Institute *for* Healthcare Improvement

Age-Friendly Health Systems:

Guide to Recognition for Geriatric Emergency Department Accredited Sites

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This content was created especially for:

Age-Friendly Health Systems

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).

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Learn more at ihi.org/AgeFriendly

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Introduction

The population of the United States is aging. The number of older adults, individuals age 65 years and older, is growing rapidly. As we age, care often becomes more complex. Health systems are frequently unprepared for this complexity, and older adults suffer a disproportionate amount of harm while receiving care in the health system.

This demographic shift brings particular challenges for those providing emergency care, as older adults visit emergency departments (EDs) at higher rates than non-seniors, often present with multiple chronic conditions, are at increased risk of polypharmacy, and suffer from complex social and physical challenges.

To address these challenges, two important initiatives were launched to support the provision of age-friendly care:

Age-Friendly Health Systems: In 2017, 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), set a bold vision to build a social movement so that all care with older adults is age-friendly care. According to our definition, age-friendly care:

- Follows an essential set of evidence-based practices;
- Causes no harm; and
- Aligns with What Matters to the older adult and their care partners.

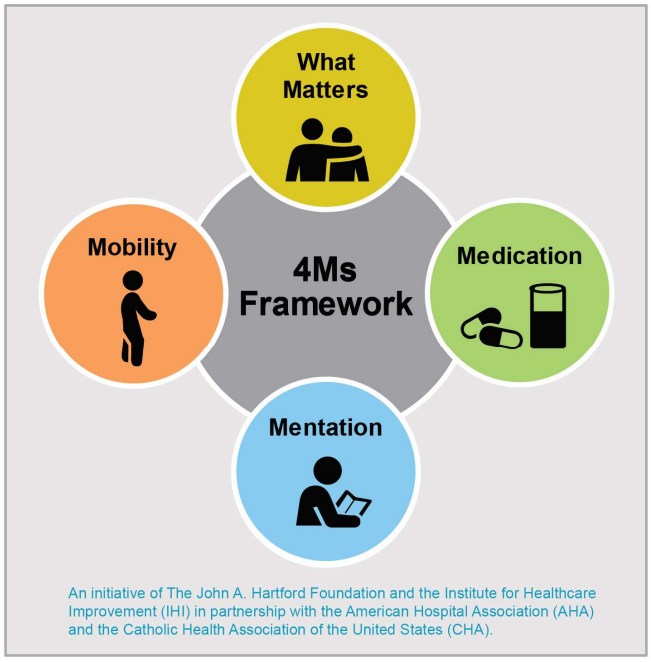
ACEP Geriatric Emergency Department Accreditation: In 2018, the American College of Emergency Physicians (ACEP), with support from the Gary and Mary West Health Institute and The John A. Hartford Foundation, launched the Geriatric Emergency Department Accreditation (GEDA) program to recognize emergency departments that provide excellent care for older adults.

Following the rapid and continued adoption of these two framworks across the United States, there is an opportunity to help health systems to leverage each for improved care of older adults. This guide provides easy next steps for organizations that have been accredited as geriatric EDs to achieve Age-Friendly Health Systems recognition. For organizations that are recognized as Age-Friendly Health Systems but not yet accredited as geriatric EDs, we encourage you to review this guide to learn about some of the benefits of accreditation and to visit Geriatric Emergency Department Accreditation // Home (acep.org) for more information.

Age-Friendly Health Systems Overview

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. When implemented together, the 4Ms represent a broad shift by health systems to focus on the needs of older adults (see Figure 1).

Figure 1. The 4Ms Framework of an Age-Friendly Health System



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

What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, advance care planning and goals of 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.

The 4Ms — What Matters, Medication, Mentation, and Mobility — make complex care of older adults more manageable. The 4Ms identify core issues that should drive all care and decision making with older adults. The 4Ms organize care and focus on the older adult's wellness and strengths rather than solely on disease. The 4Ms are relevant regardless of an older adult's individual disease(s). They apply regardless of the number of functional problems an older adult may have, or that person's cultural, ethnic, or religious background.[i]

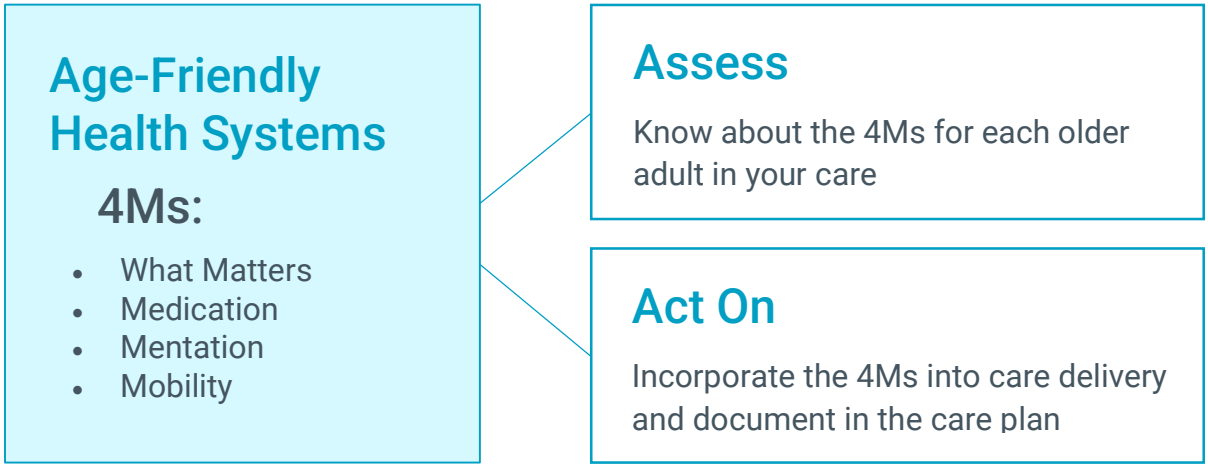
The 4Ms are a framework, not a program, to guide all care of older adults wherever and whenever they come into contact with your health system's care and services. The intent is to incorporate the 4Ms into existing care, rather than layering them on top, in order to organize efficient delivery of effective care. This integration is achieved primarily through redeploying existing health system resources. Many health systems have found they already provide care aligned with one or more of the 4Ms for many older adults. Much of the effort, then, involves incorporating the other elements and organizing care so that all 4Ms guide every encounter with an older adult and, when appropriate, their designated care partners.

4Ms Framework: Not a Program, but 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 consistently across your system.
- The 4Ms must be practiced reliably (i.e., for all older adults, in all settings and across settings, in every interaction).

There are two key drivers of age-friendly care: knowing about the 4Ms for each older adult in your care ("assess"), and incorporating the 4Ms into the plan of care accordingly ("act on") (see Figure 2). Both must be supported by documentation and communication across settings and disciplines.

Figure 2. Two Key Drivers of Age-Friendly Health Systems



For more information, see the Guide to Using the 4Ms in the Care of Older Adults. Developed with our expert faculty and advisors, the guide is designed to help care teams test and implement a specific set of evidence-based, best practices that correspond to each of the 4Ms.

Geriatric Emergency Department Accreditation Overview

The concept of a geriatric emergency department has developed in the past decade as hospitals recognize that, in terms of ED care, one size does not fit all. Older people in the ED have presentations, needs, dispositions, and outcomes that are quite specific to them. A geriatric ED may be either a separate space designated for older adults or, more likely, the integration of best practices for older adults into an existing ED. Geriatric EDs embrace a variety of best practices including:

- Ensuring geriatric-focused education and interdisciplinary staffing
- Providing standardized approaches to care that address common geriatric issues
- Ensuring optimal transitions of care from the ED to other settings (inpatient, home, community-based care, rehabilitation, long-term care)
- Promoting geriatric-focused quality improvement and enhancements of the physical environment and supplies

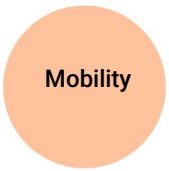
Becoming a geriatric ED will improve the care provided to older people in your ED and ensure that the resources to provide that care are available. It also signals to the public that your institution is focused on the highest standards of care for your community's older citizens.

Comparison of Age-Friendly Health Systems and Geriatric EDs

An organization that is meeting the requirements of Geriatric Emergency Department Accreditation is already meeting most requirements for Age-Friendly Health Systems recognition. The graphic below illustrates those GEDA elements that satisfy the requirements of 4Ms care for recognition as an Age-Friendly Health Systems participant. A fuller analysis of the alignment with all policies/protocols, guidelines, and procedures that comprise the ACEP GEDA criteria and the 4Ms framework is available here.

Of the elements included in the 4Ms framework, "What Matters" is the one component that requires additional focus to ensure that geriatric EDs are meeting expectations of an Age Friendly Health Systems-recognized organization. Many organizations already incorporate What Matters into their geriatric ED processes by asking, documenting, and acting on What Matters to the older adult. For those who have not yet taken these steps or who have a more informal process, see below for suggestions for building What Matters into daily practice in the geriatric ED.

GEDA Elements Aligned with the 4Ms

Policies, Protocols, Guidelines, and Procedures as a Component of ACEP Geriatric ED Accreditation Criteria				
A standardized delirium screening guideline (examples: DTS, CAM, 4AT, other) with appropriate follow-up			X	
A guideline for standardized fall assessment (including mobility assessment, e.g., TUG or other) with appropriate follow-up				X
A guideline to minimize the use of potentially inappropriate medications (Beers' list, or other hospital-specific strategy, access to an ED-based pharmacist)		X		
Development and implementation of at least three order sets for common geriatric ED presentations developed with particular attention to geriatric-appropriate medications and dosing and management plans (e.g., delirium, hip fracture, sepsis, stroke, ACS)		X		
A guideline to promote mobility				X

Assessing, Documenting, and Acting On What Matters in the Geriatric ED

Assess: Know about What Matters for Each Older Adult in Your Care

Getting Started: Key Actions	Tips and Resources
Ask the older adult What Matters How does your clinical team ascertain the patient's specific goals for their ED visit beyond their chief complaint? (For example, ensure this abdominal pain does not mean I have stomach cancer.) If you do not have existing questions to start this conversation, try the following, and adapt as needed: **"What do you most want to focus on while you are here for_____ (fill in health problem) so that you can do_____ (fill in desired activity) more often or more easily?"**[ii,iii,iv] Or: **"What outcome are you most hoping for from this ED visit?"** For older adults with advanced or serious illness, consider: **"What are your most important goals if your health situation worsens?"**	**Tips** • This action focuses clinical encounters, decision making, and care planning on What Matters most to the older adults. • Consider segmenting your population by healthy older adults, those with chronic conditions, those with serious illness, and individuals at the end of life. How you ask What Matters of each segment may differ. • Consider starting these conversations with *who* matters to the person. Then ask them what their plans are related to life milestones, travel plans, birthdays, and so on in the next six months to emphasize, "I matter, too." Once "who matters" and "I matter, too" are discussed, then *what* matters becomes easier to discuss. The What Matters Most letter template (Stanford Letter Project) can guide this discussion. • Responsibility for asking What Matters can rest with any member of the care team; however, one person needs to be identified as responsible to ensure it is reliably done. • You may decide to include family or care partners in a discussion about What Matters; however, it is important to also ask the older adult individually. • Ask people with dementia What Matters. Ask people with delirium What Matters at a time when delirium symptoms are minimal or absent. **Additional Resources** • "What Matters" to Older Adults?: A Toolkit for Health Systems to Design Better Care with Older Adults • The Conversation Project and Conversation Ready • Patient Priorities Care • Serious Illness Conversation Resources • Stanford Letter Project • "What Matters to You?" Instructional Video and A Guide to Having Conversations about What Matters (BC Patient Safety & Quality Council) • End-of-Life Care Conversations: Medicare Reimbursement FAQs • National POLST: Long-Term Care Facility Guidance for POLST and COVID-19 • Ariadne Labs Serious Illness Care Program: COVID-19 Response Toolkit (a guide for long-term care, implementation tips, and a demonstration video) • Respecting Choices COVID-19 Resources (for having conversations with older adults when planning care for COVID-19)

Assess: Know about What Matters for Each Older Adult in Your Care	
Getting Started: Key Actions	**Tips and Resources**
	We recognize that members of different groups have diverse needs. There are resources available that are specific to various communities. For example, the following resources can help to integrate an LGBTQ lens into this action: • Caregiving in the LGBT Community: https://www.lgbtagingcenter.org/resources/resource.cfm?r=883 • Create Your Care Plan: https://www.lgbtagingcenter.org/resources/resource.cfm?r=879 • My Personal Directions for Quality Living: https://www.lgbtagingcenter.org/resources/resource.cfm?r=916 • Advocating for Yourself: https://www.lgbtagingcenter.org/resources/resource.cfm?r=950 • Supporting LGBT People Living with Dementia: • https://www.lgbtagingcenter.org/resources/resource.cfm?r=967 • Issue Brief: LGBT People and Dementia: https://www.lgbtagingcenter.org/resources/resource.cfm?r=945 • Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies: https://www.lgbtagingcenter.org/resources/resource.cfm?r=487
Document What Matters Documentation can be on paper, on a whiteboard, or in the electronic health record (EHR) where it may be accessible to the whole care team across settings.[v]	**Tips** Following state and federal privacy regulations, consider converting whiteboards to What Matters boards and include information about the older adults (e.g., what they like to be called, favorite foods, favorite activities, what concerns or upsets them, what soothes them, assistive devices, and family/care partner names and phone numbers). Identify who on the care team is responsible for ensuring that the information is updated. Consider documentation of What Matters to the older adult on paper or electronic format that they can have and review. Identify where health and health care goals and priorities can be documented and available across care teams and settings. Review What Matters documentation to ensure that goals/plans are specific to each person (i.e., watch out for generic or similar answers across all people, which suggests that a deeper discussion of What Matters is warranted). **Additional Resources (also see resources in the section above)** "What Matters to You?" Instructional Video and A Guide to Having Conversations about What Matters (BC Patient Safety & Quality Council) My Story for Family Caregivers CMS COVID-19 Nursing Home Telehealth Toolkit CMS Resources on Current Emergencies

Act on: Incorporate What Matters into the Plan of Care

Getting Started: Key Actions	Tips and Resources
Align the care plan with What Matters Incorporate What Matters into the goal-oriented plan of care and align the care plan with the older adult's goals and preferences[vi,vii,viii] (i.e., What Matters).	**Tips** • Health outcome goals are the activities that matter most to an individual, such as playing with a grandchild, walking with friends in the morning, or continuing to work as a teacher. Health care preferences include the medications, health care visits, testing, and self-management tasks that an individual is able and willing to do. • When you focus on the person's priorities, Medication, Mentation, and Mobility often come up so the person can do more of What Matters. • Consider how care while in the ED can be aligned with What Matters. • Consider What Matters to the older adult when making admission or discharge plans. • Use What Matters to develop the care plan and navigate trade-offs. For example, you may say, "There are several things we could do, but knowing what matters most to you, we could…" • Use the person's priorities (not focused on diseases) in communicating, decision making, and assessing benefits. • Use collaborative conversation and motivational interviewing[ix,x]; agree there is no single answer and brainstorm alternatives together. For example, you may say, "I know you don't like the CPAP mask, but are you willing to try it for two weeks to see if it helps you be less tired, so you can get back to volunteering, which you said was most important to you?" • Care options likely involve input from many disciplines (e.g., physical therapy, social work, community organizations, behavioral health, and others), as well as care partners in some cases. • Consider how you can work with colleagues in other departments to ensure that age-friendly care is practiced upon admission and throughout the patient stay. **Additional Resources** • "What Matters" to Older Adults?: A Toolkit for Health Systems to Design Better Care with Older Adults • Patient Priorities Care • Serious Illness Conversation Resources • "What Matters to You?" Instructional Video and A Guide to Having Conversations about What Matters (BC Patient Safety & Quality Council)

Adding a Geriatric ED to an Age-Friendly Health System

Many organizations are adding geriatric EDs to health care systems that are already recognized as, or in the process of becoming, Age Friendly Health Systems. They are doing this for two fundamental reasons: to enhance care from the time the patient arrives at the front door (roughly 60 percent of all hospital admissions for patients age 65 and over come through the ED) and to improve health care system sustainability and financial performance in an era of increasing value-based care and risk-based contracting.

Older adults seen in geriatric EDs who go on to be admitted frequently have improved hospital experiences.[xi,xii] By focusing on proper medications, identifying cognitive impairment, decreasing incidence of delirum, encouraging mobility and early physical therapy assessment when appropriate, and focusing on What Matters from the ED through the admission, patient care is optimized for success.[xiii] When hospitals are full and ED boarding times (waiting for admission) is prolonged due to a lack of inpatient beds, initiating care appropriate for older adults early in the ED visit is critically important. These interventions help the patient on the road to recovery as soon as possible and minimize iatrogenesis from the hospital stay.

Geriatric EDs have the added benefit of averting unhelpful hospital admissions. High-level geriatric EDs have been shown to decrease admissions up to 16.5 percent with resulting cost savings of $2,000-$3,000 per patient over the 60 days after the index ED visit.[xiv, xv, xvi] High-level geriatric EDs also decrease readmissions by up to 17 percent and reduce repeat ED visits. Physical therapy in the ED decreases the chance of recurrent falls, and it is likely that pharmacy interventions in the ED decrease medication errors. These results are accomplished through addtitional services during the ED stay and closer connections to community resources. These improvements benefit patients who can avoid unnecessary hospital stays, and thereby increase time at home, and they benefit health care systems, which are increasingly financially responsible for providing higher-value care. Health care systems achieve better financial performance when they can decrease costs while improving quality. Inpatient admissions are extremely costly; decreasing unneeded hospitilizations while improving quality leads to better outcomes for patients and improved financial metrics for health care systems.

Case Study: Syracuse Veterans Administration Medical Center and St. Raphael's Hospital, Yale New Haven Health

There are many ways to improve care for older adults. Some organizations are implementing two programs targeted at that goal — Age-Friendly Health Systems and Geriatric Emergency Department Accreditation (GEDA) — and finding them to be mutually reinforcing.

Age-Friendly Health Systems is an initiative of IHI and The John A. Hartford Foundation, in partnership with the American Hospital Association and the Catholic Health Association of the United States. In Age-Friendly Health Systems, age-friendly care is defined as care that is based in the "4Ms": What Matters, Medication, Mentation, and Mobility. GEDA, developed by the American College of Emergency Physicians, is intended to ensure that older patients receive well-coordinated, quality care at the appropriate level during every ED encounter.

These two programs offer different routes to the same destination: better care for older adults. The 4Ms provide an overarching framework to organize care and a simple language for communicating with patients, families, and colleagues. GEDA provides more specific guidelines for ED policies, practices, equipment, and supplies.

Dr. Kevin Corcoran, DO, is an emergency medicine physician at the Veterans Affairs (VA) Syracuse Healthcare System, a leading health care system serving veterans, which has 12 locations in central New York. He joined the VA in April 2018, and soon noticed a disproportionate number of older patients in the ED. He sat down with his colleagues, and they came to a conclusion: "We should have a geriatric focus. We should start the process of creating the environment of care that would focus on our senior veterans."

Corcoran and his team started by pursuing the GEDA accreditation. They familiarized themselves with guidelines of care and standard operating procedures. Before long, the ED achieved bronze (Level Three) certification, which recognizes "one or more specific initiatives that are reasonably expected to elevate the level of care of seniors in one or more specific areas," according to GEDA. They have since achieved silver star (Level Two) certification.

Through his involvement in this work, Corcoran found out about the 4Ms, and the team decided to implement those as well. He soon learned that the 4Ms dovetailed perfectly with the GEDA guidelines. For example, GEDA recommends the Beers criteria for potentially inappropriate medications. This is also one way of addressing Medication in the 4Ms.

Pamela Martin, APRN, has had a similar experience. She works as a nurse in the ED at St. Raphael's Hospital, which is part of Yale New Haven Health and is involved in both GEDA and Age-Friendly Health Systems.

Her team is starting with a focus on delirium. One of the GEDA protocols calls for a standardized delirium screening with appropriate follow-up. In April, Martin and the other nurses

in the ED began screening all patients 65 and older with the Brief Confusion Assessment Method (B-CAM), and they ask a question to assess memory. The team has also established a care signature pathway to help facilitate the physician order set. This care pathway, which is integrated into the electronic health record (EHR), stipulates steps to take in the event of a positive and negative screen. These strategies address Mentation in the 4Ms.

While the 4Ms offer a framework for categorizing care, they also demonstrate the fluidity between those categories, Martin says. “Delirium also fits in with Mobility,” she noted. “One of the strategies for preventing delirium is to mobilize your patients.” In addition, she said, “Medication is a huge piece of delirium—not only what could have precipitated it, but what medications are we giving the patient?”

In fact, when considering the GEDA protocols and procedures in light of the 4Ms, Martin found that “a lot of them hit most of the categories, because they do all play a pivotal role with each other,” she said. “It’s kind of a little circle.”

One key contribution of the 4Ms is the concept of “What Matters,” which lies at the heart of Age-Friendly Health Systems and GEDA.

“You have to take the time to listen,” said Corcoran. “That’s how you gain the appropriate information. Grandpa doesn’t want this. He wants to be home with his Labrador retriever. It’s not what I think he needs, it’s what the patient thinks he or she needs.”

Conversations not only reveal what matters to the patient; they can also yield insights into the other 4Ms, such as Mentation, Corcoran noted. A superficial conversation might not reveal a problem, but, “In an in-depth conversation, it becomes crystal clear.”

Ultimately, he and his colleagues have found that the 4Ms and the GEDA guidelines, implemented in concert, have brought their care to a new level. “You put this together, and it’s just a tremendous composite of information about how to do things,” said Dr. Corcoran. “You end up building something off that synergy that exceeds expectations.”

Age-Friendly Health System Recognition

We’ve developed a streamlined survey for geriatric EDs to be recognized as an Age-Friendly Health System. Go to www.ihi.org/agefriendly to access the forms and other resources.

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