting with people living with dementia” ($p < .001$)
 - “Being able to respond to people living with dementia in an understanding manner” ($p = .004$)
 - “Being motivated to get to know people living with dementia” ($p = .009$)

Becoming Dementia Friendly: **M**entation/Frailty



Mobility

Frailty Assessment/Awareness

Falls Risk Reduction

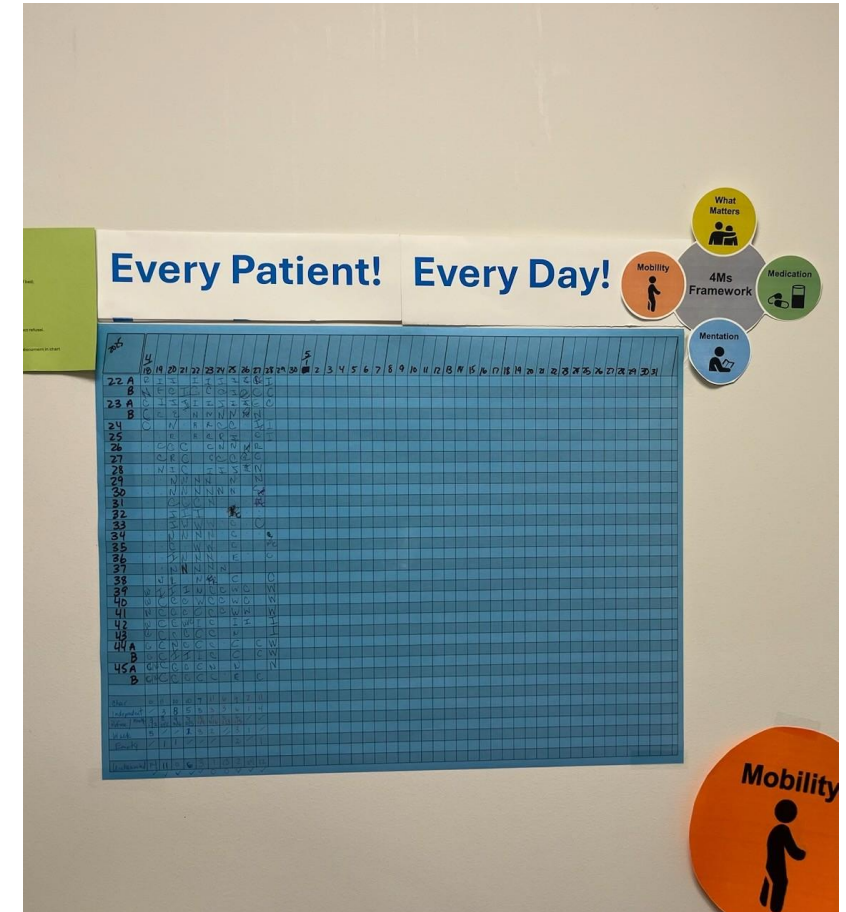
Falls Risk Reduction: Mobility/Frailty

- Hospital acquired debility/disability leads to higher mortality rates
- Nurse led initiative focused on mobilization of hospitalized patients on an Acute Care of the Elderly (ACE) Unit- driven by nursing assistants/techs



Falls Risk Reduction: Mobility/Frailty

- Mobility Chart hung up at the nursing station
- Nursing aids/techs documenting on every patient, every day:
 - C- Up to Chair
 - I- Independent
 - R- Refuse/Unable
 - W- Walked
 - Not documented



Falls Risk Reduction: Mobility/Frailty

- **Outcomes:**
 - Prior to implementation, found to have less than 20% of patients up to the chair
 - In the first 16 days of implementation, found to increase to 38%
 - Project is currently on going, data still being collected

Conclusions



AFHS initiatives have demonstrated positive impacts on patient care in the hospital, decreasing length of stay and hospital costs



In 2025 hospitals will be required to attest to five Age-friendly metrics

- Eliciting patient care goals
- Responsible medication management
- Screening and intervention on frailty
- Screening and intervention of social vulnerabilities
- Age-Friendly leadership



Nursing-led initiatives of Age-Friendly Health System initiatives improve the care for older adults and help hospital systems meet quality metrics



THANK YOU