

# Age-Friendly System- Wide Spread Collaborative

Participant Packet

*This content was created especially for:*

Age-Friendly   
Health Systems

April 2024 – October 2025  
[www.ihl.org/agefriendly](http://www.ihl.org/agefriendly)

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).

## Acknowledgments

The Age-Friendly System-Wide Spread Collaborative was made possible with the generous funding from The John A. Hartford Foundation. We thank the health systems, IHI staff, and faculty who facilitated development of the Collaborative programming and content. We are grateful to the teams who have committed to testing together and sharing their experiences.

---

## Institute for Healthcare Improvement

For 30 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at [www.ihi.org](https://www.ihi.org).

© 2021 Institute for Healthcare Improvement. All rights reserved. Individuals may photocopy these materials for educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution is given to IHI as the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, or republished under any circumstances, without the written permission of the Institute for Healthcare Improvement.

# Table of Contents

<b>Welcome to the Collaborative</b>	<b>4</b>
<b>Background</b>	<b>4</b>
<b>Our Collaborative Approach</b>	<b>4</b>
<b>Our Approach to Equity</b>	<b>5</b>
<b>Expectations</b>	<b>6</b>
<b>Collaborative Schedule</b>	<b>7</b>
<b>Overview of Activities</b>	<b>8</b>
<b>Preparing for the Collaborative</b>	<b>10</b>
Pework	10
<b>Age-Friendly Health System Resources for Teams</b>	<b>12</b>
Action Communities	12
AFHS Care Guides	12
<b>Meet the Planning Team, Faculty, and Participating Systems</b>	<b>12</b>
Collaborative Staff Bios	12
Collaborative Faculty Bios	14
Participating Systems	15

# Welcome to the Collaborative

We are thrilled to have your team as part of the Age-Friendly System-Wide Spread Collaborative (“Collaborative”) to spread the 4Ms across your health system, accelerated by peer learning and expert faculty. We have 18 months together and this packet will orient and prepare you for the work of the Collaborative.

## Background

Age-Friendly Health Systems (AFHS) 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.

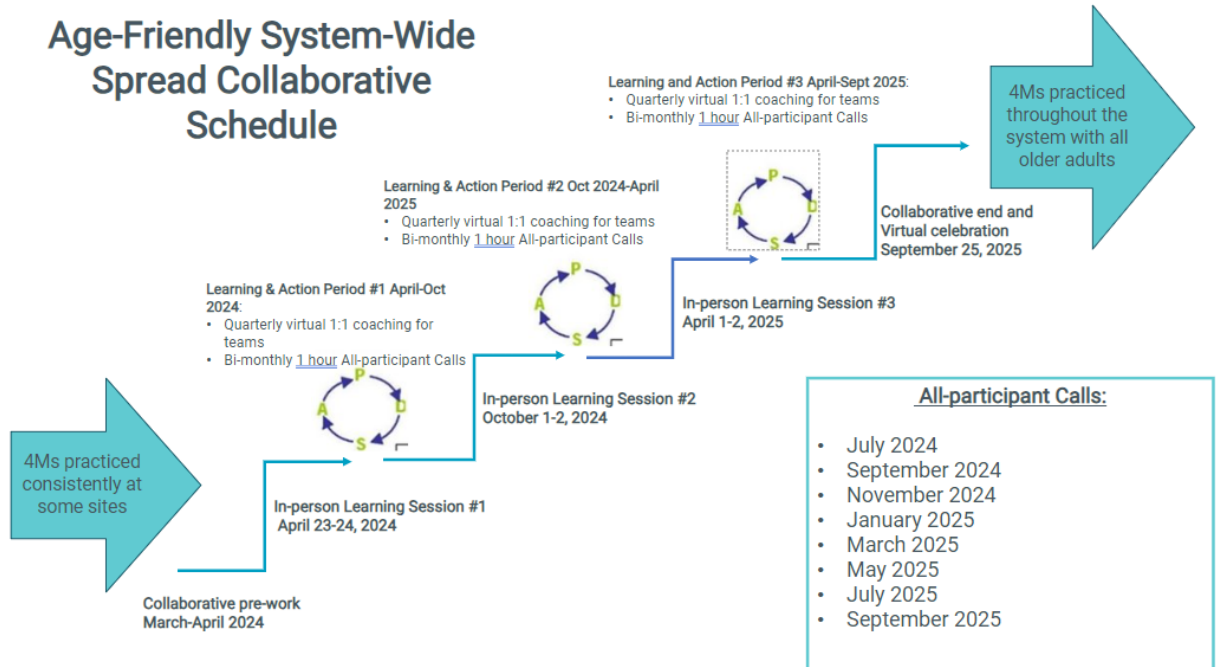
These health systems reliably and equitably provide a set of four evidence-based elements of high-quality care, known as the 4Ms, to all older adults. When implemented together, the 4Ms (What Matters, Medication, Mentation, and Mobility) represent a broad shift by health systems to focus on the needs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

Since 2017, we at IHI have learned tremendously from health systems that have demonstrated what it takes to successfully adopt the 4Ms in a range of care settings. The AFHS movement is excited create this Collaborative with health systems as one approach to fully embedding the 4Ms system wide. Together we aim to have an equitable impact on older adults across all sites and settings of care. Through participation in the Collaborative, participants will have the opportunity to be among the first to be considered for an ambitious new IHI recognition for system-wide spread of age-friendly care.

## Our Collaborative Approach

Collaboratives create a structure where participating organizations can learn from each other and from recognized experts in specific topic areas with an “All Teach, All Learn” philosophy. For over 25 years, IHI has led and advised countless Collaboratives on six continents in the fields of education, healthcare, and social services. The Collaborative methodology spreads outstanding improvements across systems, benefiting patients, clinicians, and researchers alike.

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 expert faculty, 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](#)).



## Our Approach to Equity

The aim of the AFHS movement is to provide age-friendly care, the 4Ms, to all older adults across a health system. Our approach includes recognizing individual demographic, socio-economic, and gender identity factors. It is our expectation that health systems participating in the Collaborative will work to ensure that equity is a system level priority and is reflected in its aims and actions across the implementation of the 4Ms. The collection and analyses of data and resulting metrics is stratified by age, race, and ethnicity and is used to identify and address disparities for all older adults receiving care from the health system. The 4Ms are designed to provide care to older adults that improves quality of life and minimizes harm. Identifying and addressing what might impact the ability for all groups to receive age-friendly care that aligns to their needs and preferences is a key step in this journey.

To achieve the aim of the Collaborative, we have outlined key considerations for each step of the journey to becoming age-friendly which can increase the likelihood of the 4Ms being experienced equitably for all older adults. This [“Recipe for Equity in the 4Ms”](#) is informed by the insight of the AFHS Advisory Group, the work of a group of committed systems engaged in the

AFHS movement, ongoing IHI equity work, and the increasing recognition of the impact of bias and systemic racism on health.



As part of IHI’s overall commitment to equity, this Collaborative will work to support health systems to understand disparities and act to ensure equitable access to 4Ms care for older adults. The above six steps are the first reflection of that commitment and will be improved based on feedback from health systems, subject matter experts, and older adults and care partners. We look forward to working with all health systems to reach our goal of equitable delivery of the 4Ms.

## Expectations

IHI expects that health system teams in the Collaborative will:

- Participate in all meetings over the 18-month period, including regular virtual calls and team travel to in-person Learning Sessions. Travel costs are covered by the participating organization. Participants should arrange to be fully present during meetings. On-camera participation is encouraged in virtual settings to help foster relationships.
- Share learning, challenges, and data with IHI via monthly reports outlining progress and challenges along with key collaborative measures. Required measures are described in the [Collaborative Measurement Strategy](#).

- Share progress, learning, and challenges with peers via system spotlight presentations, learning session storyboards, and full participation in coaching sessions and groups calls.
- Demonstrate alignment with system leadership and priorities.
- Commit to advancing their understanding of and action to remediate inequities that affect older adults system-wide; in a manner consistent with organizational commitment to equitable care delivery.
- Contribute to dissemination of older adult health care delivery improvement and best practices by documenting and sharing your work, challenges, learning, and successes (e.g., IHI blog posts, presentations, case studies, summary reports, media outlets)

## Collaborative Schedule

Each team member should [register for the All-Participant Call series](#) to ensure calendar holds are generated. Please be sure to use the “Add to Calendar” function to add all monthly calls to your calendar.

Instructions to sign up Coaching Calls will be sent out at a later date.

*Please note that data submission will occur monthly throughout the Collaborative. The first data submission is due on May 15<sup>th</sup>.*

Session	Date	Time (ET)
<a href="#">Collaborative Kick-Off Call</a>	Tuesday, April 2, 2024	3:00 – 4:00 PM
<b>In-Person</b> Learning Session 1	Tuesday, April 23 – Wednesday, April 24, 2024 Boston, MA	
Coaching Call	Various dates June 2024	TBD by teams
All-Participant Call	Wednesday, July 17, 2024	1:00 – 2:00 PM
Coaching Calls	Various dates August 2024	TBD by teams
All-Participant Call	Tuesday, September 24, 2024	2:00 – 3:00 PM
<b>In-Person</b> Learning Session 2	Tuesday, October 1 – Wednesday, October 2, 2025	

	Location TBD	
Coaching Calls	Various dates November 2024	TBD by teams
All-Participant Call	Thursday, November 14, 2024	1:00 – 2:00 PM
Coaching Calls	Various dates December 2024	TBD by teams
All-Participant Call	Thursday, January 30, 2025	1:00 – 2:00PM
Coaching Calls	Various dates February 2025	TBD by teams
All Participant Call	Thursday, March 20, 2025	1:00 – 2:00 PM
<b>In-Person Learning Session 3</b>	Tuesday, April 1-Wednesday, April 2, 2025 Location TBD	
Coaching Calls	Various dates May 2025	TBD by teams
All-Participant Call	Thursday, May 29, 2025	1:00 – 2:00 PM
Coaching Calls	Various dates June 2025	TBD by teams
All-Participant Call	Thursday, July 24, 2025	1:00 – 2:00 PM
All-Participant Call	Thursday, September 11, 2025	1:00 – 2:00pm
Virtual Celebration	Thursday, September 25, 2025	1:00 – 2:00 PM

## Overview of Activities

Collaborative activities are described below, along with timelines (Figures 2 and 3):

- **In-Person Learning Sessions:** Three sessions to learn from peers and discover change ideas to test and adapt 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.

We ask that each health system sends up to two people to in-person Learning Sessions. One should be the team lead.

- **Action Periods:** Between Learning Sessions, teams will test changes in their system.
- **All-Participant Calls:** Live, online, connection-based sessions designed to facilitate shared learning, problem solving, and uncovering innovative solutions. IHI faculty will lead discussions to facilitate peer learning and enable participating organizations to refine their strategy to achieve their aim.

We recommend that all core team members attend All-Participant Calls.

- **Coaching Calls:** Health systems will be paired with a coach who brings improvement methods (ideas and execution) along with knowledge of adoption from other health systems. IHI faculty will facilitate online competency-based peer coaching sessions for participant teams to share successes and discuss challenges. Coaching Calls will be conducted in triads to provide more opportunity for peer sharing and learning in a smaller group setting.
- **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 are detailed in the [Collaborative Measurement Strategy](#). Additionally, throughout the Collaborative, all teams will share their results and learning as part of Learning Sessions

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

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

Figure 3. Overview of Learning Activities (Months 10–18)

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

## Preparing for the Collaborative

### Pework

The prework has been designed to help teams understand the Collaborative content and design the most effective experience, as well as to get your team set up for success. The steps below are not sequential and should be taken in the order that works for your team. Reach out to [afhs@ihi.org](mailto:afhs@ihi.org) with any questions.

1. **Meet with your Team & Enroll by April 10th**
  - Set up recurring meetings with the core team to keep up momentum of your work and debrief learnings from Collaborative activities (we recommend a weekly touchpoint). In your initial meeting(s), we recommend discussing the following items.
    - Team roles and working styles
    - Working agreements and norms
    - Discuss how you will formally announce your participation in the Collaborative with the rest of your organization
    - Complete one [Team Enrollment Form](#). The Collaborative lead should complete this form once and include all team members. This will help IHI understand who is on your team to create a master contact list for communications and to provide coaching
2. **Review the following Collaborative documents by April 20<sup>th</sup>**
  - [Collaborative Aim Statement](#)
  - [Change Package](#)

- [Measurement Strategy](#)
3. **Create and submit your system's introductory Storyboard by April 20**
    - Use the PowerPoint template sent to you via email to create an introduction of your team and AFHS work for Learning Session 1.
    - Please send your completed slides to [afhs@ihi.org](mailto:afhs@ihi.org) by April 20<sup>th</sup> for inclusion in our Storyboard Walk Around.
    - Instructions are included in the template.
  4. **Complete your System Self-Assessment by April 20th**
    - Complete and submit the System [System Self-Assessment](#). This tool asks systems to rate their progress on key driver of spread of the 4Ms. Systems will have the ability to complete the Self-Assessment at three time points during the Collaborative to track their progress and identify areas of focus.
  5. **Add your system's AFHS related publications to the Collaborative Bibliography by April 20th**
    - We want to know what AFHS work your system is already doing! [This Bibliography](#) includes the AFHS publications we are aware of. Please add any missing publications.
  6. **Bring your data to Learning Session #1 by April 23<sup>rd</sup>**
    - Using the [Collaborative Measurement Strategy](#), test pulling the outlined monthly measures to assess where you are starting from as well as your capabilities to pull data.
    - Consider what outcome measures your system will choose to track and submit and bring your most up to date data in those areas.
    - If you have an existing dashboard or 4Ms report, bring your most current data in any format possible or be prepared to access the dashboard electronically at the session if possible.
    - The data outlined above will be helpful to support conversations at the Learning Session. It will also help teams share approaches to data collection with each other.
  7. **Connect with your Communications or Marketing team by May 1st**
    - IHI will issue a press release template and guidance for health system communications teams in April.
    - In the meantime, we recommend that you begin building an internal and external communications plan to spread the work about your participation in the Collaborative. We have included a general AFHS slide deck in the pre-work email that you may use for internal communication.

# Age-Friendly Health System Resources for Teams

## Action Communities

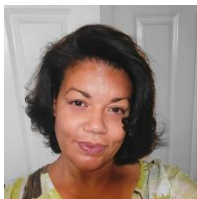
The Collaborative is one part of the larger AFHS movement. IHI continues to engage health system teams in a variety of learning opportunities and on-ramps. The Action Community is a free, virtual, 7-month engagement that helps health care teams learn about, test, and adopt the 4Ms in their care setting. Action Communities are an effective method for engaging additional sites of care in your health system in the AFHS movement. It is worth considering the Action Community in the spread strategy of your health system. The Spring IHI Action Community is getting started now. Interested teams can learn more and [register here](#). Registration is open throughout the month of April.

## AFHS Care Guides

Most health systems will be introducing new teams, departments, and locations to AFHS for the first time during the Collaborative. IHI has [resources](#) that will help new teams learn about, test, and implement the 4Ms. The setting specific Care Guides for [Hospitals and Ambulatory Practices](#) and [Nursing Homes](#) are a great place to start.

# Meet the Planning Team, Faculty, and Participating Systems

## 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



**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.

## Collaborative Faculty Bios



**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 Master's in Nursing Administration from the University of Maryland.



**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**

## Participating Systems

Team	Location	Organization
	Hendersonville, North Carolina, USA	Hospital System
	Milwaukee, Wisconsin, USA	Health Care System
	Phoenix, Arizona, USA	University Medical Center
	Cooperstown, New York, USA	Integrated Health Care System
	Los Angeles, California, USA	Hospital System
	Chicago, Illinois, USA	Health Care System
	Woonsocket, Rhode Island, USA	Pharmacy
	Atlanta, Georgia, USA	Hospital System
	Hackensack, New Jersey, USA	Hospital System
	Hartford, Connecticut, USA	Hospital System

	<p>Dedham, Massachusetts, USA</p>	<p>Rehabilitation Center</p>
	<p>Philadelphia, Pennsylvania, USA</p>	<p>Hospital System</p>
	<p>Annapolis, Maryland, USA</p>	<p>Hospital System</p>
	<p>Queens, New York, USA</p>	<p>Healthcare Service Provider</p>
	<p>New York City, New York, USA</p>	<p>Hospital System</p>
	<p>New Hyde Park, New York, USA</p>	<p>Integrated Healthcare Network</p>
	<p>Portland, Oregon, USA</p>	<p>University Medical Center</p>
	<p>Owensboro, Kentucky, USA</p>	<p>Hospital System</p>
	<p>Oakmont, Pennsylvania, USA</p>	<p>Older Adult Healthcare Center</p>
	<p>Renton, Washington, USA</p>	<p>Healthcare Systems</p>



	<p>Yonkers, New York, USA</p>	<p>Hospital System</p>
	<p>Sacramento, California, USA</p>	<p>Integrated Health Care System</p>
	<p>Birmingham, Alabama, USA</p>	<p>University Medical Center</p>
	<p>Irvine, California, USA</p>	<p>University Medical Center</p>
	<p>Salt Lake City, Utah, USA</p>	<p>University Medical Center</p>
	<p>Houston, Texas, USA</p>	<p>University Medical Center</p>
	<p>Los Angeles, California, USA</p>	<p>Veterans Affairs Healthcare System</p>
	<p>Orlando, Florida, USA</p>	<p>Veterans Affairs Healthcare System</p>
	<p>Roseburg, Oregon, USA</p>	<p>Veterans Affairs Healthcare System</p>
	<p>Charleston, South Carolina, USA</p>	<p>Rehabilitation Clinic</p>