

## Background

- By 2030, one in five US citizens will be aged 65 years and older and demand for healthcare will continue to rise.



- Our current healthcare systems are ill-prepared to consistently provide evidence-based, patient-centered care to this vulnerable population.
- The "Age-Friendly Health Systems" (AFHS) initiative champions the use of the 4Ms framework to reduce cognitive load of clinicians and standardize care for older adults across four domains: What Matters, Medications, Mentation, and Mobility.

- While the IHI offers certification for many sites of care, there is no current pathway for age-friendly certification in HaH.

## Methods

- We performed a literature review and interviewed Hospital-at-Home leadership at two Veterans Affairs Hospital sites and two large academic medical centers to better understand current age-friendly practices as well as barriers to implementing age-friendly practices in the HaH setting.
- We also reviewed the current hospital age-friendly certification worksheet to identify areas where implementation may be different in the HaH setting
- Based on this information, we then created a proposed HaH worksheet for age-friendly certification.

## Next Steps / Future Directions

- We hope to increase our sample size and obtain objective data through a survey of HaH medical directors to better understand:

- Beliefs about the importance of implementing the 4Ms in HaH
- Current age-friendly practices in HaH
- Barriers to implementing age-friendly care in HaH



← Scan QR code for abstract and sources

## Proposed Standards for Age-Friendly Certification in Hospital-at-Home, by 4M Domain

WHAT MATTERS		
Aim: 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		
	Hospital Certification Requirements	Proposed HaH
Assess	Ask what matters (e.g. "What do you most want to focus on while you are in the hospital/emergency department for _____ (fill in health problem) so that you can do _____ (fill in desired activity) more often or more easily?")	SAME
Frequency (min)	Once per stay and upon significant change in condition	SAME
Act On	Must align care plan with what matters	SAME

MEDICATIONS		
Aim: 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.		
	Hospital Certification Requirements	Proposed HaH
Screen / Assess	Screen for following medications: benzos, anti-cholinergic medications, all prescription and OTC sedatives and sleep medications, muscle relaxants, TCAs, anti psychotics, mood stabilizers	SAME
Frequency (min)	Once per stay and upon significant change in condition	SAME
Act On	At minimum deprescribe (includes both dose reduction and medication discontinuation) Optional: pharmacy consult	SAME

MENTATION		
Aim: Prevent, identify, treat, and manage delirium across settings of care		
	Hospital Certification Requirements	Proposed HaH
Screen / Assess	Use IHI approved screening tool (UB-CAM, CAM, 3D-CAM, CAM-ICU, bCAM, NuDesc)	SAME
Frequency (min)	Every 12 hours	Every visit Maximum once a day
Act On	Delirium prevention: ensure oral hydration, orient every shift if appropriate, ensure older adult has personal adaptive equipment, prevent sleep interruptions, avoid high risk medications	Orient every visit if appropriate, otherwise same

MOBILITY		
Aim: Ensure that each older adult moves safely every day to maintain function and do What Matters		
	Hospital Certification Requirements	Proposed HaH
Screen / Assess	Use at least one of the IHI approved screening tools (TUG, JH-HLM, Tinetti mobility assessment, PT eval)	Include following tools: STEADI Screening Questions AND 30s chair stand or gait observation
Frequency (min)	At least once per stay and upon change of condition	SAME
Act On	Min: Mobilize 3 times per day and/or as directed PLUS one of the following: Out of bed or leave room for meals, PT intervention, avoid restraints, remove catheters or other tethering devices, avoid high risk medications	SAME except patient provided log to record if mobilizing 3x/day