Friends of Age-Friendly Quarterly Update

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).
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 pm ET</td>
<td>Welcome to the movement</td>
</tr>
<tr>
<td></td>
<td>- <strong>Kedar Mate</strong>, MD, Chief Innovation Officer, IHI</td>
</tr>
<tr>
<td></td>
<td>- <strong>Terry Fulmer</strong>, PhD, RN, President, The John A. Hartford Foundation</td>
</tr>
<tr>
<td>3:10 pm ET</td>
<td>Join the Movement:</td>
</tr>
<tr>
<td></td>
<td>- Updates on the National Movement</td>
</tr>
<tr>
<td></td>
<td>- Action Community to accelerate 4Ms</td>
</tr>
<tr>
<td>3:25 pm ET</td>
<td>The 4Ms in Action: How 4Ms Are Practiced &amp; Outcomes</td>
</tr>
<tr>
<td></td>
<td>- <strong>Barbara Jacobs</strong>, RN, Vice President, Nursing and Chief Nursing Officer, Anne Arundel</td>
</tr>
<tr>
<td></td>
<td>- <strong>Lil Banchero</strong>, RN, Senior Nursing Director, Institute for Healthy Aging, Anne Arundel</td>
</tr>
<tr>
<td>3:50 pm ET</td>
<td>Next Steps and Q&amp;A</td>
</tr>
</tbody>
</table>

www.ihi.org/AgeFriendly
Participating in Today’s Discussion

Select “All Participants” from the drop down menu

Chat in:
- Your name
- Your health system
- Setting of care (hospital, practice and post-acute community)
  • What Age-Friendly Health Systems mean to you

Select "All Participants"

Enter Text

Raise your hand

To: All Participants
Enter chat message here
Friends of Age-Friendly Health Systems - Joining from...
Welcome to the Age-Friendly Health Systems Movement

Build a social movement so all care with older adults is age-friendly care:

- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.

Specific Aims:

By 12/31/20: Reach older adults in 1000 hospitals & practices recognized as Age-Friendly Health Systems

By 6/30/23: Reach older adults in 2500 hospitals & practices and 100 post-acute communities recognized as Age-Friendly Health Systems

www.ihi.org/AgeFriendly
What Does it Mean to be an Age-Friendly Health System?

**What Matters**
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.

**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 4M Framework

- Represents core health issues that matter to older adults
- Builds on very strong evidence
- Simplifies & reduces implementation and measurement burden while increasing effect
- Components are synergistic and reinforce one another


www.ihi.org/AgeFriendly
The Movement is Growing

Teams in **all 50** states

Engaged in any of the following: Pioneer Site, Action Community, Ready/Set/Go on [www.ihi.org/AgeFriendly](http://www.ihi.org/AgeFriendly), Expedition
Recognition from IHI: Hospitals, Practices and Post-Acute Communities Can Achieve Two Levels

Hospitals, practices and post-acute communities have described how they are putting the 4Ms into practices (4Ms Description Survey)

- **285***: Age-Friendly Health Systems Participant
- **123**: Committed to Care Excellence for Older Adults

*Age-Friendly Health System-Participants count is inclusive of hospitals and practices that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence as of February 15, 2020

www.ihi.org/AgeFriendly
Our Team

Kedar Mate, MD, Chief Innovation Officer, IHI

Leslie Pelton, MPA, Senior Director IHI

KellyAnne Johnson, MPH Senior Project Manager IHI

Liz McDermott, Project Manager IHI

Sumire Maki, Project Coordinator IHI

Karen Baldoza, MSW, Executive Director IHI

Kevin Little, PhD, Improvement Advisor IHI

Laura Howell Project Manager IHI

Dylan Balcom Project Assistant IHI

www.ihi.org/AgeFriendly
Our Partners

Terry Fulmer, PhD, RN
President, The John A. Hartford Foundation

Amy Berman, BSN, LHD
Senior Program Officer
The John A. Hartford Foundation

Jay Bhatt, DO, MPH, MPA,
President, HRET
SVP & CMO, AHA

Raahat Ansari
Program Manager
HRET

Marie Cleary-Fishman, MS,
MBA
Vice President
Clinical Quality AHA

Julie Trocchio, MS,
Senior Director
Community Benefit and
Continuing Care, CHA
Resources to Support the Movement:
Download at IHI.org/AgeFriendly
The Bundle

The AFHS bundle is an all-encompassing packet of resources to support care that utilizes all 4Ms.
AIM: To provide age-friendly "4M care" consistently to at least 80% of the geriatric trauma population.

SMART GOAL: To improve the consistent delivery of “4M care” from 60% to 80% in the geriatric trauma population by Nov 2019.
# Stanford HC 4M Geriatric Trauma Service

<table>
<thead>
<tr>
<th>4Ms</th>
<th>Definition</th>
<th>Role</th>
<th>Frequency</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>What Matters</td>
<td>1. “What’s most important to you during this hospital stay?”</td>
<td>Geriatrics team</td>
<td>Once per stay for all and recurrent if needed</td>
<td>% receiving GOC note Time to complete first GOC note (Goal – 48 hrs)</td>
</tr>
<tr>
<td></td>
<td>2. HC proxy/ Surrogate</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Previous Advance Directive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>Screen home and current medication list for potentially inappropriate medications</td>
<td>Geriatrics team</td>
<td>Daily</td>
<td>Admission med rec within 48 hrs.</td>
</tr>
<tr>
<td>Mentation</td>
<td>Screen for Delirium by CAM</td>
<td>Nursing</td>
<td>Every shift</td>
<td>% of positive CAM and/or Delirium DRG code during admission.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Screen for mobility and proactive ambulation</td>
<td>Rehab and Nursing</td>
<td>Admission and Daily</td>
<td># of hours (Time) to first mobility from admission.</td>
</tr>
<tr>
<td>Geriatric Trauma: Outcomes and Process Metrics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number</strong></td>
<td><strong>FY17</strong> (Targeted Consults)</td>
<td><strong>FY18</strong> (Order sets &amp; ACE)</td>
<td><strong>FY19</strong> (4M pathway)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>193</td>
<td>214</td>
<td>249</td>
<td></td>
</tr>
<tr>
<td><strong>Utilization/ Access</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOS (Non-Surgical) (days)</strong></td>
<td>4.55</td>
<td>4.13</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td><strong>LOS (CAM+ vs CAM-) (days)</strong></td>
<td>6.7 vs 3.6</td>
<td>5.7 vs 3.4</td>
<td>6.1 vs 3.5</td>
<td></td>
</tr>
<tr>
<td>Direct cost/ patient</td>
<td>BL</td>
<td>(-$3,100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-day Readmission Rate (%)</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>30-day Return to ED (%)</td>
<td>5</td>
<td>4</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td><strong>Quality/ Safety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mortality (%)</strong></td>
<td>5.8</td>
<td>4.8</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Delirium Incidence (%) (CAM + DRG)</td>
<td>32%</td>
<td>34%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>Delirium Burden* (% CAM+/ Total CAM)</td>
<td>BL</td>
<td>10% reduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polypharmacy* (BZD/ Sedative use BPA)</td>
<td>BL</td>
<td>20% reduction</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Processes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time to first ACP/GOC note and % completed</td>
<td>50hrs</td>
<td>38hrs (60%)</td>
<td>32hrs (70%)</td>
<td></td>
</tr>
<tr>
<td>Average time to first mobility</td>
<td>48hrs</td>
<td>23hrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient Experience</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What number would you use to rate this hospital? (Top Box)</td>
<td>58.7%</td>
<td>63.5%</td>
<td>67.3%</td>
<td></td>
</tr>
<tr>
<td>Would you recommend this hospital to your friends and family?</td>
<td>69.6%</td>
<td>63.5%</td>
<td>66.7%</td>
<td></td>
</tr>
</tbody>
</table>
Implementing the Age-Friendly Health Systems Into MinuteClinic Convenient Care Settings
Sarah Ball MSN, FNP-BC, Anne Pohnert, MSN, FNP-BC, Mary Dolansky, PhD

What is an Age-Friendly Health System?

- To prevent harm to older adults, improve health outcomes, and lower overall costs, health care systems must adopt evidence-based practices that deliver better care to our rapidly aging population across all settings.
- The John A. Hartford Foundation is working with the Institute for Healthcare Improvement to create health systems that are age-friendly and better able to meet the goals of the Triple Aim.
- The 4Ms are the evidence-based practices and include:
  - Mobility: medication management, falls prevention, and the use of more safety measures by older adults
  - Mentation: mental health assessment, depression, and dementia
  - Medication: falls prevention, anti-depressant use, and dosing of medications
  - 4Ms Framework

Implementation Strategies

Professional Development
- Monthly Grand Rounds Case
- Education Exchange Offerings on Culture & Diversity
- Intranet Page for Age-Friendly Care
- Tip Sheets on Documenting 4M Care
- Integration into New Hire Orientation

Epic Integration
- 4M Tab developed for use in EPIC with patients ≥65
- 4M Smart Phrase used to document 4M assessments and actions until EPIC 4M Tab fully built
- Screening Tab with PHQ29 and Mini-Cog for mental evaluation for Depression and Dementia
- BEERS Med classification visual on Synopsis Tab of Medication Reconciliation Screens
- Patient inclusion in What Matters evaluations on 4M Tab and on Collaborative Survey auto-generated with Patient Satisfaction Survey at end of visit

Dashboards
- Monthly provider reports displayed on each NP-PI's Virtual Game scores and EPIC 4M performance of assessing and acting on the 4Ms
- Correlations of time spent practicing the Game to accuracy of the Game
- Correlations of time spent practicing the Game to thoroughness of EPIC 4M Charting

Virtual Clinic

Observations can be logged using a radial menu interface echoing the 4M logo

Contact Information
Sarah Ball- Sarah.ball@cvahost.com
Mary Dolansky- mrd15@case.edu
Anne Pohnert- Anne.Pohnert@cvahost.com

Project funded by: The John A. Hartford Foundation
### How Your Team Will Engage

<table>
<thead>
<tr>
<th>If you...</th>
<th>Then...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are practicing the 4Ms as a set somewhere in your health system, you are ready for recognition as an Age-Friendly Health System-Participant (level 1)</td>
<td>Go for <strong>Do It Yourself Recognition</strong></td>
</tr>
<tr>
<td></td>
<td>Complete survey on ihi.org/AgeFriendly</td>
</tr>
<tr>
<td>Want to accelerate reliable practice of the 4Ms in an active community of learners &amp; testers?</td>
<td><strong>Join an Age-Friendly Health System Action Communities</strong></td>
</tr>
</tbody>
</table>

www.ihi.org/AgeFriendly
Do It Yourself Recognition on ihi.org/AgeFriendly

Join the Movement Now

Get Involved
Join in the movement to spread the 4Ms framework to 1,000 US hospitals and 1,000 medical practices by December 2020.
Complete Survey for your Hospital, Practice or Post-Acute Community

Age-Friendly Health Systems

Age-Friendly Health Systems - 4Ms Care Description

Please complete this survey with your 4Ms Care Description for your hospital or health practice. When your description of 4Ms Care is aligned with the Guide to Using the 4Ms in the Care of Older Adults, we will be in touch with next steps. For any questions, please email AFHS@ihi.org.

* Health System:

* Hospital, Primary Care Practice, or Clinic Name. If you have multiple Primary Care Practices, please fill out the Description for each practice.

* Key Contact

  Name

  Email Address
### What Matters

- 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.

### 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 delirium across settings of care.

### Mobility

- Ensure that each older adult moves safely every day to maintain function and do What Matters.

### Engage / Screen / Assess

- Please check the boxes to indicate items used in your care or fill in the blanks if you check “Other.”

#### What is important to you today?

<table>
<thead>
<tr>
<th>What Matters</th>
<th>Medication</th>
<th>Mentation</th>
<th>Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td><strong>Engage / Screen / Assess</strong></td>
<td><strong>What is important to you today?</strong></td>
<td><strong>In Survey, select your Description that aligns with the Guide to Using the 4Ms</strong></td>
</tr>
</tbody>
</table>

**One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.**

Minimum requirement: At least one of the first seven boxes must be checked.

Minimum requirement: One box must be checked. If only “Other” is checked, will review.
Receive Recognition and Celebrate Involvement in the Movement

• After you submit your 4Ms Description, you will be on the path to recognition!
  – Be listed on www.ihi.org/AgeFriendly, celebrations from IHI and partners
  – Receive Communications Kit with suggested press templates, etc.
  – Receive Participant and/or Committed to Care Excellence Badge
  – Join the list-serv for monthly resources and updates on national movement
Recognition is awarded to hospitals, practices and post-acute communities.

Cost of recognition is underwritten by The John A. Hartford Foundation so there is no cost to the health system.

www.ihi.org/AgeFriendly
“Don’t worry alone!”

Sign-up for a check-in with IHI to walk through the recognition process and answer questions

Click the link in the chat or email AFHS@ihi.org

Maureen Bisognano, President Emerita and Senior Fellow at the Institute for Healthcare Improvement
## Join the Movement

<table>
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[www.ihi.org/AgeFriendly](http://www.ihi.org/AgeFriendly)
What is an Action Community?

• 7-month mostly virtual community
• Monthly webinars about the 4Ms and resources to support implementation of the 4Ms
• Community of testers and learners
• Bright spots of organizations across the 4Ms sharing how they implement the 4Ms
• Support your health organization’s mission, vision and values
• Learn more about joining an Action Community at www.ihi.org/AgeFriendly
Join the Next Action Community

New Action Community launches March 2020!
7 months of virtual calls, 1 in-person meeting

An Action Community is a community of teams from across different health systems who come together to accelerate their own description and adoption of the 4Ms

Enroll using the link in the chat or on ihi.org/AgeFriendly
Barbara Jacobs, RN, Vice President, Nursing and Chief Nursing Officer
Anne Arundel Medical Center, Annapolis Maryland
% and 2019 volume of Inpatients (excl. Deliveries and Newborns)
Ages 65+ by Hospital and Fiscal Year

- Suburban: 60%
- St. Joseph: 55%
- AAMC: 55%
- Peninsula: 53%
- Frederick: 52%
- Holy Cross: 50%
- BWMC: 49%
- Franklin Square: 45%
- JHH Bayview: 39%
- JHH: 27%
- Avg, All MD: 46%

2014: [Bars]
2015: [Bars]
2016: [Bars]
2017: [Bars]
2018: [Bars]
2019: [Bars]
AAMC (Anne Arundel Medical Center) recently opened its Acute Care of the Elderly (ACE) unit. The ACE unit offers a specialized model of care for older, hospitalized patients with acute illness:
http://www.eyeonannapolis.net/.../aamc-opens-patient-centere.../

AAMC Opens Patient Centered Geriatric Unit

Anne Arundel Medical Center (AAMC) recently opened its Acute Care of the Elderly (ACE) unit. The ACE unit offers a specialized model of care for older, hospitalized patients with acute illness. The...

EYEONANNAPOLIS.NET
Why This Work Matters to Me
Lead with quality to cultivate frontline clinician engagement

Key points from Esther’s story

- 82-year old patient
- Has a pacemaker, hypertension, and mild heart failure (EF1 of 35%)
- Widowed and lives alone; children live out of state
- Spends 19 hours in the ED due to severe capacity constraints
- Becomes delirious after long ED stay, and is hospitalized for four days

[APPENDIX]

A copy of Esther’s story
Guiding Quote

“Nothing about me without me”
The 4 M Framework

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

- **Mobility:** Ensure that older adults move safely every day to maintain function and do What Matters

- **Medication:** Use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care

- **What Matters:** Knowing and acting on preferences and needs of each older adult across settings of care
What Matters Day – June 6
What Matters: Patient/Family Boards
Anne Arundel’s Mobility Story

Mobility

<table>
<thead>
<tr>
<th>Observed Activity - Johns Hopkins-Highest Level of Mobility (JH-HLM) (Last 1 values)</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/27 0600 2</td>
<td>Bad activity</td>
</tr>
<tr>
<td>Mobility Daily Goal (JH-HLM) (Last 1 values)</td>
<td>05/26 0813 4</td>
</tr>
<tr>
<td>Prior to Admission Functional Baseline (Last 1 values)</td>
<td>05/24 1049</td>
</tr>
<tr>
<td>Activity Level of Assistance (Last 1 values)</td>
<td>05/27 0521</td>
</tr>
<tr>
<td>Assistance Device Utilized (Last 1 values)</td>
<td>05/26 1217</td>
</tr>
<tr>
<td>Activity Intolerance Observed (Last 1 values)</td>
<td>05/27 0000</td>
</tr>
</tbody>
</table>

Age-Friendly Health Systems
Mobility Screen Documentation in Epic

1. Daily Care Intervention
2. Activity
3. Reason patient not mobilized
4. Select Multiple Options: (F5)

- medical instability
- pain
- patient refused (see comments)
- patient unavailable
- MD/RN deferred
- other (see comments)

Comment (F6)
From Falls to Safe Mobility

<table>
<thead>
<tr>
<th>Name of Metric</th>
<th>Target</th>
<th>Baseline</th>
<th>Mar-19</th>
<th>Apr-19</th>
<th>May-19</th>
<th>Jun-19</th>
<th>FYTD</th>
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</thead>
<tbody>
<tr>
<td>Falls</td>
<td>9</td>
<td>10.8</td>
<td>15</td>
<td>13</td>
<td>16</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>Percentage patients mobilized per day</td>
<td>70.0%</td>
<td>58.2%</td>
<td>55.2%</td>
<td>54.5%</td>
<td>64.3%</td>
<td>60.9%</td>
<td>58.7%</td>
</tr>
<tr>
<td>Percentage compliance with HLM documen-</td>
<td>50%</td>
<td>12%</td>
<td>7.6%</td>
<td>14.2%</td>
<td>12.8%</td>
<td>20.7%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Percentage patients discharged to rehab</td>
<td>14%</td>
<td>16%</td>
<td>16.1%</td>
<td>15.9%</td>
<td>15.8%</td>
<td>11.9%</td>
<td>14.9%</td>
</tr>
<tr>
<td>LOS (ACP units only, not Obs)</td>
<td>4.2</td>
<td>4.4</td>
<td>4.88</td>
<td>4.38</td>
<td>4.22</td>
<td>4.25</td>
<td>4.38</td>
</tr>
<tr>
<td>Number of staff injuries (lifting, trans-</td>
<td>2</td>
<td>3.5</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1.75</td>
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<table>
<thead>
<tr>
<th>Name of Metric</th>
<th>Target</th>
<th>Baseline</th>
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<tbody>
<tr>
<td>Falls</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Percentage patients mobilized per day</td>
<td>70%</td>
<td>60%</td>
<td>59.1%</td>
<td>56.1%</td>
<td>64.0%</td>
<td>60.7%</td>
<td>62.0%</td>
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<td>13.5%</td>
<td>16.1%</td>
<td>17.8%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Percentage patients discharged to rehab</td>
<td>32%</td>
<td>32%</td>
<td>32.9%</td>
<td>31.3%</td>
<td>31.5%</td>
<td>30.0%</td>
<td>31.4%</td>
</tr>
<tr>
<td>LOS</td>
<td>5.16</td>
<td>5.41</td>
<td>5.15</td>
<td>4.93</td>
<td>4.93</td>
<td>6</td>
<td>5.33</td>
</tr>
<tr>
<td>Number of staff injuries</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Mentation: Delirium

- Delirium is a serious disturbance in mental abilities that results in confused thinking and reduced awareness of the environment. The start of delirium is usually rapid — within hours or a few days.

- More than 7 million hospitalized Americans suffer from delirium each year.
- More than 60% of patients with delirium are not recognized by the health care system.
  - Higher mortality rates
  - Longer hospital lengths of stay (21 vs. 9 days)
  - A higher probability of long-term care setting at discharge

- Dehydration
- Sleep deprivation or severe emotional distress
- Fracture Hip
- Fever and acute infection
- Surgery
- Older age
- Visual or hearing impairment
- Having multiple medical problems
Medication: Beers Criteria

Review of potentially inappropriate medications as identified by the Beers Criteria

Potentially High Risk Medication for Geriatric Patients (age 65 and older)

<table>
<thead>
<tr>
<th>Antiarhythmic type III</th>
<th>Disp</th>
<th>Start</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>amiodarone (PACERONE) tablet 100 mg</td>
<td>100 mg, Oral, DAILY</td>
<td>1/9/2020</td>
<td></td>
</tr>
</tbody>
</table>

Notes to Pharmacy: OP Sig. TAPE 1 TABLET (100 mg TOTAL) BY MOUTH DAILY
Mobility: Mobilized per Day 17-85 Years Old

Mobility: Mobilized per Day 65-84 Years Old

Mobility: Mobilized per Day 85+ Years Old

March 2019: Went house wide with 4Ms
March 2019: Went house wide with 4Ms
March 2019: Went house wide with 4Ms
Ready to join the movement?

- I am ready to join
- I need more information to decide whether to join
- My leadership needs more information to decide whether to join
- I have the following questions....

_Sign-up for a check-in with IHI_

_Click the link in the chat or email AFHS@ihi.org_
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).