The Age Friendly Health System

Transforming Practice: The 4M’s

Joanne Grosh, MA, RN-Gero BC
Regional Director, Senior Services
Saint Joseph Mercy Health System, S.E. MI

Michelle Moccia, DNP, ANP-BC,CCRN, GS-C
Program Director Senior ER, Senior Wellness Clinic APN
Saint Mary Mercy Livonia

June 18, 2018
Objectives

• Recognize the impact of the Age-Friendly Health Systems 4M model of care for older adults

• Evaluate the 4M framework in a hospital setting using a case study approach
What Will be Covered

- Overview of Age-Friendly Health Systems
  - Population Statistics
  - 4M Framework
  - Rush Center for Excellence in Aging Video

- Implementation of the 4Ms across the Healthcare Continuum
  - Lessons Learned

- Where to Obtain more Information
Vitals

Hospitals: 8
Licensed beds: 2,269
Outpatient Health Centers: 10
Emergency Departments: 12
Urgent Care facilities: 12
Births: 10,600
Emergency Visits: 468,400
Inpatient Discharges: 118,343
Inpatient surgeries: 30,265
Outpatient visits: 5,256,944
Outpatient visits/ambulatory surgeries: 62,542
Attributed Lives: 337,300
Full-Time Employees: 20,000
Physicians: 3,600
Trinity Health operates in 22 states and is one of the largest Catholic health care systems

$18.3B
In Revenue

1.5M
Attributed Lives

$1.1B
Community Benefit Ministry

133K
Colleagues

7.8K
Employed Physicians & Clinicians

28K
Affiliated Physicians

94
Hospitals*

18
Clinically Integrated Networks

17
PACE Centers

109
Continuing Care Locations

*Owned, managed or in JOAs or JVs
Age-Friendly Health System
National Statistics

• As projected by the US Census Bureau, it is estimated that by 2050, 88.5 million older adults (greater than 65) will represent the population (Fulmer & Li, 2018).

• Chronic conditions are prevalent among this population. Older Adults 75 and older have 3 chronic conditions on average, and are prescribed greater than 4 medications (Martin, Waites, Hopp, Sobeck & Agius, 2013).

Population Aged ≥65 and ≥85 Years, United States, 1900-2010 and Projected 2020-2050

(Centers for Disease Control and Prevention, 2016)
S.E. MI Population Growth by Age Group
2015-2045

Counties Included in Data Set:
- Livingston
- Macomb
- Monroe
- Oakland
- Washtenaw
- Wayne

Source: SEMCOG 2045 Regional Development Forecast
SEMI Senior Population Growth Projections 2015 – 2045

Source: SEMCOG 2045 Regional Development Forecast
WMI Population Growth by Age Group 2015-2045

Counts Included in Data Set:
- Allegan
- Kent
- Mason
- Muskegon
- Newaygo
- Oceana
- Ottawa

Source: Michigan Department of Transportation – Statewide & Urban Travel Analysis Section and University of Michigan’s Institute for Research on Labor, Employment, and the Economy courtesy of The Right Place.
WMI Senior Population Growth Projections 2015 – 2045

7 County Area: Allegan, Kent, Mason, Muskegon, Newaygo, Oceana, and Ottawa.

Source: Michigan Department of Transportation – Statewide & Urban Travel Analysis Section and University of Michigan’s Institute for Research on Labor, Employment, and the Economy courtesy of The Right Place.
Issues and Gaps in the Care of Older Adults
(Others will be covered in the Video)

- $50 Billion spent annually on fall related injuries in the older adult population (Centers for Disease Control and Prevention, 2016)

- Older adults age 85+ have a 50% chance of a diagnosis of dementia
  - Places them at risk for falls, delirium, dehydration, malnutrition, isolation

- Polypharmacy has detrimental effects on the health of seniors, impacting mentation and mobility (Michelazzo, Milovanovic & Boccia, 2017)

- Keeping healthy, active older adults engaged to maintain their lifestyle as long as possible
Age-Friendly Health System

- The John A. Hartford Foundation (JAHF) partnered with the Institute for Healthcare Improvement (IHI) to evolve healthcare systems to address the unique needs of the aging population (Mechcatie, 2018).

- The Age-Friendly Health System (AFHS) initiatives aim to ensure that the fundamentals of evidence-based geriatric care are consistently implemented across the continuum, from the inpatient settings to care in the community (Mechcatie, 2018).
What is an Age Friendly Health System?

- Respects the goals and preferences of older adults
- Better health and cost outcomes
- Reduces unwanted care
- Includes a robust engagement of families in plan of care
IHI & JAHF convened a broad panel of content experts, clinicians, academics and practice leaders

Reviewed 17 evidence-based models for older adults:

- What population is served?
- What outcomes were achieved?
- What are the key design features?
- What are the core components?
July – August 2016

- **90 discrete core features** identified by model experts in pre-work
- Redundant/similar concepts remove and **13 core features** synthesized by IHI team
- Expert Meeting – Selection of the “vital few” the 4Ms
Essential Elements of the Prototype: The “4Ms”

**What Matters:** Knowing and acting on each patient’s specific health outcome goals and care preferences

**Medication:** Optimize use to reduce harm/burden, focus on medications affecting mobility, mentation and what matters

**Mentation:** Focus on depression, dementia & delirium

**Mobility:** Maintain mobility/function, prevent and treat complications of immobility
Age-Friendly Health System

National goal of reaching 20% of U.S. hospitals and health systems by 2020 to implement age-friendly initiatives (Mate, Berman, Laderman, Kabcenell, Fulmer, 2018).

20% is the tipping point (Everett Rogers)
The Partnership: Five Health Systems

Anne Arundel Medical Center

Kaiser Permanente

Providence St. Joseph Health

Trinity Health

Institute for Healthcare Improvement

The John A. Hartford Foundation

American Hospital Association

CHA (Catholic Health Association of the United States)

Age-Friendly Health Systems

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults
Rush Center for Excellence (CEA)
Rush University Chicago, IL

https://www.johnahartford.org/events/view/video-introducing-the-4ms-framework-for-an-age-friendly-health-system1

http://aging.rush.edu/professional-older-adult-family-care/age-friendly-health-system/4ms-framework/
Implementing the 4Ms across the Continuum

"Lost in Transitions of Care: Optimal Management of the Older Adult with a Fall-Related Injury"
Age-Friendly Health System Pilot Goals/Objective

**Goal:** Close the Know-Do gap

**Objective 1:** Implement age-friendly interdisciplinary rounding utilizing 4M’s methodology on 2 South

**Objective 2:** Improve care coordination, and communication across disciplines

**Objective 3:** Improve the care experience for the older adult (i.e. quality and satisfaction)
Age-Friendly Health System

Setting

• ≥ 65 year old admitted to the ED with an orthopedic injury due to a fall

• Admitted to 2 South (orthopedic floor) pilot unit

Tool

• 4 M data interdisciplinary meaningful rounding form
## Age-Friendly Health System Story

**Version:**

**WEEK:** ___ 

**Admit Date:** ___

**Discharge Date:** ___

**PERC:** Yes/No

### Patient First / Last Name:

**Gender:** M/F

**Age:** ___

**MR #:** ___

**FIN:** ___

**25 Room #:** ___

<table>
<thead>
<tr>
<th>Date</th>
<th>25 RN</th>
<th>Phone</th>
<th>Date</th>
<th>25 RN</th>
<th>Phone</th>
<th>Date</th>
<th>25 RN</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Emergency Department Evaluation

**ER CC:** ___

**Senior Assessment Completed:** Yes/No

**Date/Time:** ___/___/2018

**ED RN Name:** ___

- Lives alone: Yes/No
- No caregiver able, willing or available: Yes/No
- History of cognitive impairment: Yes/No
- Medical History:

### Delirium

(CAM) ○ POS ○ NEG

Dementia (OMCT) ○ POS ○ NEG ○ N/A

Depression (GDS) ○ POS ○ NEG ○ N/A

### 2 South Evaluation

**Delirium Screen (0900 & 2100):** YES/NO

**Ambulation BID:** YES/NO

**Comment:**

### PT / OT Evaluation

**Date/Time:**

- OT Outcome/Comment:
- PT Outcome/Comment:

### Pharmacy Evaluation

**Date/Time:**

- # of Home Meds: ___
- # Ordered Meds/Scheduled Continuous: ___
- # Ordered Meds/PRN: ___
- Medication Assessment / Changes:
- De-prescribed Medication:

### Spiritual Care Evaluation

**Date/Time:**

- Goals of Care:
- Advance Directives:
- Peace/ Hope / Meaning:
- Distress:
- AD on file ○ YES ○ NO ○ N/A

### Case Management Evaluation

**Date/Time:**

**Transfer Plan:** Yes/No

**PCP Notified:** Yes/No

### Dietitian Evaluation

**Date/Time:**

**Malnourished:** YES (Severe/Moderate) NO

**Nutrition Risk:** Low/Moderate/High

**Supplements ordered:** Yes/No. **RD spoke with RN:** Yes/No
New Checklist Additions

Pharmacy Evaluation  Date/Time ____________

# Home Meds: Scheduled Continuous ____ PRN: ____  # Ordered Meds: Scheduled Continuous:____ PRN: _______

- Benzodiazepines
- Opioids
- Highly-anticholinergic medications, especially diphenhydramine
- All prescription and OTC sedatives/sleep meds
- Muscle relaxants
- Tricyclic antidepressants
- Antipsychotics
- Other: ___________________

Spiritual Care Evaluation  Date/Time ____________

Goals of Care: _____ What [highlighted] preference would you most like help from your healthcare team?

Peace/Hope/meaning
- What is most important [highlighted] preference that you want us to focus on in your health/ healthcare?
- If we could help improve this [highlighted] preference(s), what would you do more of or do more readily?

Distress
- What fears and worries in your day to day life affect your health?
- What concerns you most when you think about your health and healthcare?

Advance Directives: AD on file  ○ YES  ○ NO  ○ N/A
SMML ED: n = 18,000

- 22% Live Alone
- 23% had recent ED Visit (within 30 days)
- 23% reside in a facility (skilled, assisted-living, independent)
- 4% have no caregiver available, willing or able
- 24% have fallen in the past 30 days
- 22% of Senior ED patients 65 and greater have a history of cognitive impairment
Interdisciplinary Team Domains

**Spiritual Care Evaluation** - Goals of Care, Advance Directives, Peace/Hope/meaning, Distress

**Dietary**
- Presence of Malnutrition
- Nutrition Risk

**PT/OT** - Assessment of Mobility and Activity of Daily Living

**Case Management Evaluation** - Transfer Plan

**Pharmacy** - Evaluation of Polypharmacy, Medication Reconciliation

**Inpatient Unit** - Delirium Screen and Ambulation every 12 hours

**ED Assessment**
In God we trust, all others must use data
n= 91
Senior ER assessment n = 91

Senior ER Assessment Completed
"4 M"

ED Assessment Lives Alone, Caregiver Available, History of Cognitive Impairment, Medical History, ADLs, IADLs, Pharmacy referral trigger, Screen for Delirium, Depression and Cognitive Impairment

No, 3, 3%

Yes, 88, 97%
Demographic n= 91

Gender
- Male, 63, 69%
- Female, 28, 31%

Age
- 65-70: 7, 8%
- 71-80: 24, 26%
- 81-90: 44, 48%
- >90: 16, 18%
Senior Assessment: What Matters

Does patient live alone? Know/Act on What Matters

- No, 61, 67%
- Yes, 25, 28%
- Not Assessed, 3, 3%
- Blank, 2, 2%
Caregiver availability

Caregiver available, willing or able? Know/Act on What Matters

- Yes, 87.96%
- Blank, 4.4%
History of Cognitive Impairment n= 91
Delirium “Mentation” assessment BID (Confusion assessment method)
Ambulation BID (Mobility)

Ambulation "Mobility" BID inpatient unit

- No documentation, 46, 51%
- Documentation, 35, 38%
- (blank), 10, 11%

©2015 Documentation
Physical and Occupational Therapy Assessment

PT/OT Evaluation "Mobility"

- Yes, 56, 62%
- N/A, 3, 3%
- (blank), 15, 16%
- No, 17, 19%
Pharmacy Medication Adjustments

1-4 medication adjustments n= 18 patients
De-prescribed Medications

1-3 De-prescribed Medications n= 14 patients
Dietary Assessment (at risk or Malnourished)

Dietary Evaluation (MST trigger)

- N/A, 15, 16%
- No, 7, 8%
- Section not filled, 1, 1%
- (blank), 59, 65%
- Yes, 9, 10%
Spiritual Care Assessment “Matters” eg. Most important preference, fears, worries, concerns

**What Matters: Goals of Care ; Peace/Hope/meaning/Distress**

- **Try to stop falling**
- **Ability to take care of self**
- **Control the pain**
- **Will I be able to walk again**
- **Will I be able to live alone**
- **Loneliness**
- **Children, future**
- **To be understood and not dismissed**
- **Concerned about family taking care of her**
- **Yes, 56, 62%**
- **No, 32, 35%**
- **Unknown, 2, 2%**

**Try to stop falling**
- Yes, 56, 62%
Spiritual Care Assessment “Advanced Directive”

Patient has Advance Directive?   Know and Act on what Matters

- **No**, 19, 21%
- **Yes**, 41, 45%
- (blank), 31, 34%
Tales from the Interdisciplinary Team

Belinda: This is like fixing the broken chain when all links should be connected but they are not and our patients are always in the middle.

Amy (Outcomes Management)
“We have to stop working in silos and start sharing this information, we have to get to know our patients better.”

(2S)
“My patient was confused and on restraints before pharmacy evaluation, after her meds were adjusted her behavior changed.

Jeffrey Trauma NP
The pilot has impacted our service to view pt holistically. Provided an avenue for multiple disciplines to come together for betterment of pt.

Pharmacy
“Every chart I opened, there was an opportunity to modify medication history, de-prescribe one or two meds or stop discharge prescriptions that patient no longer needed.”

Father Luke
Thank you so much for rephrasing the goals of care questions. I am better able to communicate with the patients, find out their needs. & communicate with the nurse.

Michelle (ER)
Every encounter revealed the necessity of verbal communication to every discipline for optimize care coordination.

PT/OT
Knowing more about the pt. “what matters” helps with conversation and what is important.

Belinda: This is like fixing the broken chain when all links should be connected but they are not and our patients are always in the middle”

Knowing more about the pt. “what matters” helps with conversation and what is important.

Every chart I opened, there was an opportunity to modify medication history, de-prescribe one or two meds or stop discharge prescriptions that patient no longer needed.”

Every encounter revealed the necessity of verbal communication to every discipline for optimize care coordination.

The pilot has impacted our service to view pt holistically. Provided an avenue for multiple disciplines to come together for betterment of pt.
Conclusion:
The age-friendly interdisciplinary rounding tool highlighted several areas of practice improvements to promote collaborative evidence-based geriatric care consistently across the continuum.
4M’s Methodology
Education is critical to ensure knowledge gaps, and best-practice is implemented, and sustained

The target audience for education includes every interdisciplinary team members involved in delivering care to the older adult.
As the population of older adults continues to rise, disseminating the results of this project will influence health institution processes across the nation. Adopting the 4M’s methodology “Meaningful Rounding” creates a pathway promoting age-friendly quality-based care.
Open Discussion and Next Steps
Where to obtain more information about AFHS

http://www.ihi.org/

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx

Email: afhs@ihi.org
References


References


