

Age-Friendly Health Systems



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WHY IS THIS IMPORTANT?

According to the U.S. Census Bureau, the U.S. 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 2050.¹ These demographic advances, however extraordinary, have left our health systems behind as they struggle to reliably provide evidence-based practice to every older adult at every care interaction.¹ Many older adults have more than one chronic disease, take multiple medications and live with uncertainty as they grow increasingly reliant on others.²

BACKGROUND

To address these challenges, in 2017, the John A. Hartford Foundation (JAHF) 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), set a bold vision to build a social movement so that all care with older adults is age-friendly care.³

Age-Friendly Health Systems (AFHS) are focused on the 4M Framework:

- What Matters
- Medication
- Mentation
- Mobility

These items are the core health issues that are important to older adults. Built on strong evidence, these synergistic components simplify and reduce implementation and measurement burden while increasing effect.⁴

AFHS and the 4Ms are ideal for small rural hospitals because of the proactive steps that hospitals can provide to patients that impact readmission rates, length of stay, patient falls, adverse drug events, antibiotic stewardship, safe use of opioids, patient satisfaction and many other patient outcomes by focusing on “what matters” for each patient.

Implementation of frameworks such as Age-Friendly highlights the critical need for quality improvement in healthcare. By addressing root causes, providers can develop targeted strategies to mitigate risks. Implementing evidence-based guidelines, enhancing patient monitoring and ensuring continuous education for healthcare professionals are essential steps to reduce these events and promote safer, more effective care.

PREPARING FOR CHANGE

The [Plan-Do-Study-Act \(PDSA\)](#) cycle provides a sound framework for quality improvement. Plan by mapping the current process to identify gaps, identifying who will be involved, and confirming what resources may be needed. Do the work by implementing a change or intervention and collecting data on the results as you go. Study the data – were the desired results achieved? Act on the results – accept or adjust the implemented change. Alongside this framework, Telligen recommends utilizing its comprehensive [Quality Improvement Workbook](#) which provides valuable resources to support your team's quality improvement efforts. Additionally, Telligen quality improvement facilitators developed the change pathway tool – a topic-specific, step-by-step guide to quality improvement, created using evidence-based practice resources and guidelines.

¹ <https://www.ihl.org/networks/initiatives/age-friendly-health-systems>

² <https://www.aha.org/center/age-friendly-health-systems>

³ https://forms.ihl.org/hubfs/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf

⁴ [Friends of Age-Friendly Quarterly Update \(February 2020\)](#)

AGE-FRIENDLY HEALTH SYSTEMS

4M FRAMEWORK

- **What Matters** – Know and align care with each older adult's specific health outcome goals and care preferences including, 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 to maintain function and do What Matters

RESOURCES

[AHA Center for Health Innovation – Transforming Health Care for Older Adults: Age-Friendly Health Systems](#)

[IHI – Age-Friendly Health Systems](#)

[AHA – The Value Initiative Issue Brief: Creating Value with Age-Friendly Health Systems](#)

[IHI – Age-Friendly Health Systems Resources and News](#)

[The Confusion Assessment Method \(CAM\) Training Manual and Coding Guide](#)

[IHI – Age-Friendly Health Systems 4Ms Care Description Worksheet – Hospital Form](#)

[Etiologies of Delirium in Consecutive COVID-19 Inpatients and the Relationship Between Severity of Delirium and COVID-19 in a Prospective Study with Follow-Up](#)

[NCBI Bookshelf – Delirium](#)

RECORDINGS AND SLIDE DECKS

AHA – Action Community Call #1: An Invitation to Join Us: [Slides](#)

AHA – Action Community Call #2: Transforming Care Through Age-Friendly Health Systems: [Slides](#)

AHA – Action Community Call #3: Topical Peer Coaching: Leveraging your EHR for 4Ms Care: [Slides](#)

IHI – Friends of Age-Friendly Quarterly Webinar: [Slides](#)

Telligen – Delirium in Hospitalized Older Adults: Prevention and Recognition: [Slides](#)

EFFECTIVENESS CHECKS

1. Audit for the specific change you were aiming for.
2. Collect and analyze the data.
3. Share findings, opportunities and successes with staff, leadership and if possible, with patients.

Based on your data findings, if the change seen did not lead to the desired improvement, re-evaluate the root cause and consider launching another PDSA cycle.

For additional information and resources, visit Telligen's [hospital resources page](#).