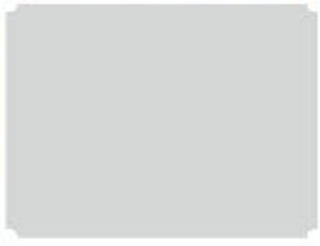
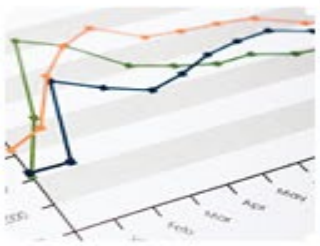
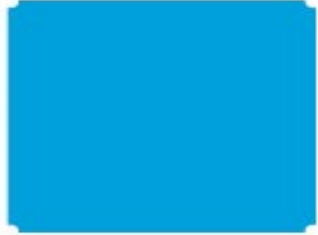


IHI Age-Friendly Recognition Overview



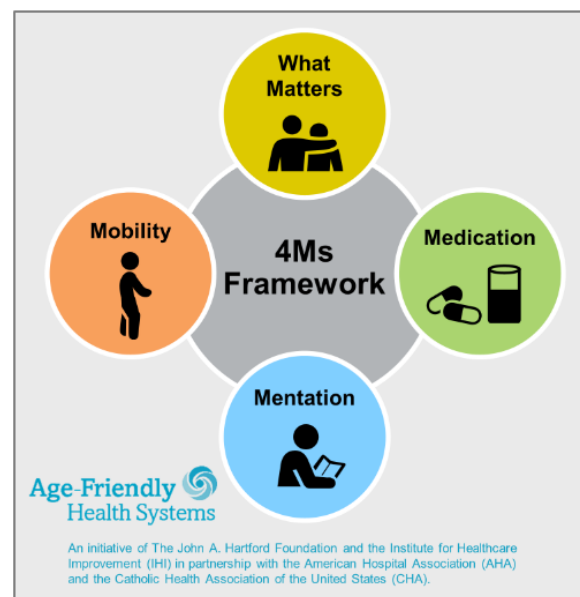
Whole System Quality a Tiered approach

Quality Planning	Quality Control	Quality Improvement	
Offer input to inform organizational strategy as primary customer group	Offer feedback on quality experience to inform understanding of performance	Engage as co-producer in relevant QI activities	Patients, Families, and Communities
POINT OF CARE			
Inform plans and requirements to execute on the strategy locally	Identify and solve problems as they arise (gaps with standard), escalate as necessary	Lead and engage in local QI activities and identify potential QI projects	Clinicians
Translate strategy into a plan for unit setting and outline requirements for execution	Monitor performance and direct solutions, escalate problems as necessary	Lead QI projects and capture ideas for potential QI work	Unit-Level Leaders
Facilitate strategic planning process, support research and analysis activities	Support development of QC standard work and infrastructure	Support local QI activities and inform project prioritization efforts	Quality Department Staff
Work with executives and unit leaders to articulate how to execute on strategy	Identify cross-cutting problems and trends close feedback loops	Sponsor QI projects, lead cross-cutting QI efforts	Departmental Leaders
Identify customers, prioritize needs, and develop strategy	Mobilize resources to address emergent and cross-cutting problems	Sponsor and commission prioritized QI projects	Executive Leaders
Ensure organizational strategy is quality-centric	Review quality performance on a regular basis	Review performance of major QI projects on a regular basis	Board of Directors

IHI Age-Friendly Health System Recognition

GOAL:

Create health care systems that ensure every older adult receives the best evidence-based care possible, without harm, ultimately satisfied with the care received.



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

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

- <https://www.ihl.org/initiatives/age-friendly-health-systems/recognition>

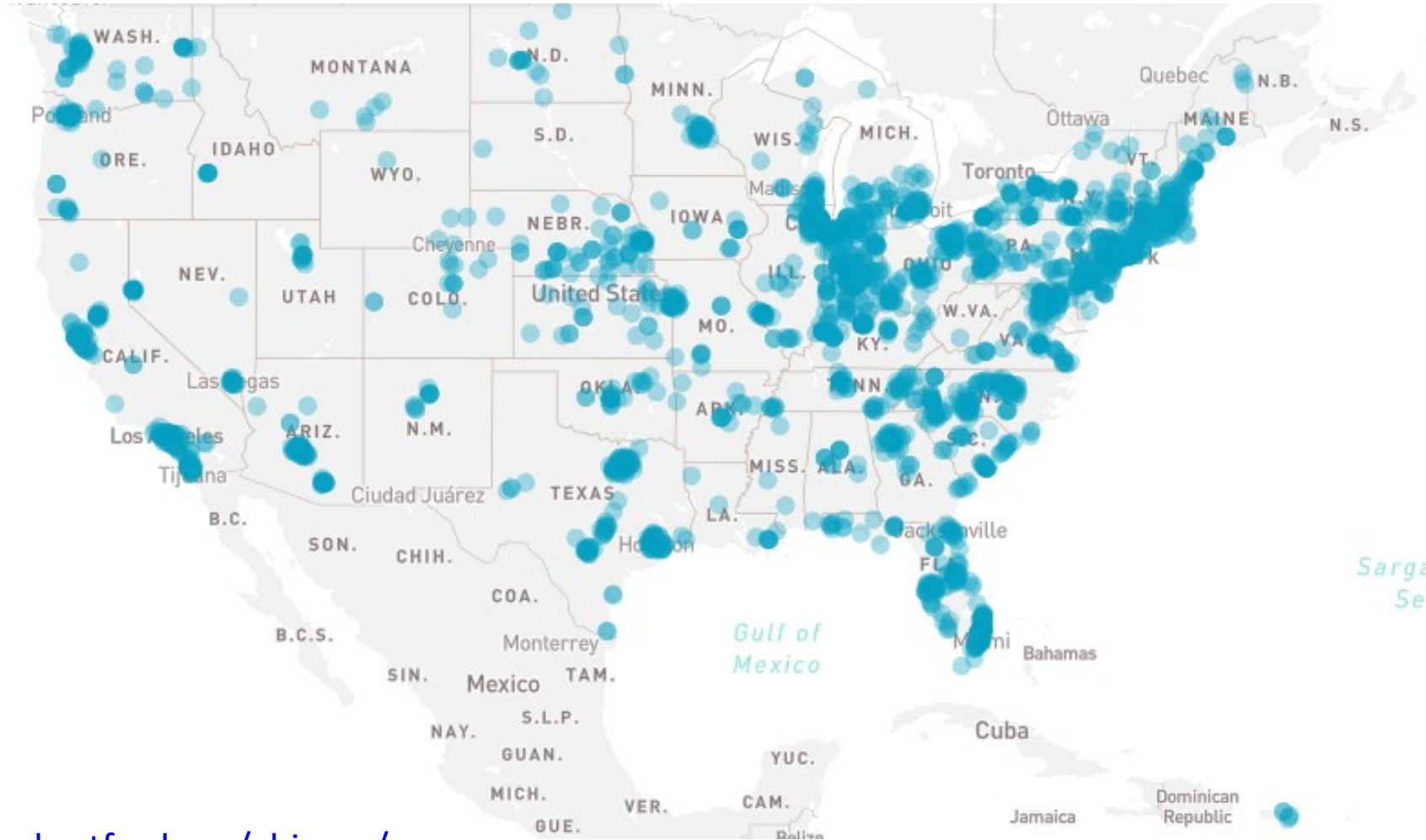
Levels of Recognition

- Level 1- Participant
 - Successfully developed plans to implement the 4Ms
- Level 2- Committed to Care Excellence
 - Submission of 3 months of data of older adults that received 4Ms encompassing care
- Types of Health Care Systems that are eligible
 - Hospitals
 - Achieved Geriatric Surgery Verification
 - Achieved Geriatric Emergency Department Accreditation
 - Nursing Homes
 - Ambulatory Care Clinics
 - Convenient Care Clinics



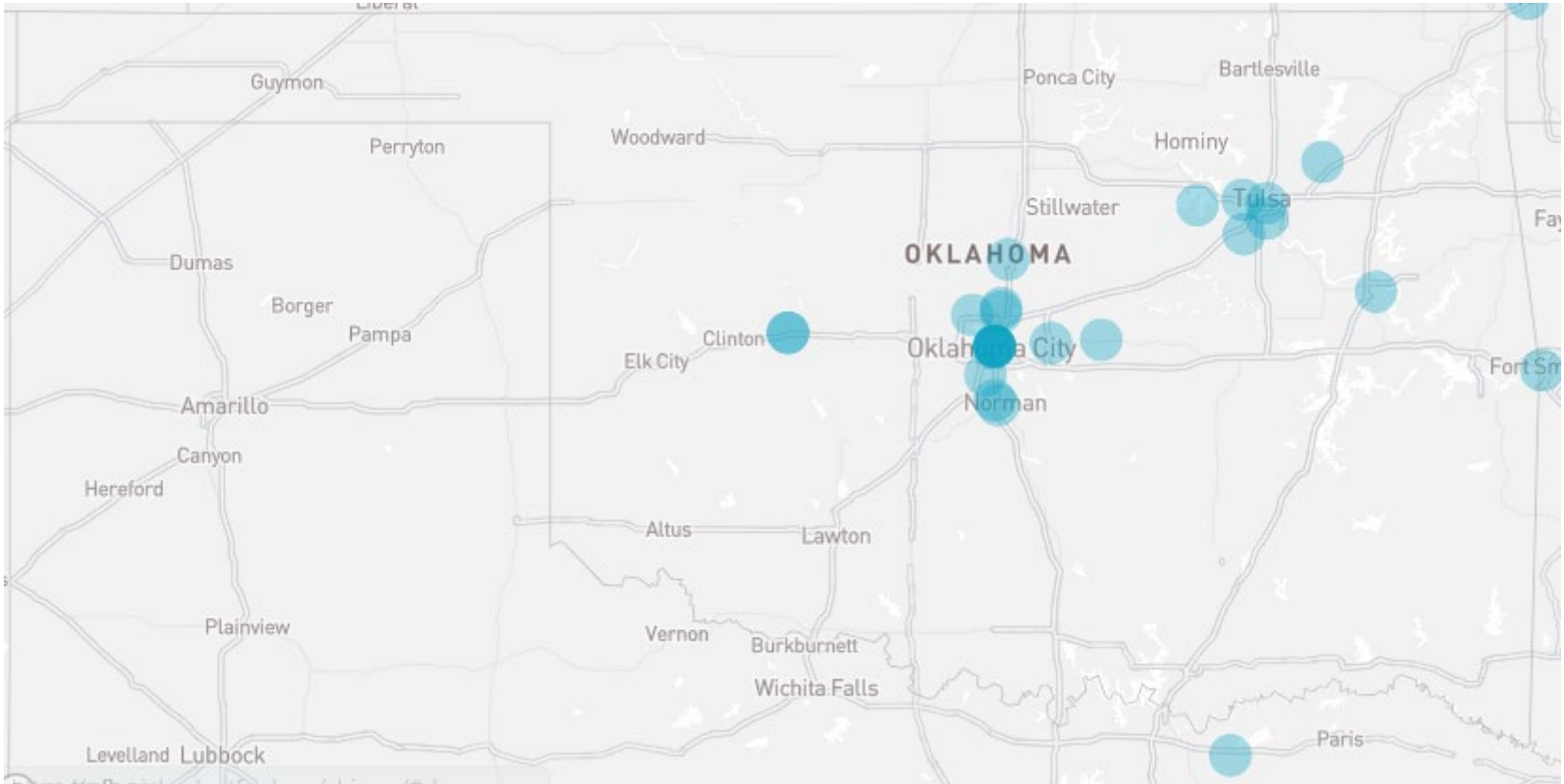
Be part of the movement

- Over 3800 Recognized Age-Friendly participants



<https://www.johnhartford.org/ahimap/>

Evidence based Care Age-Friendly Sites in Oklahoma



Overview of Care Description Worksheet for Nursing Homes to become an Age-Friendly Participant

Types of Nursing Homes Eligible

- Skilled Nursing Facility (SNF)/Post-Acute Care Nursing Facility
- Nursing Facility (NF)/Long-Term Care/Inpatient Rehabilitation Facility
- Nursing Facility (NF) AND Skilled Nursing Facility (SNF)

OBJECTIVE – Age-Friendly is a movement of thousands of health care facilities committed to ensuring that all older adults receive evidence-based care. This movement is to recognize those health care systems that have committed to practicing 4Ms of care.

- ☐ **Outline a plan** for providing 4Ms care within your nursing home setting.
- ☐ **Build on** what your nursing home already does to **assess** and **act on** each of the 4Ms.
- ☐ **Analyze, change and test** to fill in any **care gaps identified**.

Process: Age-Friendly Care Description Worksheet

What Matters Most	Medication	Mentation	Mobility
Screening Tools	Screening Tools	Screening Tools	Screening Tools
Frequency	Frequency	Frequency	Frequency
Documentation	Documentation	Documentation	Documentation
Act On	Act On	Act On	Act On
Primary Responsibility	Primary Responsibility	Primary Responsibility	Primary Responsibility

Advantages- IHI Age-Friendly Recognition



Resident and Family Care Satisfaction

Quality Measure Improvement

Ultimately Census and Payment Increase

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Age-Friendly Clinics and LTC

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