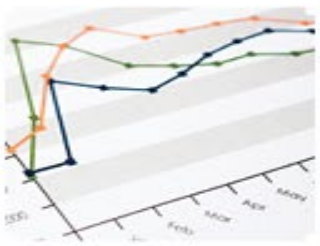
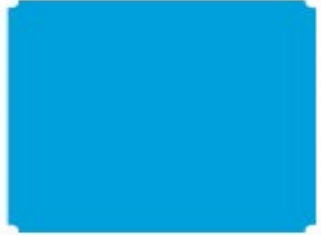


IHI Age-Friendly Recognition Medication



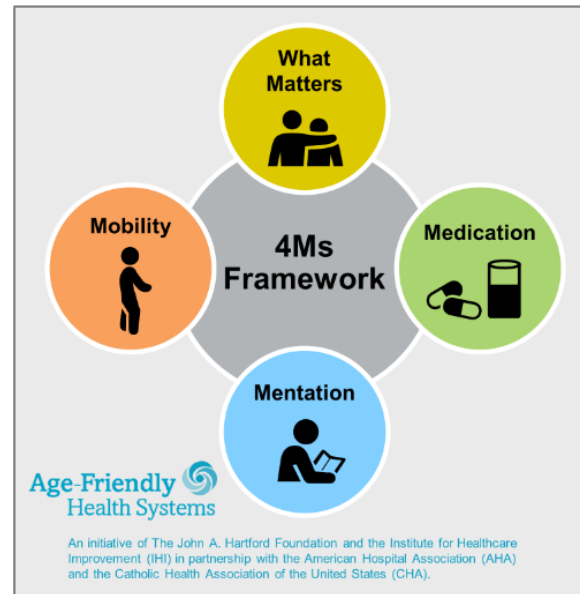
Whole System Quality a Tiered approach

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.



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

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.ihf.org/initiatives/age-friendly-health-systems/recognition>

Assess Medications

- Know and align care with each older adult specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.
 - Successfully developed plans to implement the Medication M
- Medication Stewardship

: 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.



Medication

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

Screen / Assess:

Check the medications you screen for in all older adults.

Minimum requirement: All eight boxes must be checked.

- Benzodiazepines, Anxiolytics
- Opioids
- Highly-anticholinergic medications (e.g., diphenhydramine)
- All prescription and over-the-counter sedatives and sleep medications (hypnotics)
- Muscle relaxants
- Tricyclic or other antidepressants
- Antipsychotics
- Mood Stabilizers
- Other

Frequency:

Minimum frequency is upon admission and upon change of condition.

- At admission
- Upon change of condition
- Other

Documentation:

Minimum requirement: Must check Care Plan.

- EHR
- Care Plan
- Other

Act On:

Minimum requirement: At least one box must be checked.

- Deprescribe (includes both dose reduction and medication discontinuation)
- Monitor prescribing and reduce dose of high risk medication
- Other

Primary Responsibility:

Minimum requirement: One role must be selected.

- Nurse
- MD/PA/ Nurse Practitioner
- Pharmacist
- Other



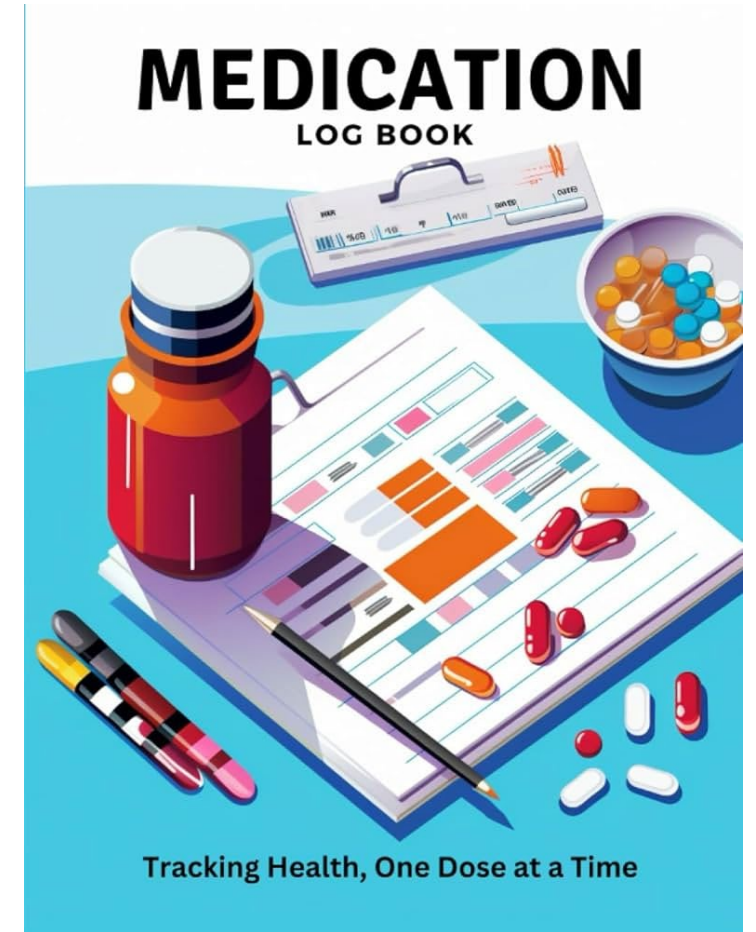
Assessment of Medications in use

Screen / Assess:

Check the medications you screen for in all older adults.

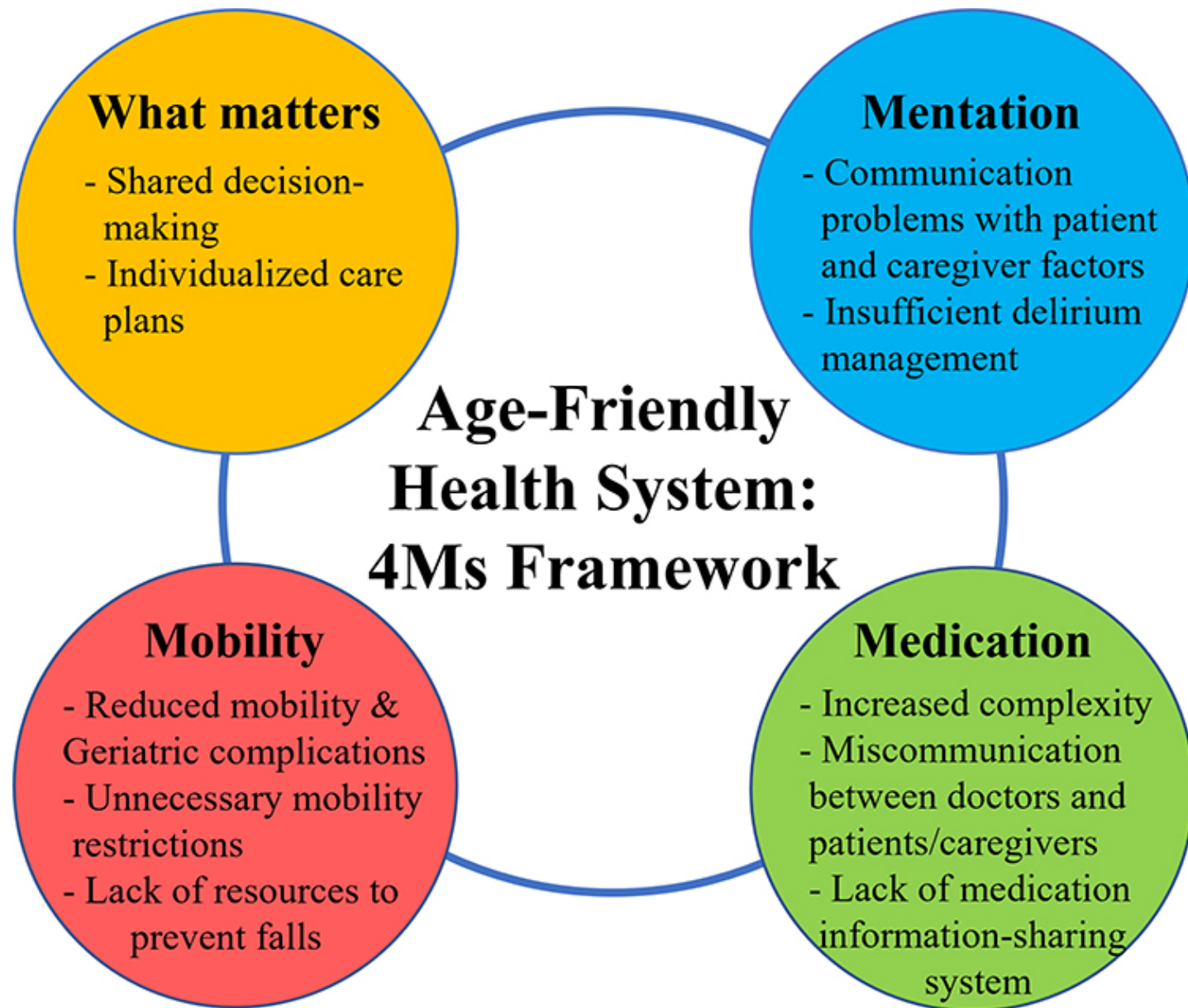
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- Other



How does Medication interact with the other 3Ms?

- How does medication interfere with What Matters Most?
- How does medication affect Cognitive Function?
- How does medication affect Mobility?
- Do Medications cause more harm than benefit?
- Medication Side-Effects?
- Polypharmacy? Too many medicines or the cascade effect of adding meds to treat side-effects of other meds?
- Informed Consent of a medication used, reasoning, possible side-effects.
- Does a medication impact independence or ability for physical activity or ADLs?
- Is a medication helping to achieve the resident's What Matters Most wishes?





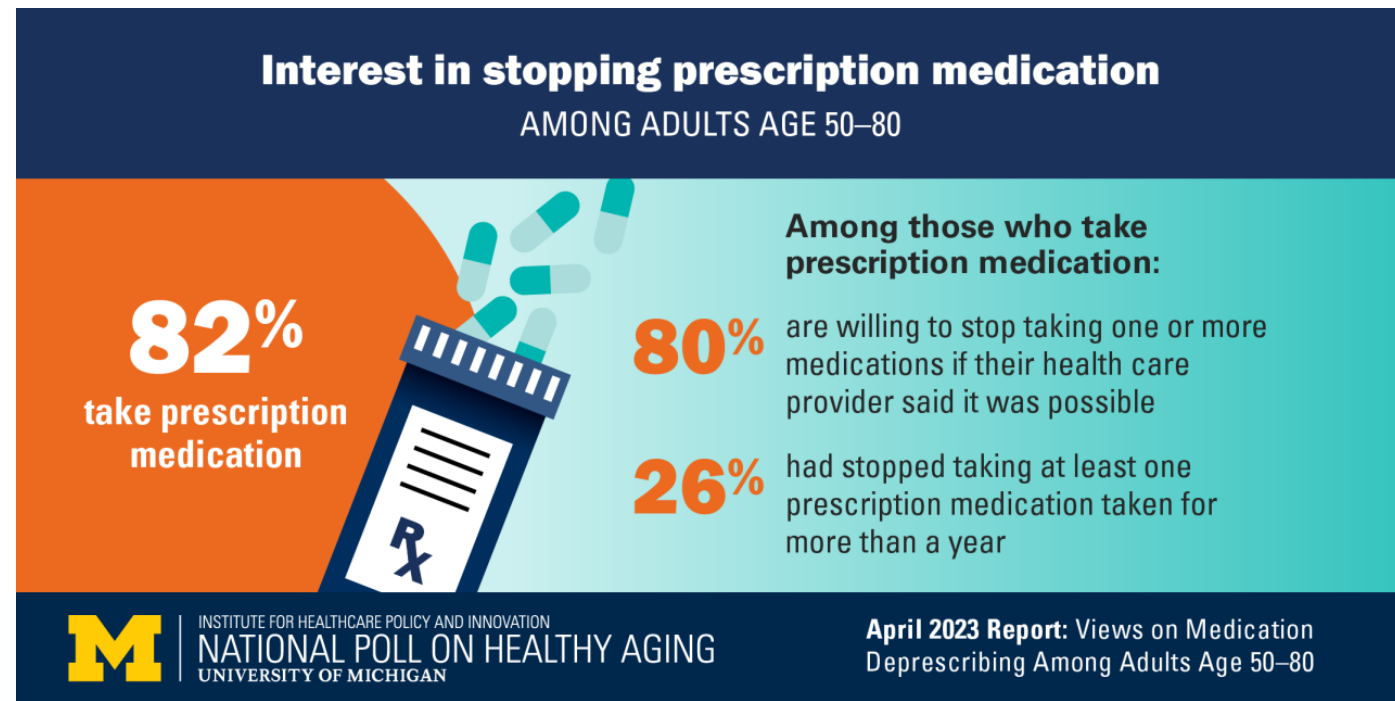
Frequency of Assessment

Frequency:

Minimum frequency is upon admission and upon change of condition.

- At admission
- Upon change of condition
- Other

Documentation of Medication



Documentation:

Minimum requirement: Must check Care Plan.

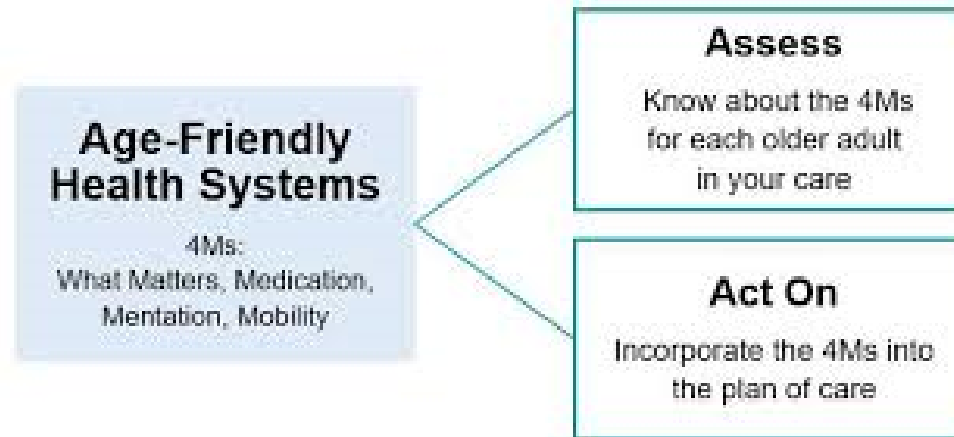
- EHR
- Care Plan
- Other

Act On Medications

Act On:

Minimum requirement: At least one box must be checked.

- Deprescribe (includes both dose reduction and medication discontinuation)
- Monitor prescribing and reduce dose of high risk medication
- Other



Primary Responsibility for Assessing/Documenting and Acting On High Risk Medications

Primary Responsibility:

Minimum requirement: One role must be selected.

- Nurse
- MD/PA/ Nurse Practitioner
- Pharmacist
- Other



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

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**.



Quality Measures- Medications



4Ms	CMS LTC Quality Measures Mapped to 4Ms of Age-Friendly and Dementia-Friendly Care
Medications	% of residents who received an antipsychotic medication % of residents who used antianxiety or hypnotic medications

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

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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

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