

# Making Age-Friendly Health Systems work across cultures



20% of South Korea's population will be 65+ by 2025

Asan Medical Center (AMC), the country's largest tertiary hospital, leaned into the challenge to better serve the needs of older adults.

AMC serves:

**13,631**

Outpatients per day

**919,339**

Inpatients per year

AMC established the Asan Multidisciplinary Committee for Seniors (AMCS) in 2020, to lead its efforts to

**reimagine geriatric care.**



## AMC's keys to success

### Multi-disciplinary input, agreement, and champions

The AMCS included a director of planning and coordination, 4 geriatricians, 2 family medicine physicians, 1 ED doctor, 3 pharmacists, 3 IT experts, 2 nurses, 2 social workers, and 2 staff from the Innovation Design Center.

### Cultural adaptation

Members of the AMCS closed a wide cultural and medical gap on the importance of What Matters, Mentation, Medication, and Mobility in older adults with the universal adoption of a Clinical Frailty Scale (CFS). They conduct daily assessments of newly admitted patients 65+ as well all ED patients who are 18+. It pre-emptively identifies adults at high-risk, linking to 4Ms interventions through the EHR. The CFS also replaced duplicative and fragmented risk assessments and relieved nurse workloads.

### EHR integration

Nurses conduct frailty assessments in each older adult's electronic record. Based on frailty status and person-specific needs (What Matters), they include interventions targeting 4Ms that link to recommended in/out hospital resources such as medication reconciliation and fast track rehab for patients with mobility risk.

### Dedicated geriatrics staff

To help execute the 4Ms interventions based on CFS and What Matters, AMCS expanded the team to include 2 dedicated geriatric nurse specialists, 1 pharmacist, 1 social worker, and 1 admin. It plans to add a dedicated attending geriatrician in spring 2023.

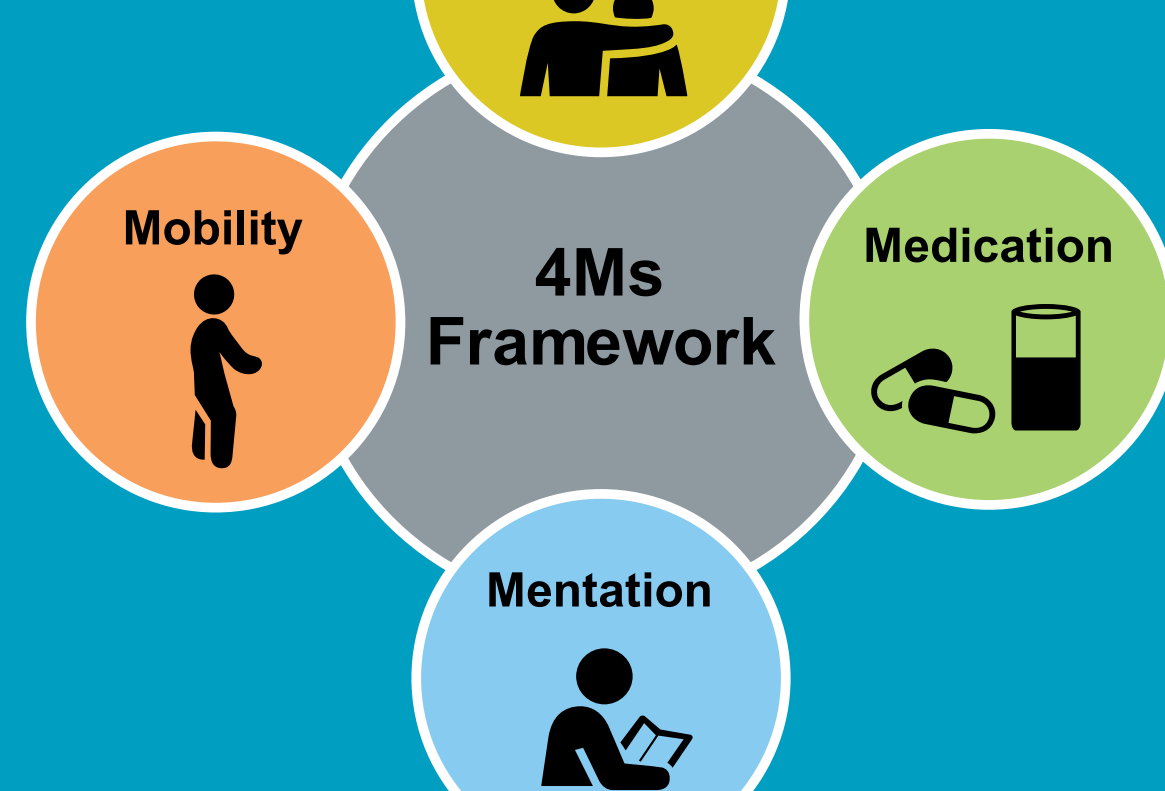
### Care coordination

AMC developed a care coordination service by expanding hospital-based social workers' responsibilities beyond billing to include all domains of care, living, and linking to community-based resources, which was a first in a geriatric focused service among Korean tertiary hospitals.

### 4Ms admission assessments

Two geriatric nurses conduct a 4Ms assessment within 24 hours of admission and enters the results and recommendations into the older adult's electronic record, prompting the geriatrics team to work with the older adult's clinicians to follow through on any interventions.

Their goal was to assess all AMC patients 65+ on the 4Ms and incorporate the 4Ms into their care.




AMCS rapidly embedded the 4Ms Framework throughout the hospital, navigating long-standing medical practices and culture such as:

- Super medical specialization with different clinics for each disease/ medical problem
- No primary care or care coordination
- Nearly non-existent geriatric medicine
- Fee for service, so no incentives for geriatric assessments or financial disincentives for adverse geriatric events
- 2-3 minute clinic visits due to demand/volume

## Results to date

**Time savings\***  **36,000** hours annually  
**30-40 min** single nursing shift

\*estimated time saving if the system runs in full power in Mar 2023

 **Funding support**

from National Health Insurance Service's fee-for-service regime and medication reconciliation pilot project fundings

**Inpatient medication reconciliation cases** 

**<50** (2020, before 4Ms care)  
**>200** (2021, during adoption of 4Ms care)  
**>200** (2022, first 6 months)

## Achievement of AMC "firsts"



A new goal to discharge patients to their home or community-based living versus chronic care hospitals, leveraging South Korea's community care-based welfare system



A mentation screen upon admission and thereafter daily for those 65+ across the entire hospital



Medication reconciliation and de-prescribing program



A new standard that adults 65+ start a tailored exercise program within 48 hours of admission if no contraindication



Asan Medical Center was recognized as an Age-Friendly Health System Committed to Care Excellence in the spring of 2022.

## About Age-Friendly Health Systems

According to the US Census Bureau, the US population aged 65+ years is expected to nearly double over the next 30 years, from 43.1 million in 2012 to an estimated 83.7 million in 2050. These demographic advances, however extraordinary, have left our health systems behind as they struggle to reliably provide evidence-based practice to every older adult at every care interaction.

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), designed to meet this challenge head on.

Age-Friendly Health Systems aim to: Follow an essential set of evidence-based practices; Cause no harm; and Align with What Matters to the older adult and their family caregivers.

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[ihi.org/AgeFriendly](https://ihi.org/AgeFriendly)