

# **AGE-FRIENDLY HEALTHCARE COMMUNITIES: NEBRASKA HOSPITALS LEADING THE WAY**

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# Age-Friendly Health System Partners



The John A. Hartford  
Foundation



Institute for  
Healthcare  
Improvement



American Hospital  
Association®



**CHA®**

Catholic Health Association  
of the United States

Age-Friendly Health Systems is 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).

# Why Behind the What...

## Population Needs:

- There are more than 54 million Americans 65 years and over -- that number is projected to climb to about 95 million by 2060
- The US population aged 65+ years is expected to nearly double over the next 30 years, from 43.1 million in 2012 to an estimated 83.7 million in 2050

## What Is an Age-Friendly Health System?

- An Age-Friendly Health System is one in which every older adult's care is:
  - Guided by an essential set of evidence-based practices (4Ms);
  - Causes no harms; and
  - Is consistent with What Matters to the older adult and their family

## Adverse Events Potentially Averted by Implementing 4Ms:

Unwanted Care	Longer LOS	Falls
Pressure Injury	VTE	ADE / Unwanted medication effects
Delirium	Decreased patient advocacy	Drug Interactions

# Financial Benefits of Becoming Age-Friendly:

01

## Avoid Costs of Poor-Quality Care

- Shortened LOS
- Lower acuity of care
- Lower readmissions and unnecessary ED visits

02

## Deliver Care in a Cost-Effective Manner

- Implement goal-focused Care Plan
- Optimize care site
- Optimize resources

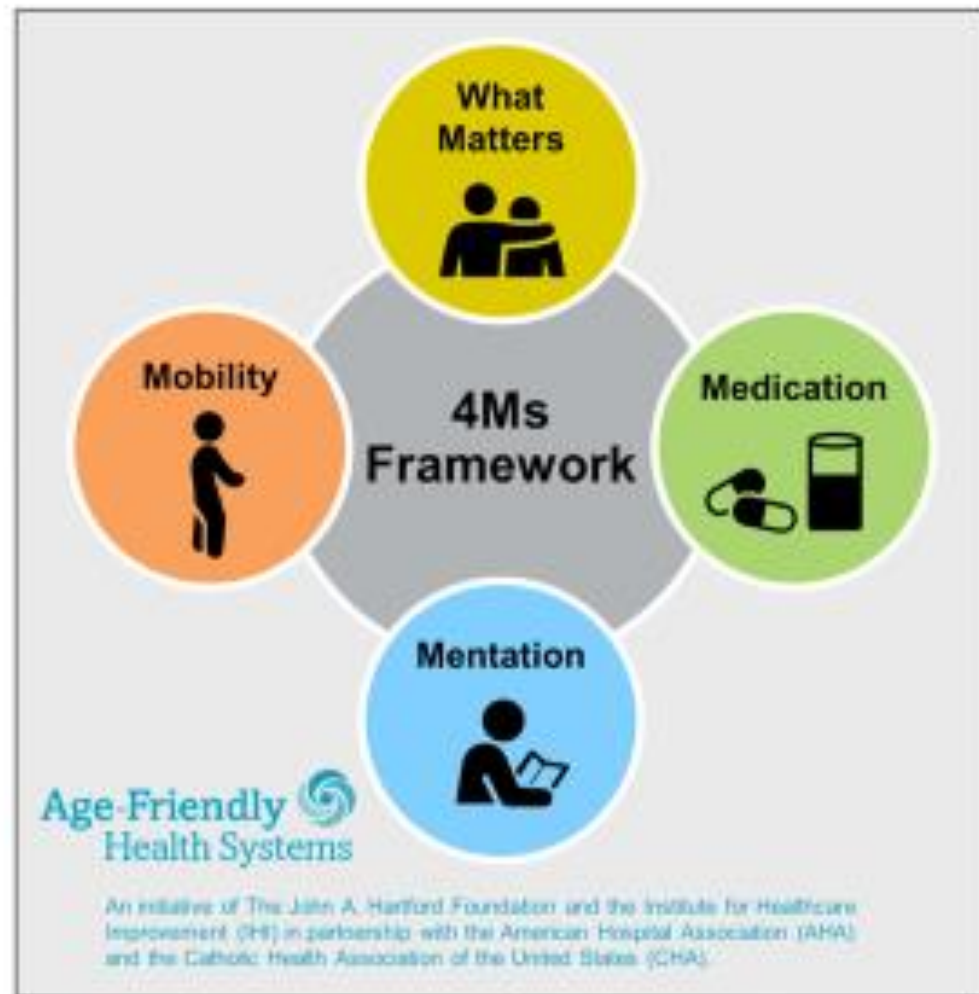
03

## Enhance Revenue from Higher-Quality Care

- Increase necessary fee-generating care
- Share in cost-savings
- Increase bed capacity

# Why the 4Ms?

- Represents core health issues for older adults
- Builds on strong evidence base
- Simplifies and reduces implementation and measurement burden on systems while increasing effect
- Components are synergistic and reinforce one another



# Age-Friendly Community Spread:

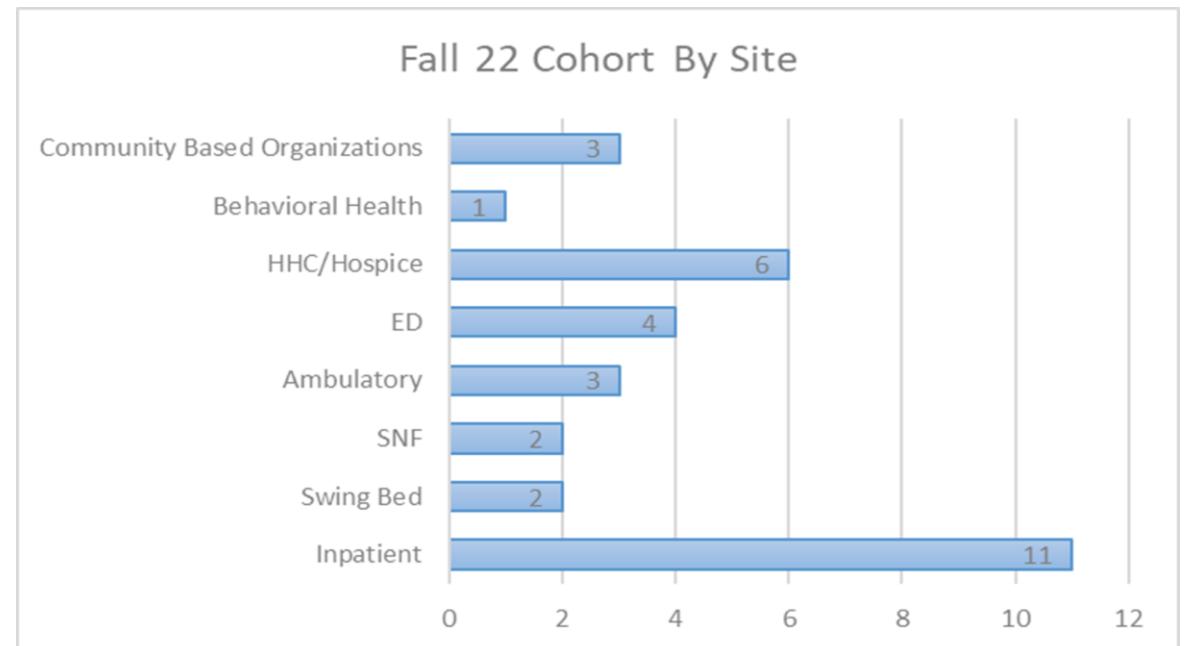
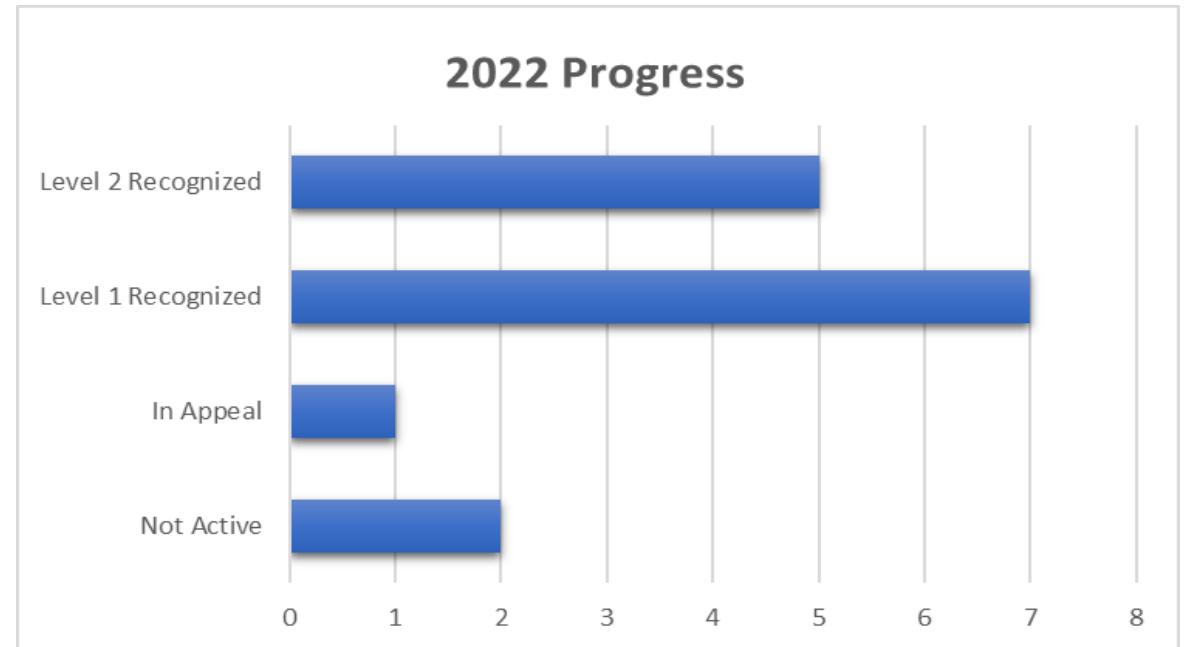
- 1 year grant from IHI to spread Age-Friendly across the state
- Move beyond the general Age-Friendly programming in acute / swingbed status
  - Clinic
  - Emergency Department
  - Therapy and Rehab Department
  - Ambulatory Surgery
  - Community partners

**Think beyond the traditional healthcare model**

# Age-Friendly Across the State:

- The NHA will engage the ecosystem of care to support Nebraska healthcare systems in reliable Age-Friendly Care.

	Level 1	Level 2
Organizations	12	18
Sites	46	25



# Benefits of the 4M Framework

## Patients

- Individualized care, increased patient satisfaction, patient feels truly cared for.
- Streamlines utilization of their resources- giving the care they desire.
- Creates a conversation and helps the patient think about what matters.
  - May translate to more efficient conversations with their support system
- Builds connections & rapport
- Builds comfort in their relationships
- Gives a reason to get better
- Gives them something to look forward too

**Feeling like someone actually cares makes you want to get better!**

## • Healthcare Providers

- When 4Ms start in the clinic they will be more organized in the other departments as well.
- Mass distribution of Age Friendly to other departments helps everyone work toward the same goals.
- Answers the patient's "Why"
  - Why are they missing appointments?
  - Why are they not taking their medications?
  - Why are they refusing their CPAP?
- We all are stressed. Human connection makes it worth it.
- It makes the work easier.
  - When you make the connection to the quality of your organization, it opens up a whole new opportunity to be successful
- Develops empathy/compassion in the healthcare relationship



# AGE-FRIENDLY HEALTH SYSTEMS

ENSURING EVERYONE  
**WHO MATTERS**  
TO NEBRASKA'S OLDER ADULTS,  
ARE PREPARED TO ADDRESS  
**WHAT MATTERS**

ROI for advance care planning is estimated to save \$2 for every \$1 spent

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Decreases in preventable hospital admissions

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Improved HCAHPS scores particularly noted in "During your recent stay did your nurse listen carefully to you?"

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Systematic decreases in patient falls

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Decreases in LOS and 30-day readmission rates

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Increased Depression and Delirium detection

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Increased medication optimization and decreased ADEs

# Medication:

Strategies to overcome implementation barriers of deprescribing anticholinergic medication

- Age-Friendly Care promotes ***Medication Optimization***
- BEER's Criteria
  - Includes: Benzodiazepines, Opioids, Highly-anticholinergic medications, All prescription and over-the-counter sedatives and sleep medications, Muscle relaxants, Tricyclic antidepressants, Antipsychotics, & Mood stabilizers
  - Importance: Use of some medication, especially as people get older or more ill, can cause harm. Optimizing medication through targeted deprescribing is a vital part of managing chronic conditions, avoiding adverse effects and improving outcomes. The goal of deprescribing is to reduce medication burden and maintain or improve quality of life.
- Research indicates Older Adult patients are generally open to deprescribing

# Providence Medical Center Experience

## Providence Medical Center set out to focus on one class of medication: Anticholinergics

**Goal:** Find success and support in deprescription of anticholinergic drug class and expand to other classes with time.

### Barriers:

Patients are connected to the drug and are hesitant to give it up.  
Providers are likely to add the pill to address the patient concern.

### Results:

Small bits of improvement with deprescription.  
Results were incrementally positive, but we would like to increase the pace so we are re-evaluating our strategies.

### Lessons Learned:

- Pharmacy discussions with patient and families is a patient satisfier.
- Education to Patients and Providers is key to ongoing success
- Wayne Family Clinic is Age-Friendly Recognized so we are hopeful to begin seeing the effects
- Red flags being built into the system to make prescribing medication classes “hard” for providers has shown to be effective in other systems.
- We will likely continue to the focus on anticholinergics through education, but expand to Narcotics.
- Interdisciplinary team is working on initiative that can be expanded to include Age-Friendly Care Framework.
- Address the work based on the outcome we wish to see: Decreasing Falls
- Remembering that ZERO is not the goal. Progress is the goal.

# Safe Mobility in the Community

- Safe **Mobility** integrates the 4Ms
  - **Mobility** ↔ **Mentation** (cognition, depression)
  - **Medications** → **Mobility** (for good and bad)
  - **Mobility** + **Mentation** (cognition and mood) central to doing what **Matters**

Notice the SYNERGY:

Every teammate can play a role  
in the delivery of 4Ms Care.

# Merging Safe Mobility and Mentation

- Thayer County had made huge strides in our Fall Prevention Programming
- Then we heard about ***Safe Mobility***
- ***The interventions looked Similar but the mindset changed***
- Mobilize 3 times a day and/or as directed
  - walking, unless bed or chair-bound or otherwise directed to promote the highest practicable level of mobility
- Out of bed for meals
- Physical therapy (PT) intervention
- Avoid restraints (physical or chemical)
- Remove catheters and other tethering devices
- Avoid high-risk medications

- Thinking about restraints:
  - Physical Restraints
  - Chemical Restraints
  - **Psychological Restraints**



*What is the goal?*

Are we walking our patients enough?  
Is there **MORE???**



# Safe Mobility and Mentation Reconsidered

## Key Thoughts

- Common medication prescribing practices may be causing our patient concerns
- Versus diagnosing confusion as cognitive loss, identifying it early may help us prevent negative outcomes
- These practices reassure our patient of their care
- What Matters to our patients most often requires some form of Mobility. Working on this helps our patients meet their goals.

## Barriers:

Our EHR was not compatible with the plan we wanted.

***We did it ANYWAY!***

## Johns Hopkins Highest Level of Mobility Tool

- Great Visual Aid for our patients, caregivers, and STAFF!

## NuDesc

- Preferred Tool
- Making it their routine. Building on workflows that they are already good at.
- Paired it with the our Fall Prevention Screening Protocol

## ***Working through the trials:***

- It's a Marathon
- Getting it added to workflows but not making it feel like MORE work
  - Staff Guard is up when we introduce new
  - Remembering they are likely just saying No For Now.
    - They may need more PROOF.
  - We plan to let the data speak to the changes: How many unnecessary therapy screens we would have had.
  - Remembering we already were clinically recognizing mobility and mental status of our patients.

## Action

Incorporating the interventions for mobility and mentation into standard protocol.

- This model exists for infection prevention
  - Building on the same idea- NOT EXTRA WORK
    - Hydration level of our patients is ALWAYS important
    - Having patients up for meals is ALWAYS important

**Everything affects everything in Age-Friendly**

# What Matters



# Strategies to Implement What Matters

- Community Hospital was recognized in the Fall 2021 Cohort as a Level 2 Committed to Care Excellence Site.
- We wanted to continue the spread we joined the Spring Cohort with our Outpatient Infusion Clinic
  - October 2022 they were recognized as Level 2 Committed to Care Excellence!

## Why What Matters, Matters?



## Key Thoughts

- What matters gives our patients a voice and a choice in their healthcare.
- By helping our patients we can make a difference in their lives, but they truly make more of an impact in ours.
- Every Department can play a vital role in What Matters to the patient
- What Matters helps us to provide the care our patients want
- Sometimes What Matters is sometimes financial.
  - Decreases the spending on unnecessary procedures.
  - Targets that the money patients are spending is their “choice.”

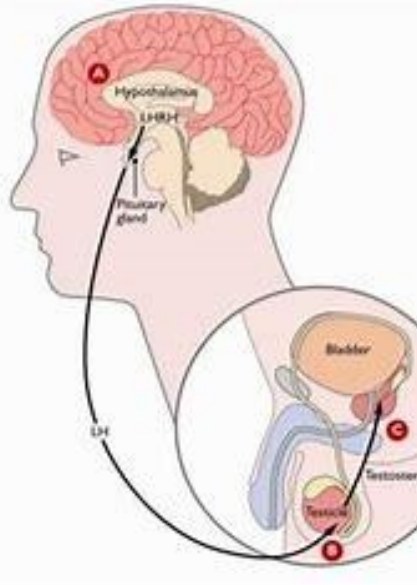


# Nebraska Case Studies

- Male inpatient with a new prostate cancer diagnosis

## **Cancer Treatment: Hormone Therapy**

- Reduces level of male sex hormones to slow growth of cancer
- Used to treat prostate cancer that has grown after surgery and radiation therapy or to shrink large tumors before surgery and radiation therapy
- Can be done surgically or through medication
- Hormone therapy may cause a variety of side effects



- Male Ambulatory Care Patient struggling through diabetic management.



# AGE-FRIENDLY TOOLS

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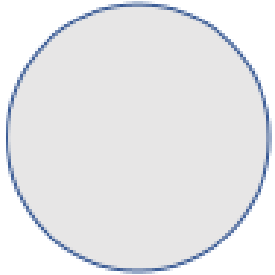


# Our Age-Friendly Action Plan

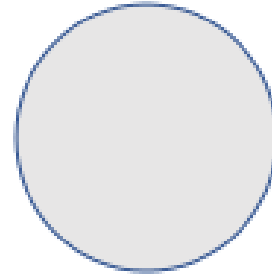


What Matters	Medications	Mobility	Mentation
<p>Ask the patient</p> <ul style="list-style-type: none"><li>• <i>"What Matters to you during this Hospital Stay."</i></li></ul> <p>and/or</p> <ul style="list-style-type: none"><li>• <i>"What would make tomorrow a really great day for you?"</i></li><li>• Upon Admission</li><li>• Upon Significant Change in Condition</li></ul> <ul style="list-style-type: none"><li>• My Story Tool</li></ul> <p><b>Ensure WHAT MATTERS drives the patient's plan of care.</b></p>	<p><b>Screen the following drug classes</b></p> <ul style="list-style-type: none"><li>• Benzodiazepines</li><li>• Opioids</li><li>• Highly-anticholinergic medications</li><li>• All prescription and over-the-counter sedatives and sleep medications</li><li>• Muscle relaxants</li><li>• Tricyclic antidepressants</li><li>• Antipsychotics</li><li>• Mood stabilizers</li></ul> <p><b>Upon Admission and Significant Change in Condition</b></p>	<p><b>Bedside Mobility Assessment Tool (BMAT)</b></p> <ul style="list-style-type: none"><li>• Upon Admission</li><li>• Upon change of condition</li><li>• Daily Assessments</li></ul> <p><b>Safe Mobility Achieved at Minimum by:</b></p> <ul style="list-style-type: none"><li>• Mobilize 3 times a day and/or as directed<ul style="list-style-type: none"><li>• walking, unless bed or chair-bound or otherwise directed to promote the highest practicable level of mobility</li></ul></li><li>• Out of bed for meals</li><li>• Physical therapy (PT) intervention</li><li>• Avoid restraints (physical or chemical)</li><li>• Remove catheters and other tethering devices</li><li>• Avoid high-risk medications</li></ul>	<p><b>CAM-ICU or NuDesc Assessment</b></p> <ul style="list-style-type: none"><li>• Every 12 Hours</li></ul> <p><b>With Positive Screen at Minimum:</b></p> <ul style="list-style-type: none"><li>• Ensure sufficient oral hydration</li><li>• Orient older adult to time, place, and situation on every nursing shift, if appropriate</li><li>• Ensure older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers)</li><li>• Prevent sleep interruptions, use non-pharmacological interventions to support sleep</li><li>• Avoid high-risk medications</li></ul>

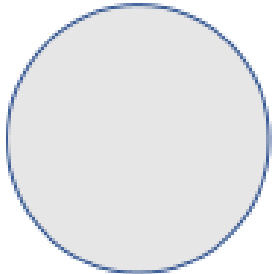
# What Matters to Me



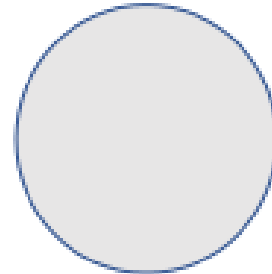
What Makes You Happy



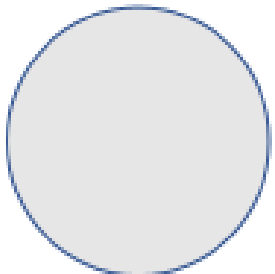
Who is your support system?



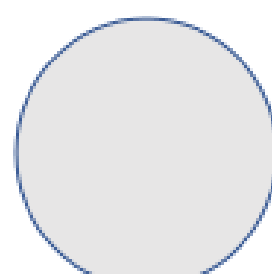
What is your favorite food?



What is a goal you have?



What is your favorite hobby or pastime?



Where is your favorite place to be?

# Final Thoughts & Questions