CHI Memorial: Age-Friendly Health Care Package

Institute *for* Healthcare Improvement

Background

Longevity is one of society's greatest success stories, yet too often our health systems are not structured to support us as we age. With a rapidly growing older adult population in the United States, health systems have an opportunity to reach their strategic goals by continually improving the care of older adults, who often have complex needs and experience harm from health care as it is currently structured.

To realize this opportunity, in 2017, The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association and the Catholic Health Association of the United States, set a bold vision to build a social movement so that all care with older adults is age-friendly care.[1]

According to our definition, age-friendly care:

- Follows an essential set of evidence-based practices: the 4Ms — What Matters, Medication, Mentation, and Mobility (see Figure 1);
- Causes no harm; and
- Aligns with What Matters to the older adult and their family or other caregivers.

It is essential that older adults receive age-friendly care in every health care setting, from the primary care office to the emergency department to the operating room.

Alycia Cleinman, MD, is the only geriatrician at CHI Memorial, a not-for-profit health care organization in Chattanooga, Tennessee. At a recent meeting of the American Geriatrics Society, she said, it was clear that delivery of this care "is something that nationally everyone is struggling with."

Figure 1. 4Ms Framework of an Age-Friendly Health System
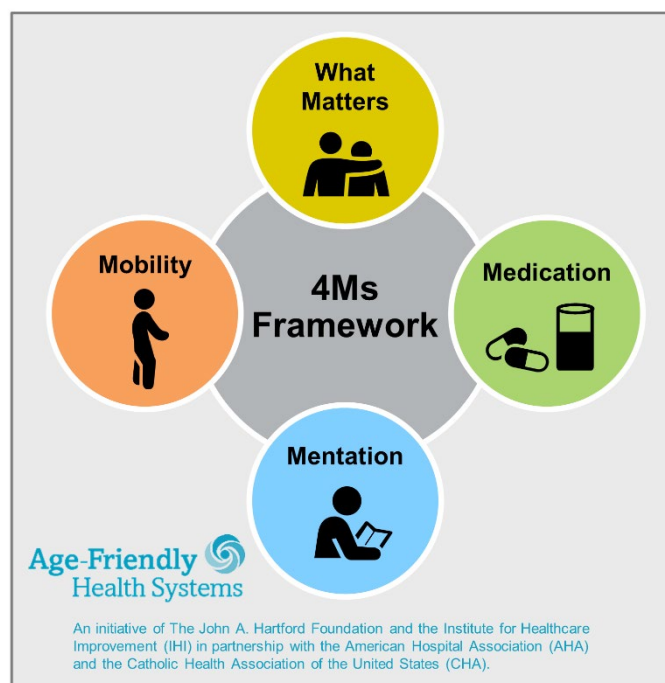
For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

Initiatives have launched in recent years to address the specific challenge of health systems not designed or prepared to care for older adults who come into hospitals' emergency departments and surgery departments:

- The Geriatric Emergency Department Accreditation (GEDA), developed by an interdisciplinary collaborative and launched by the American College of Emergency Physicians, defines and accredits evidence-based care of older adults in the emergency department.[2]
- The Geriatric Surgery Verification (GSV) Program, developed by the American College of Surgeons' Multidisciplinary Coalition for Quality in Geriatric Surgery, provides evidence-based standards designed to improve surgical care and outcomes for older adults requiring hospitalization.[3]

Age-Friendly Health Systems and these two initiatives share the same core set of evidence-based practices and have the potential to be complementary and, therefore, offer efficiencies when implemented simultaneously. With The John A. Hartford Foundation, leaders from IHI, AFHS, GEDA, and GSV recognized an opportunity to maximize the synergies among these three initiatives, with the goal of ensuring that age-friendly care is comprehensive and that patients get the care they need in every setting.

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Through a pilot project, IHI, AFHS, GEDA and GSV, with support from The John A. Hartford Foundation, set out to test a new offering called the Age-Friendly Health Care Package (the Package), through which the three initiatives are simultaneously adopted in the hospital.[4] At the close of the pilot project, the two participating hospitals, one of which was CHI Memorial, achieved all three designations. Adopting the Package by pursuing all three component initiatives at once is an important step toward ensuring comprehensive age-friendly care for older adults no matter where in the hospital they receive care.

When Dr. Cleinman heard about the project, she was intrigued. She was aware that on a national level, including at her organization, satisfaction scores for older adults are not as high as they could be. Clinical staff want more geriatric education. So, she says, "When this project presented itself, it seemed like the perfect opportunity to build that infrastructure."

Getting Started

The first crucial step for Dr. Cleinman was to find partners at CHI Memorial — champions within the hospital who were as passionate as she was about the work. She identified a surgeon, Rishabh Shah, MD, and an emergency department physician, Christopher McCardle, MD. They began meeting regularly and communicating informally on an even more frequent basis.

"One thing that really helped," she says, was "knowing that they're going to be supportive." Once they put together that team, the next step was to determine the components of care already in place and gaps that needed to be filled.

Overall, the team found that CHI Memorial was delivering a lot of 4Ms care identified in the three initiatives, but one gap was in the emergency department (ED). Many EDs have a default policy called NPO (*nil per os*, Latin for "nothing by mouth"), prohibiting patients from eating. But when patients are in the emergency department for long periods, this can be unnecessary and harmful, especially for older adults. Some have instituted NPO minimization, to ensure that the prohibition is only applied when appropriate.

CHI Memorial did not have an NPO minimization protocol so they adopted one. The team added a prompt in the electronic health record to periodically reassess whether an older adult still needs to be NPO. If not, staff can offer the patient food.

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Challenges

One challenge is that simultaneous implementation of the three initiatives is time-consuming for its leaders. Dr. Cleinman has been overseeing the project on her own time. The hope is that once these interventions are fully incorporated, they will ultimately reduce staff workloads.

But it's important to be aware from the outset that the champions will need to commit time to building support, conducting gap analyses, adopting any identified improved workflows, and preparing staff and providers for their implementation. "The biggest thing was realizing that it was going to take extra work to adopt evidence-based practices in the care of older adults and accepting that," says Dr. Cleinman.

IT issues have posed another challenge. For example, firewall issues interfered with accessing resources from the three initiatives. When Dr. Cleinman and her team requested

changes from IT, they sometimes had to wait for months. "That's something I would like to have known at the beginning," she said. She would have involved IT at the start and coordinated more effectively with that department.

There is, says Dr. Cleinman, "a lot of overlapping content" between the three initiatives in the Package. That provides opportunities but also poses challenges. Ideally, the material could be consolidated in a more efficient way, such as a "centralized website for all three initiatives," suggests Dr. Cleinman.

"It Pays Off in the Long Run"

CHI Memorial has achieved designations from all three age-friendly programs as of March 2024. The team is currently pursuing additional grants to cover some administrative time, to allow Dr. Cleinman to concentrate on further expansion of this work. The team is also developing a geriatrics coordinator position to assist with the growth and maintenance of these programs, as well as seeking funding to remodel the ED in accordance with GEDA standards.

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The biggest success, says Cleinman, is "having developed this team between myself, the surgeon, and the emergency department physician — because that did not exist prior. We cover inpatient, outpatient, and the emergency department; we are developing geriatrics programming on all levels of care. This means better care for older adults as they move between parts of our hospital."

The response at CHI Memorial has been overwhelmingly positive, from both patients and staff. Some patients have attended donor presentations to share their experiences. Staff members, especially nurses, are energized. Before, they felt "almost helpless," Dr. Cleinman says, aware that they were not providing optimal care to older adults but lacking the skills to do so. "They want this extra knowledge."

For Dr. Cleinman, as the sole geriatrician, it has been game-changing to spread this knowledge throughout the hospital so that other staff can also be equipped to provide care tailored to older adults in every setting. After all, she notes, "I can only be in one place."

The Institute for Healthcare Improvement is grateful to The John A. Hartford Foundation, the American College of Emergency Physicians, the American College of Surgeons, and CHI Memorial for partnering with us to improve care for older adults. Specifically, we would like to thank Alycia Cleinman, MD, for her contributions to this case study.

What Is an Age-Friendly Health System?

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: What Matters, Medication, Mentation, and Mobility.

Visit: ihi.org/AgeFriendly

References

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