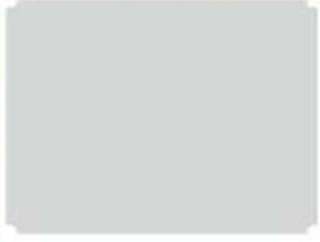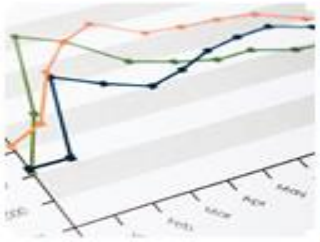# IHI Age-Friendly Recognition Mobility
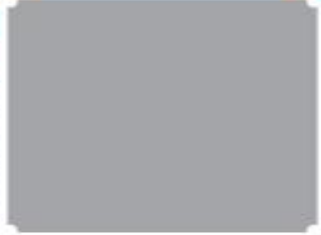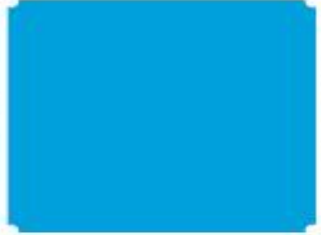
Whole System Quality a Tiered approach

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**

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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.

- **https://www.ihi.org/initiatives/age-friendly-health-systems/recognition**

Ensure each older adult moves safely every day to maintain function and do What Matters

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Mobility

Aim: Ensure that each older adult moves safely every day to maintain function and do What Matters.

Screen / Assess:
Check the tool used to screen for mobility limitations for all older adults.
Minimum requirement: One box must be checked. If screening/assessment is done by physical therapy, please identify the tool used. If only "Other" is checked, will review.

☐ Timed Up & Go (TUG)

☐ Johns Hopkins High Level of Mobility (JH-HLM)

☐ Tinetti Performance Oriented Mobility Assessment (POMA)

☐ Screening and assessment forms per physical therapy [   ]

☐ Other [   ]

Frequency:
Minimum frequency is upon admission and 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: Must check first box and at least one other box.

☐ Mobilize 3 times a day and/or as directed (walking, unless bed or chair-bound or otherwise directed to promote the highest practicable level of mobility)

☐ Out of bed or leave room for meals

☐ Physical therapy (PT) intervention (balance, gait, strength, gate training, exercise program)

☐ Avoid restraints (physical and chemical)

☐ Remove catheters and other tethering devices

☐ Avoid high-risk medications

☐ Other [   ]

Primary Responsibility:
Minimum requirement: One role must be selected.

☐ Nurse

☐ MD / PA / Nurse Practitioner

☐ Physical Therapist / Occupational Therapist

☐ Other [   ]

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Screening and Assessment of Mobility

Screen / Assess:

Check the tool used to screen for mobility limitations for all older adults.

Minimum requirement: One box must be checked. If screening/assessment is done by physical therapy, please identify the tool used. If only "Other" is checked, will review.

☐ Timed Up & Go (TUG)

☐ Johns Hopkins High Level of Mobility (JH-HLM)

☐ Tinetti Performance Oriented Mobility Assessment (POMA)

☐ Screening and assessment forms per physical therapy _____

☐ Other _____

MDS- Section GG0170

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Frequency of Assessment

Frequency:

Minimum frequency is upon admission and upon change of condition.

☐ At admission

☐ Upon change of condition

☐ Other [   ]

Documentation of Mobilty

Documentation:

Minimum requirement: Must check Care Plan.

☐ EHR

☐ Care Plan

☐ Other [   ]

MDS- Section GG0170

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Act On Mobility

Act On:

Minimum requirement: Must check first box and at least one other box.

☐ Mobilize 3 times a day and/or as directed (walking, unless bed or chair-bound or otherwise directed to promote the highest practicable level of mobility)

☐ Out of bed or leave room for meals

☐ Physical therapy (PT) intervention (balance, gait, strength, gate training, exercise program)

☐ Avoid restraints (physical and chemical)

☐ Remove catheters and other tethering devices

☐ Avoid high-risk medications

☐ Other

Primary Responsibility for Assessing/Documenting and Acting On Mobility Concerns

Primary Responsibility:
Minimum requirement: One role must be selected.

☐ Nurse

☐ MD / PA / Nurse Practitioner

☐ Physical Therapist / Occupational Therapist

☐ Other _____

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Quality Measures- Mobility

4Ms	CMS LTC Quality Measures Mapped to 4Ms of Age-Friendly and Dementia-Friendly Care
Medications	% of residents experiencing one or more falls % of residents experiencing one or more falls with major injury % of residents whose ability to move independently worsened % of residents who were physically restrained % of residents with high-risk pressure injuries

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) <u>AND</u> 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 recognized those health care systems that have committed to practicing 4Ms of care.

❑ ***<u>Outline a plan</u>*** for providing 4Ms care within your nursing home setting.

❑ ***<u>Build on</u>*** what your nursing home already does to ***<u>assess</u>*** and ***<u>act on</u>*** each of the 4Ms.

❑ ***<u>Analyze, change and test</u>*** to fill in any ***<u>care gaps identified</u>***.

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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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Steps to Achieve IHI Recognition

Fill out 4Ms Care Description Worksheet at

https://www.ihi.org/initiatives/age-friendly-health-systems/recognition

Email Completed worksheet: AFHS@ihi.org

Implement plan for achieving the next level of Committed to Care Excellence recognition

Dawn Jelinek
Age–Friendly Clinics and LTC

OFMQ- GWEP- OkDCN

Senior Clinical Consultant

djelinek@ofmq.com

405-651-4796