Age-Friendly Health Systems
4M Training For Healthcare Practitioners

Module 4: Putting It All Together

Presenters:
Isabel Rovira, MPH
Megan Wolfe, JD
Tanya L. Hofmann, MSN, APRN, ACNS-BC, ACM
Denise Pryor Kruszynski, MSN, ARNP, FNP-BC
Dr. Naushira Pandya, MD, CMD, FACP

South Florida Geriatric Workforce Enhancement Program
Series Objectives

By the end of the training, participants will be able to:

1. Understand the need for Age-Friendly Health Systems (AFHS)
2. Communicate the AFHS 4’M model
3. Identify your scope, role, and opportunities to practice the 4Ms in the healthcare setting
Module 1: Introduction to Age-Friendly Health Systems
  • Thursday, June 3, 2021 • 10:00 am EST

Module 2: Deep Dives – What Matters Most & Mobility
  • Thursday, June 10, 2021 • 10:00 am EST

Module 3: Deep Dives – Mentation & Medication
  • Thursday, June 17, 2021 • 10:00 am EST

Module 4: Putting it All Together
  • Thursday, June 24, 2021 • 10:00 am EST
Module 4: Putting It All Together
June 24th, 2021
Module 4: Putting It All Together

Welcome & Introduction
Isabel Rovira, MPH

Aging & Equity Data in Florida CHARTS
Megan Wolfe, JD

Considerations Around Implementation
Tanya L. Hofmann, MSN, APRN, ACNS-BC, ACM-RN

Putting It All Together: Local Support
Denise Pryor Kruszynski, MSN, ARNP, FNP-BC

Resources & Next Steps
Dr. Naushira Pandya, M.D., CMD, FACP

Q & A
Florida Health CHARTS
Aging in Florida Profiles

Megan Wolfe, JD
Trust for America’s Health
June 24, 2021

South Florida Geriatric Workforce Education Program
Today’s Agenda

- Introduction to Trust for America’s Health
- Background on Age-Friendly Public Health Systems
- Development of the Florida Department of Health’s Aging in Florida Profiles
- Demonstration of Aging in Florida Profiles
Who is TFAH?

An independent, non-partisan, public health non-profit

- Advancing evidence-based policy and advocacy with an equity focus
- Improving the health of every community
- Making disease prevention a national priority
Why Age-Friendly Public Health?

- Federal: New CDC Healthy Aging Branch but still disease-specific
- Current public health aging projects include falls prevention, vaccinations, Alzheimer’s and related dementias
- State/local: Lack of funding and expertise
TFAH’s Florida Pilot

To test the framework and explore public health roles:

- Partnered with the Florida Departments of Health and Elder Affairs
- Created Learning & Action Network of 37 county health departments
- Provided tools, training, technical assistance

Florida AFPHS Phase II: more CHDs; deepen health equity efforts; address social isolation
What we learned in the Florida Pilot

The importance of data to identify priorities, engage partners, and address equity

![Aging In Florida Profile](image)
Considerations Around Implementation

Tanya L. Hofmann, MSN, APRN, ACNS-BC, ACM
Geriatric Program Coordinator
Sarasota Memorial Health Care System
Consideration for implementation:

Is Age-Friendly right for us?

Tanya Hofmann, MSN, APRN, ACNS-BC, ACM-RN
Geriatric Specialty Practice Coordinator
Sarasota Memorial Health Care System
tanya-hofmann@smh.com
Learning Objectives

- Describe why becoming an Age-Friendly Healthcare System is important for your organization
“If you build it they will come.”

—The Field of Dreams
Older Adults are breaking the mold

- an estimated 329,717 new residents settled in Florida between April 2020 and April 2021
- Florida was the No. 1 destination for relocating Americans in 2020
- An average of 845 new residents a day until 2025

https://www.islandernews.com/lifestyle/homes/almost-330-000-people-have-moved-to-florida-during-the-past-year-migration-is-expected/article_78860b40-aa7d-11eb-957d-1f0232e9d6d0.html
13 Reasons to consider age-friendly according to US News and World Reports

Did you make the list?

1. Sarasota
2. Fort Myers
3. Port St. Lucie
4. Naples
5. Ocala (6)
6. Miami (9)
7. Melbourne (10)
8. Jacksonville (13)
9. Daytona Beach (15)
10. Orlando (16)
11. Lakeland (18)
12. Tampa (20)
13. Pensacola (25)

https://money.usnews.com/money/retirement/slideshows/the-best-places-to-retire
Determining your Age-Friendly Journey

How?
Who?
Where?
Know your patients!

Know the older adults in your health system

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

Know the health literacy levels of your older adults
Know your organization!

**What Matters?**
Investigate how you are capturing what is important to your patients and their families.

**Mobility**
What happens to keep patients moving during hospitalization?

**Medication**
How is medication management processed in your organization?

**Mentation**
Do you currently have a process to screen all older adults for delirium?
Considerations for success

• Obtain a champion...or two
• Create a steering community made up of leadership, physicians, nurses, PT/OT, pharmacy, clinical systems, volunteers, educators, staff nurses, an older adult from your community to help you adopt your 4M Model
• Start SMALL and decide what area you should focus on
• Identify the most important initiatives which align Age-Friendly with your organization’s strategic plans
• Keep evolving, revise things that are not working
• Celebrate your successes and spread the Care!
References

Putting It All Together: Local Support

Denise Pryor Kruszynski, MSN, ARNP, FNP-BC
Clinical Trainer
Nova Southeastern University
Age-Friendly Healthcare, Putting it All Together

Denise Pryor Kruszynski, APRN
Clinical Trainer
Nova Southeastern University
I HAVE NO DISCLOSURES OR CONFLICTING AFFILIATIONS
Age-Friendly Health Care, a concept pioneered by

- THE JOHN A HARTFORD FOUNDATION
- THE INSTITUTE FOR HEALTHCARE IMPROVEMENT
- PARTNERSHIPS WITH
  - THE AMERICAN HOSPITAL ASSOCIATION (AHA)
  - THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES
  - KAISER PERMANENTE
  - TRINITY
  - ASCENSION

(FUNDED BY HRSA)
The Geriatric Workforce Enhancement Program

Federal work force enhancement grant funded through the Healthcare Resources and Services Administration (HRSA)

(Grant number: U1QHP33074)

One of the major goals of the grant is the promotion Age-Friendly Healthcare
Learning Objectives

- Mindset Undergirding Age-Friendly Healthcare
- Overview of the 4Ms
- Where We Begin, PDSA
- Challenges and Opportunities
- Next Steps, achieving Age-Friendly Designation
"Patients are the experts in what they want from healthcare.

Clinicians are the experts in how to get them there."

patientprioritiescare.org
Overview of Age-Friendly Health Care
Study the Results
3% of all patients seen achieve all of the measures within 1 calendar year?

DO
Implement the measure setting a timeline and a goal

Plan
Measures to improve, set a timeline

Act
Either Adapt, Adopt or Discard the Measure

Model for Healthcare Improvement, PDSA
Challenges and Opportunities

Challenges
- Change is difficult
- Less family and community support
- Reimbursement traditionally based on alleviating symptoms
- Visit times are short, patients are sicker and older

Opportunities
- Evidence supports the benefits of Age-Friendly Healthcare
- Reimbursement for well visits is increasingly incentivized
- AFHC community partners are growing & implementing measures
- Patients and family are being empowered and educated
- Change is happening, the ship is turning
Beginning the Journey, Level 1 Certification

- To be recognized as an Age-Friendly Health System Participant, complete the survey & submit electronically via the survey 
  https://www.surveymonkey.com/r/Z2SGZNJ

- The institution will be asked to submit a description of how it is working towards putting the 4Ms into practice.

- Link: Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults
- IHI will review & provide feedback within 3 weeks of submission
Committed to Care Excellence, Level 2 Certification

- Committed to Care Excellence is a recognition for being an exemplar in the movement based on 4Ms work that is aligned with the Guide AND at least three months’ count of older adults reached with evidence-based, 4Ms care.

- To be recognized at this level, review the feedback you received from AFHS@ihi.org when you submitted your 4Ms Description survey to be recognized as an Age-Friendly Health System Participant. The feedback will indicate whether the Description is approved and aligned with the Guide.

- Once you have submitted three months of counts, IHI will send you a Committed to Care Excellence badge and a communications kit so you can celebrate this level of recognition in your local community.
Resources and References

- Institute for Healthcare Improvement
- The John A Hartford Foundation
- The American Geriatric Society
"The names of the patients whose lives we save can never be known. Our contribution will be what did not happen to them. And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know grandparents they might never have known, and holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that, without our work, would never have been."

Donald M. Berwick, MD, MPP, President Emeritus, Institute for Healthcare Improvement
Questions?
Contact me  @ Dk644@nova.edu
Resources and Next Steps

Naushira Pandya, MD, FACP, CMD,
Professor and Chair, Department of Geriatrics,
Director Geriatrics Workforce Enhancement
My take on what we have learned so far

- The demographic and social imperative for changing our approach to the care of older adults is here!
- Adopting a more holistic approach that will meet the specific needs of older adults will lead to increased satisfaction in various care settings
Aging Well; What can be done?

- Add life to years; healthy aging is an INVESTMENT, not a COST
- Elders can contribute to the economy, workforce, social cohesion, and enrichment
- Re-envision aging and elders; we all have biases
- Align health systems, public health framework, and long-term care services and supports to meet needs of elders
- Be an advocate-use your influence!
The Use of the 4 M Framework is Doable and Measurable

- Multicomplexity could be the 5th M
- Nurses play an essential role and TEAMWORK is key
- Benefits of 4M-based care
  - Reduce avoidable ED visits and hospitalizations
  - Reduction in polypharmacy and adverse drug events
  - Early detection of the Three D’s
  - Improved mobility, reduction of falls and related injuries
- Specific assessment tools are available to screen for problems and inform subsequent care
What Matters Most - best practices from Anne Arundel Medical Center

- **What matters** drives the whole care plan - include in EHR
- Stories, pets (M and Ms and food) matter and can change us
- Buy-in, collaboration, publicity worked
- Acute Care for the Elderly (ACE units) or similar settings can be the focus of learning and improve care
...best practices from Anne Arundel Medical Center

- Passion and clinical champions can make it happen
- Choose measurables that matter
  - Readmission rates
  - Ease of departure
  - Length of stay
IF YOU DON’T KNOW WHERE TO START, WHY NOT START WHERE THE PATIENT WANTS YOU TO...
Mobility is Medicine

- Maintaining mobility and function affect whether you can get home
- Sitting or laying in bed is almost the rule in hospitals
- Each patient has unique fall risks
- **Ask about falls at all visits**
- Mobility volunteers-involve health profession students!
- Use Mobility is Medicine Card and Patient Mobility Plan to empower patients
Dementia Prevention and Brain Health

- Few drugs are available to treat cognitive impairment or modify the course of Alzheimer’s disease
- Nearly half of dementia cases could be delayed or prevented
- Exercise has a positive impact on cognition - WALK
- Mediterranean diet adherence is associated with reduced risk of Alzheimer’s disease
- Ask about sleep quality
Brain Health

- Advanced cognitive training and increase speed of processing associated with lower risk of developing dementia
- Combined physical and cognitive training could be even more effective
- Recommendations:
  - Cognitive and strength training 3 x a week
  - Daily aerobic exercise, mentally stimulating activities, meditation, Mediterranean diet, sleep
Age Friendly Focus on Medications

- Essential medications should be used appropriately and consistent with what matters
- Anticholinergic medications and concurrent medications can lead to serious problems, e.g. urinary retention, confusion, and falls
- Beware of the medication cascade!
- When there is a problem, look at the medication list FIRST
- Bring all medications to office visits and ED
Medication Management

- 2019 AGS Beers Criteria is a useful tool
- STOPP Criteria-screen for potentially inappropriate medications
- Big offenders: benzodiazepines, Opiods, sedatives and sleep medications, muscle relaxants, tricyclic antidepressants, antipsychotics, anticholinergics
- DEPRESCRIBE when possible
SF GWEP Resources for Age Friendly Health Care

- Webinars of 4M framework
- Geriatrics Journal Club 3 times a month on Zoom
- Web–based geriatric training
- Podcast series
- COVID-19 resources and telehealth informations
THANK YOU!
pandya@nova.edu
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Questions?
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Help us by completing an evaluation!

https://redcap.nova.edu/redcap/surveys/?s=CHETXK48Y4
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Thank you!

Contact Information for Today’s Speakers:

- **Isabel Rovira**, Co-Founder/COO, Urban Health Partnerships: isabel@urbanhp.org
- **Megan Wolfe**, Senior Policy Development Manager, Trust for America’s Health: mwolfe@tfah.org
- **Tanya L. Hofmann**, Geriatric Program Coordinator, Sarasota Memorial Health Care System: Tanya-Hofmann@smh.com
- **Denise Pryor Kruszynski**, Clinical Trainer, NSU: dk644@nova.edu
- **Dr. Naushira Pandya**, Professor and Chair, Geriatrics, NSU: pandya@nova.edu