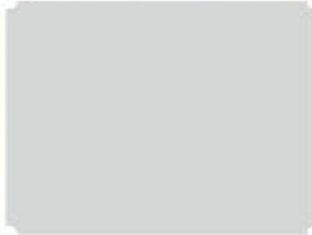# IHI Age-Friendly Recognition
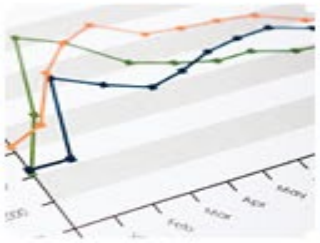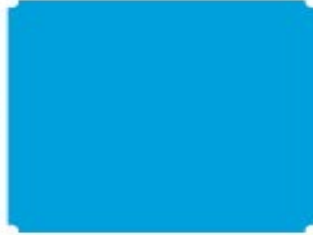# What Matters Most
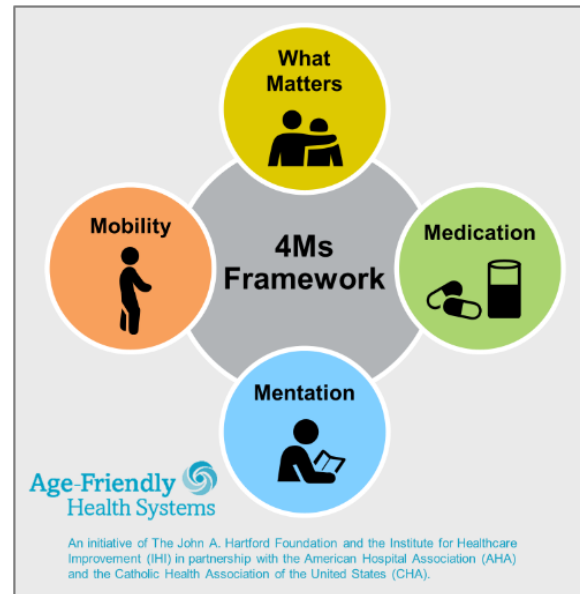
Whole System Quality a Tiered approach

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.

4Ms Framework

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.

Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

For related work, this graphic may be used in its entirety without requesting permission. Graphic files and guidance at ihi.org/AgeFriendly

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

Assess What Matters

- 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 What Matters M
- Ask What Matters

"What Matters" conversations may be more effective and actionable if anchored to something the older adult cares about, by connecting their goals and preferences to the impacts of care and care decisions. "What Matters" conversations must also take into consideration cognition, health status, and identity.

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

Assess: Ask What Matters
List the question(s) you ask to know and align care with each older adult's specific outcome goals and care preferences:
- View guiding questions from **What Matters Toolkit**
Minimum requirement: One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life.

[ ]

Frequency for Nursing Facility (NF):
Minimum frequency is upon admission and change of condition.

☐ At admission
☐ Upon change of condition
☐ Other [   ]

Frequency for Skilled Nursing Facility (SNF):
Minimum frequency is upon admission, change of condition, and daily for the first 14 days.

☐ At admission
☐ Upon change of condition
☐ Daily for first 14 days
☐ Other [   ]

Documentation:
Minimum requirement: Must check Care Plan.

☐ EHR
☐ Care Plan
☐ Other [   ]

Act On:
Minimum requirement: First box must be checked.

☐ Align the care plan with What Matters most
☐ Other [   ]

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

☐ Nurse
☐ Social Worker
☐ MD/PA/ Nurse Practitioner
☐ Other [   ]

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Assessment of What Matters Most
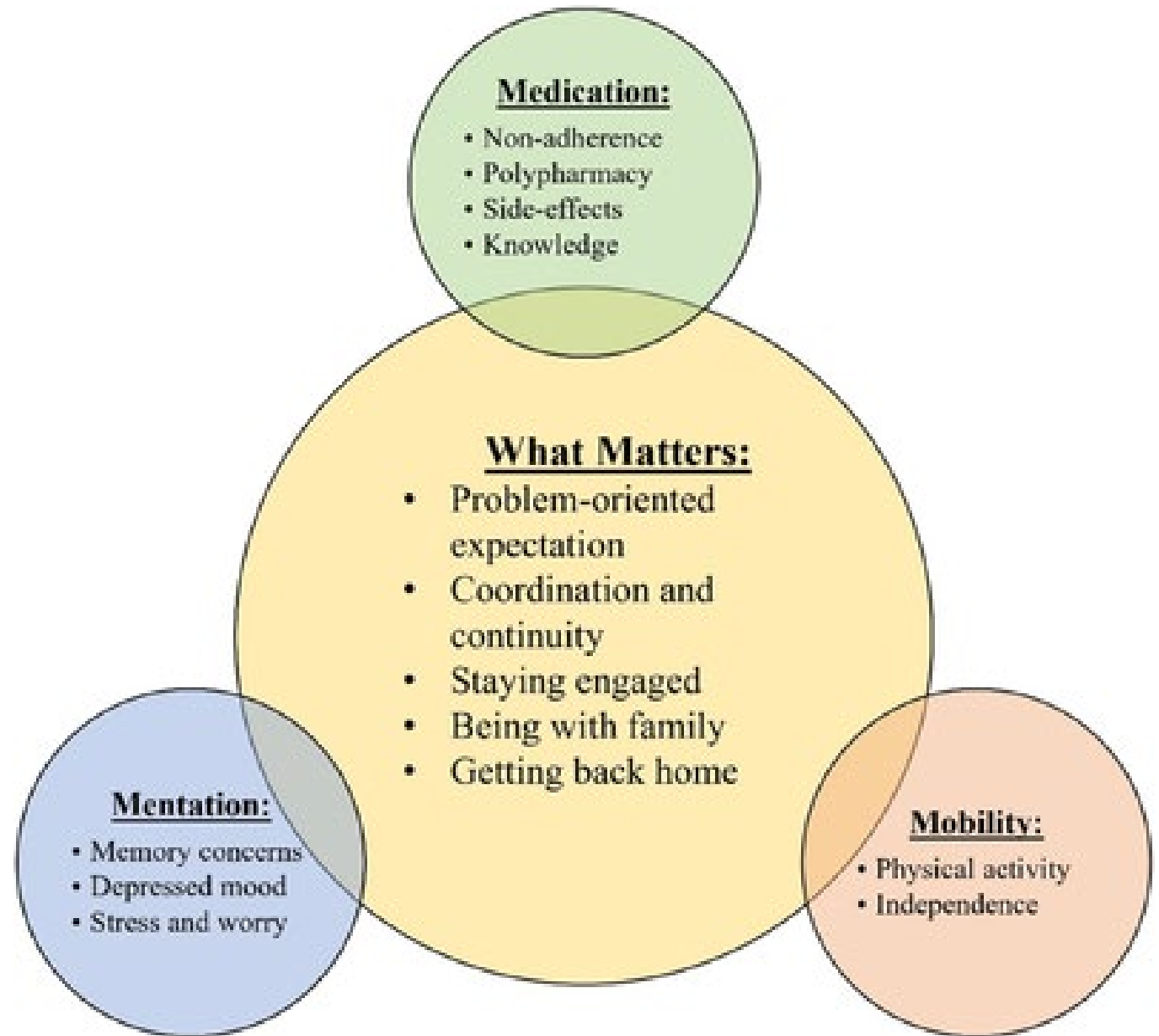
Assess: Ask What Matters

List the question(s) you ask to know and align care with each older adult's specific outcome goals and care preferences:

- View guiding questions from What Matters Toolkit

Minimum requirement: One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life.

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What Matters Questions

- What is important to you today?

- What brings you joy?

- What makes you happy?

- What makes life worth living?

- What do you worry about?

- What are some goals you hope to achieve in the next six months or before your next birthday?

- What would make tomorrow a really great day for you?

- What else would you like us to know about you?

Medication:
- Non-adherence
- Polypharmacy
- Side-effects
- Knowledge

What Matters:
- Problem-oriented expectation
- Coordination and continuity
- Staying engaged
- Being with family
- Getting back home

Mentation:
- Memory concerns
- Depressed mood
- Stress and worry

Mobility:
- Physical activity
- Independence

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Frequency of Assessment

Frequency for Nursing Facility (NF):
Minimum frequency is upon admission and change of condition.

☐ At admission

☐ Upon change of condition

☐ Other [   ]

Frequency for Skilled Nursing Facility (SNF):
Minimum frequency is upon admission, change of condition, and daily for the first 14 days.

☐ At admission

☐ Upon change of condition

☐ Daily for first 14 days

☐ Other [   ]

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Documentation of What Matters Most

Documentation:
Minimum requirement: Must check Care Plan.

☐ EHR

☐ Care Plan

☐ Other

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Act On What Matters Most

Act On:
Minimum requirement: First box must be checked.

☐ Align the care plan with What Matters most

☐ Other

Primary Responsibility for Assessing/Documenting and Acting On What Matters Most

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

- ☐ Nurse
- ☐ Social Worker
- ☐ MD/PA/ Nurse Practitioner
- ☐ 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. <mark>This movement is to recognized those health care systems that have committed to practicing 4Ms of care.</mark>

- ❑ ***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- What Matters Most

4Ms	CMS LTC Quality Measures Mapped to 4Ms of Age-Friendly and Dementia-Friendly Care
What Matters Most	% of residents whose need for help with ADLs increased % of residents who lose too much weight % of low-risk residents who lose control of their bowels or bladder % of residents with who have had a catheter inserted and left in bladder % of residents with a urinary tract infection

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Process: Age-Friendly Care Description Worksheet

Frequency	Documentation	Act On	Responsible Person
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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Dawn Jelinek
Age–Friendly Clinics and LTC

OFMQ- GWEP- OkDCN

Senior Clinical Consultant

djelinek@ofmq.com

405-651-4796