Age-Friendly Health Systems:

Guide to Recognition for Geriatric Surgery Verification Hospitals

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ihi.org/AgeFriendly

Acknowledgments

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Learn more at ihi.org/AgeFriendly.

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Introduction

The United States population is aging. The number of older adults — that is, individuals ages 65 years and older — is growing rapidly. As we age, care often becomes more complex. Health systems are frequently unprepared for this complexity, and older adults suffer a disproportionate amount of harm while receiving care in the health system.

This demographic shift brings particular challenges for those providing surgical care, as older adults undergo surgery at higher rates than non-seniors, often present with multiple chronic conditions, are at increased risk of polypharmacy, and suffer from complex social and physical challenges.

To address these challenges, two important initiatives were launched to support the provision of age-friendly care:

Age-Friendly Health Systems: In 2017, 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), set a bold vision to build a social movement so that all care with older adults is age-friendly care. According to our definition, age-friendly care:

- Follows an essential set of evidence-based practices;
- Causes no harm; and
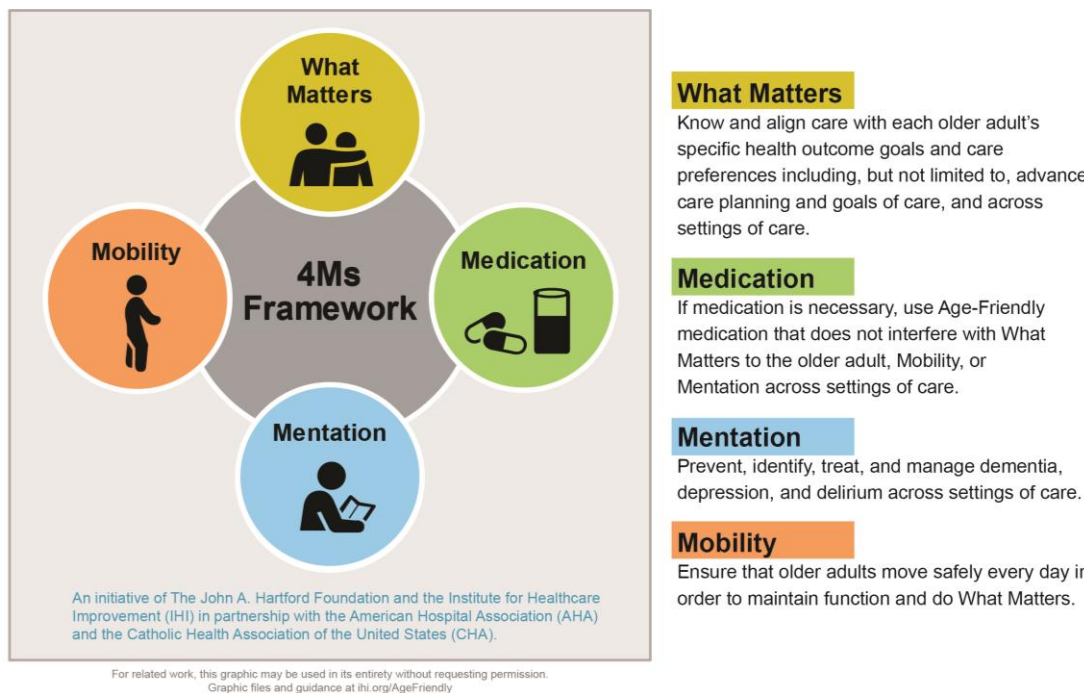- Aligns with What Matters to the older adult and their care partners.

American College of Surgeons (ACS) Geriatric Surgery Verification (GSV) Program: In 2015, ACS and the Task Force on Geriatric Surgery, composed of ACS leadership and a multidisciplinary group of leaders interested in geriatric surgical care, were awarded a four-year grant from The John A. Hartford Foundation to develop and implement a quality improvement program to systematically improve care and outcomes for older adult surgical patients. A team of ACS members with geriatric expertise and ACS staff worked with a diverse group of nearly 60 stakeholders to set standards, develop measures that matter, pilot the program, and launch a campaign to drive adoption of best practices. In July 2019, GSV officially launched with the release of the 30 program standards, outlined in *Optimal Resources for Geriatric Surgery.* These care standards specify the resources hospitals need to have in place to perform operations effectively, efficiently, and safely for this vulnerable population.

Following the rapid and ongoing adoption of these two frameworks across the United States, there is an opportunity to help health systems to leverage each for improved care of older adults. This guide provides easy next steps for organizations that are enrolled in the GSV Program to achieve Age-Friendly Health Systems recognition. For organizations that are not yet enrolled in the GSV Program, see Geriatric Surgery Verification Program (facs.org) for more information.

Age-Friendly Health Systems Overview

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults in your system. When implemented together, the 4Ms represent a broad shift by health systems to focus on the needs of older adults (see Figure 1).

Figure 1. The 4Ms Framework of an Age-Friendly Health System

What Matters
Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, advance care planning and goals of 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.

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

The 4Ms — What Matters, Medication, Mentation, and Mobility — make complex care of older adults more manageable. The 4Ms identify core issues that should drive all care and decision making with older adults. The 4Ms organize care and focus on the older adult's wellness and strengths rather than solely on disease. The 4Ms are relevant regardless of an older adult's individual disease(s). They apply regardless of the number of functional problems an older adult may have, or that person's cultural, ethnic, or religious background.[i]
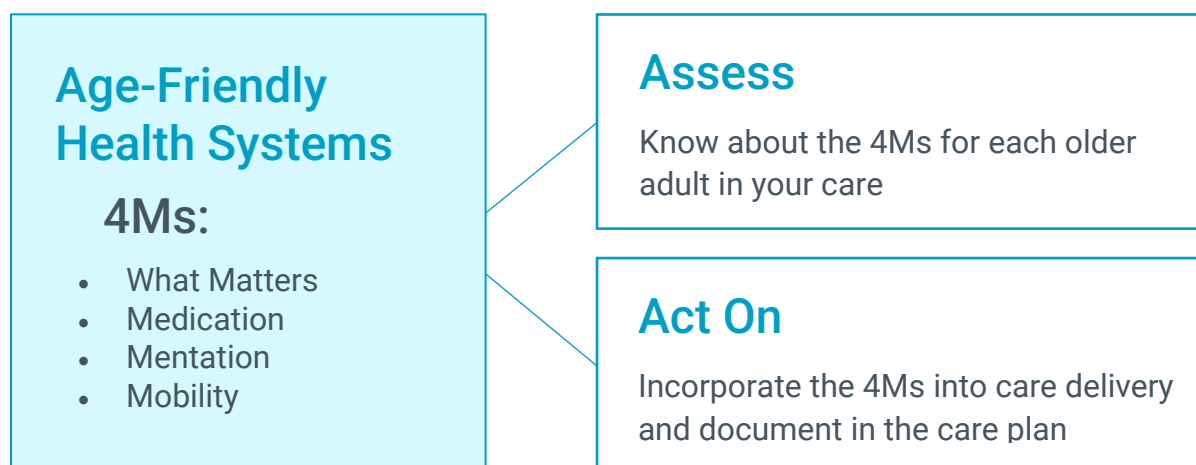
The 4Ms are a framework, not a program, to guide all care of older adults wherever and whenever they come into contact with your health system's care and services. The intent is to incorporate the 4Ms into existing care, rather than layering them on top, in order to organize efficient delivery of effective care. This integration is achieved primarily through redeploying existing health system resources. Many health systems have found that they already provide care aligned with one or more of the 4Ms for many older adults. Much of the effort, then, involves incorporating the other elements and organizing care so that all 4Ms guide every encounter with an older adult and, when appropriate, their designated care partners.

4Ms Framework: Not a Program, but a Shift in Care

- The 4Ms Framework is not a program, but a shift in how we provide care to older adults.
- The 4Ms are implemented together (i.e., all 4Ms as a set of evidence-based elements of high-quality care for older adults).
- Your system probably practices at least a few of the 4Ms in some places, at some times. Engage existing champions for each of the 4Ms. Build on what you already do and spread it consistently across your system.
- The 4Ms must be practiced reliably (i.e., for all older adults, in all settings and across settings, in every interaction).

There are two key drivers of age-friendly care: knowing about the 4Ms for each older adult in your care ("assess"), and incorporating the 4Ms into the plan of care accordingly ("act on") (see Figure 2). Both must be supported by documentation and communication across settings and disciplines.

Figure 2. Two Key Drivers of Age-Friendly Health Systems

Age-Friendly Health Systems

4Ms:
- What Matters
- Medication
- Mentation
- Mobility

Assess

Know about the 4Ms for each older adult in your care

Act On

Incorporate the 4Ms into care delivery and document in the care plan

For more information, see the Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Primary Care Practices. Developed with our expert faculty and advisors, the guide is designed to help care teams test and implement a specific set of evidence-based, best practices that correspond to each of the 4Ms.

Geriatric Surgery Verification Overview

By enrolling in the GSV Program, a hospital demonstrates its commitment to improving geriatric surgical care through the implementation of 32 standards (two of which are optional). These standards, outlined in *Optimal Resources for Geriatric Surgery,* are applicable to patients 75 years of age and older who are having inpatient surgery.

The standards provide a framework of interdisciplinary care with patient-centered standards focused on four key areas (see Figure 3). This allows hospitals to prioritize what matters most to individual patients regarding their needs and treatment goals.

Figure 3. GSV Program: Four Key Areas of Focus

GOALS OF CARE & DECISION MAKING • COGNITION & DELIRIUM • MAINTENANCE OF FUNCTION & MOBILITY • NUTRITION & HYDRATION OPTIMIZATION

The GSV Program also outlines the hospital structures and resources needed to develop and maintain high-quality geriatric surgical care. Recommendations include processes for:

- Improved communications between patients/families and their health care team
- Medication and pain management
- Preoperative and pre-discharge screening for geriatric vulnerabilities
- Postoperative protocol-driven care in areas of geriatric vulnerability
- Proper personnel and staff education and training
- Data review and quality improvement efforts

Understanding that hospitals are at varying degrees of readiness, the GSV Program has two levels of enrollment: Commitment and Verification (Level 1—Comprehensive Excellence and Level 2—Focused Excellence). Commitment-level hospitals have pledged to improve geriatric surgical care and are working toward implementing the program standards over a two-year period. Verification- level hospitals have successfully demonstrated implementation of the program standards through a comprehensive site visit.

Eligible surgical patients at Verification-level hospitals can expect goal-concordant care that aligns with their priorities regarding surgery (see Figure 4.)

Figure 4. Goal-Concordant Care Expectations of GSV Program

Older adults who have surgery in GSV verified hospitals can expect:

- Prioritization of quality of life

- Patient-centered, interdisciplinary care before, during, and after surgery

- A hospital dedicated to professional collaboration and communication

- High-quality care

For more information, see *Optimal Resources for Geriatric Surgery.* These standards detail the principles regarding resource standards, quality improvement and safety processes, data collection, and the verification process for the GSV Program.

Comparison of Age-Friendly Health Systems and Geriatric Surgery Verification Elements

An organization that is meeting the requirements of the GSV Program is already meeting all requirements for Age-Friendly Health Systems recognition when certain 4Ms-specific standards are in place for adults 65+. The graphic below illustrates those GSV elements that satisfy the requirements of 4Ms care for recognition as an Age-Friendly Health Systems participant.

Geriatric Surgery Verification Standards Aligned with 4Ms Care

The GSV standards below must be met for adults 65+ for Age-Friendly Health Systems recognition
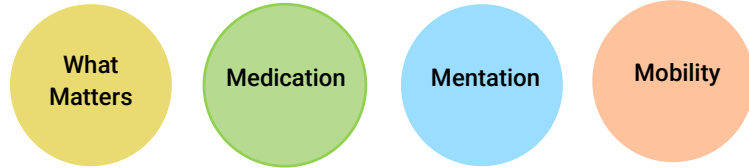
	What Matters	Medication	Mentation	Mobility
5.1 Treatment and Overall Health Goals	X			
5.11 Inpatient Medication Management		X		
5.12 Opioid-Sparing, Multimodality Pain Management		X		
5.6 Geriatric Vulnerability Screens			X	X
5.7 Management Plan for Patients with Positive Geriatric Vulnerability Screens			X	X

Adding Geriatric Surgery Verification to an Age-Friendly Health System

As the surgical population ages, the need to improve the care of older patients grows. The GSV Program is the ACS's response to this issue; the aim of this quality initiative is to improve the surgical care of older adults through the implementation of evidence-based standards and a focus on what matters most to older patients and their families. Focused attention to the unique needs and vulnerabilities of the older surgical patient is at the forefront of the program. Hospitals enrolled in the GSV Program also gain access to experts in the field of geriatric surgery and join a community of hospitals committed to improving the surgical experience for older patients.

Care delivered to older surgical patients is improved through the following strategies: redesigning the surgical episode to focus on goals of care and what matters most to older adults and their families; emphasizing the importance of preoperative screening to identify vulnerabilities; standardizing postoperative care to help prevent serious issues such as delirium and readmissions; and highlighting the importance of team-based interdisciplinary care and communication.

The GSV Program promotes standardization and protocolization in the care of older adults to increase efficiency and streamline the surgical process. Additionally, older adults are more likely than younger patients to suffer adverse events after surgery, including delirium, pressure ulcers, and falls. The GSV evidenced-based standards can help hospitals save money by implementing preoperative and postoperative care pathways that decrease the incidence of negative outcomes. To learn more, visit Geriatric Surgery Verification Program (facs.org).

Case Study: Dartmouth Hitchcock Medical Center

New Hampshire is the [second oldest state in the country](): as of 2019, its median age was 43, and 18 percent of residents were over 65. As a result, Dartmouth-Hitchcock Health (D-HH), which serves nearly 2 million patients throughout the state and beyond, has made care for older adults a top priority. "It's kind of a no-brainer to make the case to leadership that we need to be on the forefront of what's happening in geriatrics," said Ellen Flaherty, PhD, APRN, AGSF, Vice President at the Geriatric Center of Excellence at D-HH.

There are a number of pieces to their approach to geriatric care, but two key elements are a pair of complementary programs: Age-Friendly Health Systems and the Geriatric Surgery Verification Program. Flaherty and her colleagues have found that these programs each help them improve care for older adults in their own way.

Flaherty and her colleagues have found implementing both the 4Ms and the GSV standards to be mutually reinforcing. The 4Ms provide a larger framework, while the GSV standards provide more specific guidance.

"There's no way we could have picked up and flown without the bedrock of Age-Friendly Health Systems," said Stacie Deiner, MD, an anesthesiologist who came to D-HH in 2019, in part because she was attracted to its commitment to age-friendly care.

As for the GSV Program, Deiner says it's "an excellent roadmap from the time that patients are considering having surgery to when you send them back home."

If a patient has a condition that might require surgery, they go to their surgeon. The office completes a cognitive impairment and frailty screening. If the screening is positive, the patient is referred to the Aging Resource Center. There, a community health worker (CHW) conducts an intake that assesses all kinds of needs: transportation, food, safety, caregiver, and so on.

Then the CHW talks to the geriatric surgical nurse coordinator and shares the information with the geriatrician. Their recommendations are communicated back to the surgeon, in addition to information about where the patient needs to go after surgery: support at home, nursing, or rehab care.

A major benefit of the GSV Program is the community of participating providers. "You can call up anybody on the GSV roster and say, 'Hey, how are you working on achieving this standard?'" said Deiner. "People who barely know you will call you back right away."

As the providers at D-HH navigate these specifics, their guiding framework is always the 4Ms, and in particular What Matters. They ran focus groups across a range of stakeholders: patients, caregivers, nurses, surgeons, medical assistants. "The patient themes were very interesting," said Deiner. "They express the need for human contact. There's a fair amount of fear and anxiety around having cognitive testing. The fierce desire to remain independent."

Deiner stressed "how much fun my team has had working on care for older surgical patients. We've had some of these really magical moments." They have an arts program and a music

program available to older adults on the floor. There are virtual concerts, and a geriatric chaplain comes to be with the patients. Deiner has enjoyed "watching everybody smile," especially in the time of pandemic-induced isolation.

"I think it was very natural for us to go from 4Ms care to the GSV," said Flaherty. While the GSV has helped them to improve their surgery processes, the 4Ms provide the underlying foundation. As Flaherty put it, "You think, live, and breathe the 4Ms."

Age-Friendly Health Systems Recognition

We've developed a streamlined survey for GSV sites to be recognized as an Age-Friendly Health System. Go to www.ihi.org/agefriendly to access the forms and other resources.

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