

# Bassett Healthcare Network – Continuing the Journey to Become “Age Friendly”

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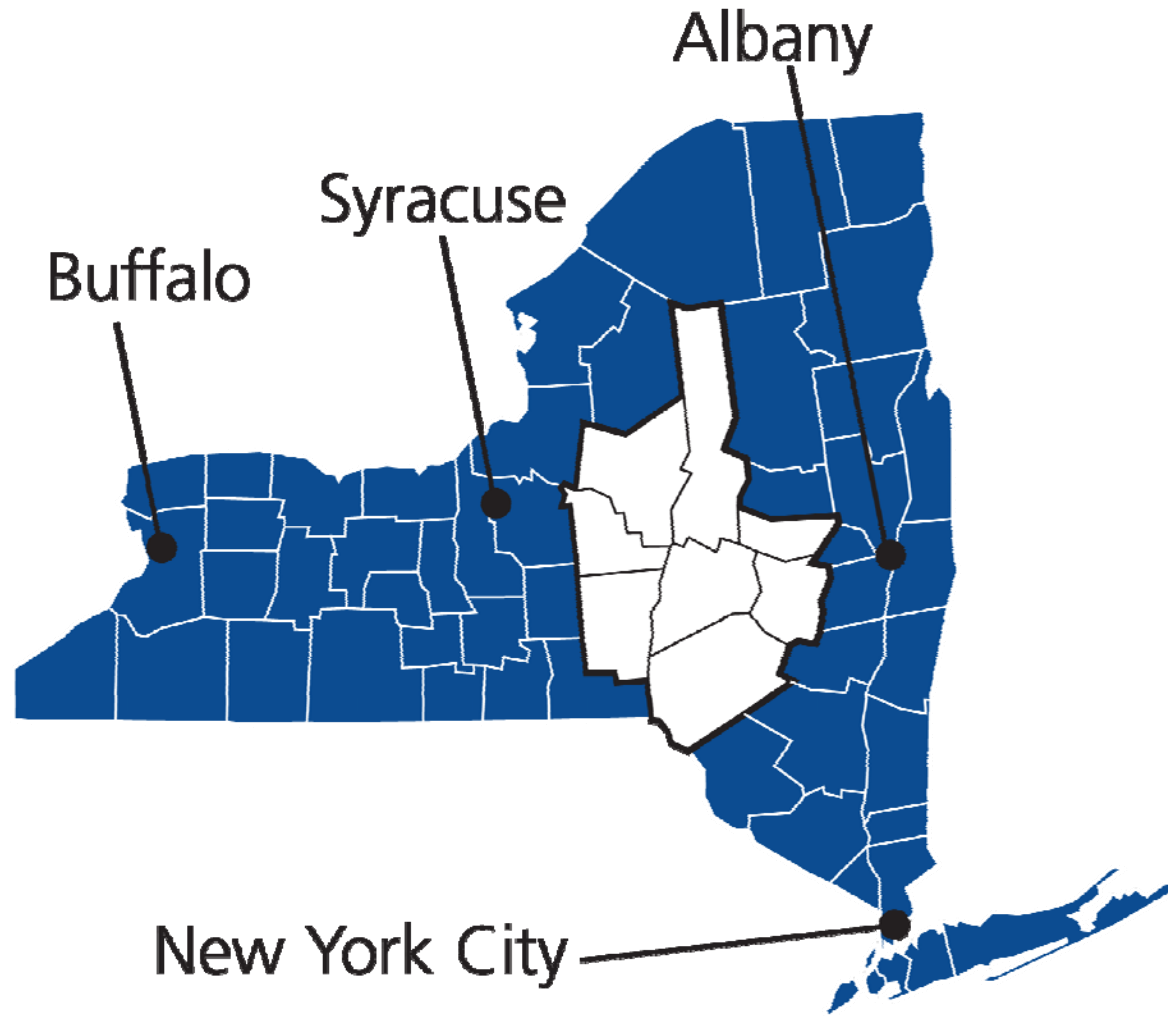
Director of Quality

Bassett Healthcare Network

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# OneBassett

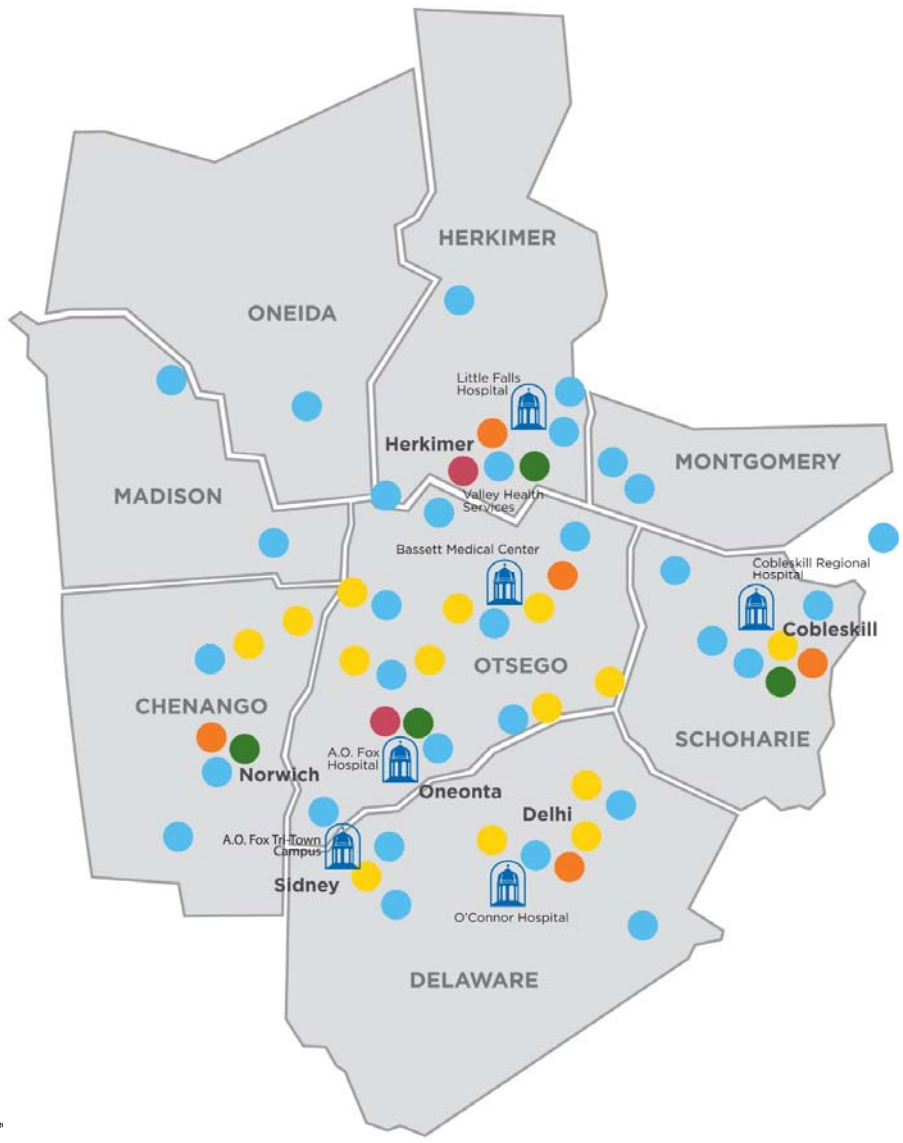


## Serving Rural Upstate NY

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- **5600 Square Miles spanning 8 counties**
- **5 Hospitals**
  - Academic Medical Teaching Hospital
  - Acute Care Community Hospital
  - 3 Critical Access Hospitals with 2 swing bed units within
- **2 Skilled Nursing facilities/Short term Rehab/assisted living**
- **49 community-based outpatient health centers and specialty services center locations;**
- **3 convenient care locations**
- **16 school-based health centers;**
- **2 ambulatory surgery centers**





-  Hospitals
-  Health Centers
-  School-Based Health Centers
-  Home Health Agency
-  Durable Medical Equipment
-  Long-term Skilled Nursing & Rehabilitation

# Why Age Friendly?



Age-Friendly Health Systems aim to:

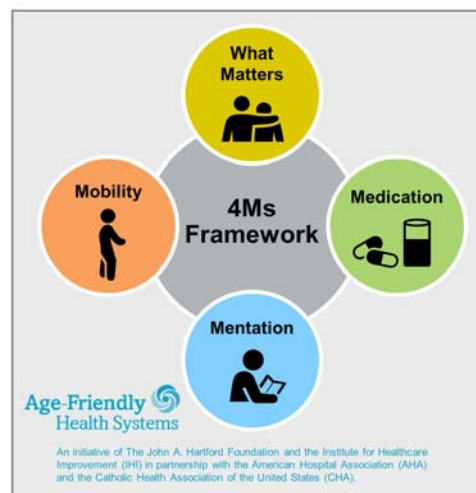
- Follow an essential set of evidence-based practices
- Cause no harm
- Align with What Matters to the older adult and their family caregivers.

## What's Our Why?

- It aligns with our mission, vision and values:
  - **Mission:**
    - Bassett Healthcare Network mission is to improve the health of our patients and the well-being of our communities.
  - **Vision:**
    - Through advanced integrated clinical services, education, and research, we aspire to be a model of excellence for health, creating remarkable patient experiences and better living.
  - **Values:**
    - **Courage**
    - **Unity**
    - **Excellence**
- It matters ..... to everyone
- It's the right thing to do

## What Does It Mean to Be Age-Friendly?

The 4Ms Are Practiced as a Set	The 4Ms in an Age-Friendly Health System Hospital
<p><b>What Matters</b> 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</p> <p><b>Medication</b> 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</p> <p><b>Mentation</b> Prevent, identify, treat, and manage delirium across settings of care</p> <p><b>Mobility</b> Ensure that each older adult moves safely every day to maintain function and do What Matters</p>	<ul style="list-style-type: none"> <li>• Ask the older adult What Matters most, document it, and share What Matters across the care team</li> <li>• Align the care plan with What Matters most</li> <li>• Review for high-risk medication use and document it</li> <li>• Deprescribe or avoid high-risk medications, and document and communicate changes</li> <li>• Screen for delirium at least every 12 hours and document results</li> <li>• Ensure sufficient oral hydration</li> <li>• Orient to time, place, and situation</li> <li>• Ensure older adults have their personal adaptive equipment</li> <li>• Support non-pharmacological sleep</li> <li>• Screen for mobility limitations and document the results</li> <li>• Ensure early, frequent, and safe mobility</li> </ul>



### 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.

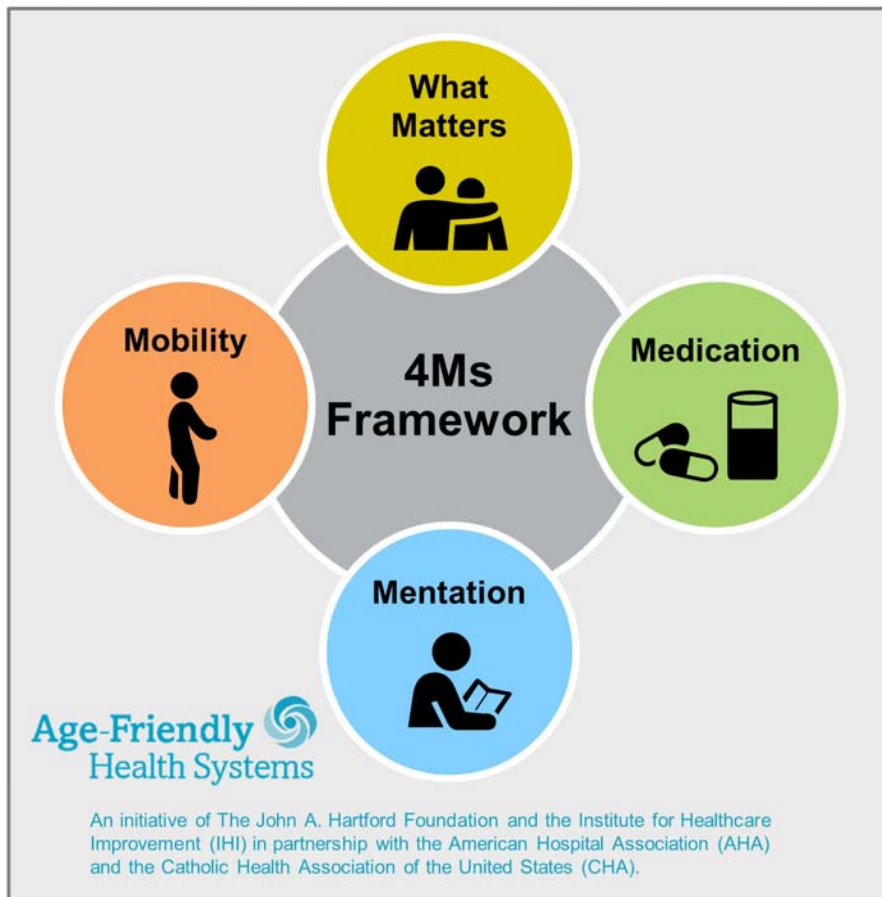
### Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

## Initiatives – not programs

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- Not programs but a shift in how we care for our patients and engage them as part of our teams
- A framework across the continuum of care
- Age Friendly Health System informs and enhances other work, including:
  - Care Partner Program - EQIC (CMS Eastern Quality Improvement Collaborative)
  - Bridge Program – Bridging the gap between hospital and SNF/STR



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

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## Journey from one hospital participating to an entire Network

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- Network-wide Multidisciplinary Team:
  - Membership includes: Nursing (leaders and front line), Physicians/clinicians, patient experience, pharmacist, Rehabilitation therapy, quality, education, laboratory, patient advisor(s) from P-FAC (patient and family advisory council)
- Small changes – starting at one facility, then, with success, adoption across the Network
- Focus on the 4 Ms

# Early Successes and Accomplishments

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- **What Matters:**

- Active engagement and enthusiasm from our patient advisors on the P-FAC
- Revising paper maps to larger font and larger picture
- Review and revision of white boards (staff centric to patient centric)
- Care partner engagement
- Advanced Directives – conversations, earlier involvement of hospice
- Assessment updates within EMR and evaluation of key questions to what matters for admission

- **Medication:**

- Working on after visit summary to add indications for use in plain language
- Targeted Discharge education by pharmacy for new medications
  - Side Effect medication Cards

- **Mentation:**

- Developing a “quiet time” to facilitate rest

- **Mobility:**

- Additional 15 handicapped parking spaces created at BMC
- Changing fall risk assessment tool to better stratify fall risk (HD tool)

*It's a journey.....not a destination*

*Thank You!*

