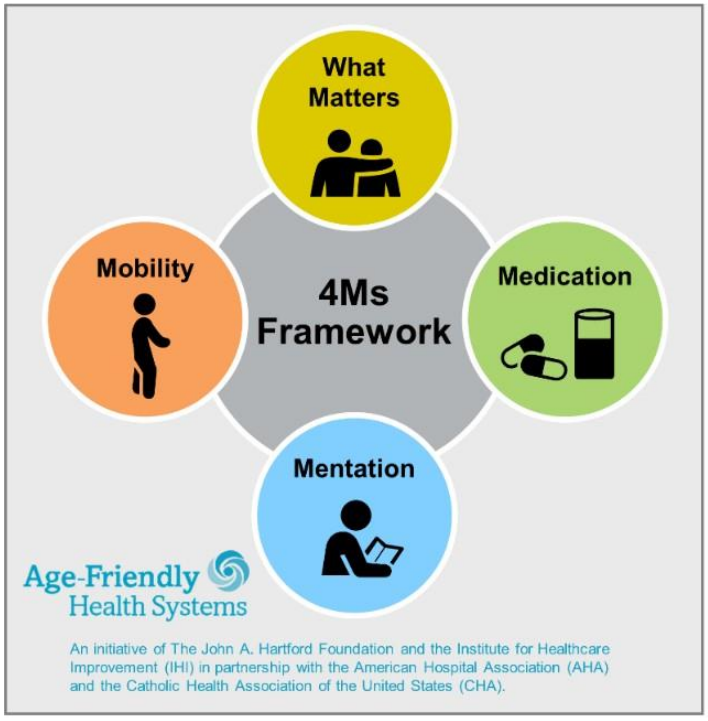
Age-Friendly Health Systems
Framework Standards for Age-Friendly Care at Home

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).

Age-Friendly Health Systems:

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



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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 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.

What Does It Mean to Be an Age-Friendly Health System?

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: What Matters, Medication, Mentation, and Mobility.

Age-Friendly Care at Home CHAP Standards

A **Key Performance Area (KPA)** is the central topic evaluated by the standards. Each KPA includes:

- **Standards** that identify the set of requirements CHAP uses to make accreditation determinations. CHAP evaluates compliance with each standard and bases the accreditation decision on the organization's total performance across all standards evaluated.
- **Evidence Guidelines** that provide additional detail about how each standard is assessed, as well as approaches organizations may consider in demonstrating compliance with the standard. More detail about Evidence Guidelines is provided below.

Evidence Guidelines

Evidence guidelines provide organizations direction about how compliance with the standard or associated modifier is assessed. The following types of evidence guidelines are used:

1. **Guidance Statements:** Explain expectations, nuances or terms used in the standard. Guidance supports the organization in understanding how the requirements of each standard can be met. Examples are used for the purpose of explanation but are not meant to be statements of the only way to achieve compliance.
2. **Document Review:** Documentation from a variety of sources is used to demonstrate compliance (e.g., position descriptions, policies, meeting minutes).
3. **Interview:** One or more interviews with personnel and/or patients or caregivers are used to assess compliance with the standard or modifier.
4. **Record Review:** Personnel or patient records are the primary source of assessing compliance.
5. **Observation:** One or more home visit is conducted to establish standard compliance

Types of Standards

Within each KPA, areas of performance are examined:

Design (D) standards: The policies, procedures, qualifications, training, and other resources the organization uses to support consistent implementation and quality outcomes in care and service. delivery.

Implementation (I) Standards: Evaluation of how effectively the organization implements its own defined parameters of organization structure and expectations, as well as those established nationally and at the state level.

Sustainability (S) standards assess the processes and organizational structure that support ongoing quality improvement in the delivery of care and services.

Key Performance Area - Patient Centered Care (PCC)

Design (D)	Evidence Guidelines
The organization provides written information for older adults and family caregivers and/or policies and procedures for staff that describes an Age-Friendly Health System. The organization implements the Age-Friendly Health Systems approach which respects and responds to a patient's individual preferences and engages them in active partnerships throughout the course of their care.	**Document review:** Review organization policy/procedures and/or other documents (i.e., marketing materials, patient admission handout)(client service agreement/explanation of services provided) used by the organization to communicate to stakeholders including but not limited to staff, patients/cllients and caregivers, payers, and the community that describes an Age-Friendly Health Systems in the home setting. **Interview:** Interview staff to determine if the organization's approach to an Age-Friendly Health Systems is grounded in principles and concepts of evidence-based practices related to the 4Ms (What Matters to the patient/client, Medications, Mentation, and Mobility). Interview patient(s)/clients and/or other caregivers(s) to

Design (D)	Evidence Guidelines
	determine if the provider has informed them about Age-Friendly Health Systems and what they can expect as part of this care approach. **Observation:** During home visits, determine if staff provide patients/clients and caregivers with information at admission (written and verbal) that helps them understand Age-Friendly Health System services and what they can expect as part of this care approach. **Tips:** • Ask the older adult What Matters most, document it, and share What Matters across the care/service team. • If the older adult's health care decisions are made by a family member, caregiver, or surrogate decision maker/DPOA ask what Matters most for the older adult. • Align the plan of care/service plan with What Matters most to patient/client • IHI resources for staff to facilitate conversations about Age-Friendly Health Systems with patients/ and caregivers: ○ "*How to Have Conversations with Older Adults About "What Matters": A Guide for Getting Started*" ○ "*4Ms Brochure*" (visual guide); the "*4Ms brochure*" is also available in Spanish ○ *"Conversation Ready: A Framework for Improving End-of-Life Care"*

Key Performance Area – Assessment, Planning, and Coordination (APC)

Design (D)	**Evidence Guidelines**
The organization develops addendums to current policies (assessment, planning, coordination of care/services) that outlines Age- Friendly Health Systems which uses evidenced-based literature and tools when assessing, planning, delivering, and coordinating patient/client care/services.	**Document review:** Review addendums to current policies (assessment, planning, coordination of care) to verify the 4M framework and designation of evidenced-based literature* and tools related to assessment, planning and coordination of care/support services. **Interview:** Interview leaders, ~~and~~ managers /service coordinators* to determine how the 4Ms (What Matters to the patient, Medications, Mentation, and Mobility) are incorporated into assessment, care/service planning, and care coordination ~~care~~ processes using evidence-based literature and tools. *For organizations providing ONLY personal care/support care services evidence-based tools are used whenever available. Absent evidence-based tools, consensus-based industry leading practices are used~~.~~
Implementation (I)	**Evidence Guidelines**

The organization implements an Age-Friendly Health Systems approach related to assessment, planning, and coordination of patient care using evidenced-based literature and tools determined by the organization.	**Record review:** Review documentation in the clinical/service record to determine that staff document per the organization's policy/procedure related to the 4Ms. For organizations that provide only personal care/support services review the record of services for documentation that the care/services provided align with the 4Ms within the scope of the legal/regulatory requirements for the provider. **Interview:** Interview patients and patient/client care staff to discern how the 4Ms (What Matters, Medications, Mentation, and Mobility) are implemented as a framework through which care/services ~~is~~are planned, coordinated, and delivered. **Observation:** During home visits determine how staff are implementing the 4Ms (What Matters, Medications, Mentation, and Mobility) when engaging patients/caregivers in the assessment, planning and coordination of care. For organizations that do not provide skilled services determine how the 4Ms framework is being used to deliver the contracted services. For example, does the service provided align with What Matters to the client? **Tip:** Refer to page one (1) of CHAP's "*What Does it Means to be Age-Friendly in the Home Setting?*" document.

Key Performance Area – Care Delivery & Treatment (CDT)

Implementation (I)	Evidence Guidelines
Staff deliver care in accordance with the evidence-based practices approved by the organization that supports an Age-Friendly Health System.	**Record Review:** Record review to verify that care is being delivered in accordance with the evidence- based practices approved by the organization and that reflect the 4Ms (What Matters to the patient, Medications, Mentation, and Mobility) care framework including but not limited to the plan of care, assessment, and visit notes. For homecare providers that only provide personal care and support services, review the service record to verify that services align with the 4Ms within the scope of their permitted duties. For example, do the services align with what matters to the client? **Observation:** During home visits observe clinicians to discern if care is delivered in accordance with the 4Ms (What Matters to the patient, Medications, Mentation and Mobility).For homecare providers that only provide personal care and support services, discern if the services delivered align with What Matters to the client and that the staff are aware and provide those services in such a manner as to support the Mentation, safe Mobility, and safe use of medication within the scope of the regulatory requirements of the Fed/state provisions? **Tip:** Refer to page two (2) of CHAP's "*What Does it Means to be Age-Friendly in the Home Setting?*" document.

Key Performance Area – Continuous Quality Improvement (CQI)

Implementation (I)	Evidence Guidelines

The organization integrates evaluation of their Age-Friendly Health System approach into their data-driven Continuous Quality Improvement (CQI) program.	**Document Review:** Review documentation of CQI activities. Validate that the 4Ms are integrated into CQI program activity related to assessment, care planning, coordination of care, and treatment. For example, consider reviewing the patient satisfaction reports for indications that the provider is reviewing outcomes indicative of the use of the 4Ms. **Interview:** Interview one or more key leaders involved in the implementation of the organization's CQI program. Validate that the organization can demonstrate the integration of the 4M's into the CQI program and how the organization ensures the program collects and evaluates data outcomes related to assessment, care/service-planning, coordination of care/services, and treatment. For homecare organizations that provide only personal care and support services, interview key leaders to discern how they use their Continuous Quality Improvement data to improve their operations and the services provided to clients.

Implementation (I)	Evidence Guidelines
	Tip: Staff can utilize the IHI resource, "*Age-Friendly Health Systems: Measures Guide*" to assist in tracking quality measures identified by the organization for Age-friendly care.

Key Performance Area – Human Resource Management (HRM)

Design (D)	Evidence Guidelines
The organization incorporates the needs and requirements of using an Age-Friendly Health System approach into the design of the human resource management program.	**Document review**: Review human resource (HR) management policies and procedures and organizational documents including but not limited to job descriptions, clinical competency* and performance evaluations, and clinical in-service records to determine how the organization prepares and manages staff responsible for delivering care using the 4Ms (What Matters to the patient, Medications, Mentation, and Mobility). *For organizations providing only personal care and support services determine if the organization utilizes a method to determine the competency of staff to provide the contracted services using a 4Ms framework. For example, before staff are assigned to a client they determined competent to safely provide stand-by assistance for mobile patients and mitigate fall risks. For example before being assigned to a client, staff are determined competent in how to safely and appropriately assist clients with self-medication as may be permitted by law and regulation. **Interview:** Interview HR, management, and staff to determine their knowledge of personnel responsibilities related to Age-Friendly Health System practice.

Implementation (I)	Evidence Guidelines
The organization orients and manages staff to ensure staff are capable and competent in the use of the 4Ms (What Matters to the patient, Medications, Mentation, and Mobility).	**Record review:** Review personnel record documents including but not limited to orientation, in-service records, and clinical competency* to determine how the organization orients and manages staff responsible for delivering care/services using the 4Ms (What Matters Most to the patient, Medications, Mentation, and Mobility). *For organizations that provide only personal care and support services, the determination of competency reflects the ability to safely and appropriately provide care/services, as permitted by law and regulation, using the 4Ms framework.