**Nebraska Hospital Association**

# Age-Friendly Community Guide

NHA | NEBRASKA HOSPITALS

Age-Friendly Health Systems

Institute *for* Healthcare Improvement

# Introduction

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), designed to meet the healthcare needs of our nation's aging population.
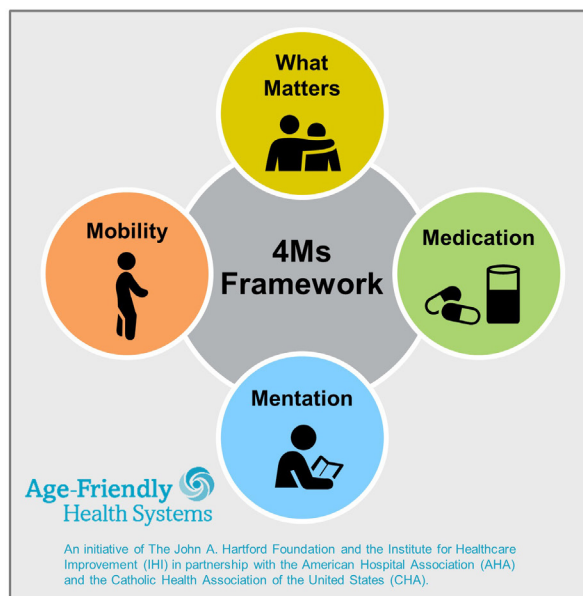
Age-Friendly Health Systems Aim to:

o        Follow an essential set of evidence-based practices
o        Cause no harm
o        Align with What Matters to the older adult and their family caregivers.

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults in your system:

•        What Matters
•        Medication
•        Mentation
•        Mobility
(Institute for Healthcare Improvement, 2023)



**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.

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For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

# The Goal

The Age-Friendly Health System has been shown to reduce patient harm and increase patient outcomes specifically in the older patient by using evidence-based practices that align with what matters to the patient.

The Nebraska Hospital Association (NHA) along with the Institute for Healthcare Improvement (IHI) identifies the multiple and numerous partners required for elderly care in every community. Many of these partners are outside of these entities; hospitals, nursing homes, primary care, convenient care clients, which can apply for Age-Friendly Health System accreditation. More partners are even outside of the realm of healthcare (examples: church groups, senior center, etc.).

The NHA also identifies that each community in our state is unique and has different services and capabilities.  Examples of this would be public transportation, community buildings, public health programs, senior centers, etc.   What is an accessible service in one area, may not exist in another area.  It is this uniqueness to geography, services, and population that makes a standardized community plan difficult.

Because of these challenges, the guide below is a framework to begin the process to move toward to an Age-Friendly Community.  Each community must evaluate their specific plan of implementation based on geography, location, populations, services available and other aspects.

# As a Rule, consider the following main ideas:

- Using open and continual communication with all entities.
- Start with one goal.  Focus on improving this area before moving to the next area.
- Consistent and continual engagement from all members.
- Use quality metrics and data to guide process change.
- Use the NHA Facility and Community Guides.
- Use the NHA facilitator and staff to liaison conversation and provide information and data.
- Use IHI resources to assist and implement change.
- Consider also using the IHI's Three Keys to Cross-Sector Age-Friendly Care Guide and Workbook.   The workbook and guide lay out several aspects of care to consider when working with an entire community.  It can provide several suggestions and areas to consider when expanding the view of Age-Friendly to include an entire community. Visit the information at afphs.org.
- Consider using Guidance from other community Age-Friendly groups such as AARP: https://www.aarp.org/livable-communities/network-age-friendly-communities/

If institutions, companies, services, and businesses use the 4Ms framework as a common language, it will have a greater impact on the health and care for older adults in your community. The goal of NHA is to not only assist the primary types of health facilities complete the Age-Friendly process, but also to assist these primary sites to extend the Age-Friendly process out to the community.

Because of the wide variety of potential participants, education and involvement is broken down into three tiers: primary, secondary, and tertiary. These three tiers function at varying levels of the system that looks different in each community. The following sections provider implementation support and guidance on how organizations can work together to create an Age-Friendly Community.

# Primary Sites

Primary sites are those facilities and entities which can become accredited through the Age-Friendly Health System process. Facilities include hospitals, ambulatory clinics, and nursing homes. For a facility to fully benefit from the Age-Friendly program, these primary sites must engage in and complete the Age-Friendly Health System program, with assistance of the NHA. See the Facility Guide for step-by-step instructions on how to achieve this. Many times, clinics and nursing homes are attached or a part of bigger health systems including a hospital(s). According to the IHI, each specific entity with its own address can become recognized as an Age-Friendly Health System.

Because primary sites have direct access and engagement with the IHI Age-Friendly Health System's program, in the majority of community situations these facilities will be the primary engagers for the rest of the community. The first step for primary sites is to ensure all other primary sites in the community (Hospitals, Clinics, Nursing Homes) have either completed the Age-Friendly Health System process or are currently involved.  If a primary facility has not yet begun the Age-Friendly process, engage these facilities with assistance from the IHI and NHA facilitators.  To determine if other primary sites are Age-Friendly, simply reach out to the NHA Age-Friendly facilitators. When working with other primary sites consider using the NHA facilitator to open communication lines and/or assist within the communication process. Also consider using the IHI and AHA resources available online.

### TIPS OF SUCCESS FOR PRIMARY SITES

- Use your NHA Age-Friendly facilitator to open lines of communication and present on the topic.
- Share wins with other health systems within the community.
- Discuss the benefits to the elderly population with these other health entities.
- Consider meeting monthly or more frequently to ensure open communication and clear guidelines. Consider using standardized reporting.
- Consider setting a task force or an Advisory Council specific to your community to help guide this endeavor.
- Be involved in State and National Age-Friendly calls.
- See Facility Guide for more suggestions specific for individual facilities.

# Secondary Sites

Secondary sites include all health-related sites unable to become Age-Friendly certi-fied according to the IHI guidelines based on their type of facility. Examples of such facilities are included below. It is the role of the Age-Friendly Health Systems (hospital, nursing home, clinic) to engage these secondary health sites to progress the spread of Age-Friendly through the community.

**EXAMPLE OF SECONDARY HEALTH SITES:**

- Dentist Office
- Eye Clinic
- Dialysis Center
- Independent Therapy Services
- Assisted Livings
- Hospice Agencies
- Home Health Agencies
- EMS
- Radiology and Imaging Centers
- Pharmacies
- Cancer Centers
- Outpatient Surgery Centers
- Mental Health Centers
- Addiction Centers
- Urgent Care
- Telehealth

**EXAMPLES OF WAYS TO INCLUDE SECONDARY HEALTH SITES IN AGE-FRIENDLY:**

- Pharmacies being involved in high-risk medications by reviewing and suggesting non-high-risk medication. They may also assist by providing patients with education on all high-risk medications and potential questions for their primary care provider. Pharmacists or other staff may assist with blood pressure checks for chronic hypertension patients.
- Dentist offices may check blood pressure on all patients prior to any procedure and provide education to the patient or recommendations to primary care when needed.
- Eye Clinics may complete mobility exams on patients with impaired vision. They may also provide education on vision, mobility, and fall safety.

# Secondary Sites

**TIPS FOR SUCCESS FOR SECONDARY SITES INCLUDE:**

- Attend Age-Friendly education administered by the primary sites.
- Include secondary sites in monthly meetings with Age-Friendly Health Systems, bringing education to these secondary sites regarding Age-Friendly and the 4M's framework.
- Share quality data specific to the elderly population to ensure improved health care for the elderly patient.
- Engage sites on collecting their own quality data to enhance the full community effect.
- Engage secondary sites to set goals and standards to the involvement within the Age-Friendly community.
- Use the NHA Age-Friendly facilitator as an educational guide and resource to provide supplemental education to all secondary sites.
- Discuss the benefits to the elderly population with these other health entities.
- Consider meeting monthly or more frequently to ensure open communication and clear guidelines. Consider using standardized reporting. This could include patient safety metrics from the primary facilities (ADE's, Falls, etc.), number of patients 65+, specific quality or safety measures currently reviewed by the entities.
- Consider setting up a task force or an Advisory Council specific to your communication community to help guide this endeavor.
- Be involved in State and National Age-Friendly calls.

While none of these mentioned tips are required, they do help implement an Age-Friendly community throughout the entities. The Nebraska Hospital Association also identifies each community and facility is unique as to what is obtainable for requirements. There is no minimum or maximum requirement for a secondary health facility, however it is recommended to use quality-based metrics to set goals and analyze effectiveness of any process changes or implementations.

# Tertiary Sites

Tertiary sites are other community-based organizations which likely have significant association or interaction with the elderly population.  Services may aim towards working with the elderly specifically using the 4M's framework

**EXAMPLES OF TERTIARY CARE SITES:**

- Senior Centers
- Church Groups
- Community Volunteer Groups
- Financial Planners
- Local Business Stores
    - Restaurants
    - Shopping Centers
- Public Offices
    - Courthouse
    - Treasurer
- Community Buildings/Services
    - Library
    - Parks
    - Activity Centers
- Department of Health
- Agency on Aging
- Law Enforcement

**EXAMPLES OF WAYS TO INCLUDE TERTIARY SITES IN AGE-FRIENDLY:**

- Local business's assessing sidewalks and public areas to reduce falling/trip hazards.
- Law Enforcement providing a site a disposal method for all outdated/no longer used medication to prevent medication errors.
- Local Volunteer groups spend time with elderly who are unable to leave home. This will address their mentation by preventing depression, and social isolation.

# Tertiary Sites

**TIPS FOR SUCCESS FOR TERTIARY SITES INCLUDE:**

- Discuss the benefits to the elderly population with these utilizing all community health entities.
- Consider meeting monthly or more frequently to ensure open communication and clear guidelines.
- Attend Age-Friendly education administered by the primary site.
- Consider attending NHA or IHI educational events specific to the Age-Friendly program.
- Consider using standardized reporting where applicable.
- Consider setting up a task force or an Advisory Council specific to your community to help guide this endeavor.
- Provide feedback to primary and secondary sites.

While none of these mentioned tips are required, they do help implement an Age-Friendly community throughout the entities. The Nebraska Hospital Association also identifies each community and facility is unique as to what is obtainable for requirements. There are no minimum or maximum requirements for a tertiary health facility, however, it is recommended to use quality-based metrics to set goals and analyze effectiveness of any process changes or implementations..

# Health Care Equity

As mentioned throughout this document, the Nebraska Hospital Association is aware of the unique challenges of every community. The Nebraska Hospital Association encourages each community to engage their partners to create a more compete health system for the elderly within their community, as well as identify barriers that may prevent overall wellness, such as with race, geography, economic factors, gender, or ethnicity. These barriers, while present within any potential age group, should be specifically identified for those aged 65 and older.

# Resources

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

NebraskaHospitals.org: https://www.nebraskahospitals.org/quality_and_safety/Age-Friendly/