Building Age-Friendly Health Systems: One Community at a Time

Part of the Aging and Disability Business Institute Series - a collaboration of n4a and ASA
The “Business Institute”

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.n4a.org/businessinstitute
Partners and Funders

**Partners:**
- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence

**Funders:**
- Administration for Community Living
- The John A. Hartford Foundation
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation
Significant Collaboration Across the Region
Partnerships are Key

Skilled Nursing Facility Preferred Provider Program

Aging and Disability Business Institute
AAMC’s Institute for Healthy Aging

Dedicated to developing AAMC into an Age-Friendly Health System through clinical excellence and strong philanthropic support.
<table>
<thead>
<tr>
<th>Percent 65 years and older</th>
<th>2013</th>
<th>2018</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne Arundel County</td>
<td>13.0%</td>
<td>14.7%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Queen Anne's County</td>
<td>16.0%</td>
<td>18.8%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Prince George's County</td>
<td>10.7%</td>
<td>13.0%</td>
<td>21.5%</td>
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</table>
John F. Hartford Foundation

Working with four major health systems in through awarded grant, the goal is to spread the evidence-based Age-Friendly Health System prototype to 20 percent of hospitals and health systems in the U.S. by 2020.
What Is an Age-Friendly Health System?

An Age-Friendly Health System is one in which every older adult:

• Gets the best care possible
• Experiences no health care-related harms
• Is satisfied with the health care they receive
• Decreases healthcare costs
In an Age-Friendly Health System, value is optimized for all – patients, families, caregivers, health care providers, and the overall system.
We will scale-up Age-Friendly changes across our health system

By the end of May...
...we reached 4,400 adults who are 65 and older with Age-Friendly interventions.

By the end of this year...
...we will reach
9,000 65+ adults in the hospital
10,000 65+ adults in the Emergency Department
900 65+ adults in Assisted Living Facilities
Patient Centered Care

“Nothing about me, without me.”
The 4M Plan

• **Mentation**: Focus on delirium and dementia.
• **Mobility**: Maintain function and prevent/treat complications of frailty.
• **Medication**: Optimize use to reduce harm and burden, focusing on medications affecting mobility, mentation, and what matters.
• **What Matters**: Knowing and acting on preferences and needs.
## What Has AAMC Done So Far?

<table>
<thead>
<tr>
<th>What Matters</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Asking and documenting</strong> What Matters to the patient in the nursing care plan and physician Snapshot</td>
<td></td>
</tr>
<tr>
<td><strong>Increased Palliative Medicine utilization</strong></td>
<td></td>
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<tr>
<td><strong>Team rounding</strong></td>
<td></td>
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<tr>
<td><strong>The Conversation Project</strong> community outreach</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality/Mobility Techs</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6 Clicks</strong> measurement tool</td>
<td></td>
</tr>
<tr>
<td><strong>ACErCize and lunch</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mentation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hydration (new water cups)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Delirium screening (BCAM)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mobile diversion cart</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pharmacy bedside coaching</strong> before discharge</td>
<td></td>
</tr>
<tr>
<td><strong>Beers drug list Epic implementation</strong></td>
<td></td>
</tr>
</tbody>
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Aging and Disability

Business Institute

Anne Arundel Medical Center

Anne Arundel County

Maryland

Department of Aging and Disabilities
Some of Our Age-Friendly Team
Education
Patient Story Snapshot Report

<table>
<thead>
<tr>
<th>Summary</th>
<th>12/01/17 1356</th>
<th>Unit</th>
<th>GENERAL SURGERY UNIT</th>
</tr>
</thead>
</table>

### Treatment Team Sticky Notes

<table>
<thead>
<tr>
<th>Problem</th>
<th>Comment</th>
<th>Never Reviewed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Provider</th>
<th>Relationship</th>
<th>Speciality</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>George W. Adams, MD</td>
<td>Attending</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Recent ED Visits and Hospitalizations

- 3 days ago: George W. Adams, MD, OSU, Admission (Current)

### Scales and Screens

- None

### Vital Signs

<table>
<thead>
<tr>
<th>Measured Value</th>
<th>Most Recent Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>120/80</td>
<td>Normal</td>
</tr>
<tr>
<td>HR</td>
<td>70</td>
<td>Normal</td>
</tr>
<tr>
<td>SpO2</td>
<td>98</td>
<td>Normal</td>
</tr>
</tbody>
</table>

### Mental Status/Pain/Sedation

- PSS (Pain Score Scale): 3 - Sleep, easy to arouse

### Intake/Output

- None

### Weights (Last 5 Days)

- None

### Care Plan

- AAAC General Plan of Care - Adult
  - Individualization and Virtuality
  - Plan of Care reviewed with...

### Patient Care Overview

- Plan of Care Review
- Discharge Needs Assessment
- Interprofessional Rounds/Family Conf.

### Mobility, Physical Impaired (Adult)

- Identify Risk Factors and Signs and Symptoms
- Enhanced Mobility Sites
- Enhanced Functional Ability

### About Me (Individualization)

- What matters to the patient/family?
  - Patient wants his mobility to increase
  - Patients/Family Daily Goal
  - Patient wants to walk in the hallway two times

### Patient/Family Concerns or Questions

- Patient is concerned about who will care for him at home at 12:04 1551

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ANNE ARUNDEL COUNTY MARYLAND
Department of Aging and Disabilities

Anne Arundel Medical Center

Aging and Disability Business Institute
Mobility: Mobility Tech
Mobility/Mentation: ACErcise
Mentation: Water Cups
Medications: Pharmacist Bedside Coaching
What Matters: Patient/Family Boards
The Birth of My Story©

- Inspired by the “All About Me Board” in an editorial called ‘Do You Know Your Patient’ (Fick, 2013)
- Goal: create a simple document that would help assisted living and hospital staff provide person-centered care
- Provide an opportunity for older adults to voice their preferences and needs
- Improve care for residents with dementia who may be unable to communicate needs to caregivers
How It All Began: Chet
Chet’s Completed My Story
Anne Arundel County Department of Aging and Disabilities

Assisted Living Program Goals

• Monitor the care and services provided to residents of 4-16 bed community-based assisted living facilities

• Continue efforts to build a more age-friendly community

• Create partnerships with community resources to enhance the quality of life for seniors
My Story© Methodology

• Completed a MY STORY© tool for each resident using self-report and input from staff and family members

• Residents who required emergency medical assistance would have the MY STORY© tool sent along with emergency forms to the hospital and throughout the continuum of care

• Collected feedback on effectiveness of the MY STORY© tool and overall experience
Pilot Program

- Selected 15 small (4-16 bed) community-based assisted living facilities to pilot the MY STORY© tool (230 residents) in Anne Arundel, Baltimore, and Howard Counties

Heart Homes, Inc.

Fern Care Corp.

Assisted Living Well Compassionate Care

Peartree House Assisted Living
Lessons Learned

• Include input from staff for each work shift

• Computer (typed) vs. hand written forms

• ADA compatibility

• Useful for outside health professionals (home health, hospice, PT/OT)

• Consent forms to share personal information
## Results

<table>
<thead>
<tr>
<th># of Participants</th>
<th>116 out of 230 (50% return)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Time Need to Complete Tool</td>
<td>5-45 minutes (avg. 20 minutes)</td>
</tr>
<tr>
<td>Staff Feedback</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Majority found the tool useful for assisting staff and healthcare professionals with learning about residents</td>
</tr>
<tr>
<td></td>
<td>• Especially beneficial for residents with dementia sent unaccompanied to the hospital for emergency care</td>
</tr>
<tr>
<td>Person who completed the tool</td>
<td>Primarily completed by caregivers, residents, and family members</td>
</tr>
</tbody>
</table>
My Story© Revisions

• Removed medications & allergies from the form (staff concern)

• Addition of information regarding:
  • Communication
  • Marital status
  • Military service
  • Language(s) spoken
  • Spiritual preference
  • Transfer ability
  • Name of assisted living facility

• Updated for ADA compliance
Benefits of My Story©

• Staff on all shifts really got to know “what matters” to residents

• Residents enjoyed interaction with staff & vice versa

• New or relief staff could clearly get a “picture” of the resident in 5 minutes

• Family members valued interest shown to their loved one
Benefits of My Story©

• Residents with dementia had specific interventions noted that made caregiving easier

• Information staff received from MY STORY© helped to reduce resident’s anxiety

• ED staff gained valuable information about residents who were unable to communicate

• ED staff was able to prevent use of restraints for some patients with dementia
Expansion
National Award – My Story

Mature Media Awards
Honoring the Nation’s Best Marketing, Communications, Educational Materials and Programs for Older Adults

MERIT AWARD
2018

Presented to:
Assisted Living/Housing Program

For:
My Story

Division:
Government

Classification:
Education/Training Programs

Category:
Staff/Inservice Training

Sponsors: National Association of Area Agencies on Aging • Mature Market Resource Center
Current Partners and Future Expansions

Current Partners

- Assisted living facilities
- Family caregivers
- Senior care
- Senior center plus
- Guardianship clients
- Skilled nursing facilities
- Dementia care facility
- Home health agency
- Adult medical day services
- Respite care workers

• Expand the MY STORY© tool to the community at large, Hospice volunteers, health training programs
What Matters: To Me
AAMC’s First “What Matters to You Day”
Powerful Outcomes

• Hospital and Community-based staff developed personal, meaningful connections with all residents

• Patients and residents feel that “they matter”
Translating It All to the Patient
What Matters to Me?

9.95 years

The amount of time AAMC has given back to patients (65+) since FY17

Readmissions FY17-18

5% Increase

ED Arrival to Departure (OP-18b) FY17-18

6% Decrease

Length of Stay FY17-18

12% Decrease

Aging and Disability Business Institute
Questions & Answers:
Please Submit Using the “Questions” Box
Please join us for future webinars in the Aging and Disability Business Institute Series

“Embracing the Culture of Accountability: How We Measure Success in Achieving Our Mission” – March 5, 2019

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