



Age-Friendly Health Systems: Evidence-Based Care for All Older Adults

January 2024

Age-Friendly Health Systems is 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).

IHI.org/AgeFriendly

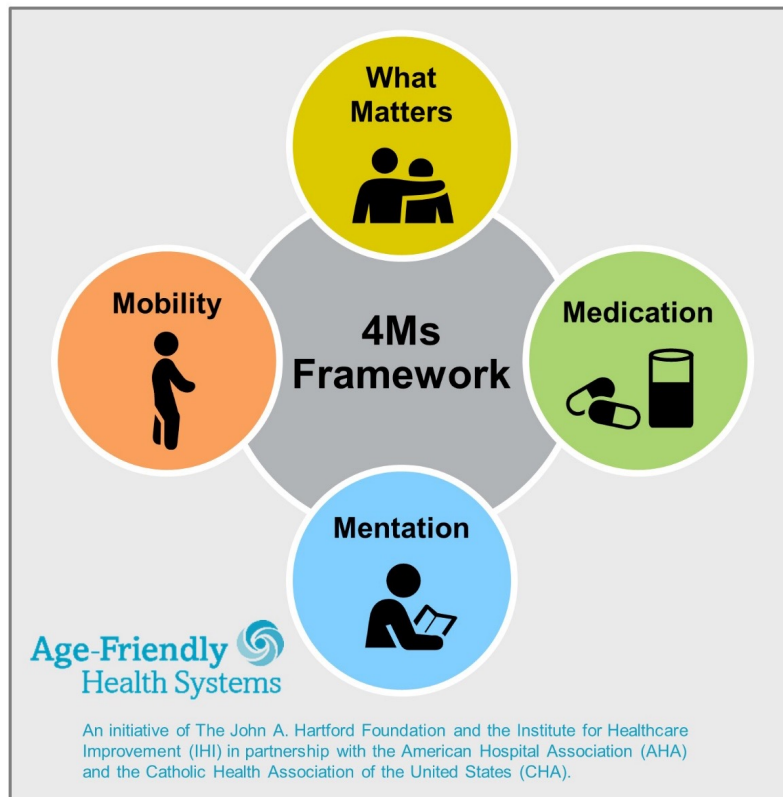
Our Mission

Build a movement so **all care** with older adults is **age-friendly care**:

- Guided by an essential set of evidence-based practices;
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.



Evidence-Based Practices: The 4Ms of Age-Friendly Care



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

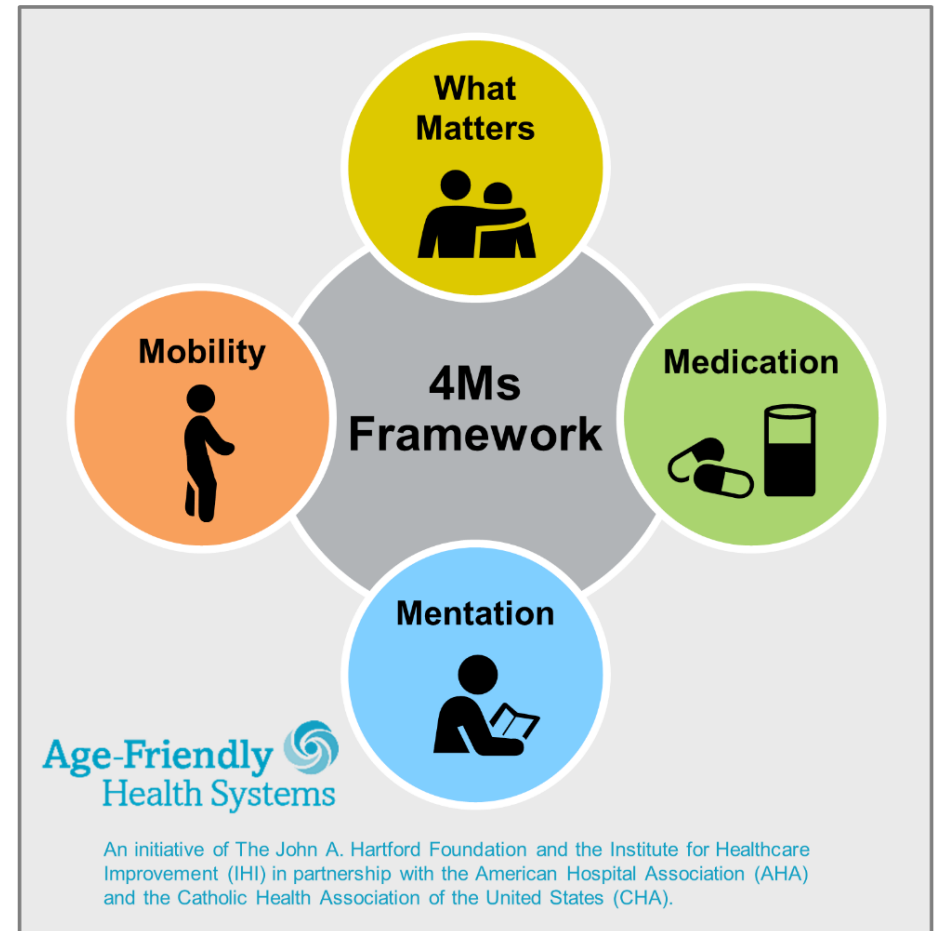
Why the 4Ms?

Represents core health issues for older adults

Builds on strong evidence base

Simplifies and reduces implementation and measurement burden on systems while increasing effect

Components are synergistic and reinforce one another



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IHI's Age-Friendly Health Systems Recognition



3796

Hospitals, practices, convenient care clinics, and nursing homes have described how they are putting the 4Ms into practices



2048*

Hospitals, practices, convenient care clinics, and nursing homes have shared the count of older adults reached with 4Ms care for at least three months

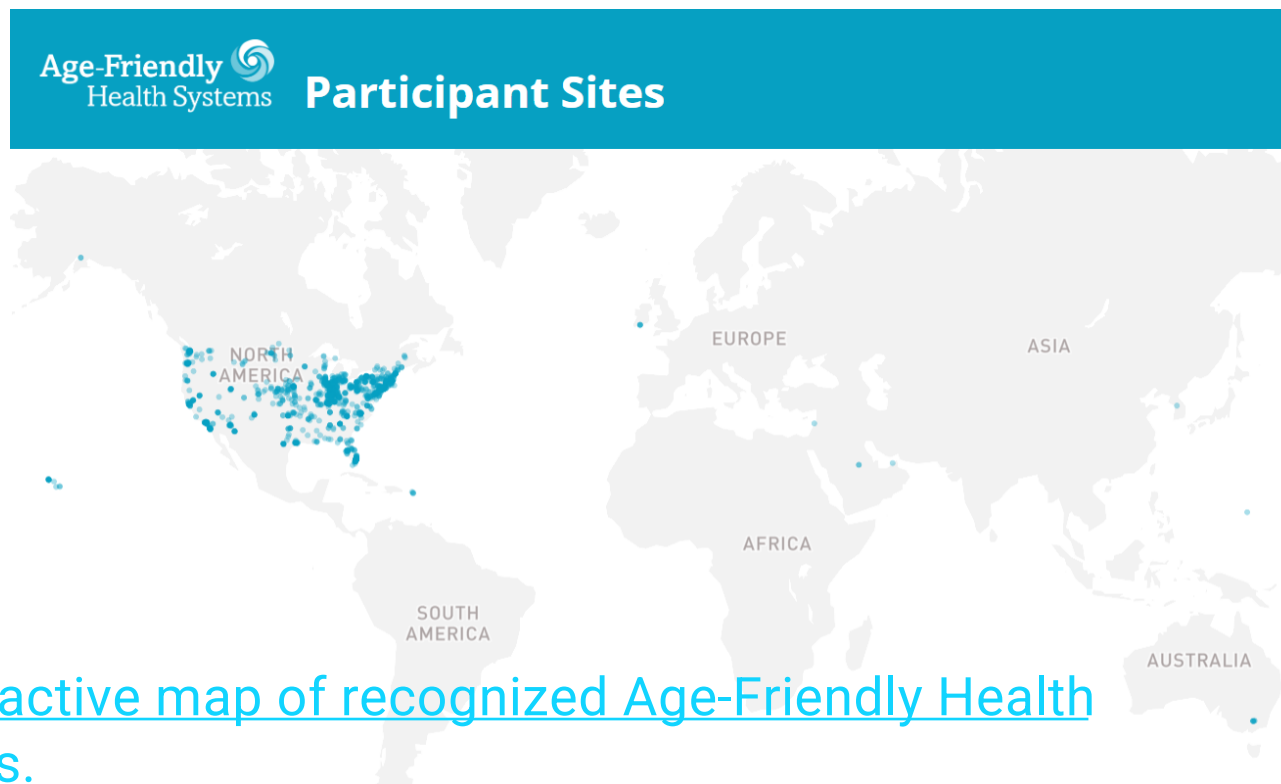
**Age-Friendly Health System-Participants count is inclusive of hospitals and practices that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence*

More than 2,990,000
older adults have been
reached with 4Ms care.

As of December 2023



Interactive Map of Recognized Age-Friendly Health Systems



[View an interactive map of recognized Age-Friendly Health Systems sites.](#)

Global Reach of Age-Friendly Health Systems

Learners from **45 countries** have taken IHI's Age-Friendly Health Systems Open School course

Countries with recognized participants:

- Australia
- Ireland
- Lebanon
- Portugal
- Saudi Arabia
- South Korea
- United Arab Emirates
- United States



[View an interactive map of recognized Age-Friendly Health Systems sites.](#)

Please share:
Favorite examples of a “What Matters” response from an older adult in your life

Who benefits?

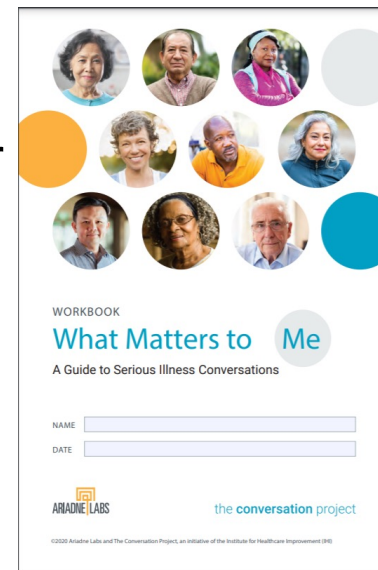
Clinicians

Patients and Caregivers

99% of adults 50+ say that in the event of a serious illness, it's important that **What Matters** be the primary consideration for their care. The John A. Hartford Foundation, November 2023

Clergy

the **conversation** project



Listening matters too



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“It is often **through the quality of our listening** and not the wisdom of **our** words that we are able to effect the most profound changes in the people around us. When we **listen**, we offer with our attention an opportunity for wholeness”

– Rachel Naomi Remen, MD

Before asking

How do they like to be addressed?

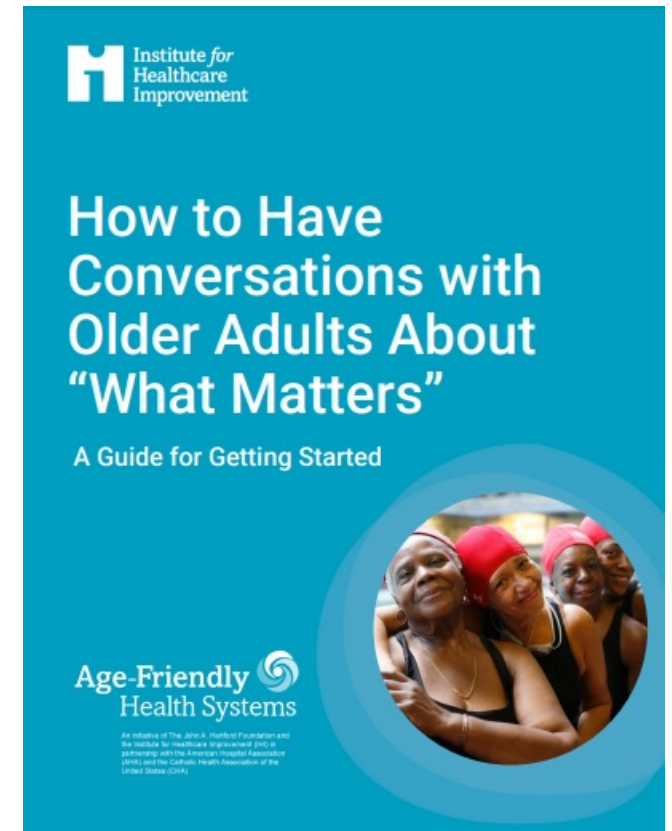
What is their preferred language (do you need an interpreter)

Is there another trusted individual in their life you should include?

Move away from computer – hold eye contact

Be prepared for whom else you might loop in based on answers

the **conversation** project



Opening lines

“I can give you the best care and support when I understand what matters most to you, because you are the expert on your life and what works for you. I’d like to ask a few questions about you, what’s going on with your life and health, and what is most important right now. Is that okay?”

“In today’s visit, I want to be sure we cover what is most important to you, so I and the rest of our team can work with you to recommend the best care and treatment for you.”

“I want to work with you to figure out next steps together. Can we talk about what matters most to you right now?”

“I’d love to hear what’s on your mind.”

What’s on your mind?

What is most important to you?

What’s going on with your life and health?

the **conversation** project



Phrasing

Let the older adult know they can say anything.

“I welcome all your ideas and questions.”

Pay attention to their words and join them in advancing their goals.

“I'll listen and work with you on how we can address what's important to you.”

Don't claim to have all the answers. Do commit to working together.

“We'll figure this out together.”



Ways to keep the conversation going

Are there any concerns you would like to talk about?

What do you hope your health care can do for you?

What would make tomorrow a really great day for you?

Is anything getting in the way of doing the activities that you would like to do?

Would you like support with transportation, scheduling, or having someone else join this conversation next time we talk?

What are some goals you hope to achieve before your next birthday?

What are your most important goals if your health situation worsens?

What else would you like us to know about you?

What questions have you found helpful?



Now what?

Document

Act. Ask yourself:

- What can I do in this appointment to address these goals and integrate What Matters into the care plan?
- With whom can I share this information (e.g., team members, referrals)?
- How can I remember what I learned in this conversation when I talk with this person next?

Ask for feedback

Spread what works. Identify and act on common responses to What Matters.

- For example, if many older adults say they get hungry at night after the cafeteria closes, work with the dining facilities team to create a late-night food option.



“The new hope is that we can change the culture to treat the patients as they wish to be treated rather than treating them because we can.”

-Billie Kester, Reid Hospital, Indiana, Conversation Ready Health Care Community Member

the conversation project





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Stories and Results

Outcomes: Cedars-Sinai Medical Center

In the first year of a program for older adult inpatients with fractures:

- **11 percent reduction in length of stay**
- 41 percent reduction in time of surgery for geriatric inpatients
- \$300,000 direct cost-savings

Projected \$1 million savings as the program expands to serve 300 patients/year



In Los Angeles, CA. [Read the Issue Brief from the American Hospital Association.](#)

Outcomes: Providence Health

Provider champions were trained in 12 primary care clinics. For patients 65+ at the clinics:

- **2-7 percent decrease in hospitalizations**
- 2x as likely to be screened for fall risk and cognitive impairment
- 4x more likely to receive fall-risk interventions

“These have been my best weeks since I left chief resident year. I’m more connected to my colleagues, more confident in my patient care, more hopeful about the future of medicine.”
–Trained provider champion

In Oregon. [Read the Issue Brief from the American Hospital Association.](#)

Spread: Northwell Health



Over 900 team members trained in goals of care conversations. For patients who had these conversations:

- **Reduced readmission rate by 4 percent**
- Shorter length of stay in the ED

Added an evidence-based mobility assessment to the EHR.

- No falls on 2 of the 4 pilot units and no workforce injuries on any pilot units during initial study.

In New York. [Read the case study.](#)

Patient Experience: Anne Arundel Medical Center



Increased documentation of patient wishes for care through the end of life to 24 percent

During the height of the pandemic:

- Decreased social isolation by connecting patients virtually with family members
- 82nd percentile HCAHPS score
- **92nd percentile patient satisfaction** for older adults

In Annapolis, Maryland. [Read the Issue Brief from the American Hospital Association.](#)

Value and Quality: St. James Parish Hospital

Using limited resources as a critical access hospital:

- 62% decrease in readmissions January to September 2020 during the COVID-19 pandemic
- **\$93,000 cost savings**

Falls with injury continue to decrease

Use your own data to evaluate the business case for becoming an Age-Friendly Health System.



In Lutcher, Louisiana. [Read the case study from the American Hospital Association.](#)

Nursing Home: The Good Samaritan Society-Quiburi Mission (Quiburi)

Records what matters to residents on paper, kept in a binder in the CNA work area for easy reference

Screens quarterly for dementia and depression

Offers physical therapy, an exercise class, and facilitated walks to the dining room

Reduced rate of antipsychotics medications from 20.4 to 4.7 percent

In Benson, Arizona. [Read the case study.](#)

“Thank you so much for caring enough to ask questions.”

–Family member of a new resident