



# A Curriculum to Support the Delivery of Age-Friendly Health Care – A Provider's Guide



PROVIDER'S GUIDE TO AGE-FRIENDLY CARE

## What is Age-Friendly Care for Older Adults?

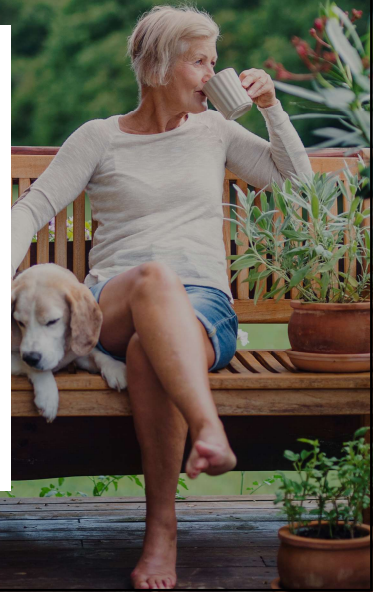
## The Age-Friendly Health System

In 2017, the John A. Hartford Foundation and Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association and the Catholic Health Association of the United States developed the concept of the "age-friendly health system."

**A framework or model of essential elements to support high-quality care for older adults.**



The  
John A. Hartford  
Foundation



## The 4Ms Framework



Apply these  
concepts  
with every patient,  
at every encounter.



# Why is Age-Friendly Care Important?



## The Need ....We are Aging

### Nationally:

- By 2040, about one in five Americans will be age 65 or older.
- Those ages 65 and older will more than double by 2040.
- Those ages 85 and older, the group most often needing help with basic personal care, will almost quadruple by 2040.



### Georgia:

- The U.S. Census Bureau estimates that more than 20 percent of Georgia's population will be 60 and older by 2030.
- ..this is an increase of almost 34 percent from 2012.



## As you know...

- Healthcare becomes more complex as we age.
- Health systems and healthcare providers are frequently unprepared or under prepared for this complexity.
- Older adults may suffer a disproportionate amount of harm while in the care of the health system.



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## Age-Friendly Care... Requires Awareness of Ageism

## Ageism

- The stereotyping and discrimination against individuals or groups on the basis of their age.
- Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.



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## Ageism In Healthcare

- Institutional ageism: When an institution, such as the institution of healthcare, perpetuates ageism through its actions and/or policies
- Interpersonal ageism: When social or formal interactions perpetuate ageism
- Internalized ageism: When a person holds ageist beliefs and applies them to themselves (anxiety of aging, biases)





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**Know and Use the Shared Language...**

**we are all connected**

 **GLOSSARY**




**Research Guides**

Mercer University Libraries | Research Guides | A Shared Glossary for Age-Friendly Health Professions Education | Age-Friendly Healthcare

**A Shared Glossary for Age-Friendly Health Professions Education**

**Age-Friendly Healthcare**

**engage** is an interdisciplinary initiative at Mercer University between the College of Health Professions and College of Pharmacy focused on developing and implementing educational resources on age-friendly care for health professional students and practitioners.

We are part of the larger Georgia Gears, a multi-institution partnership whose goal is to improve clinical care and quality of life for older adults and their families.

**georgia gears**  
Providing age-friendly care to older adults requires a solid foundation of

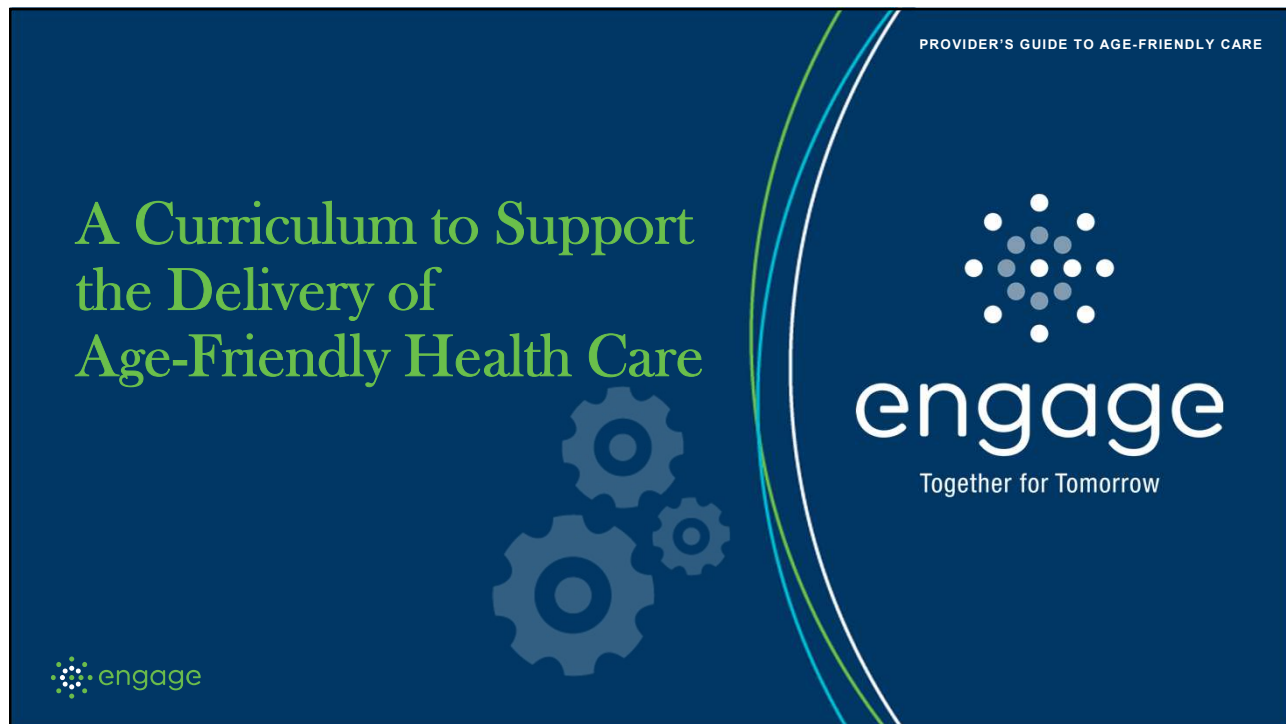
**Abuse (Elder)**  
A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. There are seven different types of elder abuse: physical abuse, sexual abuse, emotional abuse, financial/material exploitation, neglect, abandonment, and self-neglect.

- [NCEA - Home](#)
- [Adult Protective Services \(APS\) | Division of Aging Services | Georgia Department of Human Services](#)

**Activity Limitation**  
Difficulties an individual may have in executing activities. "Activity Limitation" is part of the International Classification of Functioning model (ICF) which includes a biopsychosocial approach to health and includes biological, individual, and social factors.

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## The “engage” Curriculum

**Applies and integrates the 4Ms framework**

- What Matters
- Medication
- Mind
- Mobility

**Modules on age-friendly care, ageism, and common geriatric syndromes that support:**

- Screening
- Assessment
- Referral
- Treatment

4Ms  
FRAMEWORK

WHAT MATTERS


MEDICATION

MOBILITY

MIND

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## ! The Curriculum


The curriculum consists of:

- 1 Providers guide
- 2 overarching topics
- 12 geriatric syndromes


| Overarching Topics | Geriatric Syndromes  |                       |                   |
|--------------------|----------------------|-----------------------|-------------------|
| Providers Guide    | Chronic Pain         | Falls                 | Malnutrition      |
| Age-Friendly Care  | Cognitive Impairment | Frailty               | Polypharmacy      |
| Ageism             | Delirium             | Incontinence: Fecal   | Pressure Injury   |
|                    | Depression           | Incontinence: Urinary | Sleep Disturbance |

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Screening



Assessment




Treatment

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Institute for Learning

Geriatric Syndromes  
**Falls**



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### Learning Objectives

**Falls**  
At the conclusion of the module on falls and the older adult, the learner should be able to:

**KNOW**

- Definitions and risk factors for falls
- Prevalence and impact of older adult falls in the U.S.
- The concepts of fall screening, assessment, and treatment
- Resources to aid in the prevention and treatment of falls

**DO**

- Screen, assess, treat, and refer an individual patient at risk for falls

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### Definitions

**Fall**<sup>1</sup>

- An event which results in a person coming to rest inadvertently on the ground or floor or other lower level.

**Near Fall**<sup>1</sup>


- A stumble event or loss of balance that would result in a fall if sufficient recovery mechanisms were not activated.

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**Case**

**Mrs. Milroy**  
Mrs. Sarah Milroy is an 80-year-old female seeing primary care provider (PCP) for her annual wellness visit. She presents with a complaint of pain to her left wrist after a near fall yesterday while entering her home carrying a bag of groceries. She reports she did not fall and has not fallen in the last year; however, she is afraid of falling.

Her past medical history is significant for type 2 diabetes mellitus, hypertension, depression, and knee osteoarthritis. She lives alone in a two-level home with 2 steps to enter and 10 steps to access the second floor.



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### Fall Risk Screening Tools

STEADI Training

**Screen** **Assess** **Intervene**

Identify patients at risk for a fall | Identify modifiable risk factors | Use effective clinical and community strategies

**STEADI** Stopping Elderly Accidents, Deaths & Injuries

### Timed Up & Go (TUG)

**Mobility Assessment**

- Stopwatch, chair, 3 meter (10 foot) walkway
- When I say "Go", I want you to:
  - Stand up from the chair
  - Walk to the line on the floor at your normal pace, turn
  - Walk back to the chair, sit down
- Start timing on "Go", stop timing after patient sits down
- ≥ 12 seconds to complete indicates fall risk


**Observe**

**Gait**

- ✓ Stride Length
- ✓ Slow Pace
- ✓ Arm Swing
- ✓ Shuffling
- ✓ En bloc turning
- ✓ Use of Assistive Device

**Postural Stability**

- Trunk Sway
- Loss of Balance



### Inter-Professional Fall Prevention Practice<sup>®</sup>

Multi-disciplinary teams of health practitioners trained in the detection & prevention of fall risk factors are necessary to address the complex combination of factors contributing to falls.<sup>1,7</sup>

**Exercise**

- PT Early - in care
- Exercise Professional-later in care to throughout care
- Community EBPP - throughout care

**Medication**

- MD, PA, NP, PharmD, Nurse
- Medication Therapy Management
- Polypharmacy, Deprescribing

**Vision Care**

- Ophthalmology / Optometry referral
- Single versus multifocal lenses
- OT - Low vision rehabilitation

**Home Safety**

- OT or PT referral for home safety assessment
- In office use of CDC home safety checklist

Communication

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## Age-Friendly Care (4Ms)

**WHAT MATTERS**

- Not falling
- Living independently
- Screened AT RISK

**MEDICATION**

- Sedative Hypnotics
- Antidepressant
- Polypharmacy

**MOBILITY**

- Risk factors
- Assessment
- Home hazards

**MENTATION**

- No limitations

Mrs. Milroy

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## Age-Friendly Care (4Ms)

**Consult**

- Physical Therapy
- Occupational Therapy
- Pharmacist For MTM (Medication Therapy Management)
- Community - Based Program (Matter of Balance)

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## Falls

**Clinical Pearls**

**Evaluating Fall Risk**

- Screen for fall risk annually, or any time patient presents with acute fall.
  - STEADI Initiative

**Managing Falls**

- Engage in inter-professional fall prevention
- Address modifiable fall risk factors.
  - CORE-4: Exercise, Medication, Vision, Home Safety
- Use evidence to manage fall risk.
  - 50 hours exercise; Evidence-based Programs
- Individuals at higher risk for falls are more adherent to interventions

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# Together for Tomorrow

These learning modules are free and available for your use.

<https://agefriendlycare.teachable.com/>



## About Engage

An interdisciplinary team of clinician-educators

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Engage is part of Georgia Gear, a multi-institute partnership whose goal is to improve clinical care and quality of life for older adults and their families.

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