



# Age-Friendly System-Wide Spread Collaborative

Begins April 2024

Prospectus  
[ihi.org/agefriendly](https://ihi.org/agefriendly)

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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# Overview

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).

Age-Friendly Health Systems aim to:

- Follow an essential set of evidence-based practices (4Ms: What Matters, Medication, Mentation, and Mobility);
- Cause no harm; and
- Align care with What Matters to the older adult and their family or other caregivers.

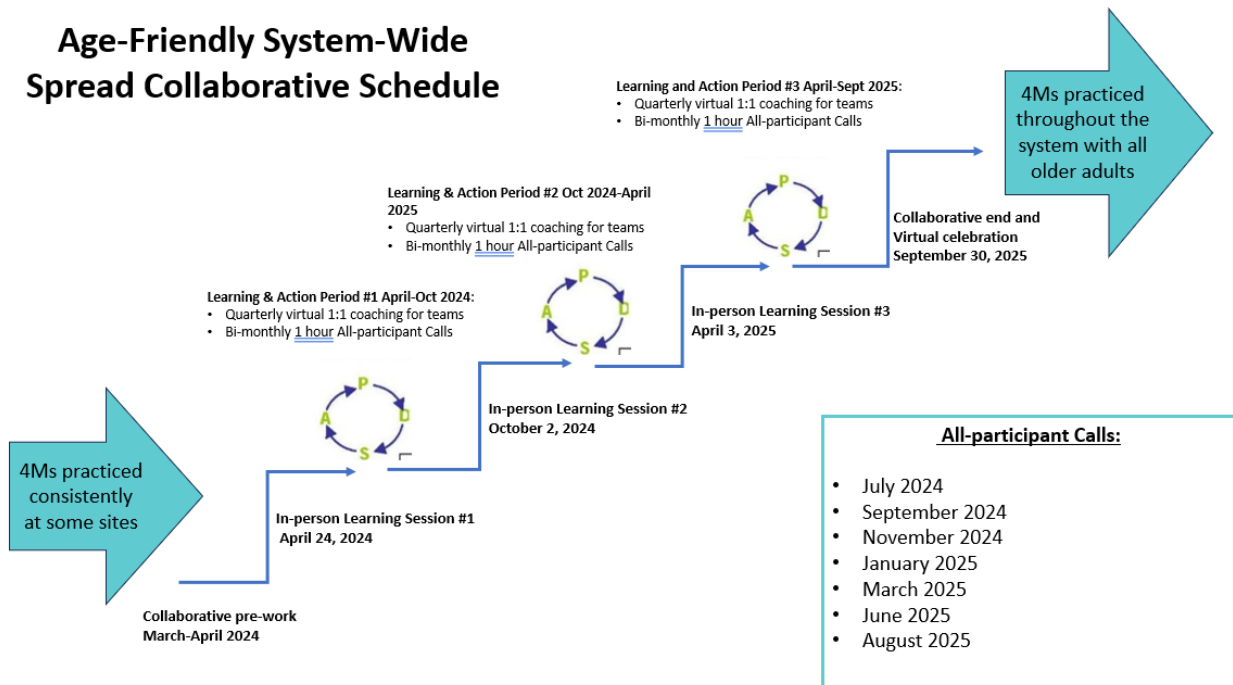
These systems reliably and equitably provide a set of four evidence-based elements of high-quality care, known as the 4Ms, to all older adults in the health care system. When implemented together, the 4Ms (What Matters, Medication, Mentation, and Mobility) represent a broad shift by health systems to focus on the needs of older adults.

Since 2017, we at IHI have learned tremendously from health care delivery systems that have demonstrated what it takes to successfully adopt the 4Ms Framework in a range of care settings. The Age-Friendly Health Systems movement is now seeking a set of health systems interested in fully embedding the 4Ms system-wide, to have an equitable impact on older adults across all their sites and settings of care, through participation in an Age-Friendly System-Wide Spread Collaborative ("Collaborative"). The Collaborative will convene a cohort of 20 teams who are seeking to accelerate system-wide adoption of the 4Ms, with guidance from expert faculty and with an "all-teach, all-learn" approach.

Collaborative participants will have the opportunity to be among the first to achieve an ambitious new IHI recognition for system-wide spread of age-friendly care.

During the 18-month Collaborative, health systems will test changes to ensure that the 4Ms are provided equitably as a standard practice. Participating teams will share data, learn from each other and work to advance their own improvement aims for spread, building on what is outlined in the IHI change package for scaling the 4Ms system-wide ([see the 4Ms Scale-up Guide](#)).

Figure 1. Age-Friendly System-Wide Spread Collaborative



## Application Criteria

Application to the Collaborative is open to US health systems, hospitals, ambulatory care practices, convenient care clinics, and nursing homes that:

- Are committed to achieving equitable, system-wide adoption of the 4Ms;
- Have at least two sites that have achieved IHI’s Age-Friendly Health System’s Committed to Care Excellence (CCE) recognition by the start of the Collaborative (for information on how to achieve this please email [afhs@ihi.org](mailto:afhs@ihi.org));
- Have engaged leadership as evidenced by a signed letter from a senior leader indicating support for participation as outlined in this prospectus; and
- Have a system lead, and associated team, designated to participate in the Collaborative and spread the 4Ms Framework.

## Participation Criteria

- **Senior Leadership Support:** Each organization will identify a senior sponsor for the work in the Collaborative. The Senior sponsor will be integral in ensuring that the Collaborative lead and team have the resources they need to test changes and implement improvements that drive system-wide adoption of the 4Ms. The estimated time commitment for the senior sponsor is 1–2 hours per month.

- **Formation of an Improvement and Implementation Team:** A successful improvement and implementation team includes a project leader designated by the organization’s senior sponsor who can lead system-wide testing and implementation. The project leader will assemble a team of 3–7 people from the organization who are ready to support the spread of the 4Ms throughout the health system. The cross-functional team should include individuals with capacity and experience in data analysis, quality improvement, applying the lens of equity to care delivery, and implementation of system-wide improvements. The estimated time commitment for the team is 1 FTE (full-time equivalent), distributed across all members.
- **Commitment to Improvement and Improvement Skills:** This work requires strong improvement and implementation capabilities. Successful participants will already be skilled in using the Model for Improvement or other improvement methods or will commit to learning quality improvement methods. These skills include learning through iterative small tests of change, testing new designs at ever-increasing scale, and implementing improvements throughout the health system. IHI has a wide array of programs that can help bolster the improvement skills of team members and community partners if additional training is useful prior to the start of the Collaborative.
- **Commitment to the Collaborative Goals:** To ensure 4Ms care is standard for older adults across the health system, teams will work toward the following:
  - **Leadership:** Health systems articulate the alignment of current priorities and programs with the 4Ms, review and act on measures of reliability and impact of the 4Ms, and support communication at multiple levels about the 4Ms. A project leader is supported to guide the adoption and maintenance of the 4Ms system wide.
  - **System Capabilities:** Regular workflows, integrated into the electronic health record, support reliably assessing and acting on the 4Ms. The equipment and resources needed are available and patients and their caregivers are engaged and informed about the 4Ms. The 4Ms support care transitions.
  - **Care Team Capabilities:** Staff are continually supported in the delivery of the 4Ms, and the 4Ms are explicitly part of job responsibilities. The relative advantage of the 4Ms is embraced and champions exist who lead the testing, implementation, and maintenance of the 4Ms supported by quality improvement and implementation methods.
  - **Quality Measures:** Measurement of the 4Ms is used to guide improvement and ensure the 4Ms are delivered equitably. The 4Ms are integrated into the health system’s quality dashboard.
  - **Equity:** Equitable care is integrated into how the 4Ms are spread throughout the system and informed by stratified data.

## Enrollment Fee

The Collaborative is underwritten by The John A. Hartford Foundation so there is no fee for health systems to participate in the Collaborative.

## Collaborative Timeline

The Collaborative application process begins December 15, 2023.

- **December 2023:** IHI sends Collaborative application invitations to health systems
- **February 2, 2024:** Collaborative applications due from health systems to IHI
- **March 1, 2024:** IHI selects and notifies 20 health systems to participate in the Collaborative
- **March 1, 2024–April 15, 2024:** Pre-work, including a kick-off meeting
- **April 24, 2024:** The 18-month Collaborative begins with an in-person Learning Session
- **September 30, 2025:** The Collaborative concludes

For the in-person Learning Sessions (April 2024, October 2024, and April 2025), each team will designate 1-2 travel team representatives

## Contact

For questions or further information, please email [AFHS@ihi.org](mailto:AFHS@ihi.org).

## Why Participate?

Participating health systems will have the chance to be pioneers in the accelerated adoption of the 4Ms across sites and settings of care through:

- Access to expert faculty who specialize in large-scale change and quality improvement;
- Learning from peers in an “all teach, all learn” environment that includes Learning Sessions, targeted monthly webinars and coaching;
- Activities that guide the development, testing, and large-scale implementation of 4Ms care delivery;
- Opportunity to serve as a pioneering health system that sets the course for 4Ms health system-wide spread across the country;
- Inform tools, resources, and support for other Age-Friendly Health Systems Adopting 4Ms system-wide; and

Participating health systems will have the opportunity to be among the first to achieve an ambitious new IHI recognition for system-wide spread of the 4Ms.

## System of Measurement

The use of a measurement system that reliably collects and analyzes data on the impact of the 4Ms will be vital to the success of system-wide spread. Measurement within the Collaborative will include data that is aggregated, stratified by race and ethnicity, and plotted on monthly time series charts.

Participants will regularly collect, share, and analyze data on measures relating to system-wide 4Ms processes and outcomes. Measures will be based on the existing [Age-Friendly Health System Measures Guide](#) and include reliably assessing and acting on each of the 4Ms as well as tracking health outcomes for each setting.

Systems will be asked to work towards stratifying their health system's quality measures by age, race, ethnicity, based on their internal capabilities to do so. Support is available for those struggling to stratify by these demographics.

A comprehensive measurement guide will be provided to Collaborative participants.

## Collaborative Activities

Collaborative activities are described below, along with a proposed timeline (Figures 2 and 3).

- **In-Person Learning Sessions:** Three sessions to share impactful practices and learn how to test and adapt them to your health system. These sessions provide an opportunity for learning, networking, and refinement of improvement and implementation tactics. Teams receive coaching from expert faculty, an Improvement Advisor, and generate ideas with peers. For each Learning Session, teams will prepare a Storyboard which highlights their results and work to date, and qualitative and quantitative data that will be shared with faculty and all participants.
- **Action Periods:** Between Learning Sessions, teams will test changes to identify those that improve health of older adults. As the Collaborative progresses, the Action Periods will increasingly focus on implementation and spread of improvements.
- **All Participant Calls:** Live, online, content-based sessions designed to facilitate shared learning, problem solving, and innovative solutions leveraging 4Ms Framework implementation and quality improvement experience among participant teams. IHI faculty will lead discussions to facilitate peer learning and enable participating organizations to refine their strategy to achieve their aim.
- **Coaching Calls:** Health systems will be paired with a coach who brings improvement methods (ideas and execution) along with [knowledge of adoption from other systems](#). IHI faculty will facilitate online competency-based peer coaching sessions for participant teams to share implementation best practices.
- **Data Sharing:** Throughout the Collaborative, teams will share data on their internal process and outcome metrics as described in the section above. Cadence and format of data sharing will be detailed in the measurement guide all systems will receive as part of

their pre-work. Additionally, throughout the Collaborative, all teams will share their results and learning as part of Learning Sessions.

**Figure 2. Timeline of Learning Activities (Pre-Work – Month 9)**

	March/April 2024	April 2024	May 2024	June 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Onboarding and Pre-Work	x									
Learning Sessions		X						x		
1:1 Virtual Coaching Calls			x	x		x				x
All Participant Calls					x		x		x	

**Figure 3. Proposed Timeline of Learning Activities (Months 10–18)**

	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025	June 2025	July 2025	Aug 2025	Sep 2025
Learning Sessions				x					
1:1 Virtual Coaching Calls		x			x		x		
All Participant Calls	x		x			X		x	
Closing and Celebration									x



## Ready to Learn More?

Reach out to [afhs@ihi.org](mailto:afhs@ihi.org) anytime.

Join us for an informational session, which will provide an overview of the Collaborative and open time for your questions.

### **Informational Session: Age-Friendly System-Wide Spread Collaborative**

Wednesday, January 10, 2024  
1:00 to 2:00 PM Eastern Time

Register:

<https://ihi-org.zoom.us/meeting/register/tZEpfuuurDgiGtxo014KfneRkN9vxC5JHeT5>

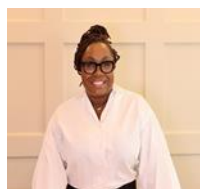
## How to Apply for Enrollment

The enrollment application may be [completed online here](#). For a paper version, please email [afhs@ihi.org](mailto:afhs@ihi.org)

## Appendix: Collaborative Staff Bios



**Laurita Kaigler-Crawle, MS**, Project Director, Institute for Healthcare Improvement, is a public health and health care delivery systems expert with two decades of experience leading health and human service initiatives in a range of public health, community based and philanthropic organizations. With a BA in Communications and an MS degree in organizational management, Laurita is a Project Director with IHI focused on Age-Friendly Health Systems. Laurita is a strong communicator skilled at leading equitable, improvement and change management initiatives and facilitating large training and educational events and will take the lead on developing IHI’s AFHS work in the macroenvironment and system-wide spread and scale



**Dawn Johnson, MSN, RN**, has more than 25 years of health care leadership, management, and clinical experience. She is recognized as a dynamic executive leader with a proven record of advancing transformational change resulting from creating, interpreting, and managing health programs. Her work focuses on building equitable and sustainable pathways for healthy communities and mentoring and supporting the next set of leaders and community champions by enhancing skills in policy, health care delivery, research, and health equity. Ms. Johnson is the President and CEO of DHJ Services, which specializes in the intersectionality of policy, health equity, and the socioeconomic status of communities that have been historically marginalized. Her professional experience includes more than 10 years of management consulting with health systems, payers, and providers, and 15 years of work with federal and state agencies on population health, program implementation, and policy and strategy development. She earned her Bachelors and Masters in Nursing Administration from the University of Maryland.



**Kedar Mate, MD**, is President and Chief Executive Officer at the Institute for Healthcare Improvement (IHI), President of the IHI Lucian Leape Institute, and a member of the faculty at Weill Cornell Medical College. His scholarly work has focused on health system design, health care quality, strategies for achieving large-scale change, and approaches to improving value. Previously Dr. Mate worked at Partners In Health, the World Health Organization, Brigham and Women’s Hospital, and served as IHI’s Chief Innovation and Education Officer. He has published numerous peer-reviewed articles, book chapters, and white papers and has received multiple honors, including serving as a Soros Fellow, Fulbright Specialist, Zetema Panelist, and an Aspen Institute Health Innovators Fellow. Dr. Mate graduated from Brown University with a degree in American History and from Harvard Medical School with a medical degree.



**Amanda Meier, BSW, MA**, is a Project Manager at the Institute for Healthcare Improvement. She supports the Age-Friendly Health Systems Action Communities, nursing homes, and Age-Friendly Health Systems spread work. Amanda has worked directly with older adults and their families in clinical and community-based settings, including nursing homes, sub-acute rehabilitation, and hospice. She is a gerontologist with extensive experience in social work, advance care planning, and public speaking. She lives with her family in Colorado.



**Leslie Pelton, MPA**, Vice President, Institute for Healthcare Improvement, has more than 20 years of experience managing, leading, and facilitating successful organization transformation and performance improvement with health care delivery organizations. She works with leaders in health systems, academic medical centers, community hospitals, and community health centers to develop and implement improvement strategies, especially as they relate to design and implementation of equitable, accessible, and effective care. In addition to advising leaders and teams, Ms. Pelton conducts individual leadership development coaching with a specialization in supporting physicians as leaders. She brings to each of these individuals and organizations in-depth experience with strategic planning, leadership and team development, and organizational



**KellyAnne Pepin, MPH**, is a Senior Director at the Institute for Healthcare Improvement (IHI) where she leads the Age-Friendly Health Systems movement to improve health and health care for older adults. Through strong collaboration with funders, partners, and health systems, the Age-Friendly Health Systems movement has improved care for over 1 million older adults in over 3,000 care settings. Ms. Pepin has over 10 years of experience designing and executing large-scale improvement initiatives and learning systems to improve health, wellbeing, and equity, including the Pathways to Populations Health and 100 Million Healthier Lives initiatives. In addition, she has worked on the IHI New Business team, developing new programs and initiatives with customers and partners across the globe. Ms. Pepin received her Master of Public Health degree from Dartmouth College.



**Christina Southey, MSc**, is an Improvement Advisor with the Institute for Healthcare Improvement and independent consultant. She currently supports IHI's Age-Friendly Health Systems action communities, spread initiative and international work and has been involved in the movement since 2020. Additionally, She has supported multiple projects in various care settings including those focused on equity, chronic disease, and maternal care. She especially enjoys initiatives that include fostering community collaboration in partnership with those with lived experience. Christina has taught quality improvement in small and large group education

sessions in North America and internationally. She is a seasoned facilitator and trained in the Lewis method of Deep Democracy to support groups working through conflict. Christina holds a Masters in Community Health and Epidemiology and lives with her family in Toronto, Ontario Canada.

**Additional faculty to be confirmed**