

RURAL IMPLEMENTATION OF THE AGE-FRIENDLY HEALTH SYSTEMS FRAMEWORK



Background

The Telligen Hospital Quality Improvement Contractor (HQIC) applies the Age-Friendly Health Systems (AFHS) framework as a method to address all-cause harm. Small, rural, community and critical access hospitals often have a difficult time simultaneously improving in many areas of patient safety due to lack of time, staff and resources. The AFHS framework emphasizes the implementation of age-friendly interventions. The Institute for Healthcare Improvement (IHI), who originally developed the AFHS framework, defines an “older adult” as anyone 65+. AFHS addresses key factors contributing to patient safety such as fall risk, adverse drug events, hospital acquired infections (HAIs) and readmissions. As an example, the AFHS framework has been shown to reduce hospital length of stay via delirium prevention. Delirium prevention improves patient satisfaction and in one case study, saved the hospital over \$11,000 per patient admission (IHI, 2021).¹

Project Objectives

Goal 1: To assist in the implementation of the Age-Friendly program to all health facilities in Nebraska.

Goal 2: To use the 4Ms within the Age-Friendly program to reduce patient harm to elderly patients within the state of Nebraska.

Collaborators & Acknowledgments

- Nebraska Hospital Association Member Hospitals and Healthcare Facilities
- Nebraska Hospital Association (NHA)
- Telligen Hospital Quality Improvement Contractor (HQIC)

- American Hospital Association (AHA)
- Institute for Healthcare Improvement (IHI)

Design

The Telligen Hospital Quality Improvement Contractor (HQIC) applies the Age-Friendly Health Systems (AFHS) framework as a method to address all-cause harm. The design of the Age-Friendly Health System relies on providing four basic elements of evidence-based quality care. Each health entity identifies the core four elements (4Ms) and their application within their facility.

The process outlined by the IHI requires implementation through a two-level recognition system:

- Level 1 (Participant) teams have successfully developed plans to implement the 4Ms.
- Level 2 (Committed to Care Excellence) teams have three months of data of older adults who received 4Ms care.



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).

The “4Ms” of Being Age-Friendly



What Matters: To know and align care with the specific health outcomes and goals of the patient



Medication: To use only necessary medications that do not interfere with mentation, mobility and what matters to the patient



Mentation: To identify, treat and manage dementia and delirium



Mobility: To ensure older adults move safely and maintain functions so they can do what matters

Interventions

The IHI and NHA help to facilitate the implementation of the AFHS framework through semi-annual cohorts, facilities reviews and educational events. Educational sessions, data collection and analysis support from Telligen and NHA, and the standardized implementation of evidence-based requirements found in the graphic below, support facility participation in AFHS to improve patient safety outcomes.

What Matters

Ask at least one question to learn “what matters” to the patient. Topics may include: End-of-life care, chronic disease management, goals in health, stressors/ worries, and/or care goals during their hospital visit

Medications

To use only necessary medications that do not interfere with mentation, mobility and what matters to the patient. Medications reviewed for deprescribing include:
Benzodiazepines, opioids, over-the-counter sedatives and sleep medications, muscle relaxants, tricyclic antidepressants, antipsychotics, and/or mood stabilizers.
• Use pharmacy consults as necessary
• Complete medication reconciliation

Mentation

Complete one screening per visit or per shift. Screenings include: UB-CAM, CAM, 3D-CAM, CAM-ICU, bCAM, and/or Nu-DESC.
• Orientate the older adult
• Provide sufficient oral hydration
• Prevent sleep interruptions
• Avoid high-risk medications

Mobility

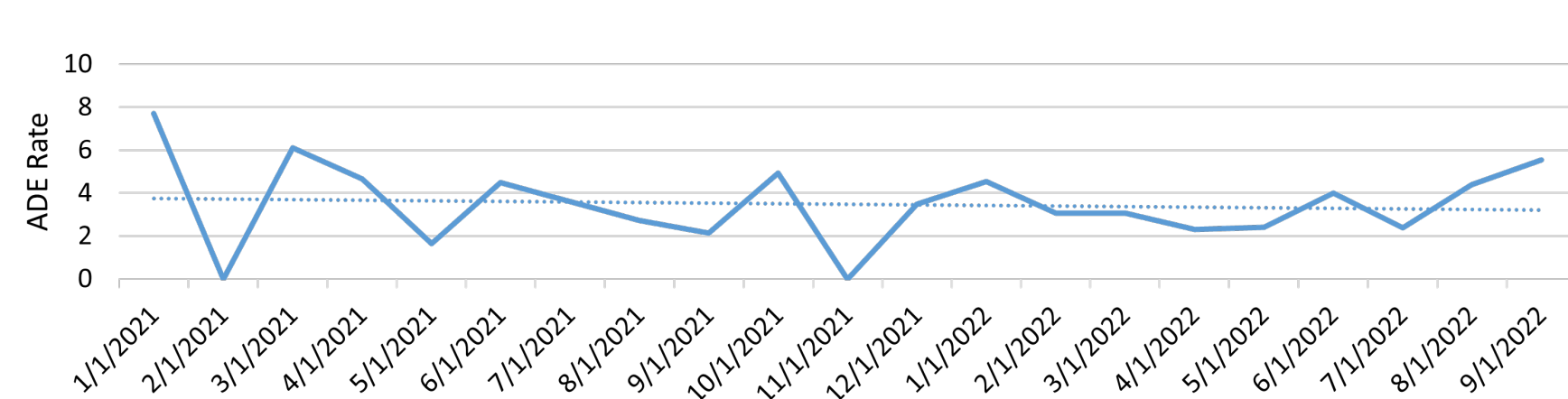
Complete one screening per visit or shift. Screenings include: Timed Up & Go (TUG), Johns Hopkins Level of Mobility (JH-HLM), Tinetti Performance Oriented Mobility Assessment (POMA), and/or use of physical Therapy Screens
• Mobilize the patient
• Use PT interventions
• Avoid restraints
• Avoid high-risk medications

To further assist and supplement the facilities’ process changes and educational needs, AHA provides monthly web education on age-friendly topics and access to online learning and educational material. NHA provides monthly state-wide web meeting, in-person kick-off visits with facilities, quarterly web-hosted educational events, annual Age-Friendly Symposium, and as needed in-person visits with participants.

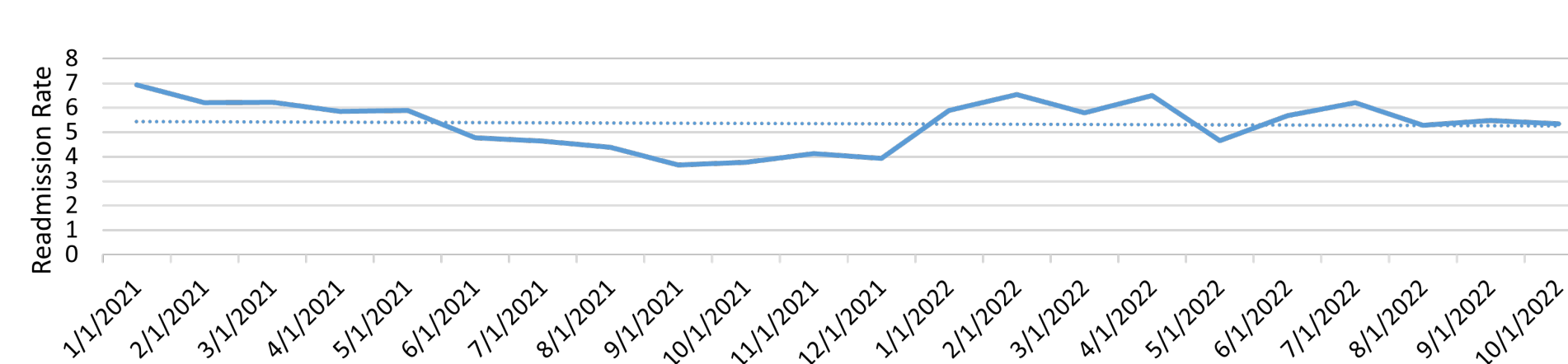
Results

Over the last several years, AFHS participation continues to grow. As of December 2022, over 35 communities in Nebraska have engaged in AFHS and over 40 healthcare entities have achieved Level 2 status. Additionally, NHA has enrolled 25 hospitals inside and outside of Nebraska that are currently participating in the Telligen HQIC program, cross-cutting the Centers for Medicare & Medicaid Services’ (CMS) goals for improving the care of Medicare beneficiaries in rural communities. Furthermore, NHA continues to support facilities from both current and previous cohorts. Participation in the AFHS framework has been associated with decreased patient harm. Below are graphic representations of ADE rates and readmission rates in Nebraska over the last two years (both trending down).

ADE Rate in Nebraska



Readmission Rate in Nebraska

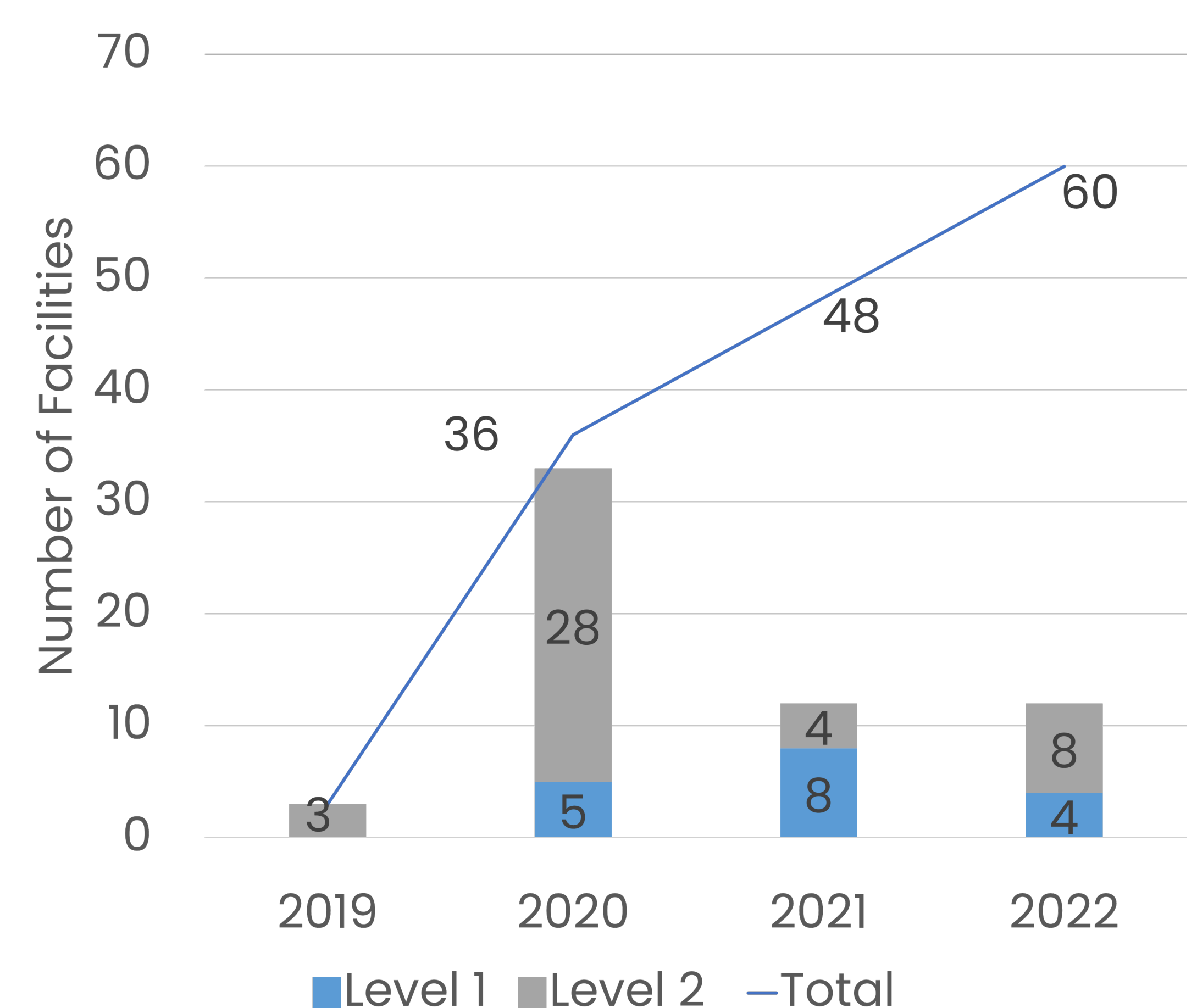


Barriers & Next Steps

Facilities have faced some barriers to AFHS implementation. For example, integrating the AFHS assessments into electronic medical records (EMRs), extracting relevant data points from EMRs, and workforce shortages. Next steps include:

- Development of an age-friendly data dashboard to better visualize outcomes related to the program
- In collaboration with Telligen, continued expansion of the AFHS framework to additional hospitals and community organizations in Nebraska and beyond

Age-Friendly Participation in Nebraska



¹ Institute for Healthcare Improvement (2021). The business case for becoming an age-friendly health system. Age-Friendly Health Systems. Why Become an Age-Friendly Health System? | IHI - Institute for Healthcare Improvement

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