Age-Friendly Healthcare System Recognition for Home Hospital Programs

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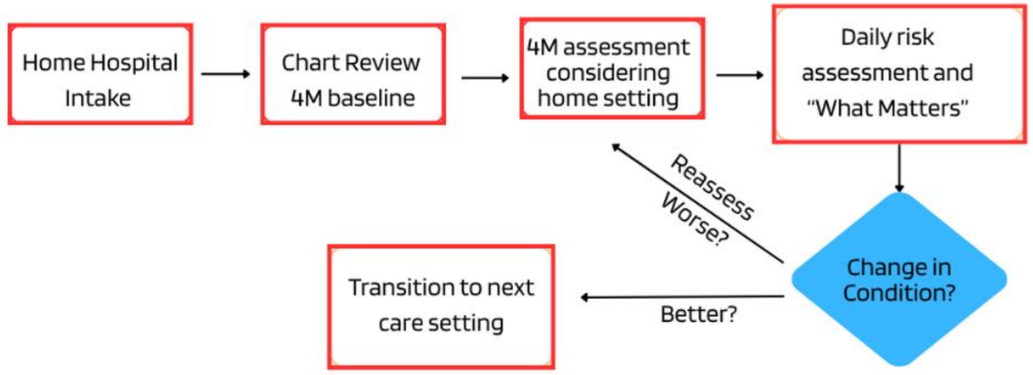
UW Health

Age-Friendly Health Systems
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Overview

- Institute for Healthcare Improvement offers guides and recognition pathways for systems providing care excellence for patients 65+.
- Guidelines support developing a plan to assess and act on the "4Ms" of care for older adults.
- Systems can opt in to additional CMS measures addressing patient vulnerability and Age-Friendly leadership

Age-Friendly Care Workflow for Home Hospital



Home Hospital offers unique opportunities beyond the traditional inpatient workflow to assess patient 4Ms and social vulnerability:

- Deprescription
- Fall Prevention
- MSW home visits to assess social vulnerability and resource coordination needs

Recognition Steps

Identify and Familiarize
- Identify a program leader to guide the Age-Friendly process
- Review materials on IHI website

Review and Submit
- Conduct interdisciplinary assessment of program
- Submit initial worksheet

Initial Recognition and Reflection
- Programs are initially designated as a "Participant".
- Review census of adults cared for using 4 Ms and reflect for 2nd tier of recognition

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- Designation following submission and review of reflection and census attestation
- Ongoing Age-Friendly review and leadership

UW Health HBHC Age-Friendly 4Ms Standards of Care

	Assess	Act-On
What Matters	• Ask patient What Matters to them. How could we best help them while they are in the hospital? • Document response to this question in Health Link> Assessment- Adult> What Matters • Can identify category: Comfort, Family Connections Clinical Care needs, Understanding Plan of Care	•Align plan of care with their answer. • Notify HBHC Clinical Team members who can help the patient with What Matters to them. •Social Drivers of Health Screenings with tailored social work interventions
Medications	• Review medications and be aware of high-risk medication use • Categories of high-risk medications: Antipsychotic, Benzodiazepines, muscle relaxants, Sedation, sleep medications	•Notify healthcare team member of medication that is high-risk and interferes with Mobility, Mentation and What Matters to patient. •Focus on deprescription
Mind (Mentation)	• Screen for Delirium at least every 12 hours and upon change in function or behavior	Home Hospital settings reduce sleep disruptions, increase ambulation, reduce physical tethers and allow for home specific safety assessments
Mobility	• Screen for safe level of mobility function	•Ensure early, frequent and safe mobility •Fall Prevention education in patient home setting •Home Safety Assessment for all patients •Optimized use of assistive devices

Resource

Institute for Healthcare Improvement
https://www.ihi.org/partner/initiatives/age-friendly-health-systems

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Conflicts of Interest: None