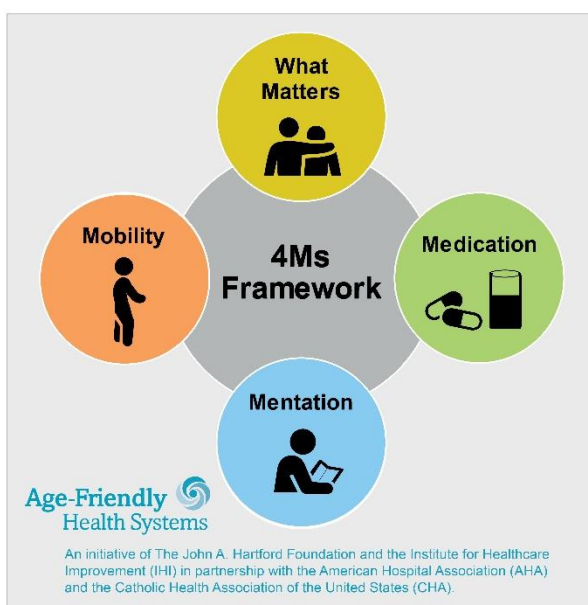


Health systems that join the [Age-Friendly Health Systems](#) (AFHS) movement are systematically rethinking care for older adults in ways that improve patient health and satisfaction. Age-Friendly Health Systems adopt the evidence-based 4Ms framework (what Matters, Medication, Mentation, and Mobility) to improve health outcomes and prevent harm in every health care setting. This includes reducing avoidable hospital readmissions and length of stay and keeping older adults safe and healthy at home. Our goal is to rapidly spread the 4Ms framework to 1,000 U.S. hospitals, medical practices, and long-term care organizations by 2020. As of late August 2020, the initiative is at 80% to goal.

Age-Friendly Health Systems are committed to:

- Following an essential set of evidence-based practices (the 4Ms)
- Causing no harm
- Aligning all care with What Matters to older adults and their family



For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly)

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association of the United States. One way to become age-friendly is for teams from hospitals, practices and long-term care organizations to take part in an Action Community, a free, virtual learning group coordinated by one of the AFHS partners that tests the 4Ms framework in hospital, ambulatory and long-term care settings, sharing data and learnings.

The following health systems are among the nearly 1,000 hospitals and health systems working to provide age-friendly care across the United States using the 4Ms framework. These case examples showcase potential outcomes of instituting age-friendly care.

#### Cedars-Sinai Medical Center: Geriatric Fracture Program



**ACTION:** Cedars-Sinai in Los Angeles founded the pioneering Geriatric Fracture Program that serves older adults who have been hospitalized with bone fractures with care that is based on the 4Ms, including bone health and fall prevention follow-up with out-patient geriatricians.

**RESULT:** In its first year, the program decreased the time between entering an emergency room and entering an operating room by 41 percent for hip and other serious fractures and decreased length of stay by 11 percent, yielding \$300,000 in direct cost savings.

#### Hartford Hospital: Proactively Detecting, Preventing, and Treating Delirium



**ACTION:** Using AFHS principles and guidance, particularly related to Mentation, Hartford Hospital in Connecticut began a program called ADAPT (Actions for Delirium Assessment Prevention and Treatment) that screens almost all patients for delirium. In so doing, it proactively prevents cases from developing, treats those that do, and manages cases that cannot be resolved.

**RESULT:** Delirium-attributable days at Hartford decreased 40 percent and delirium-related readmission fell 14 percent. While delirium is estimated to add \$22,000 in costs to a hospital stay, the cost of the ADAPT program is about \$50 per patient, a tremendous cost savings for both the patient and hospital.

#### Kent Hospital: Documenting What Matters and Preventing Falls



**ACTION:** Kent Hospital in Rhode Island opened an Adult Care for Elders (ACE) unit to test, implement, and ultimately scale AFHS practices and principles. The unit focused on documenting what matters to patients and implementing proactive delirium screening and prevention for all patients in the unit. Each patient's care plan is reviewed at the end of every day through the lens of the 4Ms.

**RESULT:** Since opening the ACE unit, average length of day and patient falls have both decreased and staff, patient, and family satisfaction have greatly increased.

#### Providence St. Joseph Health: Training Provider Champions



**ACTION:** Providence St. Joseph, with hospitals across the West and Midwest, is a pioneer of the AFHS movement and has taken several steps to implement age-friendly practices, including training providers through 12 primary care clinics in a Geriatric Mini-Fellowship and convening a patient advisory council.

**RESULT:** Since investing in expanding age-friendly care, patients at St. Joseph's are twice as likely to be screened for fall risks and cognitive impairments and four times as likely to receive fall-risk interventions. Patients seen by mini-fellowship providers experienced a two-to-seven percent decrease in hospitalizations and a three percent reduction in use of high-risk medications.

### RUSH University Medical Center: System-Wide Integration of the 4Ms



**ACTION:** After taking part in an AFHS Action Community, RUSH University Medical Center in Chicago integrated the 4Ms throughout the care continuum. This includes documenting what matters to patients in their electronic health records and on their patient room whiteboard, instituting universal depression screening in primary care visits, and changing order sets (a prepackaged set of plans that can be quickly applied to a specific diagnosis) based on an analysis of which medications were most likely to lead to emergency room visits.

**RESULT:** RUSH University Medical Center has seen a decrease in the length of stay among patients 65 and older and increased patient satisfaction scores above the national average of 79.5 percent by nearly five points.

### The University of Texas Health Science Center at Houston: Proactive Delirium Prevention



**ACTION:** UTHealth implemented several clinical and operational changes to reflect age-friendly care principles and the 4Ms. In addition to making sure the entire care team knows what matters to each patient every day, their EHR system alerts providers when they prescribe potentially inappropriate medications and a designated pharmacist reviews every patient's medication list to ensure minimal risk for patients. UTHealth works to prevent delirium through regular screenings, and by providing patients with games, puzzles, reading glasses, and hearing amplifiers.

**RESULT:** UTHealth reduced the rate of delirium in those screened from 13.38 percent to 6.86 percent over a four-month period, improving outcomes for patients and reducing costs.

For more information about the AFHS initiative or the work being done at any of the hospitals and systems below, please visit [www.johnahartford.org/AFHS](http://www.johnahartford.org/AFHS).

### Sources

- <https://www.cedars-sinai.org/newsroom/cedars-sinai-named-age-friendly-health-system/>
- <http://www.ihl.org/communities/blogs/delirium-prevention-and-treatment-how-to-improve-care-and-avoid-unnecessary-costs>
- <https://www.healthleadersmedia.com/clinical-care/3-part-care-pathway-addresses-delirium-during-hospitalization>
- <https://www.aha.org/system/files/media/file/2020/07/aha-cs-afhs-kent-0720.pdf>
- <https://www.aha.org/system/files/media/file/2020/08/value-initiative-issue-brief-10-creating-value-with-age-friendly-health-systems.pdf>
- <https://www.aha.org/system/files/media/file/2020/07/aha-cs-afhs-rush-0720.pdf>

