

Age-Friendly Public Health Systems 4M Training For Healthcare Practitioners

Module 1: Introduction to Age-Friendly Health Systems

Presenters:

Naushira Pandya, *M.D., CMD, FACP*

Isabel Rovira, MPH

Kevin O'Neil, MD, FACP, CMD

Age-Friendly Public Health Systems

4M Training For Healthcare Practitioners

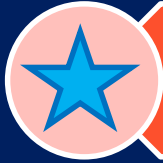
Series Objectives

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

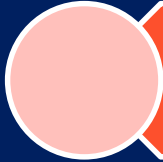
Schedule

Age-Friendly Public Health Systems 4M Training For Healthcare Practitioners



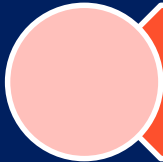
Module 1: Introduction to Age-Friendly Health Systems

• *Thursday, June 3, 2021 • 10:00 am EST*



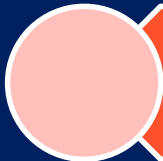
Module 2: Deep Dives – What Matters Most & Mobility

• *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 1:
Introduction to
Age-Friendly Health Systems

June 3rd, 2021

Agenda

Age-Friendly Public Health Systems 4M Training For Healthcare Practitioners

Module 1: Introduction to Age-Friendly Health Systems

Welcome & Introduction to GWEP Program

Naushira Pandya, M.D., CMD, FACS

Age-Friendly Social Movement: The Need & What's Happening in Florida

Isabel Rovira, MPH

Introduction to Age-Friendly Health Systems, the 4M's and the role of
Healthcare Practitioners

Kevin O'Neil, MD, FACP, CMD

Q & A

Introduction to the NSU South Florida GWEP and its Age Friendly Health Systems Initiative

Naushira Pandya, MD, CMD, FACP

Professor and Chair, Department of Geriatrics
Director, NSU South Florida GWEP
Nova Southeastern University
Kiran C. Patel College of Osteopathic Medicine

Dr. Kiran C. Patel College
of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY

NSU
Florida

South Florida Geriatric Workforce Enhancement Program

NSU South Florida Geriatrics Workforce Enhancement Program

HRSA Award NO: 1 U1QHP33074-01000

Dr. Kiran C. Patel College
of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY | **NSU**
Florida

Purpose and Need

- A collaborative venture between NSU Florida Kiran C. Patel College of Osteopathic Medicine [(KP COM) (the applicant)], eight NSU interdisciplinary collaborators, Florida Atlantic University (FAU), graduate medical education partners, primary care delivery sites, and community-based organizations
- Shortage of geriatric care specialists nationally
- Need for improved competency in the health care work force is paramount

NSU GWEP PARTNERS

Academic Programs

Graduate Medical Education
Aventura Hospital,
Larkin Community H,
Community Health of South
Florida (CHI)

GWEP

Primary Care Delivery Sites

1. NSU-Based Clinics
(Geriatrics and Primary Care clinics at
Ziff and Covenant Village)
2. Cano Health
3. Community Health of South Florida

Community Based Organizations

1. John Knox Village
2. FL Association of Community Health
Centers (FACHC),
3. Area Agency on Aging, Broward Cty
4. SE Florida Alzheimer's Association
5. South Florida Institute on Aging (SOPHIA)
6. **Urban Health Partnerships**

PROGRAM GOALS

Goal 1

Develop partnerships between academia, primary care delivery sites, and community-based organizations to educate and train a workforce, including curriculum development, to provide value-based care that improves health outcomes for older adults.

Goal 2

Train geriatrics specialists, primary care providers, and health professions students, residents, fellows and faculty to assess and address the primary care needs of older adults- **Target Goal-11930**

PROGRAM GOALS

Goal 3 is a MAJOR goal

Transform clinical training environments into integrated geriatrics and primary care systems to become Age-friendly health systems (AFHS) that are well-positioned for value-based care and alternative-payment models!

Target Goal-600. IHI- LEVEL 1 certification received

IHI- Level 2 certification in progress

PROGRAM GOALS



Goal 4

Deliver community-based programs that provide patients, families, caregivers, and direct care workers with the knowledge and skills to improve health outcomes for older adults **Target Goal-5250**

Goal 5

Provide training to patients, families, caregivers and the health workforce on ADRD and on dementia-friendly communities and primary care delivery sites that are dementia-friendly. **Target Goal-5250**

COVID-19 SUPPLEMENTAL GRANT (completed 4-30-21)

Goal 1—Enhance readiness to respond to COVID-19 through telehealth technologies

Goal 2— Promote the use of telehealth technologies to reduce risk of COVID-19

- Distributed tablets with six months of internet connection to older adults
- Provided educational materials such as flyers and handouts to patients, caregivers, families, students, and faculty with our existing partners.

Goal 3—Provide access to telehealth technologies and technical assistance to better manage the COVID-19 pandemic and its consequences

1. Wellness Calls
2. Telehealth Calls



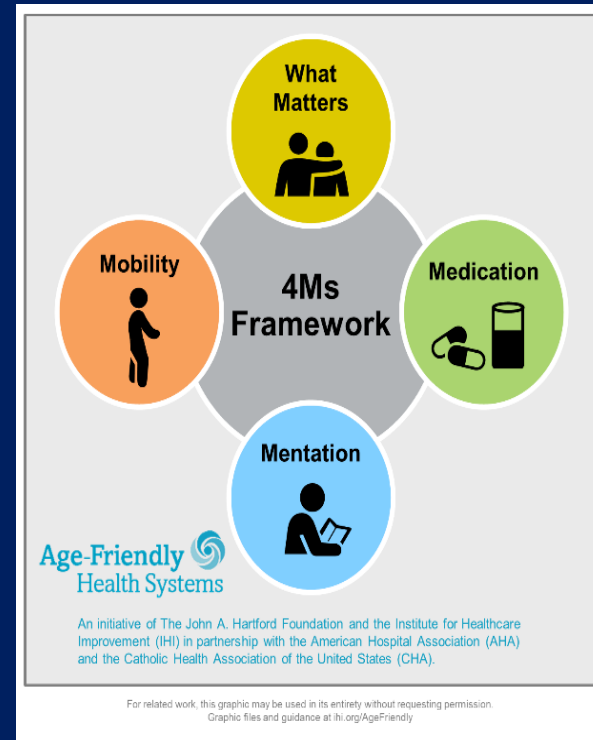
WHAT IS AGE FRIENDLY HEALTH SYSTEM :Focus on the four evidenced-based elements of high-quality care: “4Ms”

What Matters : Older adult preferences, including end of life care

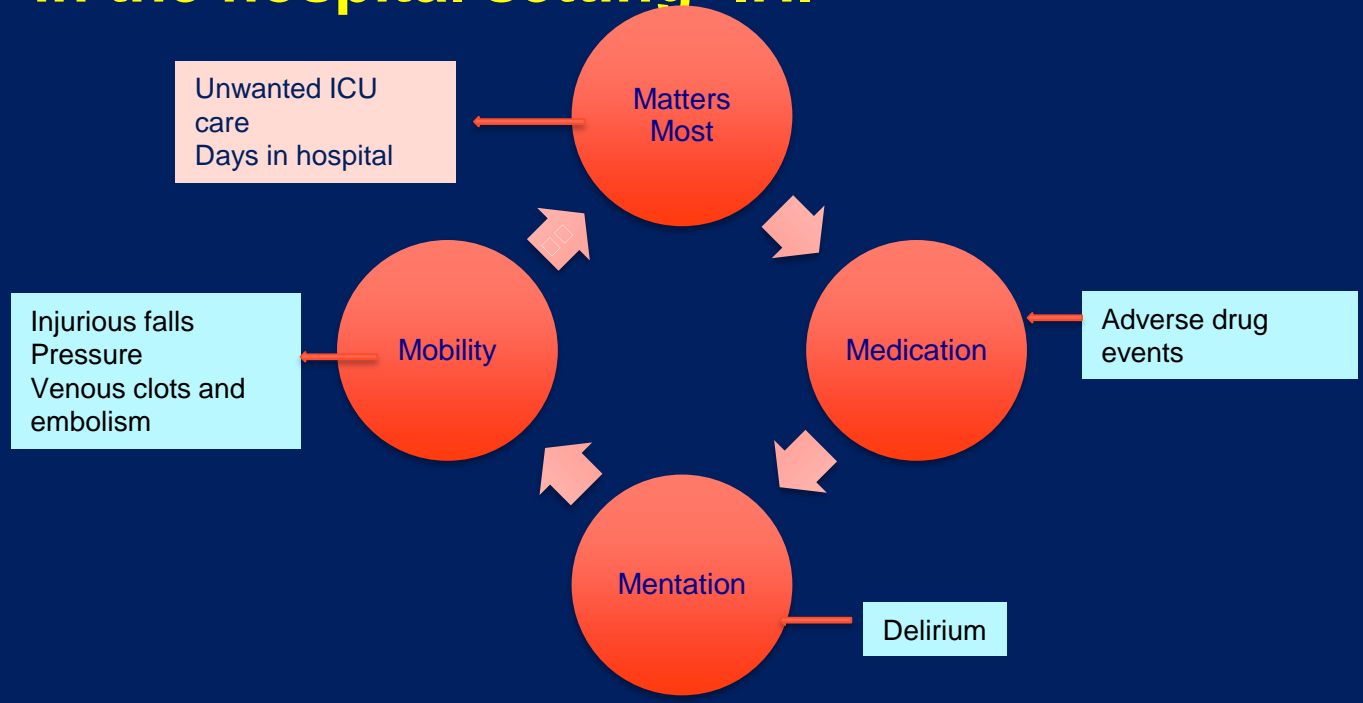
Medication: Use of Age-Friendly medication that does not interfere with functioning of older adult

Mentation: Prevent, identify, treat, and manage dementia, depression, and delirium across all settings of care

Mobility: Older adults move safely every day to maintain function and do what matters



Adverse Events Potentially Averted by Implementing the 4Ms in the hospital setting- IHI



Our Strategy for Integrating the 4Ms into Clinical settings

- Dedicated clinical trainer; Denise Kruszynski APRN-BC
- AFHS training integrated into residency and fellowship didactics (D. Kruszynski and N. Pandya)
- Hands on training of clinicians and clinic staff at NSU and Cano Health through site visits
- Collaboration with informatics to utilize the electronic health record for implementing (and billing for) the 4 M framework and data collection



Data collection on performance utilizing six MIPS measures and opiod screening

- BP control
- Diabetes management (A1C)
- Fall risk screening
- Dementia caregiver education
- Medication Management
- Advance care planning discussions
- Screening for opiod misuse

Thank you for your
interest and your
expertise!

Dr. Kiran C. Patel College
of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY

NSU
Florida



Age-Friendly Social Movement: The Need & What's Happening in Florida

Isabel Rovira, MPH

Co-Founder & COO, Urban Health Partnerships

Director, Miami-Dade Age-Friendly Initiative

Disclosures

- Isabel has no relevant disclosures.

UHP

Urban Health Partnerships





ABOUT US

UHP was founded in 2011 with the vision that real, sustainable change could only occur through long-term investment, community-driven approaches, and a commitment to health equity. Since then, we have been a leader in community-based health equity initiatives throughout southeast Florida, promoting action through partnerships and grassroots empowerment strategies. Our multidisciplinary team brings a unique lens to fulfill our mission to improve community health by integrating our passion and expertise in public and mental health, engineering and transportation, and community development.

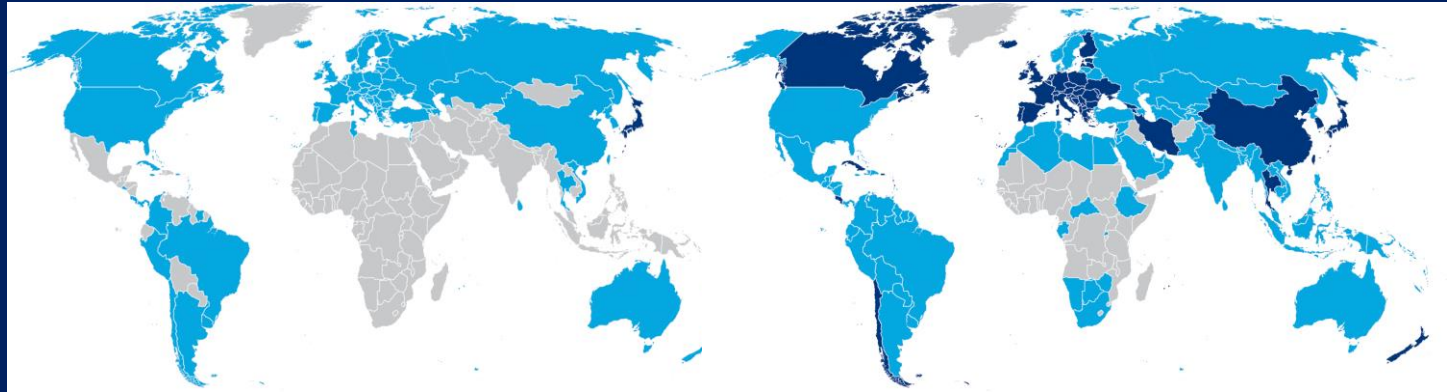
OUR MISSION

To invest in communities by co-designing sustainable change and promoting equity and well-being across the life span.

INITIATIVES & AREAS OF IMPACT

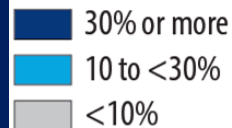


Our populations are getting older



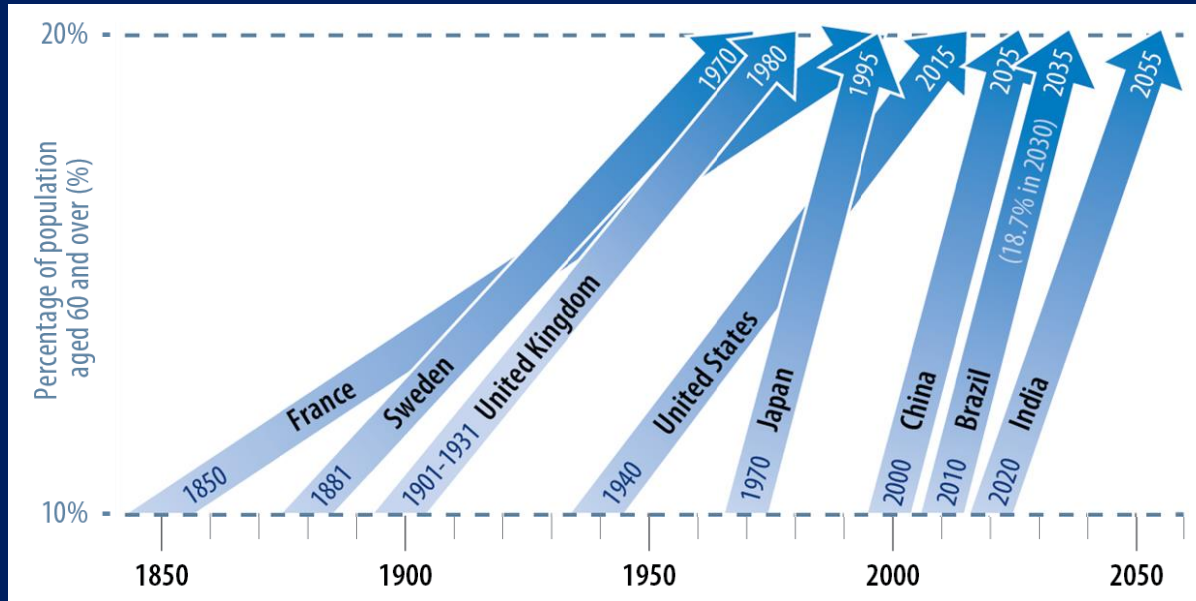
2015

Percentage aged
60 years or older:



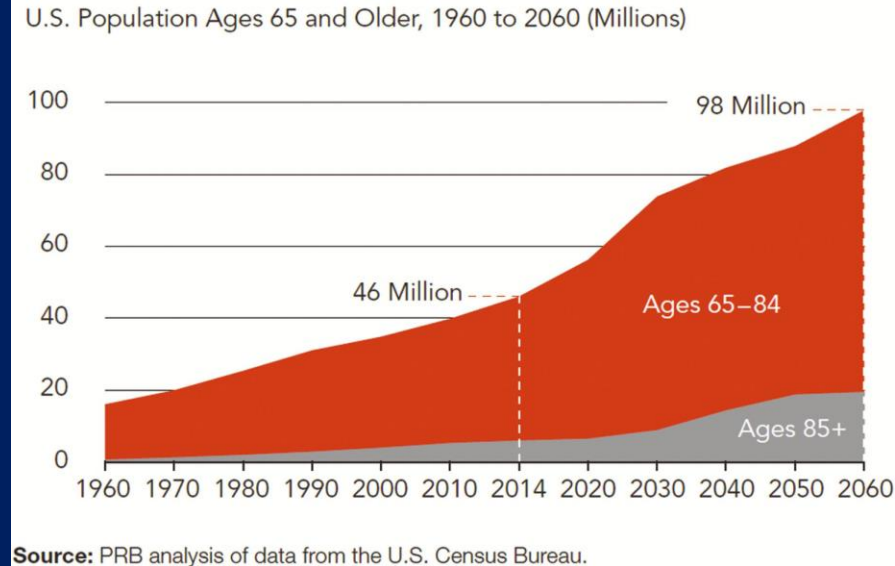
2050

Population Aging is Happening More Quickly than in the Past



US Population Aging

The Number of Americans Ages 65 and Older Will More Than Double by 2060.



Creating an Age-Friendly Public Health System, Innovation in Aging

<https://academic.oup.com/innovateage/article/4/1/igz044/5688188#201539711>

US Population Aging

For the First Time in U.S. History Older Adults Are Projected to Outnumber Children by 2034

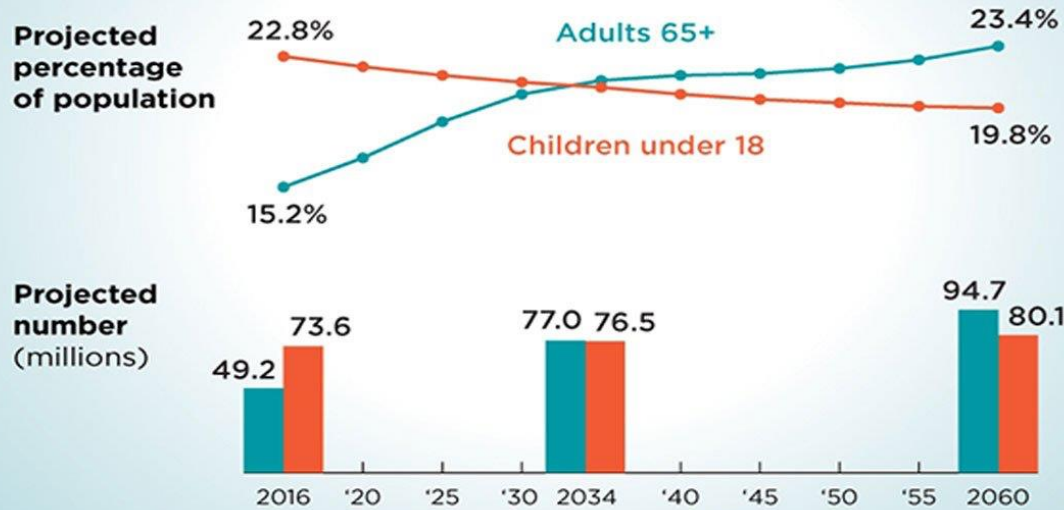


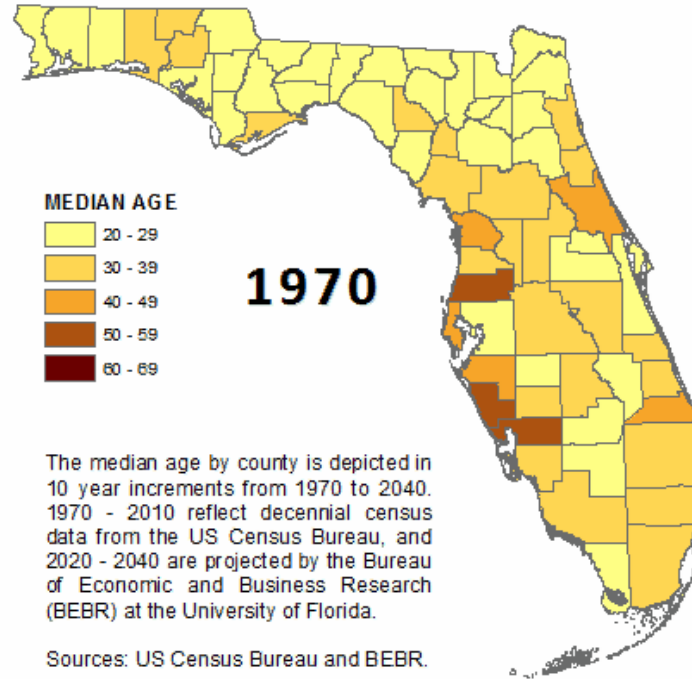
CHART FROM THE U.S. CENSUS BUREAU

Preparing for an Aging Population

<https://www.aarp.org/livable-communities/about/info-2018/aarp-livable-communities-preparing-for-an-aging-nation.html>

Median Age by County in Florida

FLORIDA MEDIAN AGE BY COUNTY 1970 - 2040



<https://www.bebr.ufl.edu/population/web-site-article/aging-florida>

Two drivers of population aging

- Increasing life expectancy and improved survival of people at older ages;
- and falling fertility rates.



At 60, we can expect to live 20 more years



YEARS TO
LIFE

LIFE TO
YEARS

HOW WILL THESE EXTRA YEARS BE SPENT?



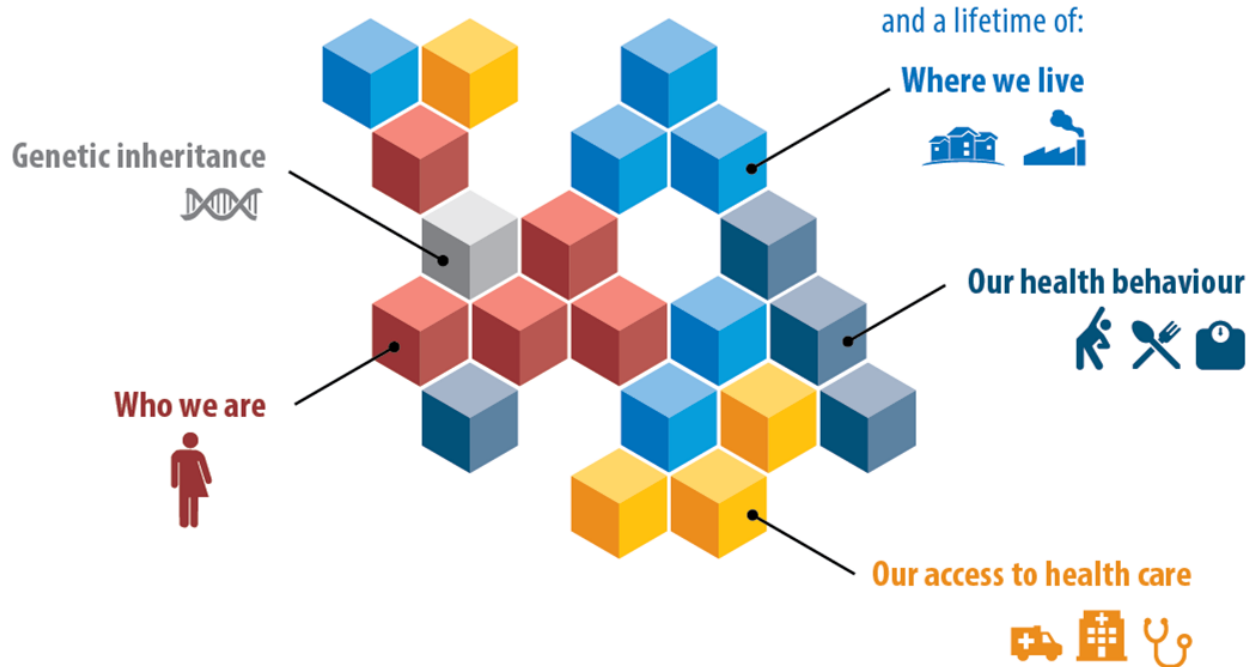
... It all depends on HEALTH

HEALTHY AGING

BEING ABLE TO DO THINGS WE VALUE
FOR AS LONG AS POSSIBLE

Health in Older Age is Not Random

What makes us age differently?



▶ EVERY OLDER PERSON IS DIFFERENT



Some have the level of functioning of a 30 year old.



Some require full time assistance for basic everyday tasks.

Health is crucial to how we experience older age.

What is Healthy Aging?

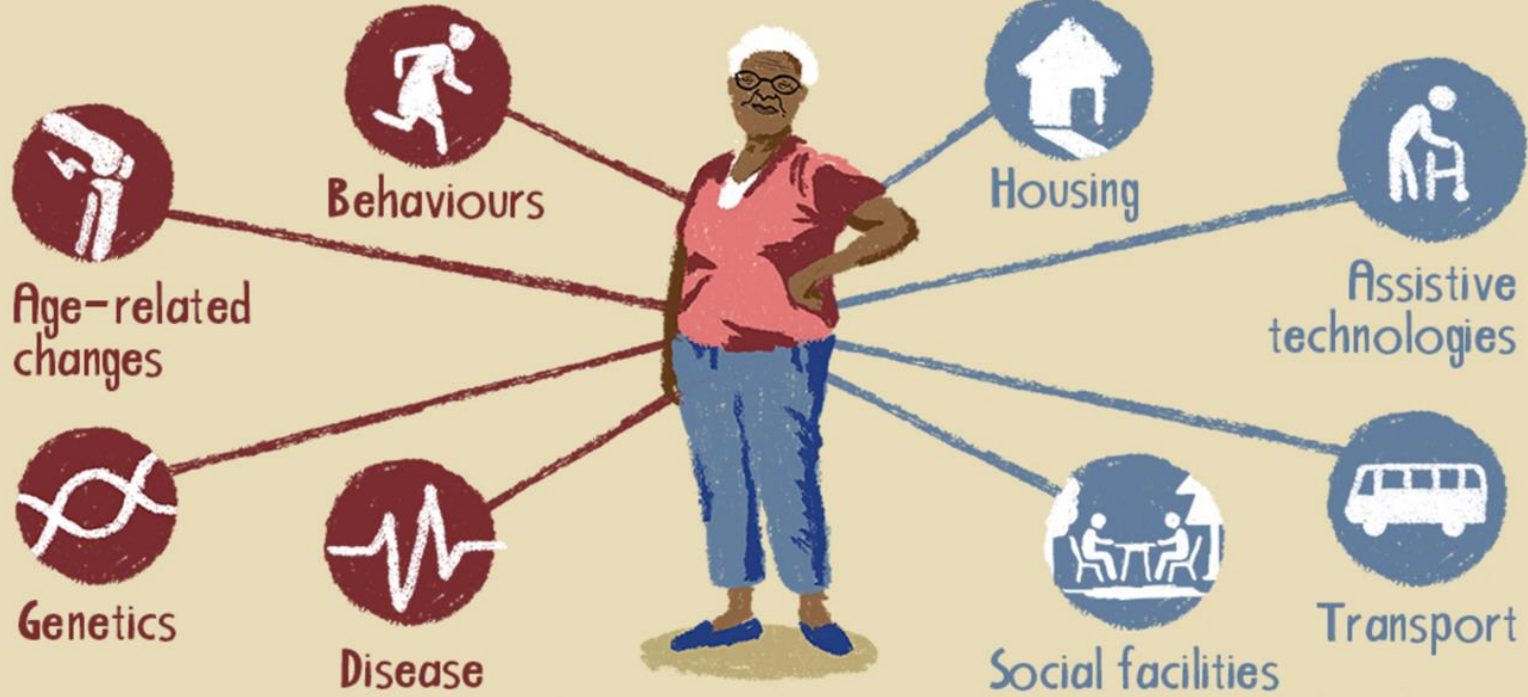
Every person – in every country in the *world* – should have the opportunity to live a **long and healthy life**.

Healthy Ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience *Healthy Aging*.

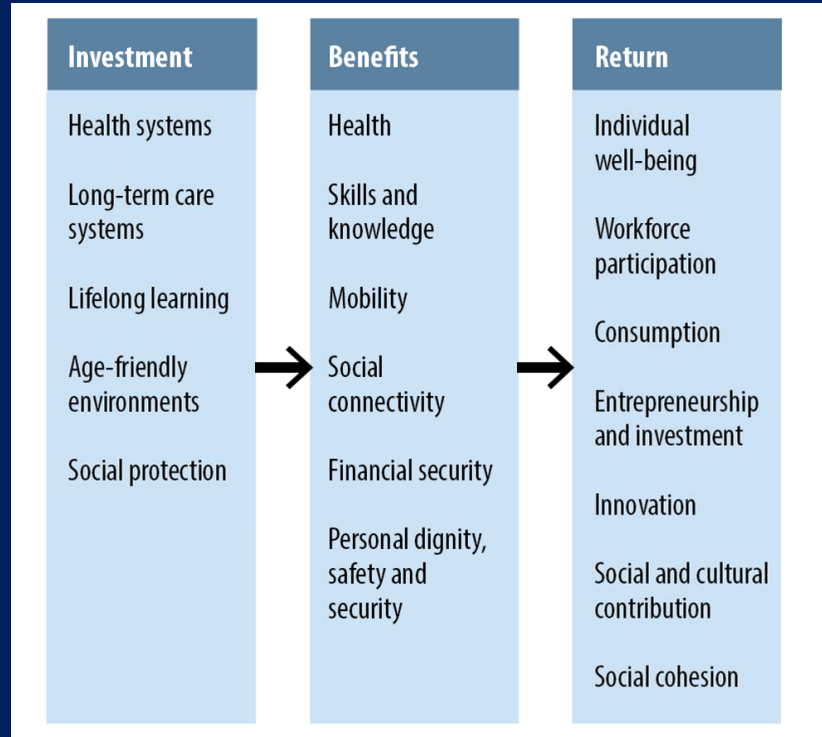
▶ WHAT INFLUENCES HEALTH IN OLDER AGE

INDIVIDUAL

ENVIRONMENT THEY LIVE IN



Healthy Aging is an Investment, Not a Cost



▶ WHAT IS NEEDED FOR HEALTHY AGEING

A change in the way we think about ageing and older people



Creation of age-friendly environments



Alignment of health systems to the needs of older people



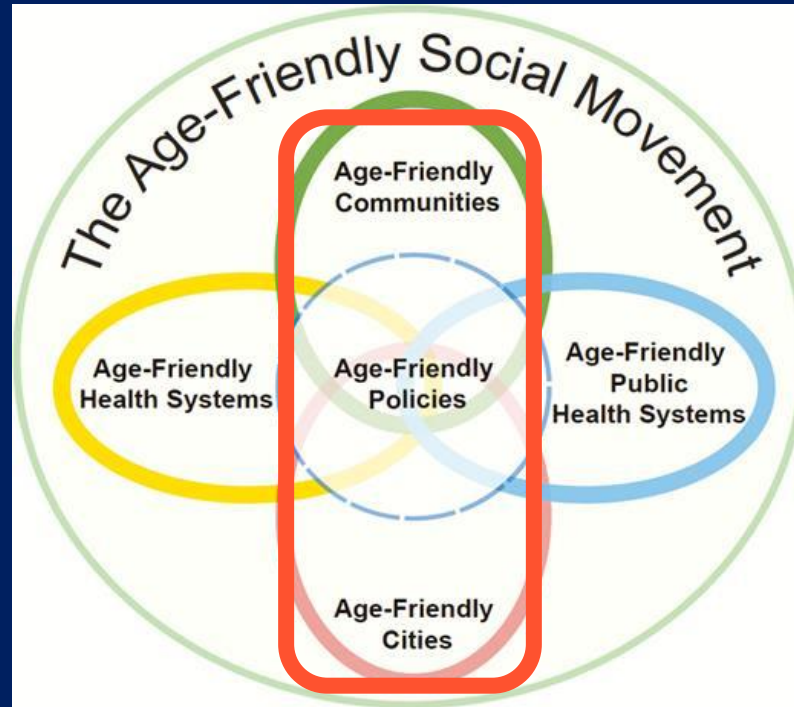
Development of systems for long-term care



Age-Friendly Social Movement



Age-Friendly Social Movement

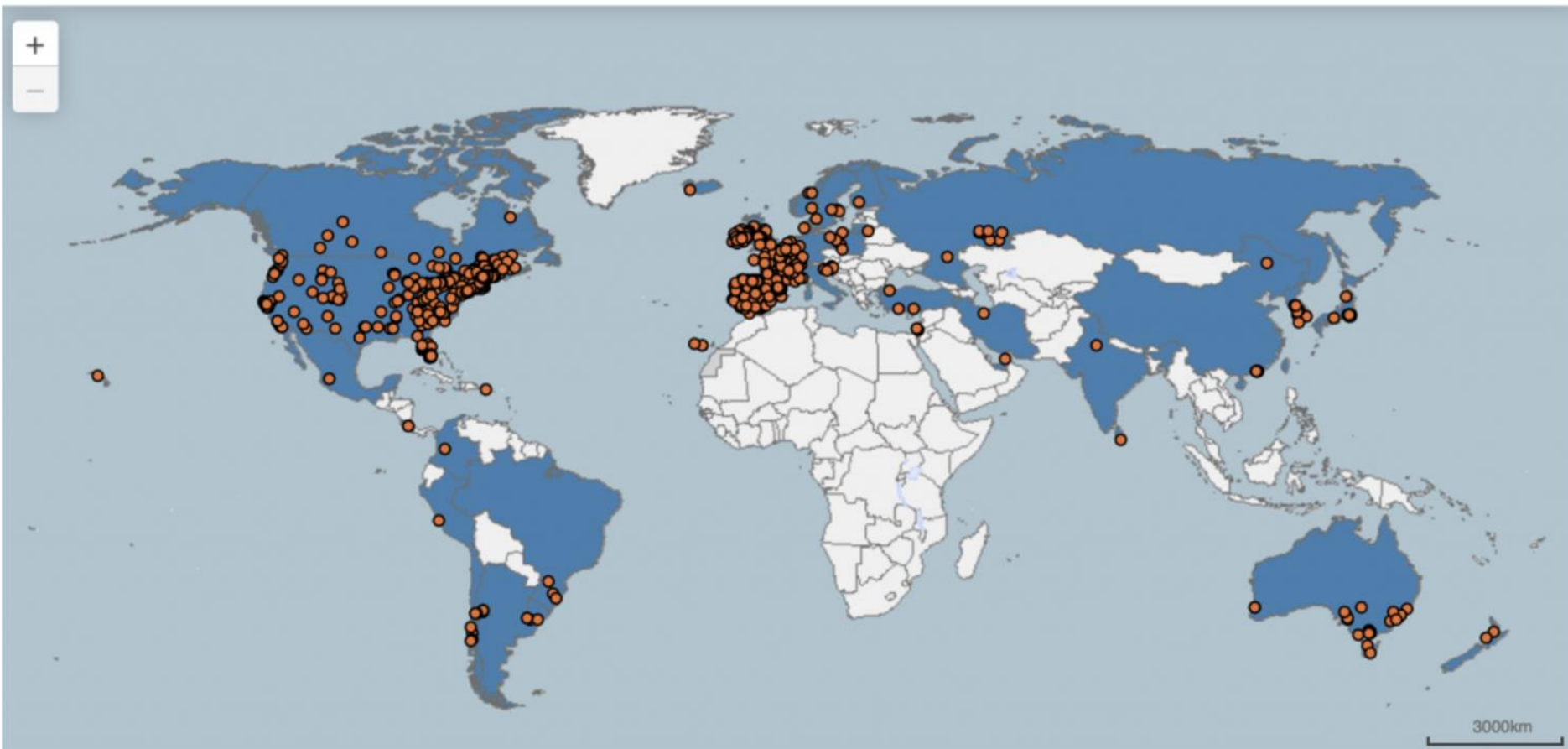


Age-Friendly Communities & Cities

In 2006, the World Health Organization (WHO) initiated a movement to create “Age-Friendly Communities,” those that encourage “active aging by optimizing opportunities for health, participation, and security in order to enhance quality of life as people age”



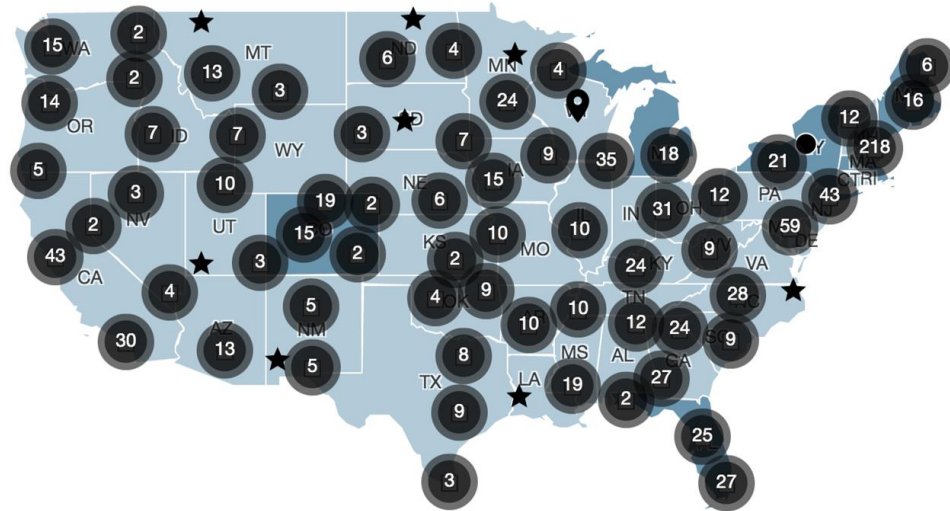
Global Network for Age-friendly Cities and Communities



WHO & AARP NETWORK OF AGE-FRIENDLY COMMUNITIES



WHO Global Network
for Age-friendly Cities
and Communities



FLORIDA JOINED THE NETWORK IN 2019



WHO Global Network
for Age-friendly Cities
and Communities



<https://www.flgov.com/2019/04/23/governor-ron-desantis-and-aarp-announce-floridas-designation-as-an-age-friendly-state/>

<https://livablemap.aarp.org/#/view=map>

WHO & AARP NETWORK OF AGE-FRIENDLY COMMUNITIES: FLORIDA



WHO Global Network
for Age-friendly Cities
and Communities



- Florida is a state member of the network: Joined 2019
- Alachua County: Joined 2019
- Cape Canaveral: Joined 2019
- Citrus County: Joined 2019
- Clearwater: Joined 2019
- Coconut Creek: Joined 2021
- Collier County: Joined 2020
- Coral Gables: Joined 2018
- Coral Springs: Joined 2019
- Cutler Bay: Joined 2016
- Doral: Joined 2020
- Dunedin: Joined 2018
- Fort Lauderdale: Joined 2017
- Hallandale Beach: Joined 2016
- Hialeah: Joined 2021
- Hollywood: Joined 2016
- Indian River County: Joined 2019
- Lakeland: Joined 2016
- Longwood: Joined 2016
- Marion County: Joined 2019
- Miami: Joined 2018
- Miami Beach: Joined 2020
- Miami-Dade County: Joined 2016
- Miami Lakes: Joined 2018
- Miami Shores: Joined 2018
- Nassau County: Joined 2020
- Ocala: Joined 2019
- Orange County: Joined 2021
- Orlando: Joined 2019
- Palmetto Bay: Joined 2017
- Pembroke Pines: Joined 2017
- Pincrest: Joined 2016
- Pinellas County: Joined 2017
- Pompano Beach: Joined 2018
- Sarasota County: Joined 2015
- Satellite Beach: Joined 2016
- St. Petersburg: Joined 2016
- Tallahassee: Joined 2015
- Walton County: Joined 2019
- Wilton Manors: Joined 2018
- Winter Haven: Joined 2015

LIVABLE COMMUNITIES FRAMEWORK



Miami-Dade

Age-Friendly Initiative

The Miami-Dade Age-Friendly Initiative is a collaborative effort to create a community where older adults of all ages can stay active, engaged, and healthy with dignity and enjoyment.

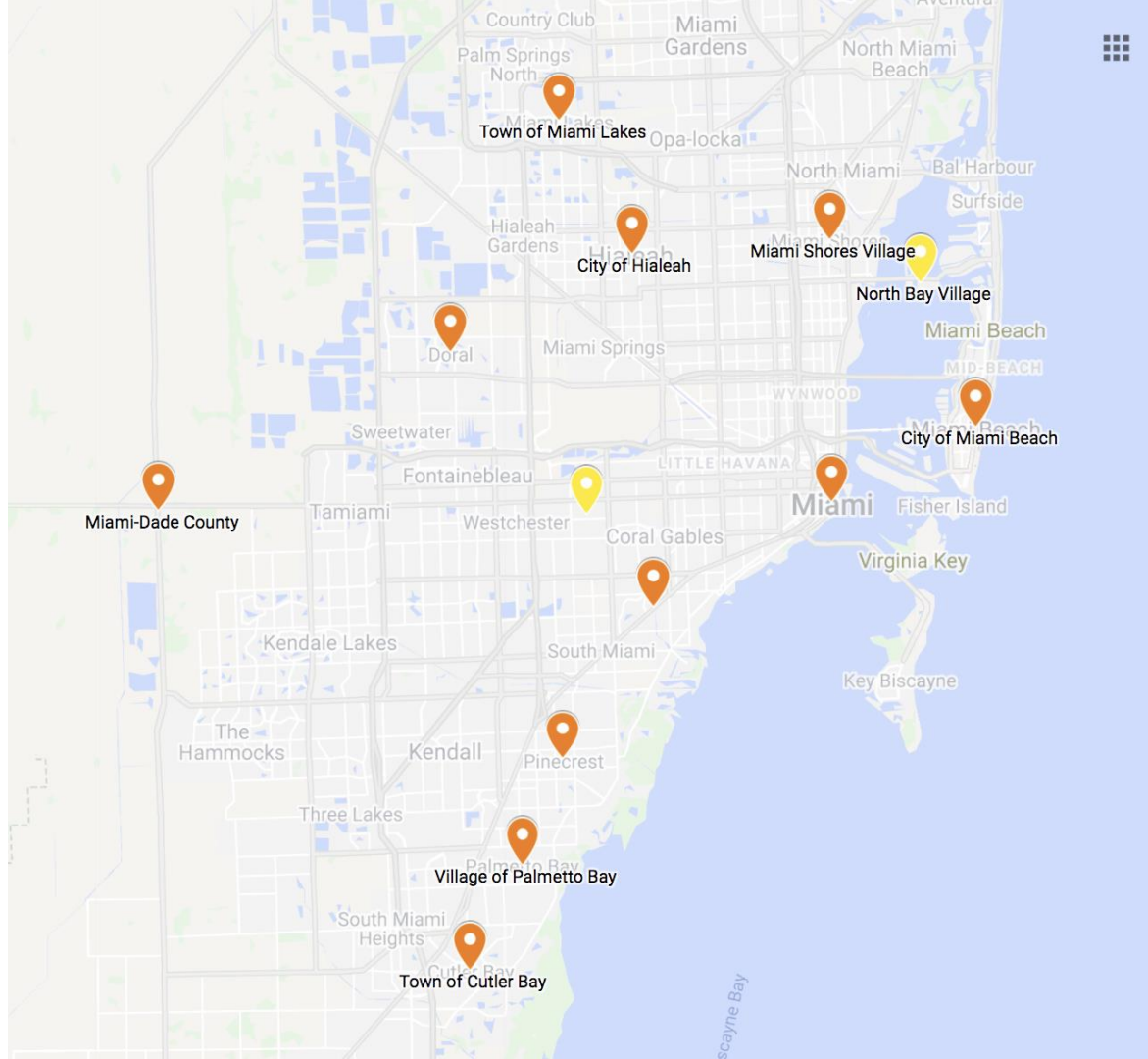
Age-Friendly Designation



MIAMI-DADE AGE-FRIENDLY MUNICIPALITIES

Joined Network (31%)

1. Miami-Dade County
2. Cutler Bay
3. Doral
4. Hialeah
5. Palmetto Bay
6. Pinecrest
7. Coral Gables
8. Miami
9. Miami Beach
10. Miami Lakes
11. Miami Shores



Older Adults in All Policies



Age-Friendly Parks



Program Hubs



Age-Friendly Neighbourhoods & Planning

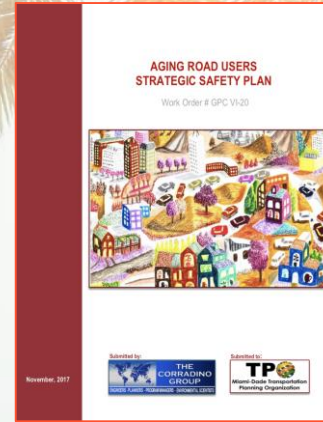
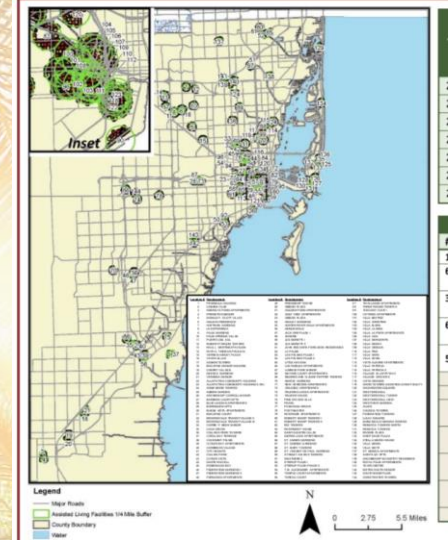


Figure S-1: Analysis of Crash Patterns



Awareness

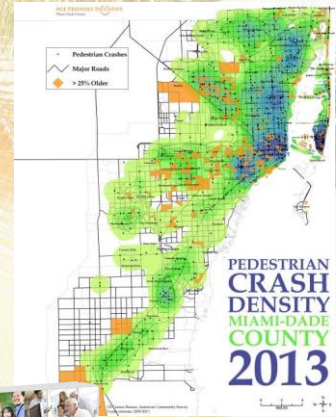


HEALTH FOUNDATION
of South Florida

United Way
United Way of Miami-Dade

RESEARCH ON ISSUES AFFECTING OLDER ADULTS IN MIAMI-DADE COUNTY

An Executive Summary Study of Community Leaders



A Community For All Ages

The Age-Friendly Initiative, a joint program led by a number of South Florida nonprofits, seeks to raise civic and business leaders' understanding of the issues associated with an aging population, as well as how to address those issues at the local level. The initiative's mission is to make Miami-Dade a place for older adults of all ages to stay active and healthy with dignity and enjoyment, making our community safer, more livable, and more desirable for people of all ages.

Miami-Dade Is Getting Older

Miami-Dade has the largest population of older adults in Florida, and it's growing fast. Soon, three out of four people here will be 50 years or older. But we're not prepared. We don't have enough affordable housing; we don't have transportation geared toward the needs of older adults; and we don't have enough safe, enjoyable, and accessible places for seniors to spend their time, reducing the number of older adults that live in isolation or who are inactive.

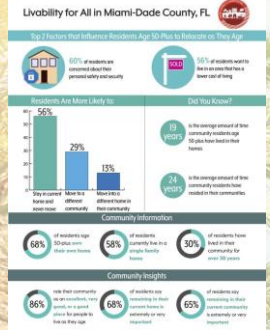
Older adults are a prized demographic with an active living record, buying power, and 50+ experience. It is everyone's responsibility to ensure this group is well-served. We have resources and know-how to get started, but we need additional support and leadership to implement solutions and make our communities more age-friendly.

BENDIXEN & AMANDI INTERNATIONAL

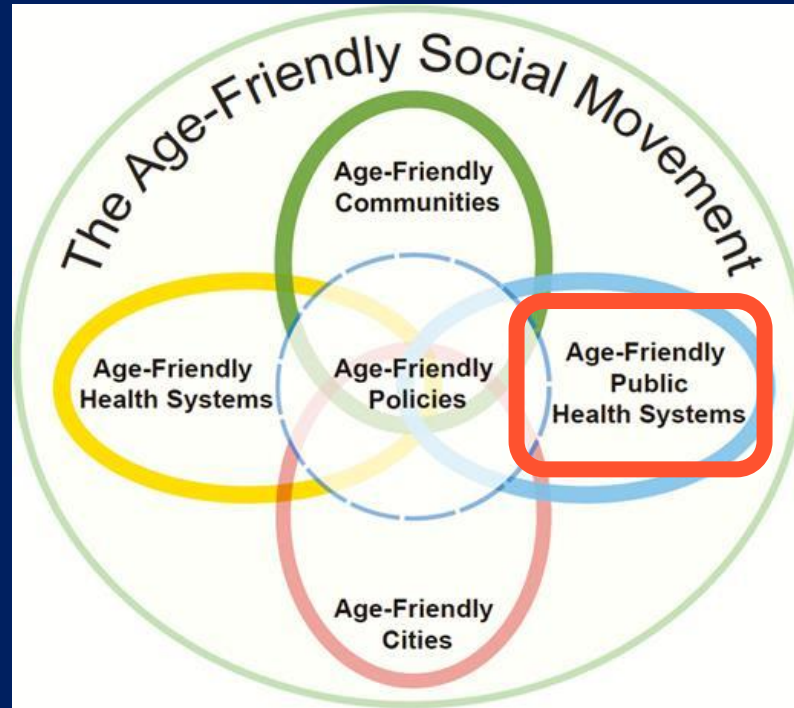
Resear

Action Plan for an Age-Friendly Miami-Dade

AGE FRIENDLY INITIATIVE



Age-Friendly Social Movement



Age-Friendly Public Health System

Creating an Age-Friendly Public Health System

*Challenges, Opportunities,
and
Next Steps*



*Creating an Age-Friendly Public Health System, Trust for Public Health;
CDC The Public Health System & the 10 Essential Public Health Services*

Age-Friendly Public Health System

What is an Age Friendly Public Health System?

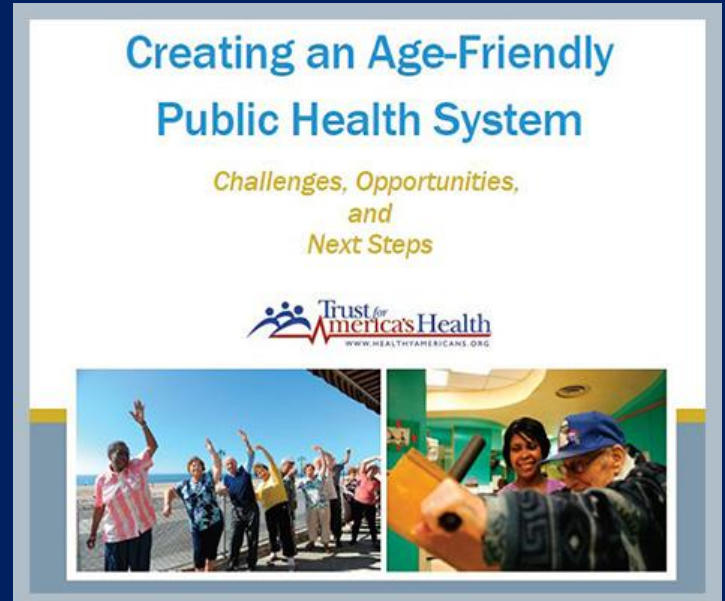
Trust for America's Health (TFAH), funded by The John A. Hartford Foundation, held a convening called A Public Health Framework to Support the Improvement of the Health and Well-being of Older Adults, in Tampa, Florida In October of 2017.

They defined Age Friendly Public Health as comprising three key components

- 1) Promoting health, preventing injury, and managing chronic conditions
- 2) Optimizing physical, cognitive, and mental health
- 3) Facilitating social engagement

Age-Friendly Public Health System

- Although the public health sector has experience and skill in addressing these components of health for some populations, it has not traditionally focused such attention on older adults.
- The Framework for an Age-Friendly Public Health System developed at the convening includes **five key potential roles** for public health.



Age-Friendly Public Health System

Five Key Roles for Public Health

- **Connecting and convening** multiple sectors and professions that provide the supports, services, and infrastructure to promote healthy aging.
- **Coordinating** existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports.
- **Collecting data** to assess community health status (including inequities) and aging population needs to inform the development of interventions.
- **Conducting, communicating, and disseminating research** findings and best practices to support healthy aging.
- **Complementing and supplementing existing supports and services**, particularly in terms of integrating clinical and population health approaches.

Age-Friendly Public Health System

First Piloted in Florida!

- Phase I of this work is complete
- Phase II of the Florida initiative will focus more deeply on public health's engagement with local partners, improving emergency preparedness, and mitigating the consequences of social isolation and loneliness on older adults.

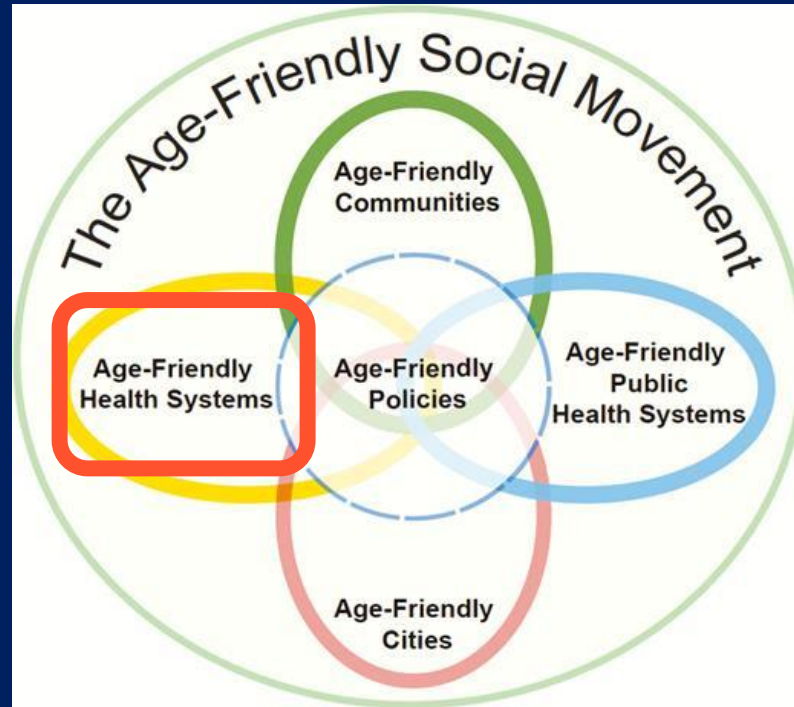
Expanding the other states

<https://www.tfah.org/initiatives/age-friendly-public-health/>

5 What are the Cs of an Age-Friendly Public Health System?

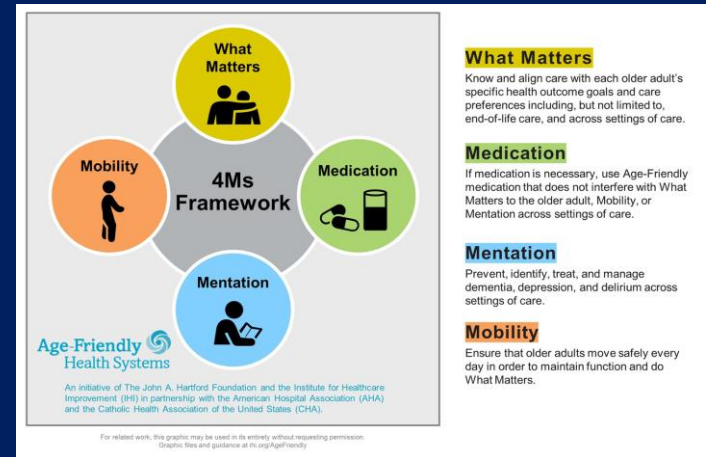
- Connecting and Convening**
 - Engage at least one new aging sector or other community partner in collaborative efforts to support older adult health.
 - Enhance at least one existing relationship with an aging sector partner.
 - Create or join a multi-sector coalition, committee, or council that addresses healthy aging.
 - Engage in or lead policy, systems, and/or environmental change to improve older adult health and wellbeing, e.g., Age-Friendly Communities.
- Coordinating**
 - Review and strengthen the emergency preparedness plan to ensure it addresses the needs of vulnerable older adults
- Collecting and Disseminating Data**
 - Collect, analyze and disseminate data from the Aging in Florida profile.
 - Review and strengthen the community health assessment to ensure it addresses older adult health needs.
 - Identify a priority around older adult health in the community health improvement plan.
 - Conduct an environmental scan to identify community programs that address older adult needs.
 - Establish a mechanism for ongoing input of older adult residents to identify needs and inform the community health assessment process and policy development.
- Communicating**
 - Develop messaging or communication strategies and tools to engage additional partners and/or improve visibility of healthy aging programs/services.
 - Increase awareness of existing services and facilitate referrals to improve access.
- Implementing and Supplementing**
 - Implement at least one new education program or service targeted at older adults.

Age-Friendly Social Movement

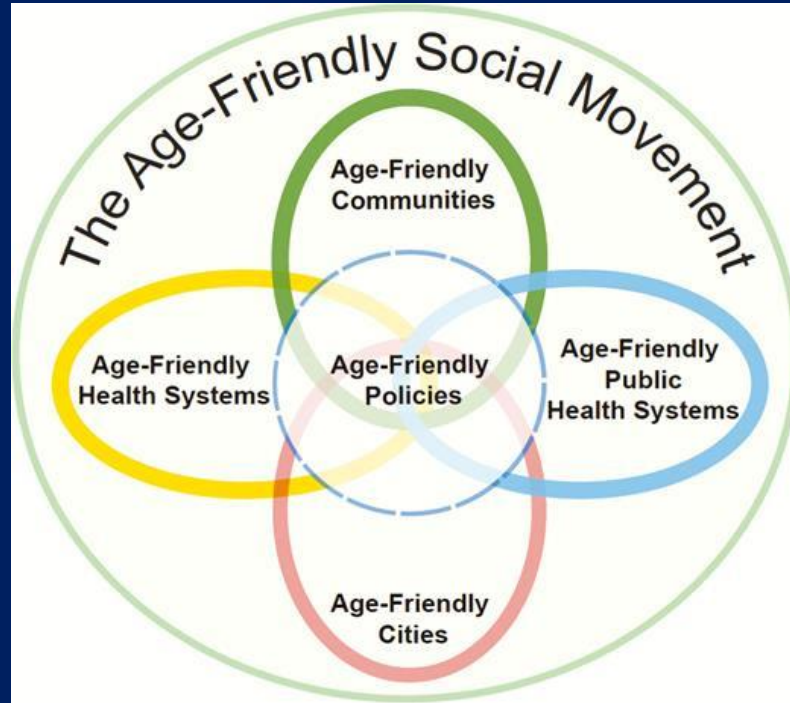


Age-Friendly Public Health Systems

- The Age-Friendly Health Systems movement, initiated in 2017, recognizes that an all-in, national response is needed to embrace the health and well-being of the growing older adult population.
- Becoming an Age-Friendly Health System entails reliably acting on a set of four evidence-based elements of high-quality care and services, known as the “4Ms,” for all older adults. When implemented together, the 4Ms represent a broad shift to focus on the needs of older adults.



Thank you!



Introduction to Age-Friendly Health Systems, the 4Ms, and the Role of Healthcare Practitioners

Kevin W. O'Neil, MD, FACP, CMD
Chief Medical Officer
ALG Senior

Dr. Kiran C. Patel College
of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY

NSU
Florida

South Florida Geriatric Workforce Education Program

Disclosures

- Dr. O'Neil has no relevant disclosures.

Learning Objectives

- Following this presentation, the participant will be able to:
 - Name three reasons for an age-friendly health system
 - Define the Geriatric 4Ms
 - Name one way of assessing each of the 4Ms
 - Outline the steps in the PDSA cycle



“Every nurse was drawn to nursing because of a desire to care, to serve, or to help.”

—Christina Feist-Heilmeier



Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults



The John A. Hartford
Foundation



Institute for
Healthcare
Improvement



American Hospital
Association®



CHA®
Catholic Health Association
of the United States

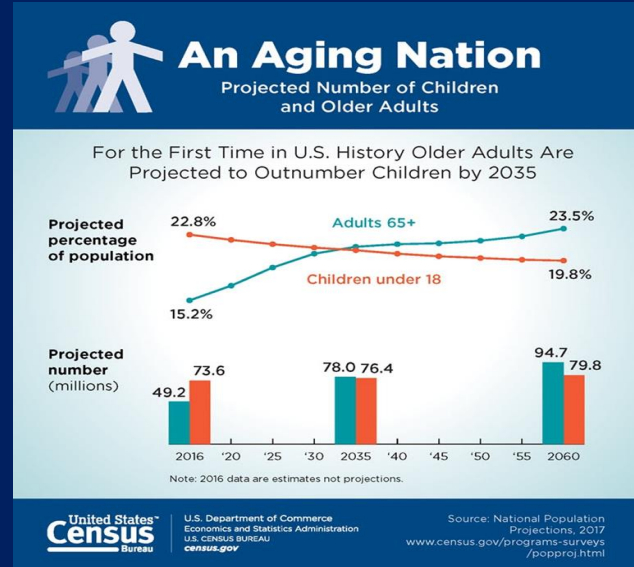
Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

The Aging of America...

- Over 52 million Americans ≥ 65 years old.
- 15% of the total population.
- About 10,000 people turn 65 every day.
- By 2060, older adults will comprise 25% of the U.S. population.
- Growing more racially, ethnically and culturally diverse.
- Disease burden increasing:
 - Multicomplexity
 - Chronic health conditions:
 - Hypertension (58%)
 - Hyperlipidemia (48%)
 - Arthritis (31%)
 - Ischemic Heart Disease (28%)
 - Diabetes (27%)

Why Age-Friendly Health Systems?

- Follows an essential set of evidence-based practices.
- Causes no harm.
- Aligns with What Matters to the older adult and their family or other caregivers.
- Makes care of older adults more manageable.
- The 4Ms identify core issues that should drive all decision-making in the care of older adults.
- 4Ms organize care and focus on wellness and strengths rather than solely on disease.



The 4Ms Framework

Age-Friendly care is the reliable implementation of a set of evidence-based geriatric best practice interventions across four core elements, known as the 4Ms, to all older adults in your healthcare system.

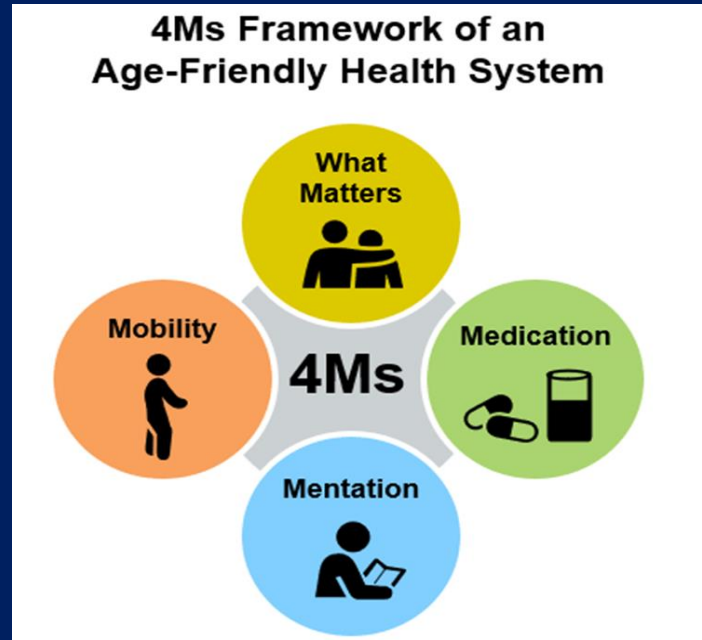
The 4Ms	Description
What <u>M</u>atters	Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to end-of-life care, and across settings of care
<u>M</u>edication	If medication is necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care
<u>M</u>entation	Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care
<u>M</u>obility	Ensure that older adults move safely every day to maintain function and do What Matters

A Shift in Care

- The 4Ms Framework is not a program, but a shift in how we provide care to older adults.
- The 4Ms are implemented together (i.e., all 4Ms as a set of evidence-based elements of high-quality care for older adults).
- Your system probably practices at least a few of the 4Ms in some places, at some times. Engage existing champions for each of the 4Ms, build on what you already do, and spread it across your system.
- The 4Ms must be practiced reliably (i.e., for all older adults, in all settings and across settings, in every interaction).

Synergistic and Dynamic Relationships

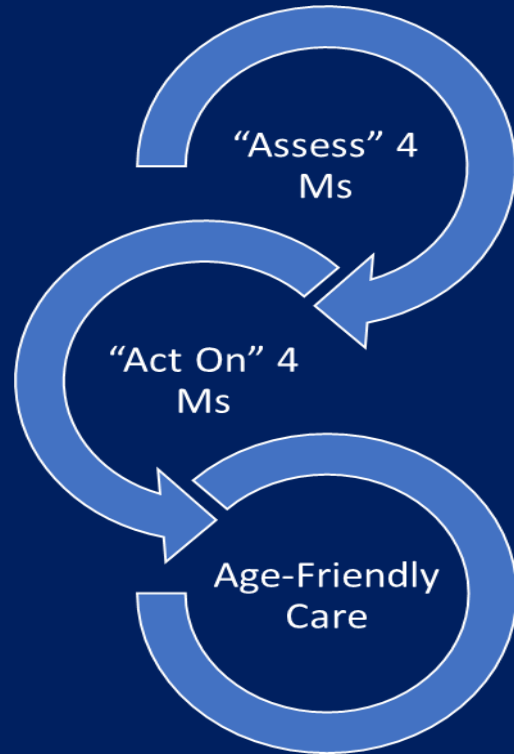
- Provides feasible framework for implementation and measurement.
- Addresses older adults' core health issues.
- Builds on strong evidence base.
- Synergistic relationships □ simplify and reduce burden on care team while increasing effect.
- Advances priorities many health systems are already focused on.



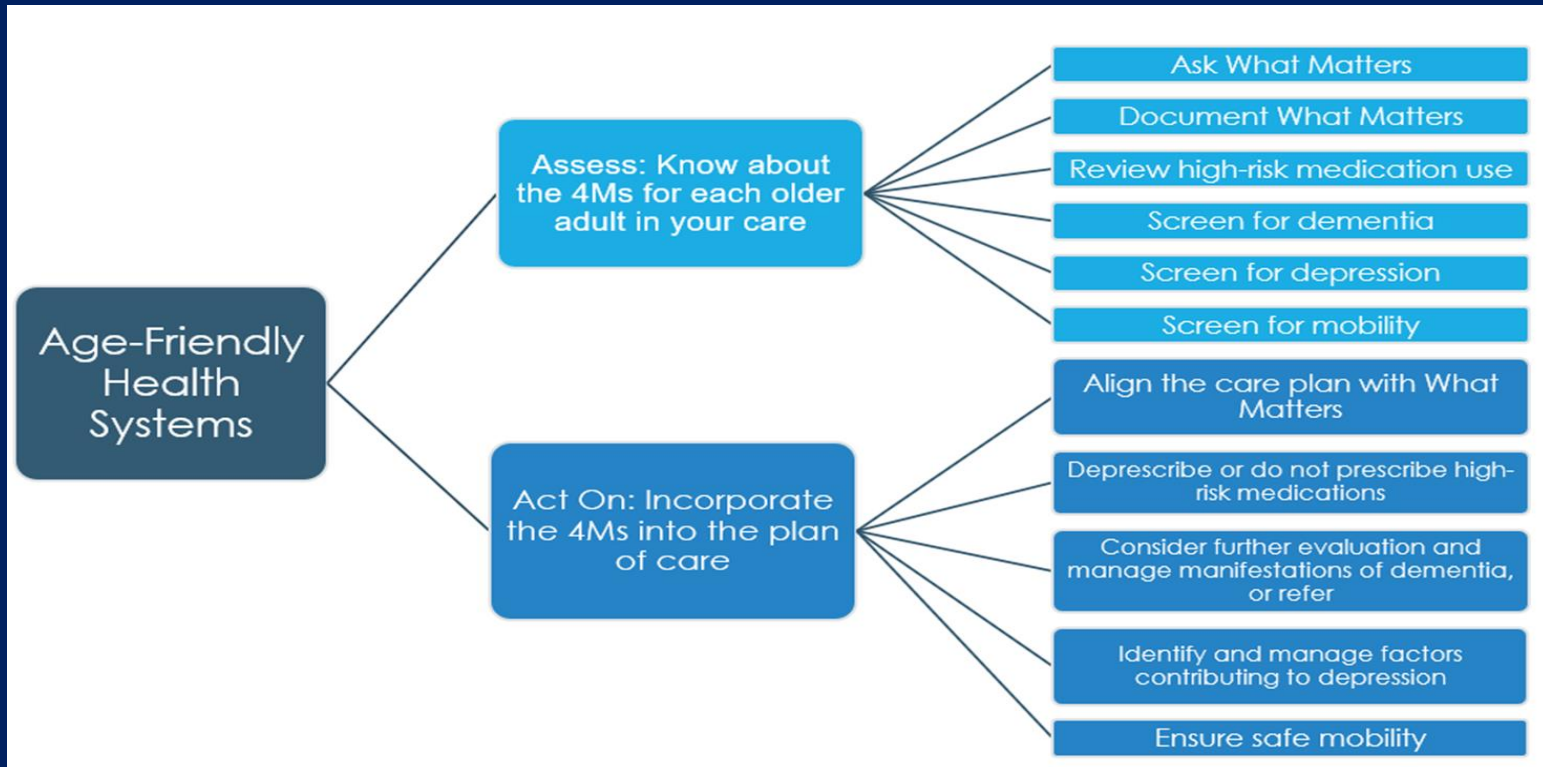
Potential Benefits

- Meets the CMS triple aim of:
 - Improved care quality
 - Improved care experience
 - Reduced total cost of care
- Reduction in avoidable emergency room visits and unplanned hospitalizations.
- Reduction in polypharmacy, inappropriate medications, and adverse drug events.
- Earlier detection of cognitive impairment, delirium, mental health issues.
- Improvement in mobility, gait, and balance and reduction in falls and fall-related injuries.

Drivers of Age-Friendly Care



4Ms Framework



What Matters?

- “What Matters”: knowing and aligning 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.
- Health outcome goals relate to the values and activities that matter most to an individual, help motivate the individual to sustain and improve health, and could be impacted by a decline in health.
- Care preferences include the healthcare activities (e.g., medications, self-management tasks, healthcare visits, testing, and procedures) that patients are willing and able (or not willing or able) to do or receive.
- The aim is to align care and decisions with the older adult’s health outcome goals.

Guiding Questions: Healthcare

- What is the one thing about your health care you most want to focus on so that you can do [fill in desired activity] more often or more easily?
- What are your most important goals now and as you think about the future with your health?
- What concerns you most when you think about your health and health care in the future?
- What are your fears or concerns for your family?
- What are your most important goals if your health situation worsens?
- What things about your health care do you think aren't helping you and you find too bothersome or difficult?
- Is there anyone who should be part of this conversation with us?

Assess What Matters

- What is important to you today?
- What brings you joy?
- What makes you happy?
- What makes life worth living?
- What do you worry about?
- What are some goals you hope to achieve in the next six months or before your next birthday?
- What would make tomorrow a really great day for you?
- What else would you like us to know about you?
- How do you learn best? For example, listening to someone, reading materials, watching a video.

Act on What Matters

- Ask what matters most and document
- Align care plan with what matters most

Medications

- Polypharmacy
- Beers List

Assess Medications

- Medications to screen for regularly
 - Benzodiazepines
 - Opioids
 - Muscle Relaxants
 - Tricyclic Antidepressants
 - Antipsychotics
 - Highly-Anticholinergic Medications (e.g. diphenhydramine (Benadryl))
 - Antiseizure drugs off-label for mood stabilization
 - Prescription and over-the-counter (OTC) sedative and sleep medications

Act on Medications

- Review high risk medications and document.
- Deprescribe or avoid high-risk medications and document/communicate changes.
- Pharmacy consult.
- Nonpharmacologic interventions for BPSD.

Mentation

- Most significant risk factor for dementia is age.
- Prevalence of Alzheimer's disease doubles every five years after age 65.
- Delirium is under-recognized and under-treated.
- Delirium has a high morbidity and mortality if not managed appropriately.

Assess Mentation

- Screen for cognitive impairment
 - Mini-Cog
 - Verbal fluency test
 - Sweet 16
- Screen for delirium with change in condition, hospitalization, new care setting
 - CAM (Confusion Assessment Method)
 - Nurse Delirium Screening Scale
- Screen for depression
 - PHQ-2
 - GDS

Act on Mentation

- Ensure oral hydration
- Orient to time, place, and situation every shift
- Ensure personal adaptive equipment (e.g. glasses, hearing aids, dentures, walkers, canes)
- Prevent sleep interruptions
- Use non-pharmacological interventions to support sleep
- Avoid-high-risk medications

Mobility

- Cost-effective interventions for mobility & fall prevention.
- Falls occur in 1/3 of adults over age 65; 1/2 of adults over 80.
- More than 10% of falls lead to serious injury.

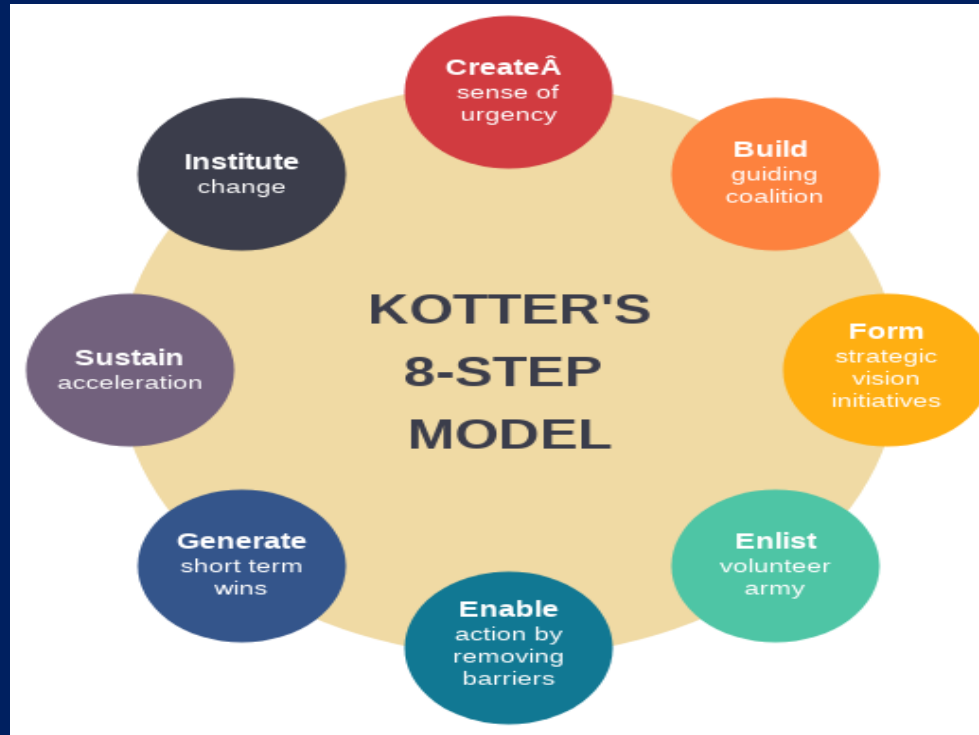
Assess Mobility

- Screen for mobility and document
 - Morse Fall Scale: Hendrich II Fall Risk Model
 - Timed Up & Go (TUG)
 - 30-second Chair Stand
 - 4-Stage Balance Test
- Check orthostatic blood pressure
- Consider vitamin D deficiency
- Check visual acuity
- Check footwear
- Check assistive devices
- Environmental assessment

Act on Mobility

- Fitness activities that include resistance exercises and balance training
- Physical therapy (balance, gait, strength, exercise program)
- Avoid restraints
- Remove catheters and other tethering devices
- Avoid high-risk medications
- Occupational therapy assessment (assistive devices; environment)

Leading Change



PDSA

STEP 6: Improve and Sustain Care

STEP 5: Study Your Performance



STEP 2: Describe Care Consistent with the 4Ms
STEP 3: Design or Adapt Your Workflow

STEP 4: Provide Care



“The purpose of human life is to serve, and to show compassion and the will to help others.”

**—Dr. Albert
Schweitzer**



References

- The Institute for Healthcare Improvement
 - www.ihl.org
- The John A, Hartford Foundation
 - www.johnahartford.org
- Kotter Inc.
 - www.kotterinc.com

Age-Friendly Public Health Systems 4M Training For Healthcare Practitioners

Questions?

Age-Friendly Public Health Systems 4M Training For Healthcare Practitioners

Help us by completing an evaluation!

<https://redcap.nova.edu/redcap/surveys/?s=CHETXK48Y4>



UHP
Urban Health Partnerships

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of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY

NSU
Florida

South Florida Geriatric Workforce Enhancement Program

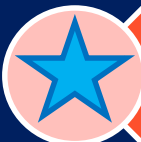
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Join us Next Week!



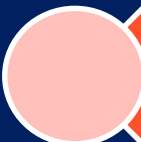
Module 1: Introduction to Age-Friendly Health Systems

• *Thursday, June 3, 2021 • 10:00 am EST*



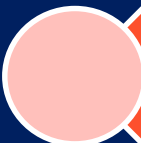
Module 2: Deep Dives – What Matters Most & Mobility

• *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*

Age-Friendly Public Health Systems 4M Training For Healthcare Practitioners

Thank you!

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