

Better Care for Older Adults across the Hospital: Age-Friendly Health Care Package

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 (JAHF) 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;
- 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

Overview of the 4Ms Framework

To obtain recognition by IHI as an Age-Friendly Health System, health care organizations need to demonstrate that they are 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 (see Figure 1).

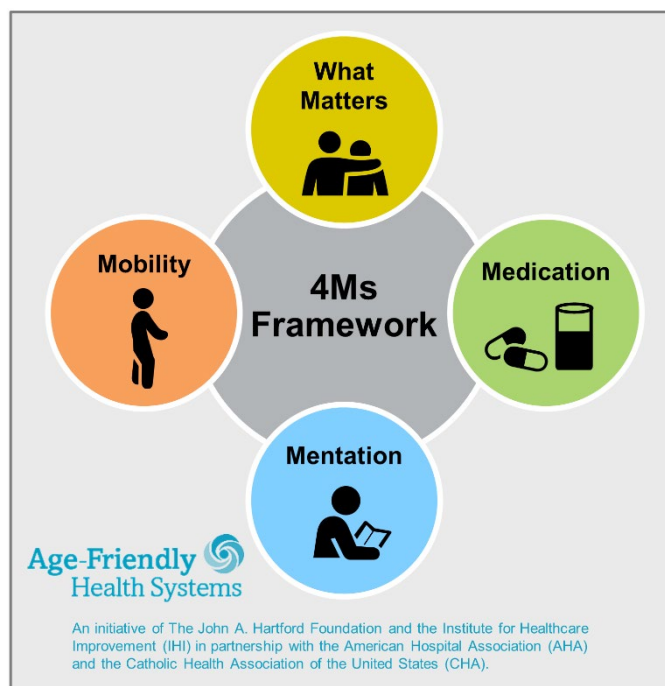
What Matters: Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

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: Ensures that older adults move safely every day in order to maintain function and do What Matters.

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

There are two levels of Age-Friendly Health Systems recognition that organizations can achieve: Level 1 (Participant), which means the organization has successfully developed plans to implement the 4Ms, and Level 2 (Committed to Care Excellence), which means that the organization has three months of verified data to demonstrate early impact of using the 4Ms.²

The Age-Friendly Health Systems movement has already achieved its aim of recognizing 3,600 hospitals, practices, nursing homes, and convenient care clinics as Age-Friendly Health System Participants by December 2026. IHI and The John A. Hartford Foundation want to continue to increase the scale and spread of the 4Ms Framework of an Age-Friendly Health System to make the health care ecosystem more age-friendly.

The 4Ms for Specific Care Settings

Two programs incorporate and tailor the 4Ms for specific care settings:

- 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.³
- 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.⁴

A small number of organizations participating in the Age-Friendly Health Systems (AFHS) movement have also achieved GEDA and GSV certifications. With the support of The John A. Hartford Foundation, 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. IHI, AFHS, GEDA, and GSV set out to test a new offering of simultaneous adoption of all three care initiatives called the Age-Friendly Health Care Package.

“There is an opportunity to maximize the synergies among these three initiatives [Age-Friendly Health Systems, Geriatric Emergency Department Accreditation, and Geriatric Surgery Verification], with the goal of ensuring that age-friendly care is comprehensive and that patients get the care they need in every setting.”

At the same time, a growing number of states, including Tennessee, are developing Multisector Plans for Aging (MPA). The MPAs can represent opportunities for states and health systems to collaborate toward the larger goal of serving the aging population. There is also an opportunity to [better align state MPA efforts with the Age-Friendly Health Care Package](#).⁵

The Age-Friendly Health Care Package

IHI facilitated the design and testing of the Age-Friendly Health Care Package (the Package): simultaneous adoption of all three care initiatives. With funding from The John A. Hartford Foundation, IHI conducted a pilot project that posed the following questions:

- Is simultaneous adoption of all three care initiatives of the Package feasible?
- Is simultaneous adoption of all three care initiatives of the Package advisable?
- What are the challenges and barriers?
- What would success look like?

IHI identified Tennessee as a state partner. With help from leaders at TennCare (Tennessee's Medicaid agency), the Tennessee Hospital Association, the Tennessee Department of Health, and the Alzheimer's Association, IHI recruited two Tennessee hospitals – CHI Memorial (part of CommonSpirit Health) and Indian Path Community Hospital (part of Ballad Health) – as pilot sites to test the Package concept (see Figure 2).

Figure 2. Age-Friendly Health Care Package Implementation Timeline

Activity	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024
Age-Friendly Health Care Package Advisory Calls			X		X			X	
Key Informant Interviews	X					X		X	
Geriatric Surgery Verification (GSV) Application Submission		X							
Enroll in GSV Portal		X							
GSV Webinar Series			X	X	X	X	X	X	
GSV: Participant Recognition in the GSV Commitment Level								★	
Geriatric Emergency Department Accreditation (GEDA) Introduction Calls		X							
GEDA Webinar Series				X	X	X	X	X	
GEDA Application Submission Support			X	X	X	X			
GEDA Bootcamp						X			
GEDA Applications Submitted and Reviewed						X	X		
GEDA: Accreditation Received								★	
Age-Friendly Kickoff Call		X							
Age-Friendly Webinar Series			X	X	X	X			X
Age-Friendly Topical Call Series			X	X		X		X	
Age-Friendly Health Systems: Recognition Received								★	

The pilot project aimed to test the Package to help accelerate Tennessee’s efforts to deliver evidence-based age-friendly care in every interaction across the care continuum – primary care, outpatient, acute care, and nursing homes – with an initial focus on hospital care.

“The operating premise was that simultaneous adoption of high-quality, synergistic initiatives would accelerate adoption... reduce administrative burden... and increase potential success.”

IHI, AFHS, GEDA and GSV’s operating premise was that simultaneous adoption of high-quality, synergistic initiatives would accelerate adoption within the health systems, reduce administrative burden by creating one combined program for implementation (i.e., the Package), and increase potential success for states that promote its adoption through their MPA implementation initiatives.

Throughout the pilot project, the sites received comprehensive technical assistance for each component initiative. IHI, AFHS, GEDA and GSV tracked each team’s progress and collaborated to facilitate engagement and completion of the processes needed to achieve certification for each component initiative of the Package.

Implementing the Package

Through the pilot project, the participants learned the importance of identifying champions and forging partnerships. At CHI Memorial, Alycia Cleinman, MD, oversaw the work. She quickly recognized the need to find partners who were as committed as she was to testing the Package, and she took the time to build a successful team across the participating services lines and departments: the emergency department, the surgical department, and medical-surgical units (med-surg).

“Through the pilot project, the participants learned the importance of identifying champions and forging partnerships.”

Dr. Cleinman identified a surgeon and an emergency department physician who were equally passionate about the work and had the appropriate areas of expertise. They met regularly and communicated informally on an even more frequent basis.

The first step was to identify what was already in place. Many health systems will find that they are already doing a lot of what the three initiatives require. Then the pilot sites conducted a gap analysis to identify what’s missing and determine how to make the needed adjustments.

Both pilot sites have a large Medicare and Medicaid population, and they manage the care of more than 40 percent of the older populations in their communities. Staff members at the pilot sites were eager to learn about the Package and the associated initiatives. Learning about the standards of care for each setting helped these participants feel more capable of caring for older adults.

Participation in the pilot project also highlighted for health system leaders some of the relevant work underway in Tennessee and other states working toward age-friendly care policies.

The three initiatives have a multitude of resources on their websites to educate and engage the health care workforce in age-friendly care. These resources can help with setting up process and outcome metrics, and meeting safety and quality standards. Case studies are also available to help interested health systems gauge their readiness for pursuing the three designations.

Pilot sites worked toward an integrated approach with a standardized workflow focused on the 4Ms through the continuum of hospital care. Understanding What Matters for each older adult and aligning key information elements in electronic health records (EHRs) can ultimately help reduce staff workload while facilitating age-friendly care.

Challenges

With the health care workforce already overburdened, the focus on the 4Ms Framework and the care standards of GEDA and GSV may be daunting. Implementing the Age-Friendly Health Care Package requires extra time and effort, especially for the champions, at least at first. It takes work to build support for adopting the initiatives in service of improved outcomes for older adults.

Another challenge is that the initiatives are distinct and, although there is overlap, it is not always easy to identify efficiencies and seamlessly integrate them. The work of each program takes place in different physical spaces and with different providers and staff. This can lead to initial confusion due to lack of alignment and clarity. While integration into EHRs is key to adoption of the Package, it is also a challenging undertaking for health systems.

Benefits

Participation in the Package pilot project built momentum for timely adoption of age-friendly care across the hospital. Simultaneous adoption of the three synergistic initiatives also helped to build collaboration between department leaders and brought attention to opportunities to ensure excellent care for older adults in the emergency department, the operating room and med-surg units.

“Simultaneous adoption of the three synergistic initiatives also helped to build collaboration between department leaders and brought attention to opportunities to ensure excellent care.”

In addition, the Package pilot project started to leverage the state’s and health system leaders’ common interest in finding ways to align their efforts to meet the needs of the population they serve.

Recommendations

The John A. Hartford Foundation, IHI, AFHS, GEDA, and GSV recommend that health systems achieve Age-Friendly Health Systems recognition, GEDA and GSV designations. How hospitals adopt these initiatives, simultaneously or asynchronously, depends on the local context, strategic priorities, access to resources, and many other factors.

Recommendations for health systems that are preparing to adopt the Age-Friendly Health Care Package follow.

- Identify a hospital that is well-suited to implement the Package based on size, engagement, and existing focus on older adults.
- Ensure strong leadership and administrative support by identifying the hospital priorities that are advanced through the Package's implementation.
- Identify a hospital-level champion and a clinical and administrative leader for each of the three initiatives. These champions can bridge the gap between high-level planning and frontline implementation.
- Identify and be explicit about the efficiencies in implementing the three initiatives simultaneously, and celebrate success and collaboration.
- Engage the leaders of departments (e.g., case management, pharmacy, physical therapy) in these efforts and enable consistent communications to sustain enthusiasm and progress. A collaborative approach enhances overall project momentum.
- Determine whether your state has a Multisector Plan for Aging (MPA), and if so, engage with that program to learn about MPA goals and how it advances your health system priorities and how the Package advances the MPA.

The Institute for Healthcare Improvement is grateful to The John A. Hartford Foundation, the American College of Emergency Physicians, the American College of Surgeons, CHI Memorial, and Indian Path Community Hospital—Ballad Health for partnering with us to improve care for older adults.

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: [ihf.org/AgeFriendly](https://www.ihf.org/AgeFriendly)

References

1. Age-Friendly Health Systems. Institute for Healthcare Improvement. <https://www.ihf.org/initiatives/age-friendly-health-systems>
2. Age-Friendly Health Systems Recognition. Institute for Healthcare Improvement. <https://www.ihf.org/initiatives/age-friendly-health-systems/recognition>
3. Geriatric Emergency Department Accreditation Program. American College of Emergency Physicians. <https://www.acep.org/geda>
4. Geriatric Surgery Verification. American College of Surgeons. <https://www.facs.org/quality-programs/accreditation-and-verification/geriatric-surgery-verification/>
5. *Advancing the Multisector Plan for Aging: Age-Friendly Health Care Package*. Age-Friendly Health Systems Issue Brief. Boston: Institute for Healthcare Improvement; 2024. https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/Age-Friendly/Resources/Age-Friendly-Health-Systems_Issue-Brief_State-Leaders-MPA-Age-Friendly-Health-Care-Package.pdf