

# Implementing Age-friendly Culture Change

## Scaling And Spreading The 4M's

**Dr. Hanadi Khamis Al Hamad MD, CABIM, MSC in Health Care Management, FACP**  
Medical Director, RH & Acting/ CEO- QRI  
Chairperson of Geriatrics and Long-Term Care Department  
NHS-2 National Lead for Healthy Ageing  
Head of WHO Collaborating Centre for Healthy Ageing and Dementia

**Dr. Kedar S. Mate, MD**  
President & CEO  
Institute for Healthcare Improvement  
Faculty  
Weill Cornell Medicine

**Healthcare Resilience in Extraordinary Times**

Brought to you by:  
**Hamad Healthcare Quality Institute**

# Conflict of Interest

The speaker(s) or presenter(s) in this session has/have no conflict of interest or disclosure in relation to this presentation.

# Learning Objectives

At the end of this session, participants will be able to

- ❖ Understand essential set of evidence-based practices on Age Friendly Care.
- ❖ Describe the 4 elements of: What Matters, Medication, Mentation, and Mobility
- ❖ The National and local HMC successful implementations of Age Friendly Care
- ❖ Know how to Align with What Matters to the older adult and their family caregivers

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

Kedar S. Mate

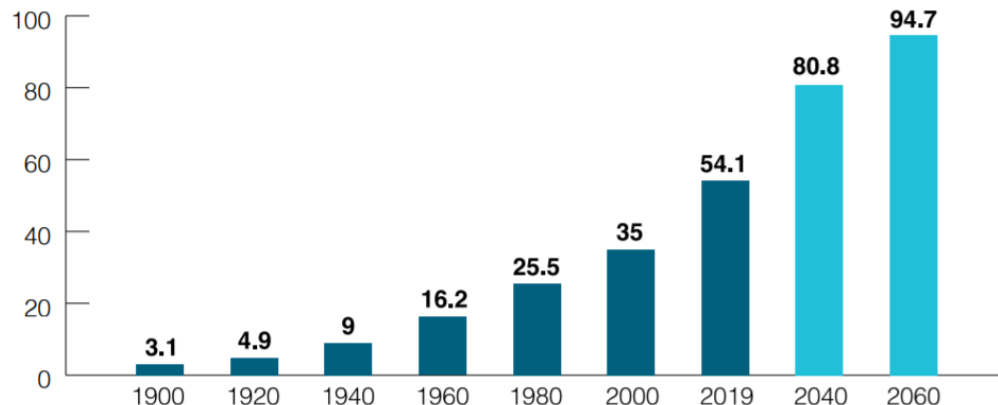
# The Opportunity



The  
John A. Hartford  
Foundation

1. **Demography:** # of older adults is rapidly growing and becoming more diverse

**Number of Persons Age 65 and Older, 1900 - 2060  
(numbers in millions)**



*Note: Increments in years are uneven. Lighter bars (2040 and 2060) indicate projections.*

*Source: U.S. Census Bureau, Population Estimates and Projections*



# The Opportunity



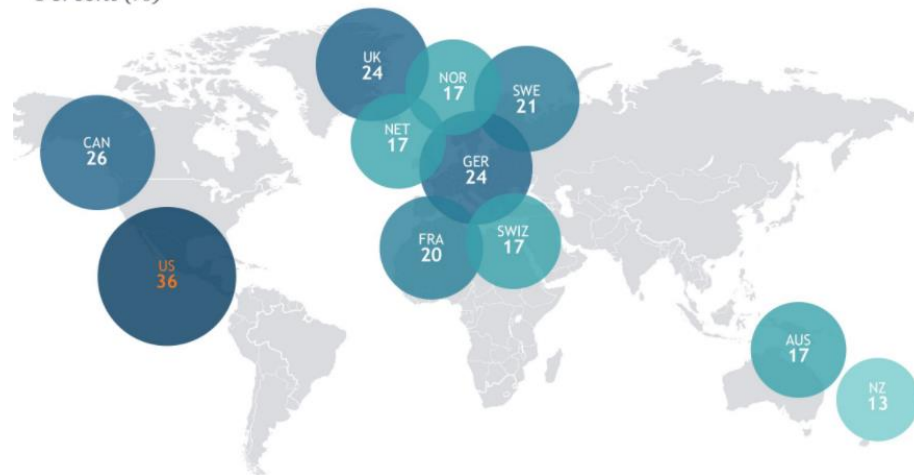
The  
John A. Hartford  
Foundation

1. **Demography:** # of older adults is rapidly growing and becoming more diverse
2. **Complexity:** multiple chronic conditions, dementia, disability, social isolation, social determinants of health

HEALTH STATUS, FUNCTIONAL LIMITATIONS, UTILIZATION AND ECONOMIC AND SOCIAL VULNERABILITY

## Older Adults with Three or More Chronic Conditions\*

Percent (%)



Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults

\* Chronic conditions: joint pain or arthritis; asthma or chronic lung disease; cancer; diabetes; heart disease, including heart attack; hypertension or high blood pressure, and/or stroke.



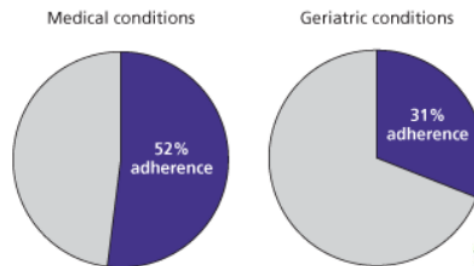
# The Opportunity

1. **Demography:** # of older adults is rapidly growing and becoming more diverse
2. **Complexity:** multiple chronic conditions, dementia, disability, social isolation, social determinants of health
3. **Disproportionate Harm:** higher rates of health care-related harm, discoordination, poor preparation for disasters, costs



The  
John A. Hartford  
Foundation

**Figure 3. Adherence to Quality Indicators for Geriatric Conditions Was Poorer than That for General Medical Conditions**

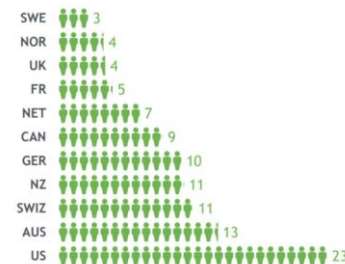


RAND analysis, Higashi T et al., accessed 2022

#### AFFORDABILITY & COST-RELATED ACCESS BARRIERS

#### Older Adults Who Experienced Cost-related Access Problems to Care in Past Year \*

Percent (%) who had to forgo care because of cost



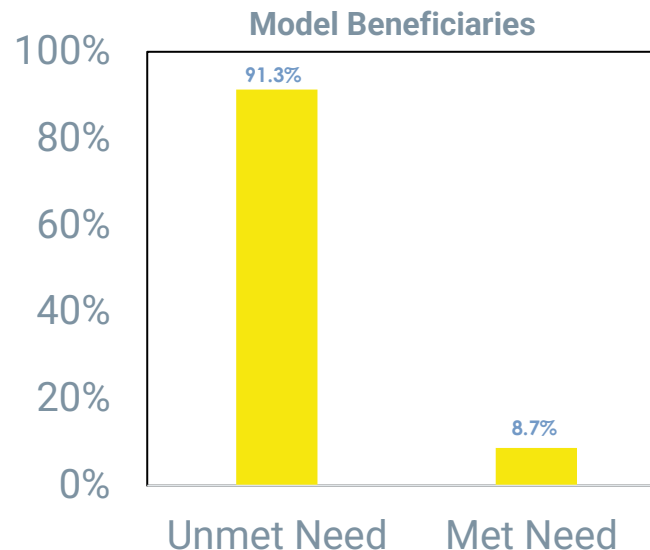
Source: 2017 Commonwealth Fund International Health Policy Survey of Older Adults  
\* Cost-related access problem in past year, including: 1) Did not see doctor when sick; 2) skipped medical test or treatment recommended by doctor; and/or 3) did not fill prescription or skipped doses because of the cost in past year.

# The good news and the not so good news



The  
John A. Hartford  
Foundation

- We have lots of evidence-based geriatric-care models of care that have proven very effective
- Yet, most reach only a portion of those who could benefit
  - Difficult to disseminate and scale
  - Difficult to reproduce in settings with less resources
  - May not translate across care settings



IHI Analysis of Model Beneficiaries 2016  
Met Need – 8.7%  
Unmet Need – 91.3%





# Our Mission

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

- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.



# Specific Aims

---

1,000 hospitals, practices, convenient care clinics, and nursing homes recognized by IHI as Age-Friendly Health System Participants (12/31/20);

2,600 hospitals, practices, convenient care clinics, and nursing homes recognized by IHI as Age-Friendly Health System Participants (6/30/23)



# How IHI works

---

## All Teach, All Learn

---

*Value all expertise*

## Create the Change

---

*Improve the way we work*

Inspire Change

Educate

Demonstrate  
Results

Innovate

## Build a Movement

---

*Change the way we all work*

## Partner for Results

---

*Create evidence of impact*



## How IHI works

---

### All Teach, All Learn

---

*Value all expertise*

### Create the Change

---

*Improve the way we work*

Inspire Change

Educate

Demonstrate  
Results

Innovate

### Build a Movement

---

*Change the way we all work*

### Partner for Results

---

*Create evidence of impact*



# Age-Friendly: Evidence Based-Practices Changes

Methods: Reviewed 17 care models with level 1 or 2a evidence of impact

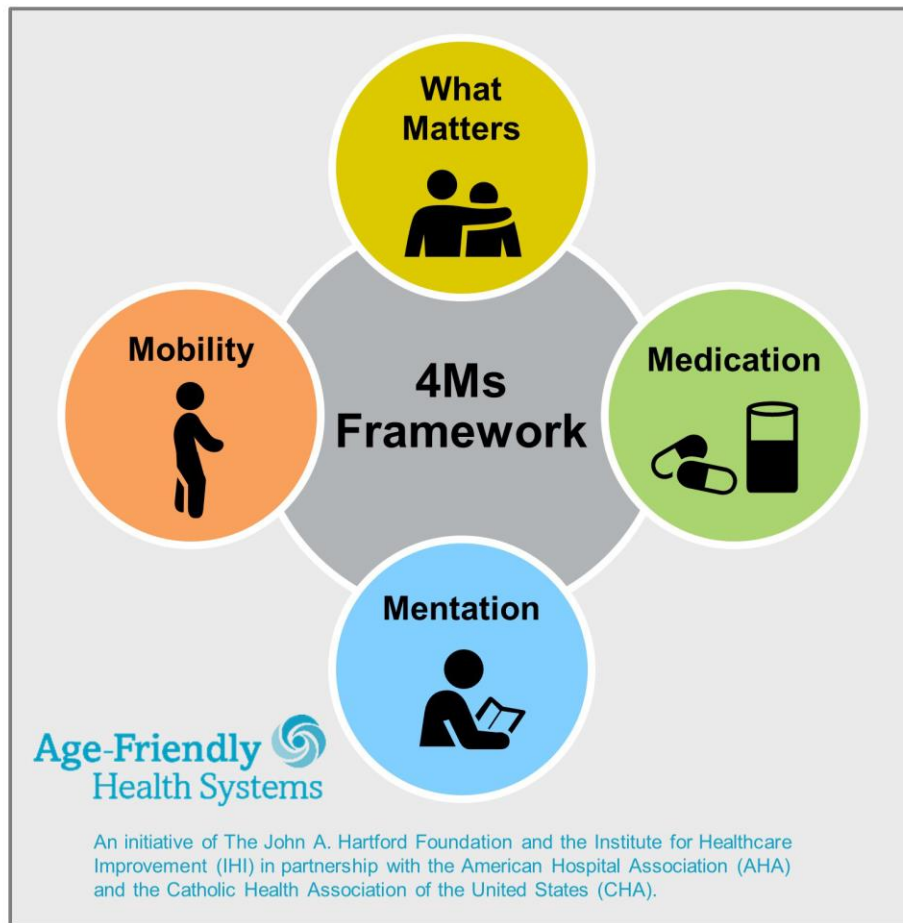
**90 care features**  
identified in pre-work

Redundant concepts removed and **13 discrete features** found by IHI team

Expert Meeting led to the selection of the “vital few”: **the 4Ms**

**Today: More than 300 published articles evaluating aspects of the 4Ms Framework**

Visit: [www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/In-the-News.aspx](http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/In-the-News.aspx)



## 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.



# Why the 4Ms?

1. Represents core health issues for older adults
2. Builds on strong evidence base
3. Simplifies and reduces implementation and measurement burden on systems while increasing effect
4. Components are synergistic and reinforce one another
5. Makes care better for everyone





> [J Aging Health](#). 2021 Feb 8;898264321991658. doi: 10.1177/0898264321991658.  
Online ahead of print.

## Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum

Kedar Mate <sup>1</sup>, Terry Fulmer <sup>2</sup>, Leslie Pelton <sup>1</sup>, Amy Berman <sup>2</sup>, Alice Bonner <sup>1</sup>, Wendy Huang <sup>3</sup>, Jinghan Zhang <sup>3</sup>

Affiliations + expand

PMID: 33555233 DOI: [10.1177/0898264321991658](#)

[Free article](#)

### Abstract

**Objectives:** An expert panel reviewed and summarized the literature related to the evidence for the 4Ms-what matters, medication, mentation, and mobility-in supporting care for older adults. **Methods:** In 2017, geriatric experts and health system executives collaborated with the Institute for Healthcare Improvement (IHI) to develop the 4Ms framework. Through a strategic search of the IHI database and recent literature, evidence was compiled in support of the framework's positive clinical outcomes.

**Results:** Asking what matters from the outset of care planning improved both psychological and physiological health statuses. Using screening protocols such as the Beers' criteria inhibited overprescribing. Mentation strategies aided in prevention and treatment. Fall risk and physical function assessment with early goals and safe environments allowed for safe mobility. **Discussion:** Through a framework that reduces cognitive load of providers and improves the reliability of evidence-based care for older adults, all clinicians and healthcare workers can engage in age-friendly care.

**Keywords:** goal-directed care; quality; safety.





# Evidence-Base

---

## What Matters:

- Asking what matters and developing integrated systems to address it lowers inpatient utilization (54% dec), ICU stays (80% dec), while increasing hospice use (47.2%) and pt satisfaction (AHRQ 2013)

## Medication:

- Older adults suffering an adverse drug event have higher rates of morbidity, hospital admission and costs (Field 2005)
- 1500 hospitals in HEN 2.0 reduced 15,611 adverse drug events saving \$78m across 34 states (HRET 2017)

## Mentation:

- Depression in ambulatory care doubles cost of care across the board (Unutzer 2009)
- 16 : 1 ROI on delirium detection and treatment programs (Rubin 2013)

## Mobility:

- Older adults who sustain a serious fall-related injury required an additional \$13,316 in hospital operating cost and had an increased LOS of 6.3 days compared to controls (Wong 2011)
- 30+% reduction in direct, indirect, and total hospital costs among patients who receive care to improve mobility (Klein 2015)



## How IHI works

---

### All Teach, All Learn

---

*Value all expertise*

### Create the Change

---

*Improve the way we work*

Inspire Change

Educate

Demonstrate  
Results

Innovate

### Build a Movement

---

*Change the way we all work*

### Partner for Results

---

*Create evidence of impact*



# Demonstrate: Prototype Testing

Age-Friendly  
Health Systems

Pioneer

Anne Arundel  
Medical Center

ASCENSION

KAISER PERMANENTE®

Providence  
St. Joseph Health

Trinity Health



Age-Friendly  
Health Systems



- **Organizational Background**

- Accountable Care Organization serving >1 million patients in MD and DC
- Established Acute Care of the Elderly (ACE) unit in 2013

## 4Ms Focused Interventions

What Matters	Medication	Mentation	Mobility
<ul style="list-style-type: none"> <li>▪ <b>flow sheet in EHR</b></li> <li>▪ <b>whiteboards</b>, visible displays of patients' values</li> <li>▪ wellness visits structured around 4Ms (reimbursed by Medicare)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>EHR incorporates Beers Criteria</b></li> <li>▪ auto-generates a CP2 score for higher med assessment needs</li> <li>▪ more general awareness and consideration before prescribing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Brief Confusion Assessment Method (<b>bCAM</b>) <b>delirium screening Qs into EHR</b></li> <li>▪ group/diversion activities</li> <li>▪ facilitate <b>hydration with easier-to-use water cups</b></li> <li>▪ ceased 4AM vitals check to aid sleeping</li> <li>▪ ACercize, animal therapy</li> </ul>	<ul style="list-style-type: none"> <li>▪ mobility/quality tech ensures patients move everyday</li> <li>▪ <b>ACercize</b></li> <li>▪ taking bedpans to encourage getting out of bed,</li> <li>▪ <b>adapted falls committee into safe mobility committee</b> that gives mobility scorecards</li> <li>▪ mobility contest with prizes</li> </ul>



- **“What matters” in EHR** for inpatient and ambulatory practice access and on white boards in patient rooms
- 4Ms practiced **house wide** in the hospital
- Incorporated **annual geriatric wellness visits** in physician practices
- Formed **Prone and Mobility Team** focused on mobilizing, ambulating and oxygenating patients while social distancing, and, in concert with communication liaisons connecting them virtually with family members

**All-Cause Readmission Rate: 65 to 84 years**

April 19	September 19
12.74	11.75

**All-Cause Readmission Rate: 85+ years**

April 19	September 19
15.27	11.90

- ***“The 4Ms has improved the care of our patients in multiple ways. Throughout the COVID-19 pandemic, AAMC’s patient satisfaction for older adults was in the 92nd percentile, while HCAHPS was in the 82nd percentile,” said Barbara Jacobs, chief nursing officer, AAMC.***

## • Organizational Background

- Includes Stanford Hospital, outpatient clinics in Redwood City & Palo Alto, Stanford South Bay Cancer Center, primary care offices throughout Bay Area, and virtual services

### 4Ms Focused Interventions

Screening	EHR Integration	Pilot ACE Unit	Geriatric Trauma Pathway
<p>Shifted to interdisciplinary screening:</p> <ul style="list-style-type: none"><li>• nursing focus on Mentation</li><li>• rehab focus on Mobility</li><li>• geriatrics focus on Medication and What Matters within 24hrs of admission</li></ul>	<ul style="list-style-type: none"><li>▪ Enhanced EHR based on 4Ms to be scaled across the SHC system</li><li>▪ Focus on pain eval/mgmt, sleep promotion, bowel regimen</li></ul>	<ul style="list-style-type: none"><li>▪ Piloted interventions informed by 4Ms</li><li>▪ Interdisciplinary rounds</li><li>▪ Volunteer-driven visitor program</li></ul>	<ul style="list-style-type: none"><li>▪ Formalized goal to implement 4Ms care from ED to discharge</li><li>▪ <b>Steering committee</b> formed to include Patient and Family Advisory Council members, clinicians, to co-design each phase of hospital and discharge experience</li><li>▪ <b>Dashboard for geriatric trauma</b> allowed measurement of work and validation of quality</li><li>▪ <b>Governance structure</b> in development to scale up implementation across SHC network</li></ul>

# Stanford Geriatric Trauma: Outcomes and Process Metrics (Improving Value)

	Outcome Measure	FY17 (Targeted Consults)	FY18 (Order sets & ACE)	FY19 (4M pathway)	FY20 (-Jan20) (Sustainability)
	Number	193	214	249	101
<b>Utilization &amp; Access</b>	LOS (Non-Surgical) (days)	4.55	4.13	4.1	4.33
	LOS (CAM+ vs CAM-) (days)	6.7 vs 3.6	5.7 vs 3.4	6.1 vs 3.5	6.2 vs 3.8
	Direct cost/ patient	BL	(-\$3,100)		
	30-day Readmission Rate (%)	6	1	7	5
	30-day Return to ED (%)	5	4	8	3
<b>Quality &amp; Safety</b>	4M Care Bundle Process Compliance	50%	60%	70%	75%
	Mortality (%)	5.8	4.8	2.5	3.0
	Delirium Incidence (%) (CAM + DRG)	32%	34%	24%	22%
	Polypharmacy* (BZD/ Sedative use BPA)	BL	(-- 20%)		
	Average time to first Advance Care Planning note	50hrs	38hrs	32hrs	
	Average time to first Mobility		48hrs	23hrs	
<b>Patient Experience</b>	What number would you use to rate this hospital? (Top Box)	58.7%	63.5%	67.3%	
	Would you recommend this hospital to your friends and family?	69.6%	63.5%	66.7%	
<b>Provider Engagement</b>	Nursing knowledge and comfort with Geriatric Syndromes (NICHE survey) *	PRE (+)		POST (+++)	

## How IHI works

---

### **All Teach, All Learn**

*Value all expertise*

### **Create the Change**

*Improve the way we work*

Inspire Change

Educate

Demonstrate  
Results

Innovate

### **Build a Movement**

*Change the way we all work*

### **Partner for Results**

*Create evidence of impact*





# Teach Others: Multiple On-Ramps

1. **Action Communities** for teams to learn about and practice the 4Ms with the support of expert faculty and in a community of their peers.
2. **Scale-up Partnerships** (e.g., CVS, VA) to set an aim and spread the 4Ms across a large system.
3. **DIY pathway** for teams to learn about and test the 4Ms on their own using Age-Friendly Health System Resources.



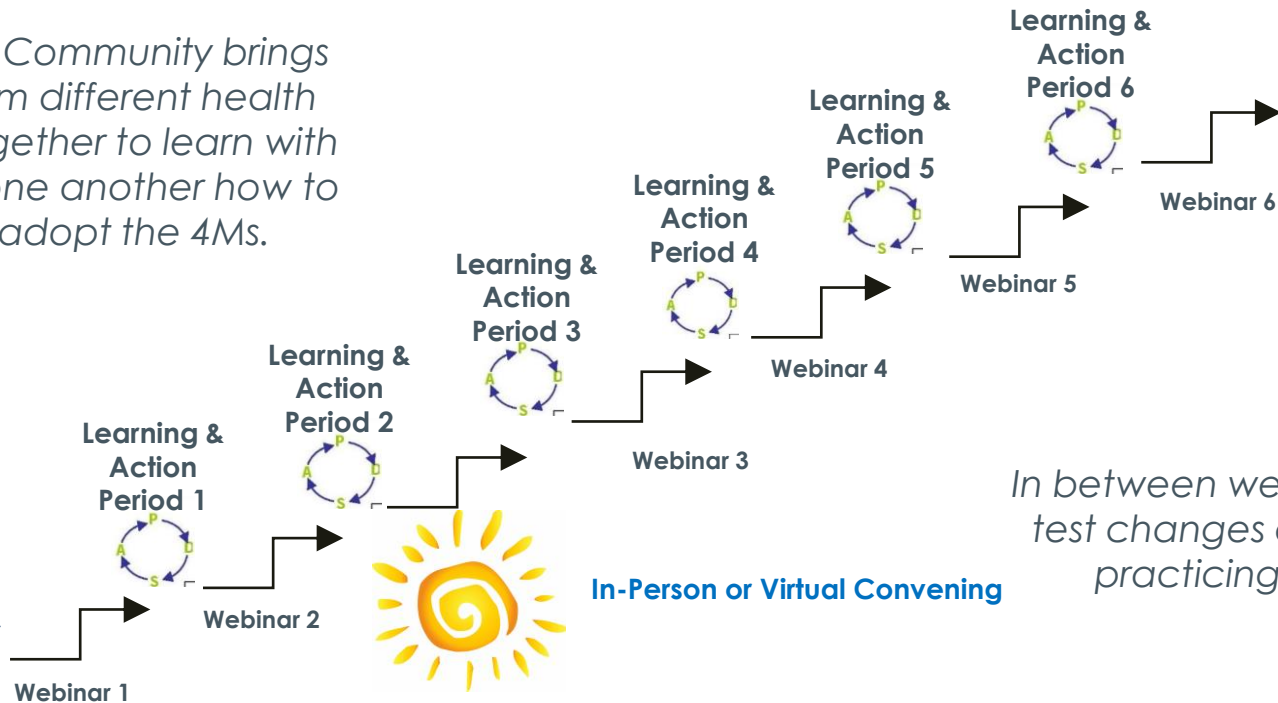
# Action Communities to go from Few → Many Health Systems

*An Action Community brings teams from different health systems together to learn with and from one another how to locally adopt the 4Ms.*



26

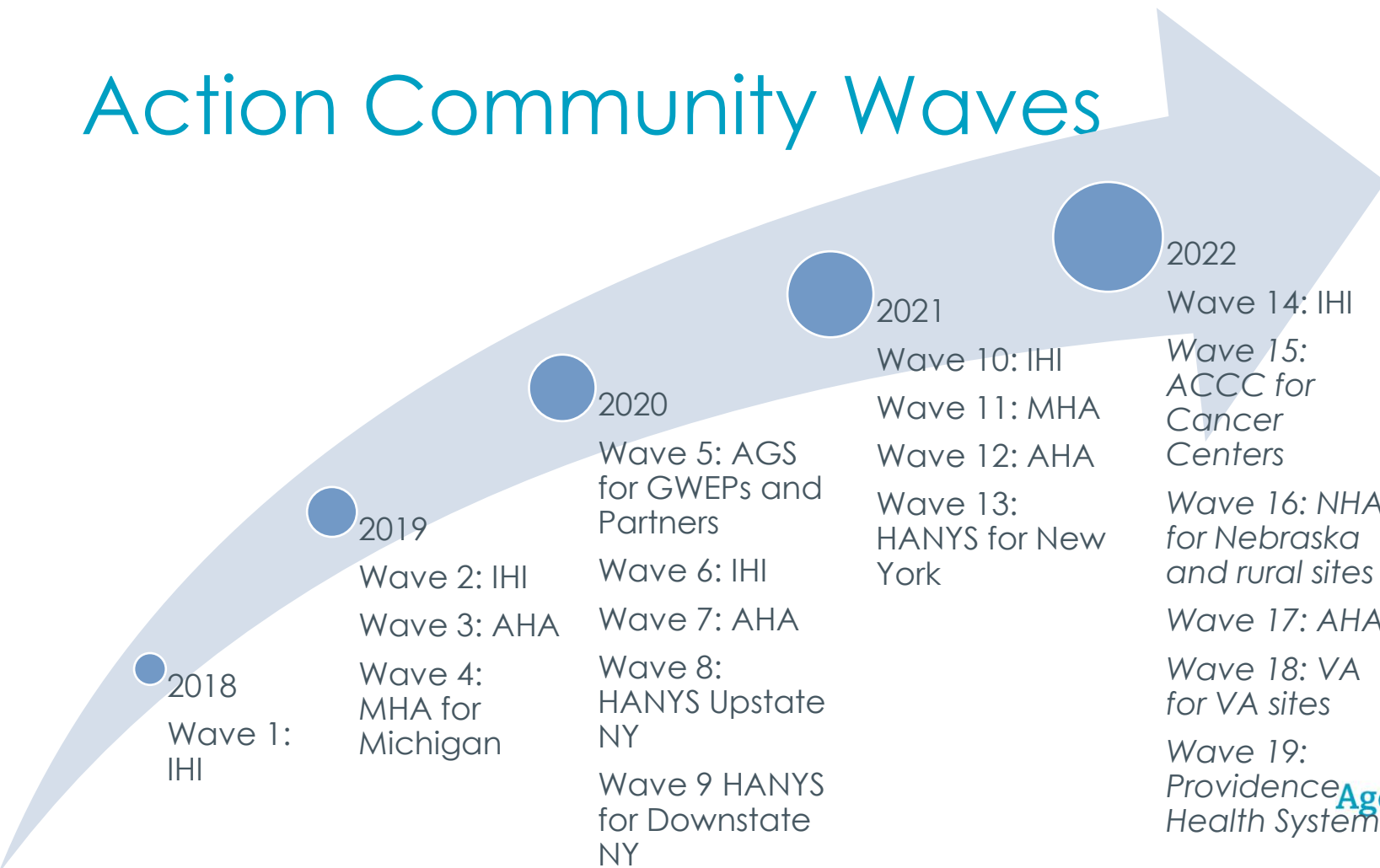
Your system can describe its plan for practicing the 4Ms and count of older adults reached with the 4Ms care.



Some of the 4Ms practiced sometimes with some older adults



# Action Community Waves



# 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.”

# How IHI works

---

## All Teach, All Learn

---

*Value all expertise*

## Create the Change

---

*Improve the way we work*

Inspire Change

Educate

Demonstrate  
Results

Innovate

## Build a Global Movement

---

*Change the way we all work*

## Partner for Results

---

*Create evidence of impact*



# Two Levels of Recognition from IHI



3033

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



938\*

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

As of February 2023





# 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
- Qatar
- Saudi Arabia
- South Korea
- United Arab Emirates
- United States



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

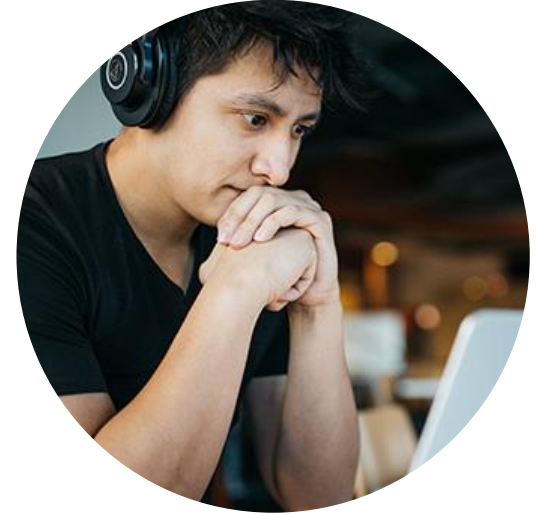
# Age-Friendly Health Systems on the IHI Open School

The Open School course is readily available. It is available [here](#) (PFC 203) and through IHI's main page under "New Education Platform." For details, please refer to our [user guide](#).

The course outlines:

- Age-friendly care
- 4Ms Age-Friendly Health Systems Framework
- Assessment of and action on the 4Ms

Learners from **45 countries** have taken the course.



# Implementing Age-friendly Culture Change

## Scaling And Spreading The 4M's

**Dr. Hanadi Khamis Al Hamad MD, CABIM, MSC in Health Care Management, FACP**

Medical Director, RH & Acting/ CEO- QRI

Chairperson of Geriatrics and Long-Term Care Department

NHS-2 National Lead for Healthy Ageing

Head of WHO Collaborating Centre for Healthy Ageing and Dementia

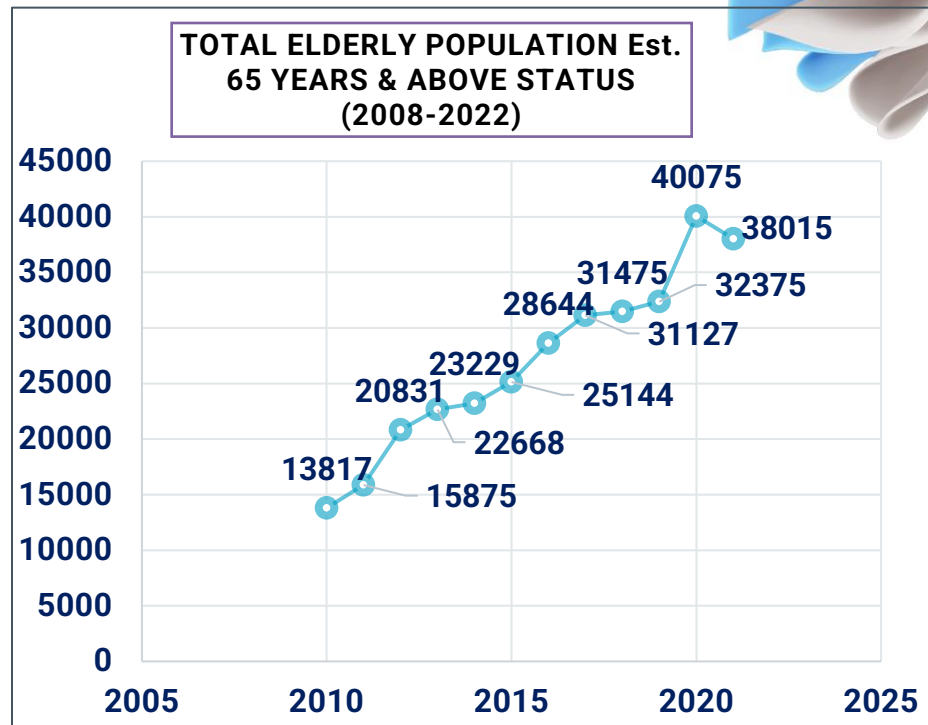
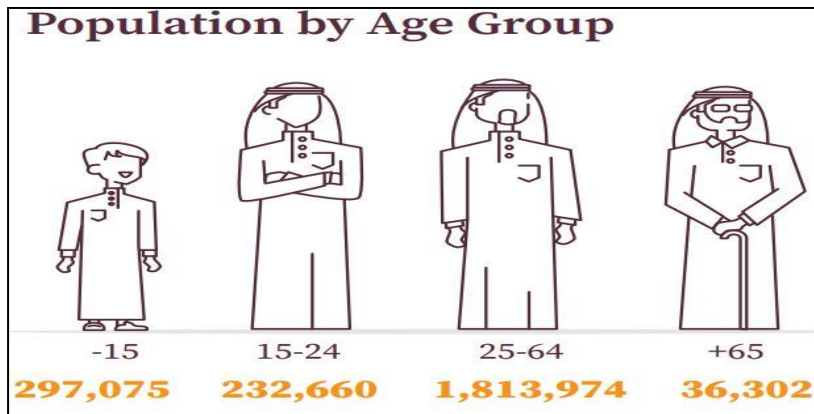
**Healthcare Resilience in Extraordinary Times**

Brought to you by:  
**Hamad Healthcare Quality Institute**

# Qatar context : In Need Of Age Friendly Solutions

## IN QATAR,

- Nearly 38,015- aged 65 and above (2021)
- Life expectancy : 80 years
- 80% of this population have 3 or more chronic conditions



# Challenges In Healthcare For Older Persons

Need for Age-Friendly Healthcare Environments

Ageism

Lack of Service Integration For Care Continuity

Insufficient level of community rehabilitation

High number of avoidable admissions

Caregiver Burden

Lack Of Access To Elderly Specific Care

Polypharmacy

Prolonged Waiting time



# NHS Overview: Change our Approach

---

From

Focusing  
on  
diseases

Acute and  
episodic  
care

Health care  
as a  
financial  
burden

Population  
as passive  
recipients

To

Focusing on  
healthy  
populations

Integration,  
continuity  
& stronger  
primary  
care

Health care  
as an  
investment  
in our future

Empowered  
individuals



# Healthy Ageing (HA) Initiatives

Elderly are a priority population under NHS 2.HA .1- HA .6 aims to improve the **healthy life years of elderly** through the following:

- **HA-1**-Conduct **population-based surveys** to understand the epidemiology of elderly
- **HA-2**-Increase **health literacy**.
- **HA-3**-Enhance and coordinate services that promote healthy active aging .
- **HA-4**-Integrated care for older people in Community and Long-Term Care services.
- **HA-5**-Develop a **nationally coordinated and integrated home care service**.
- **HA-6**-Monitor and address the **needs of the cognitively impaired population**.





# The 4Ms of Age-Friendly Care: WHY?



- Represents core health issues of **elderly**.
- Builds on a set of **evidence-based elements** of **high-quality care**.
- Able to **identify , tailor and adapt** –the framework, and measurement strategy to the **local context in Qatar**.
- Simplifies and reduces implementation and measurement burden on systems while **increasing efficiency in clinical care and elderly research studies** .



# 4M FRAMEWORK IN ELDERLY CARE SETTINGS

## MATTERS MOST

Know & align care with each older adult's Specific health outcome goals and care preferences.

## MEDICATION

Use only medications that do not interfere with What Matters most, Mobility, or Mentation .

## MENTATION

Prevent, identify, treat, & manage dementia, depression, and delirium.

## MOBILITY

Ensure that older adults move safely everyday to maintain function and do What Matters

# Know & Align Care With What Matters

Aligning what matters in age-friendly care with elderly adults and caregivers requires a comprehensive person -centered approach that involves open communication, education and support, accessibility, and building partnerships with the community.

**Person -Centered Care Culture :** Patient-centered care can be used to align care with what matters to elderly adults and their caregivers. It involves listening to their concerns, involving them in decision-making, and providing care that is tailored to their individual needs.

**Community Collaborations:** Building partnerships with community organizations and other healthcare providers to improve communication, coordination of care, and provide more comprehensive care.

**Evidence-based Practices:** Utilize evidence-based practices to ensure that care is aligned with best practices and the latest research. This can include using standardized assessments, implementing evidence-based interventions, and regularly evaluating care practices for effectiveness.



# Align Care With What Matters

## Key Implementation Strategies

Identify "what matters" to the elderly

- **Care partner Program** : Identify the patients who needs Care Giver Support & caregiver needs assessment

Incorporate "what matters" into care plans

- **Shared care planning**: in partnership with the patient and their family

Flexible care options

- **Individualized therapy schedules**: Tailored to their specific needs and circumstances.

Caregivers Training and Support

- **Caregiver training & Educational Resources** : Awareness ,brochures, pamphlets, and online resources

### PATIENT AND FAMILY ENGAGEMENT INITIATIVES



White Boards



Virtual visitation



Care Partner Initiatives

# Patient's & Care Giver's Awareness



***Regular awareness and educational sessions conducted with all Care Givers, in collaboration with Facility Infection Control, and Facility Management team.***

# Align Care With What Matters

## Key Implementation Strategies

### Standardized Care Assessments

- Comprehensive Geriatric assessment

### Use of Technology

- Geriatric Helplines
- Virtual visitation

### Continuity Of Care

Care Transitioning Partnership

- Home health care integration , Elderly urgent care unit, Private nursing

### Feedback Communication Channels

- PFACouncils, Surveys ,Focus groups and Feedback From Patients and caregivers.

**وحدة الرعاية النهارية لكبار السن**  
يعمل للحفاظ على صحة وسلامة كبارنا  
**Elderly Day Care Unit**  
Keeping our elders safe and well

**نفتح يومياً**  
الساعة ٧ صباحاً حتى ١٠ مساءً  
مستشفى الرميلة

**OPEN 7AM - 10PM**  
**EVERYDAY**  
**RUMAILAH HOSPITAL**

For people above the age of 60 years with medical problems that are not life threatening but needs urgent medical attention

للأشخاص البالغين من العمر ٦٠ عاماً وما فوق والذين يعانون من مشاكل طبية غير خطيرة و لا تشكل تهديداً على الحياة ولكنها تحتاج إلى عناية

Rapid assessment and management by the Specialist Geriatric Multidisciplinary Team in a less busy and age friendly setting

التقييم والإدارة السريعة للحالات من قبل فريق من المتخصصين في أمراض الشيخوخة في بيئة أقل ازدحاماً وصديقة للشخصية العمرية

Please call us on 33253128 or 55193240 to arrange an appointment

اتصل بنا على الرقم ٣٣٢٥٣١٢٨ أو ٥٥١٩٣٢٤٠ لحجز موعد

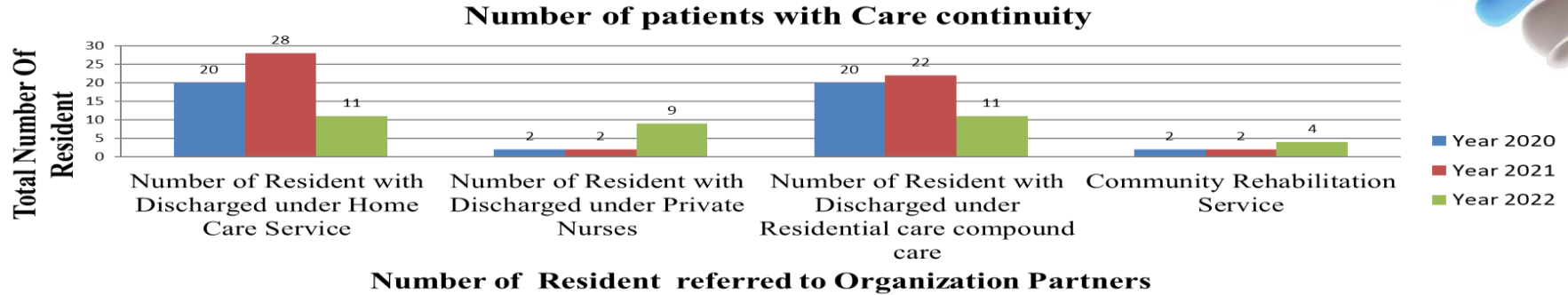
• For any life threatening conditions or chest pain or suspected stroke or difficulty breathing please dial 999 or visit your nearest Emergency Department  
• If you have health related questions regarding COVID-19 please call the COVID-19 helpline (16000) or visit www.moph.gov.qa

• الحالات التي تشكل تهديداً على الحياة أو الآم الصدر أو الاشتباه بحدوث سكتة دماغية أو صعوبة بالتنفس يرجى الاتصال بالرقم ٩٩٩ أو التوجه إلى أقرب قسم الطوارئ  
• إذا كان لديك استفسار متعلق بفيروس كورونا - COVID-19 فيرجى الاتصال بخط المساعدة الخاص بمشروع الكويت - ١٦٠٠٠ أو زيارة الموقع الإلكتروني لوزارة الصحة العامة www.moph.gov.qa



# CARE CONTINUITY

## Develop Partnerships



**Number of Resident with Care continuity**

Number of Resident referred to Organization Partners	Year		
	2020	2021	2022
Number of Resident with Discharged under Home Care Service	20	28	11
Number of Resident with Discharged under Private Nurses	2	2	9
Number of Resident with Discharged under Residential care compound care	20	22	11
Community Rehabilitation Service	2	5	4

# OUR PATIENT STORIES –WHAT MATTERS

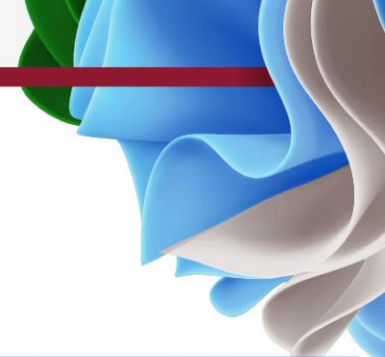
*79 yrs. old gentleman, Mr .M, known patient with dementia ,was admitted to acute geriatric ward with increasing confusion, drowsy clinical state and bouts of intermittent agitation, where he was diagnosed to have delirium with the aetiology being UTI, Constipation and Pneumonia.*

*He was treated with IV antibiotic and progress noted after 4th day of clinical management .Patient started showing some improvement being more alert but continued to refusal to eat and drink with mild agitation and confusion spells. Family requested, as the infective markers are getting better; is it advisable to continue his treatment at home as patient will be much more comfortable in a familiar environment.*

*Clinical team listened to what matters to caregiver and considered this caregiver wish and then care was transferred to home care team who continued the IV antibiotic at home for seven days and the antibiotic was changed over to oral antibiotic at home 8th day ,his delirium resolved and in two weeks' time patients clinical state was back to his baseline .*

# Align Mobility With What Matters

## Strategies for implementation



1. **Eldery Comprehensive Assessment Of Mobility And Functional Abilities**

2. **Tailored individual and group exercise-based rehabilitation programs**

3. **Communitybased Rehabilitation Programs**

4. **Innovative Intervention Programs**

- Customized exercise programs.
- Exercise and nutrition programs for patients in the falls clinic





# Align Mobility With What Matters



Circuit Training Equipment-chest & Leg Press, quad Bench



Cycle Room –Wheelchair bound Patients



Group Therapy Sessions-cycling Wheelchair Bound



Outdoor Sports Activities

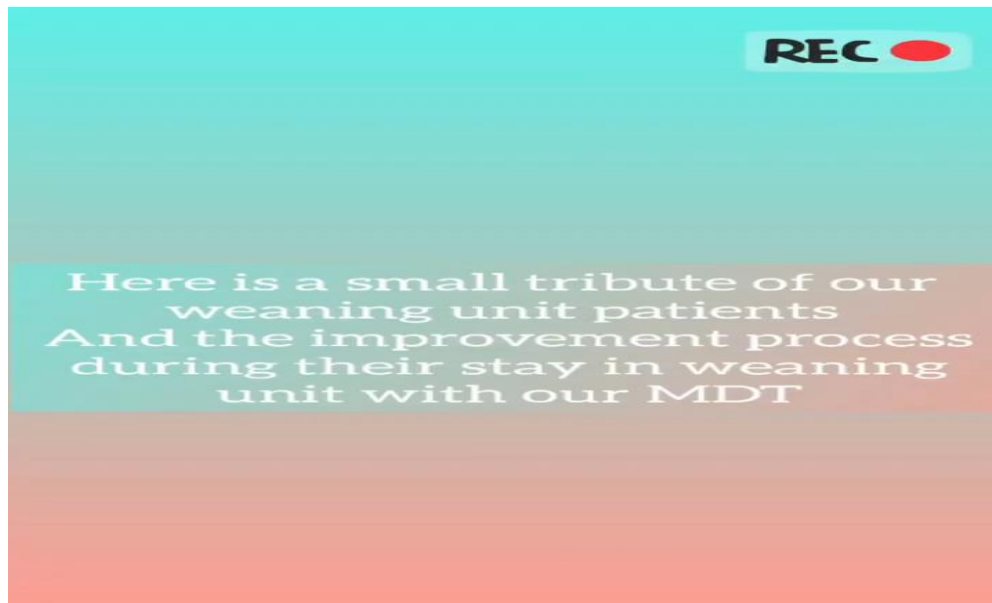


Outdoor Activities-calisthenics



Individual Therapy Session

# OUR PATIENT STORIES –MOBILITY



[https://hamadqa.sharepoint.com/:v/s/Agefriendly-videogrp/EWln-baDKXpGIRqsapNPqIgBxRaH43MUuPN428T\\_PBn-fA?e=ZDNI9d](https://hamadqa.sharepoint.com/:v/s/Agefriendly-videogrp/EWln-baDKXpGIRqsapNPqIgBxRaH43MUuPN428T_PBn-fA?e=ZDNI9d)

# Align Medication With What Matters

## Key Implementation Strategies

### Medication Therapy Management (MTM) And Deprescribing Clinics

:Established Medication management clinic in Geriatric Urgent Care where geriatrician and clinical pharmacist evaluates patients with complex polypharmacy concerns.

**Medication Reconciliation Standardised Process** : Ensures right use of appropriate medicines by complying to admission and discharge medication reconciliation.

**Telehealth to support medication management:** Virtual service support via helpline services medication management for older adults and their caregivers

**Involving the older adult and their family caregiver in medication decisions:** Discussing the risks and benefits of medications and any potential alternatives.



# OUR PATIENT STORIES –MEDICATION

*Mr. K.J presented to our unit with hypoactive status, which annoyed his family a lot, also he had severe constipation, urine retention, and typical symptoms of Anticholinergic side effects, upon reviewing his medications, he **was on multiple age-unfriendly medications**, which cause CNS sedation, and Anticholinergic side effects.*

*It was agreed with the decision maker to **start deprescribing**, the initiation and follow up plan explained clearly , after 3 months (Quetiapine stopped, Levetiracetam 750 mg q12hr reduced to 250 mg q12hr, and Amitriptyline stopped), all interventions successfully implemented and **patient cognitive function started to improve without further complications.***

# Align Mentation With What Matters

## Key Implementation Strategies

Qatar National  
Dementia Plan  
implemented

Integrated Memory  
Assessment  
Services in HMC –  
Primary health care

RAHA –Memory  
service helpline

National  
Dementia/Delirium  
Education and  
Training Programme

Alzheimer's  
Awareness  
Campaign

HELP -Enhancing  
Prevention and  
Management of  
Delirium in Acute  
Geriatrics Launched

National Dementia  
And Depression  
Guideline

National Dementia  
Risk Reduction guide

Risk of Wandering  
and Losing Way –  
Enhancing safety  
with Tracker Device  
works under way

Geriatric  
Neuroscience  
Collaborations works

Telephone triage at  
Geriatric memory  
clinics

Memory Outreach  
programs

**RAHA**  
National Alzheimer's  
and Memory Services  
Helpline

 We Are Here For You

 Call our helpline # 4026-2222  
(from 8 am to 3 pm Sunday to Thursday)



RAHA offers confidential and caring  
support for people living with Alzheimer's,  
their caregivers and families.



وزارة الصحة  
Ministry of Health

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

مؤسسة حمد الطبية  
Hamad Medical Corporation

For more info. on coronavirus disease 2019 (COVID-19)  
visit [www.moh.gov.qa](http://www.moh.gov.qa) or call 16000



# MENTATION-ACTIVITIES



# 1. PATIENT STORIES – MENTATION

## ***Female ,80 y/o admitted to acute Geriatric unit***

***Reason for admission-***Poor oral intake, dehydration with kidney function elevated , CRP is high.

***Assessment:*** During HELP team physical assessment –mouth ulcer& tongue pigmentation from fungal infection. Causing patient to dislike food and water

### ***Intervention:***

- *Upon hospitalization used fluid replacing protocol*
- *Approached the doctor for suggestion to prescribe mouth wash*
- *IVF till it trigger water and thirst feeling*

### ***Evaluation :***

- *Over 2days,the patient's oral intake gets better until kidney function is backup to normal .Follow up with telephone call at home with health education to the family to make sure tongue issue was resolved*



## 2.PATIENT STORIES –MENTATION

**Patient 86 y/o admitted to Acute Geriatric Unit.**

**Reason for admission**-General weakness with fatigue

**Assessment** :Sleeping patterns assessed .HELP team found patient could not sleep well and replaced the sleep during the day with sleep at night

**Intervention :**

- -Upon hospitalization sleep enhancement protocol was used
- -Health education was done with the caregiver /family on how to enhance sleeping to help keep patient strong/lessen weakness feeling

**Evaluation:**

- Follow-up –Found patient's strength better with OT/PT and appetite improved. General feeling of weakness was resolved





# STRATEGIES TO ALIGN 4-M WITH BEST PRACTICES

## Application of Research



# WHO Collaborating Centre For Healthy Ageing And Dementia

Fostering national and international cooperation on ageing research among health institutes and organizations

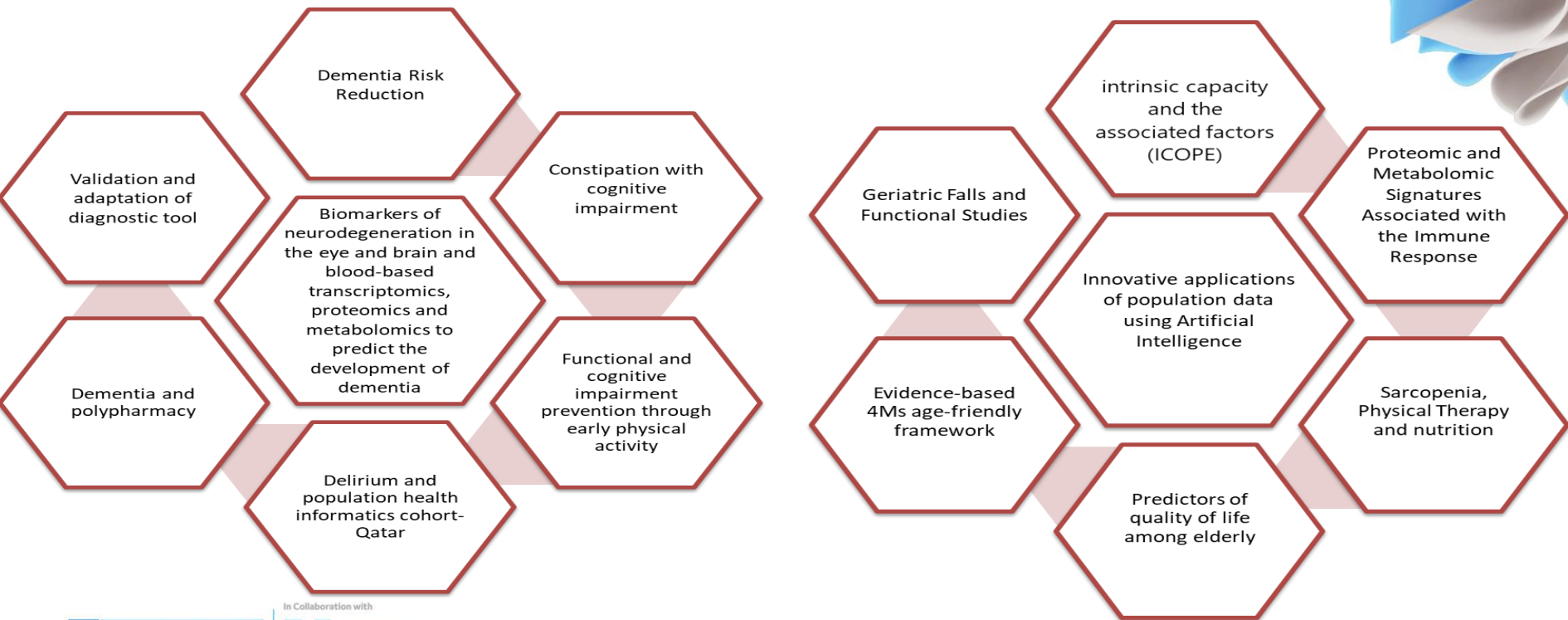
Integrated Care for Older People (ICOPE)

Expanding the quality of long-term care systems

Capacity building of interprofessional and healthcare providers

Develop, implement and sustain : National dementia plan - Risk Reduction Guideline, i-Support, and training programs

# Age Friendly Research Initiatives



# 4M: Current Evidence Base In The Region

There are dearth of studies related to 4M frame-work from middle east, So we have developed two studies

MRC-01-22-623: Health care professional's knowledge and behaviors related to the 4Ms framework of Age-Friendly Health Systems in Qatar. [Completed study]

MRC-01-22-786: Improving elderly care via effective and evidence-based 4Ms age-friendly framework in Qatar: A Quasi experimental Study. [Ongoing study]

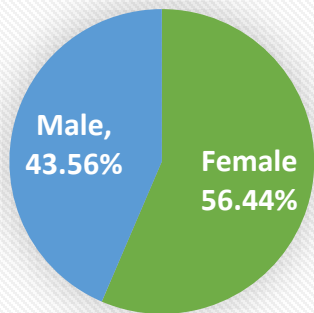
## Health care professional's knowledge and behaviors related to the 4Ms framework of Age-Friendly Health Systems in Qatar

The objective of this study is to examine health care professionals' attitudes, knowledge, and practices concerning AFHS and the 4Ms.

This study is a prospective survey of health care professionals at Geriatrics and long-term care department, RH, Acute care services in HGH, and home healthcare services to assess their attitudes, knowledge, and practices regarding 4Ms from 1 November 2022 till October 31st, 2023.

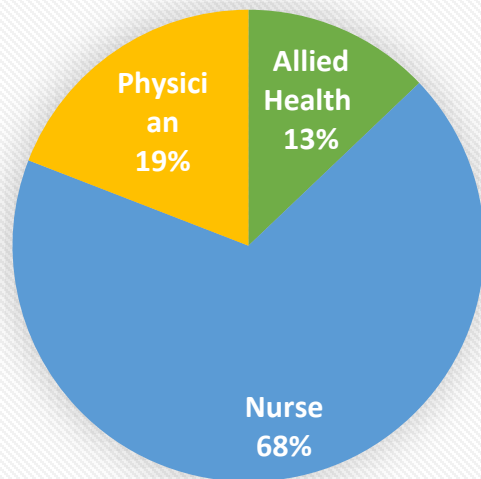
# Findings From 228 Healthcare Professionals

## Gender



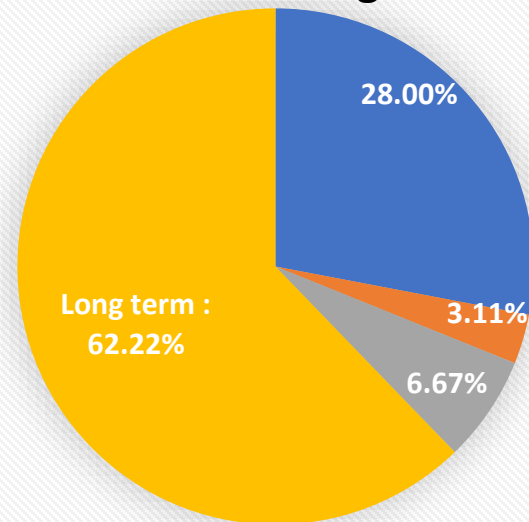
Female Male

## Profession



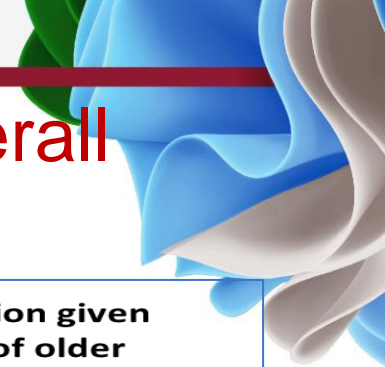
Allied Health Nurse Physician

## Practice Settings

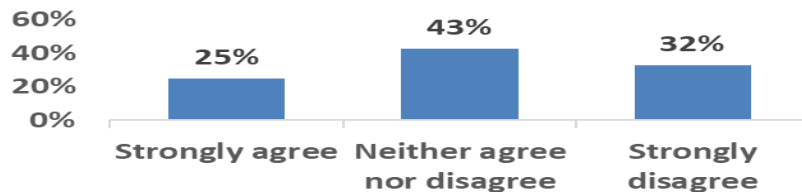


Acute Community  
Elderly Urgent Care Long term

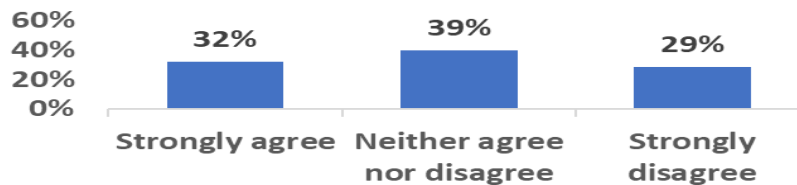
# Healthcare Professional Perceptions Of Overall Patient And Age-friendly Care



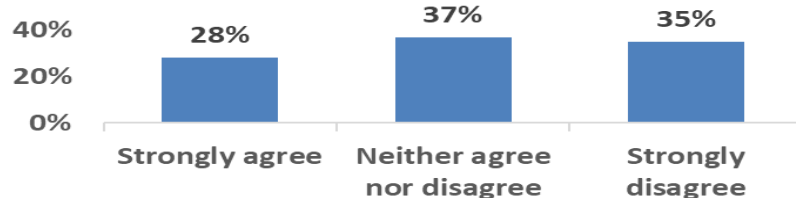
**Older patients are more proactive than younger patients in managing their own health care**



**There is not enough attention given to the health care needs of older patients today**



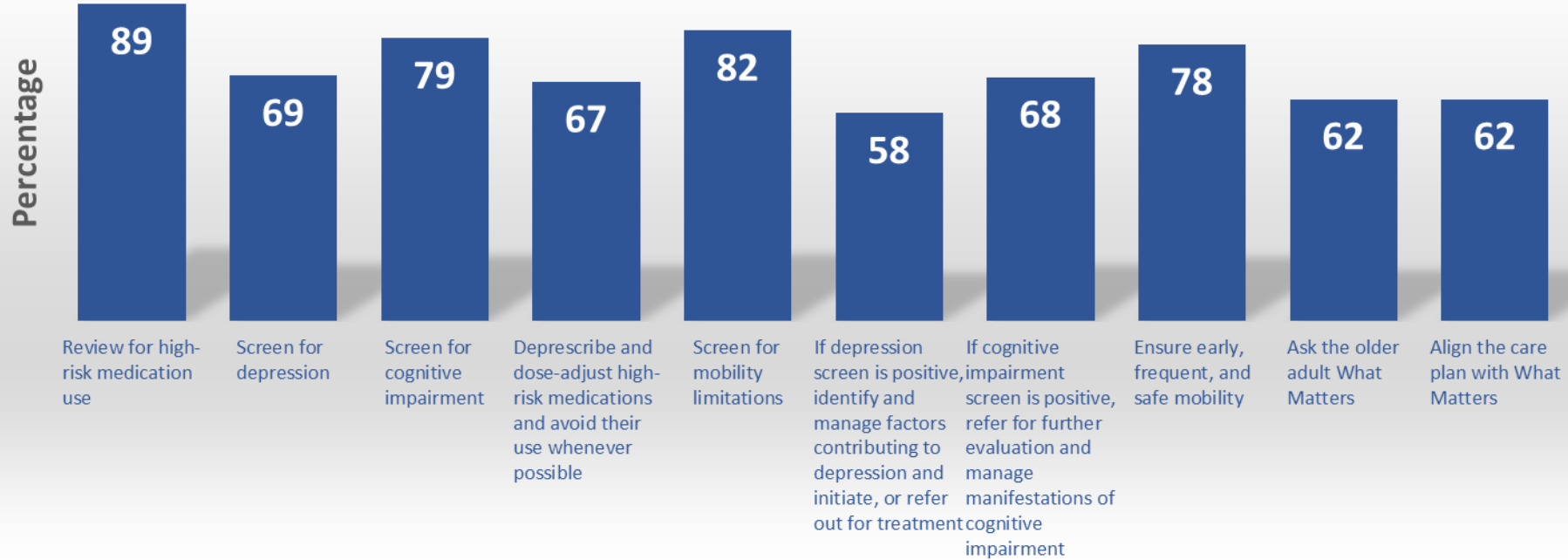
**It is upto the patient to tell me what their needs are**



**Older patients require a different approach to care than younger patients**

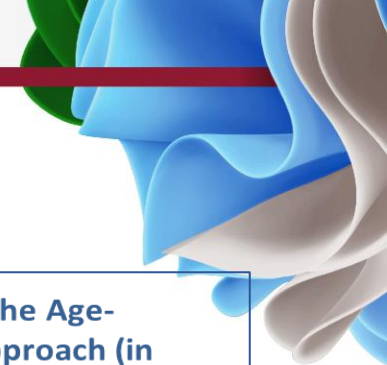


# Types of age-friendly care provided by clinicians

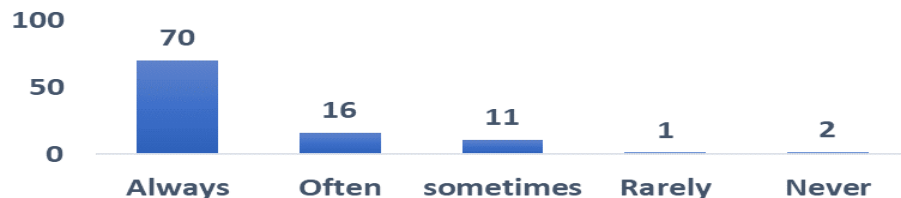




# Attitudes and behaviors around the 4Ms & Age-Friendly Health Systems



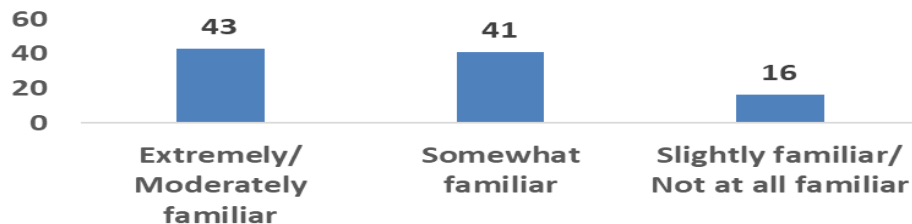
**Taking patient's age into consideration when determining care (in %)**



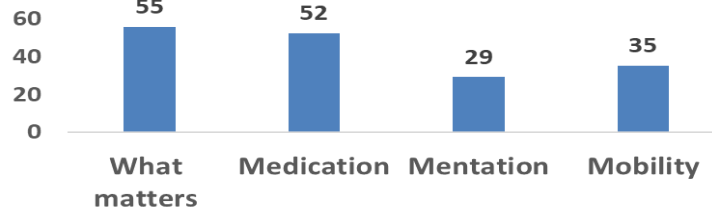
**Clinician current use of the Age-Friendly Health Systems approach (in %)**



**Familiarity with the Age-Friendly Health System 4Ms framework (in %)**



**Types of age-friendly care provided by healthcare professionals (in %)**



# Improving Elderly Care Via 4M's Age-friendly Framework A Quasi Experimental Study, In Qatar

Objective of the study is to investigate whether 4Ms age-friendly framework intervention is associated with improvement of clinical health outcomes in older adults

All admissions 60 years and above of age to Geriatrics and long-term care department, Doha, Qatar during 01 June 2022 to 30 November 2023

Primary outcome is 28-Day Readmission Rate

Secondary outcomes are Average Length of Stay, Rate of Emergency Department (ED) Visits, Average early mobilization minutes, Deprescribing rate, and Early identification of depression rate

# Vision Drives Strategies

**OUR TARGET:** Achieve realistic and unique ways to ensure more active, independent 60+ population, empowered to maximize their health and quality of life

## AGE FRIENDLY COLLABORATIONS

- 4M FRAMEWORK –AGE FRIENDLY
- HELP-HOSPITAL ELDERLY LIFE PROGRAMS



## AGE FRIENDLY ACCREDITATIONS

- CARF-Commission on Accreditation of Rehabilitation Facilities
- MSNAP-Memory Services National Accreditation Programme (MSNAP)



## AGE FRIENDLY RESEARCHES

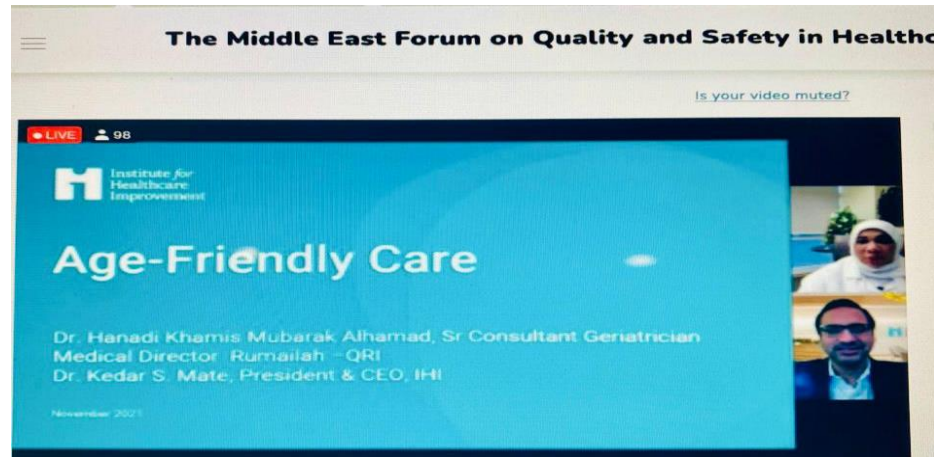
- Integrated Care for Older People (ICOPE)
- WHO Collaborative elderly researches



Brought to you by: **Hamad Health Services**

# VISION DRIVES STRATEGIES

Achieve realistic and unique ways to ensure more active, independent 60+ population, empowered to maximize their health and quality of life



# Way Forward







# THEN & NOW

**“Rumailah Hospital”**

**Place where our elders go in late stages of Life**



**“Rumailah Hospital”**

**Promotes healthy active ageing-Department of Geriatrics and long term here designated as “WHO COLLABORATING CENTRE FOR HEALTHY AGEING AND DEMENTIA”**



**“To accomplish great things ,we must not only act,  
but also dream, Not only plan, but also believe”**

