



CREATING AGE-FRIENDLY HEALTH SYSTEMS IN VICTORIA

Breakthrough Series
Collaborative

Veronica Hope

November 2023



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ACKNOWLEDGEMENT OF COUNTRY

I acknowledge the Wurundjeri Woi-wurrung people as the Traditional Owners on whose Country we are meeting today.

I recognise and respect the cultural heritage of this land and that sovereignty was never ceded.

I pay my respect to the Elders past, present and emerging, and extend that respect to all Aboriginal people joining us today.



DECLARATION OF INTEREST

Nil conflicts of interest to declare



OVERVIEW

- What is the Age-Friendly 4Ms Framework?
- Why is it important?
- What was involved in the Age-Friendly Collaborative?
- What were the results?
- What's next and how can you get involved?



WHAT MATTERS TO YOU?

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AGE-FRIENDLY HEALTH SYSTEMS



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 Mind across settings of care

Mind

Prevent, identify, treat, and manage depression, delirium and dementia across settings of care

Mobility

Ensure that each older adult moves safely every day to maintain function and do What Matters



WHY THE 4MS?

- Represents core health issues for older people
- Builds on strong evidence base
- Simplifies and reduces implementation and measurement burden while increasing impact
- Components are interlinked and reinforce one another
- Makes care better for everyone



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[IHL.org/agefriendly](https://www.ihl.org/agefriendly)

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PETER'S STORY

Shared by Stephen Peterson





WHAT MATTERS TO YOU?

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WHAT MATTERS TO YOU....

- What matters to you at this conference?
- What matters to you in this session?
- What matters to you when you are unwell or in pain?
- What would matter to you if you could no longer advocate for yourself?
- What matters to your older family members?



AGE-FRIENDLY HEALTH SYSTEMS



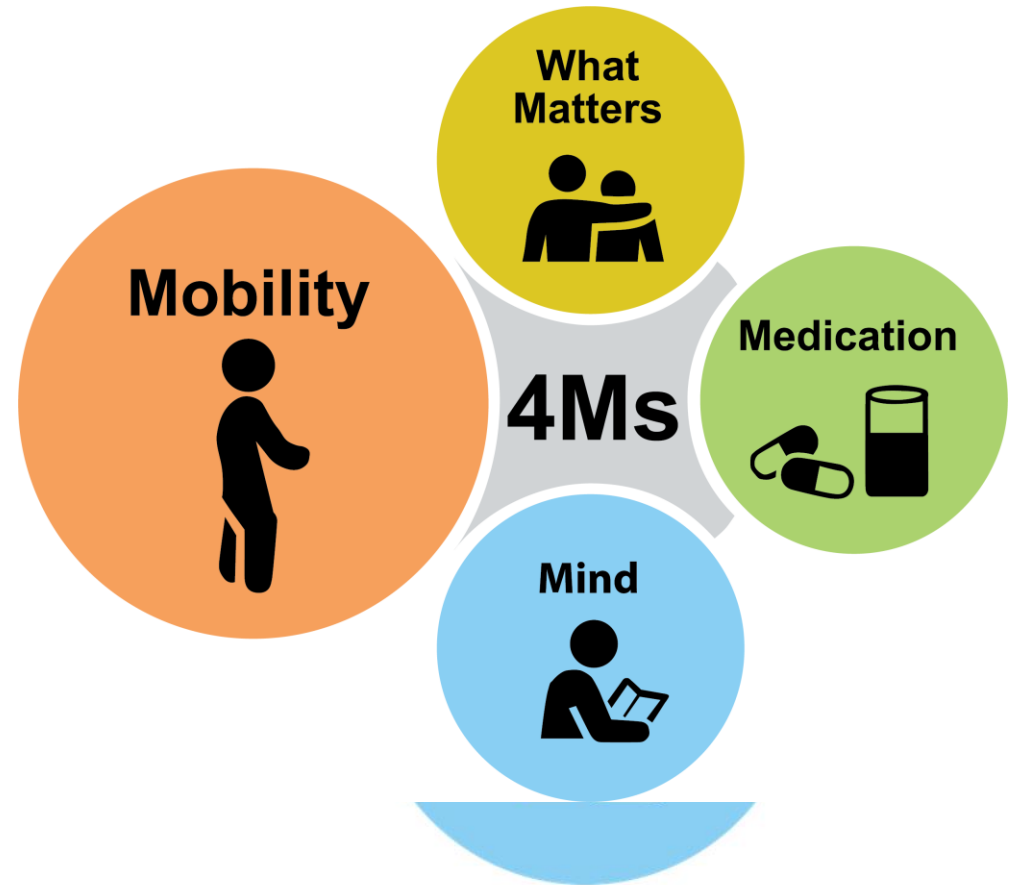
Aim: From June 2022:

By June 2023, we will create Age-Friendly Health Systems across Victoria, by increasing the percentage of older people* who receive 4Ms care (as a set) to 50% or more at participating services.

To achieve this, 90% of older people will be assessed and acted upon for:

- What Matters
- Potentially inappropriate medications and polypharmacy
- Depression, delirium, and cognitive impairment (mind)
- Mobility

In doing this, we expect to see a reduction in avoidable harm and other measures, such as

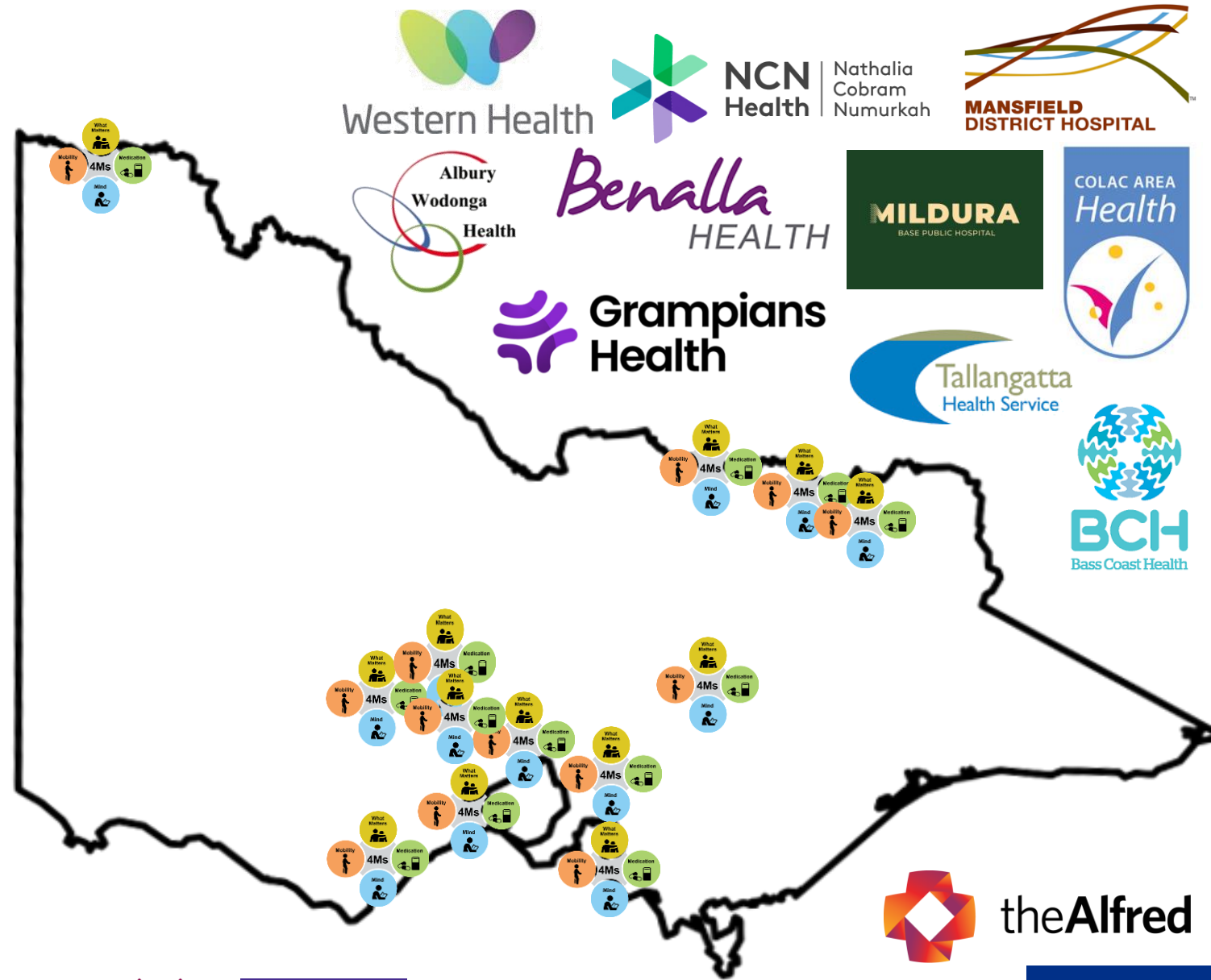


*'Older people' refers to people 65 years and over, or 45 and over for Aboriginal and Torres Strait Islander people



WHAT WE DID

- A pilot phase from 2021-2022
- Breakthrough Series Collaborative from 2022-2023
 - 30 teams from 18 services
 - Public and private
 - Hospitals and residential aged care
 - Metropolitan, regional and rural services
 - No funding provided to health services



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The Royal Melbourne Hospital



Monash Health

Eastern Health

WHAT WE DID



Pilot phase

May 2021-2022



Learning Session 1

June 2022

Learning Session 2

October 2022

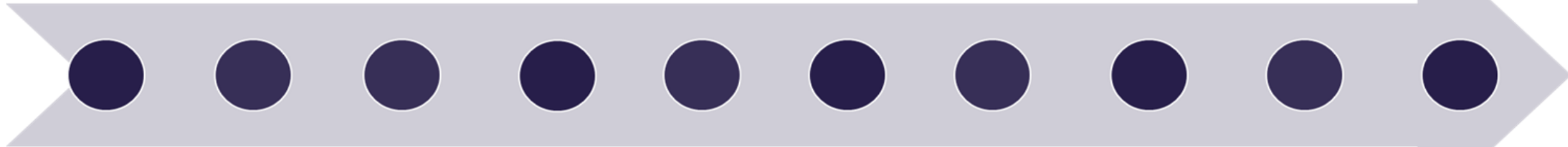


Learning Session 3

February 2023

Summative Showcase

June 2023



June 2022

Kickstart Webinar

June – October 2022

Action Period 1

October 2022 – February 2023

Action Period 2

February – June 2023

Action Period 3

July – November 2023

Evaluation period

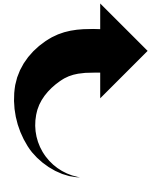
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WHAT WE DID



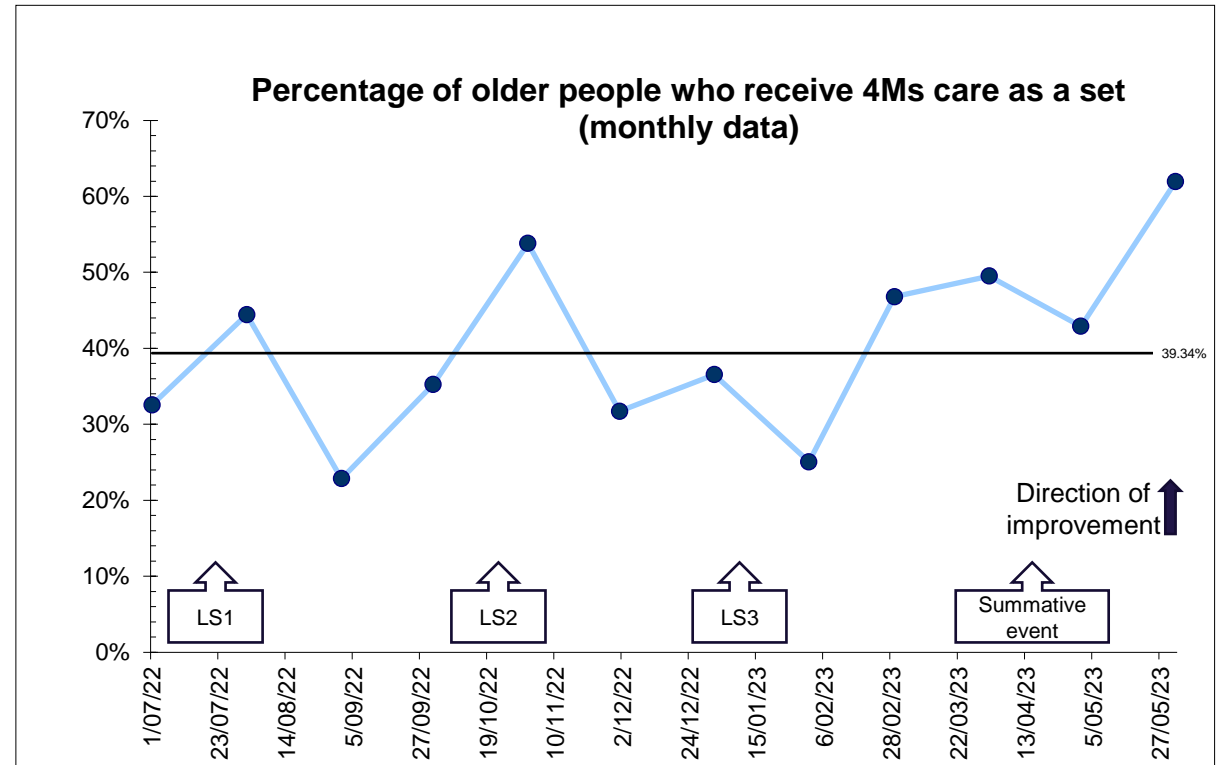
- Worked with a clinical and consumer faculty
- Co-designed the framework and the **Guide to the 4Ms**
- Teams created their Care Description Worksheets
- Created consumer-facing brochures and posters about 4Ms care
- Maintained online collaboration and data sharing platform
- Links to accreditation and standards

| | What Matters | Medication | Mind | Mobility | Identified gaps or areas for improvement |
|---------------|---|---|---|---|--|
| Aim | Know and align care with each older person's health outcome goals and care preferences, including, but not limited to, end-of-life care, and across settings of care | If medication is necessary, use appropriate medications that do not interfere with What Matters to the older person, Mobility or Mind across settings of care | Prevent, identify, treat, and manage cognitive impairment, delirium, and depression across settings of care | Ensure safe mobility and prevent falls to maintain function and support What Matters to the older person | Identify any processes that require adapting – this will inform your change ideas/PDSA cycles Some ideas for getting started are provided in the Appendix B at the end of this document |
| Assess | List the question(s) you ask to know and align care with each older person's specific outcome goals and care preferences: <input type="checkbox"/> Older person is asked a "What Matters" question Details: | <input type="checkbox"/> Medication reconciliation is completed at admission <input type="checkbox"/> Medication review occurs at other transitions of care (e.g. ward transfer) Please identify at what other transition points medication review takes place: | Tick the tool you use to screen for cognitive impairment: <input type="checkbox"/> Mini-Mental State Examination (MMSE) <input type="checkbox"/> Clock drawing test <input type="checkbox"/> CAM <input type="checkbox"/> Nu-DESC <input type="checkbox"/> MOCA If further assessment is required: Tick the tool you use to screen for depression: <input type="checkbox"/> GDS (Geriatric Depression Scale) <input type="checkbox"/> CSDS (Cornell Scale for Depression in Dementia) <input type="checkbox"/> Other: | Tick the assessment process you use to screen mobility: <input type="checkbox"/> Functional assessment • Sit to Stand • Transfer to chair • Mobilise short distance (usual gait aid) <input type="checkbox"/> Timed Up & Go (TUG) <input type="checkbox"/> 5 (or 10) Metre walk test <input type="checkbox"/> de Morton Mobility Index (DEMMI) <input type="checkbox"/> Refer to physiotherapy <input type="checkbox"/> Environmental assessment (including clothing, footwear, flooring, lighting, furniture and fittings such as hand holds) | |



OLDER PEOPLE WHO RECEIVE AGE-FRIENDLY (4MS) CARE AS A SET

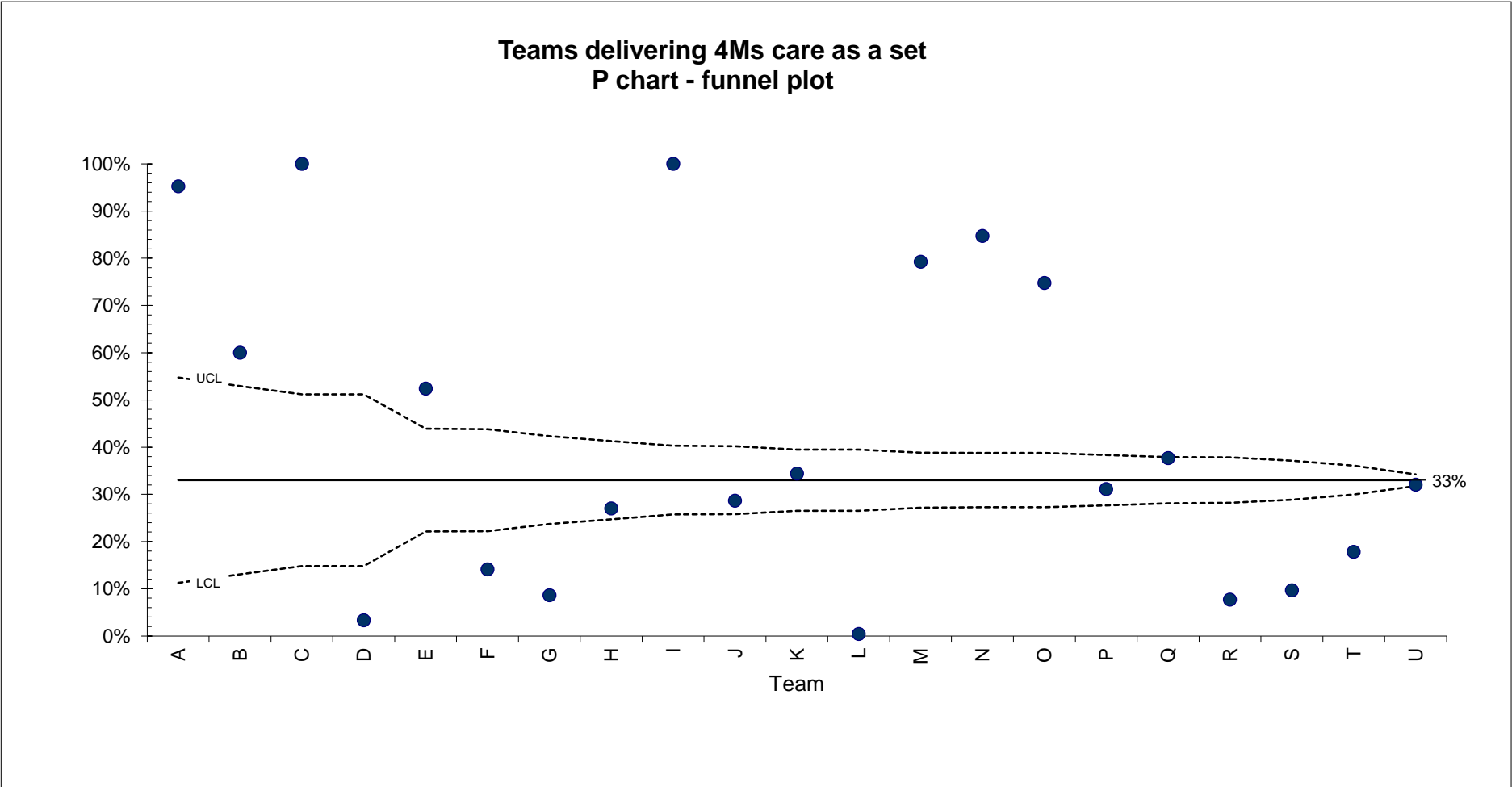
- Increase in the percentage of older people receiving 4Ms care as a set
- A trend toward improvement



*Ave 60% contributing to the measure

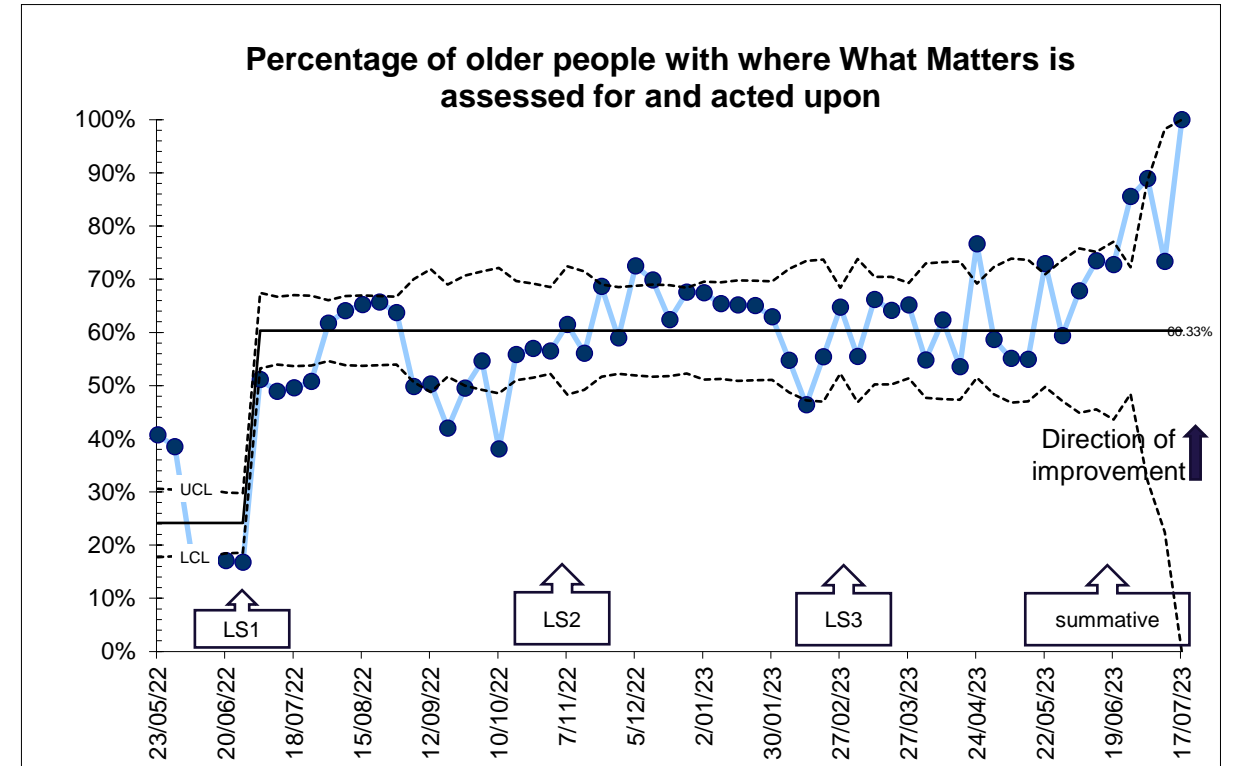


OLDER PEOPLE WHO RECEIVE AGE-FRIENDLY (4MS) CARE AS A SET



PROCESS CHANGE: WHAT MATTERS

- Shift in understanding that 'What Matters' is more than a question
- Increased person-centred care, involving family and carers in care planning.
- Co-designing care with families and carers
- Increased confidence in staff to think differently about care, away from being risk-averse to how we can accommodate a person's needs

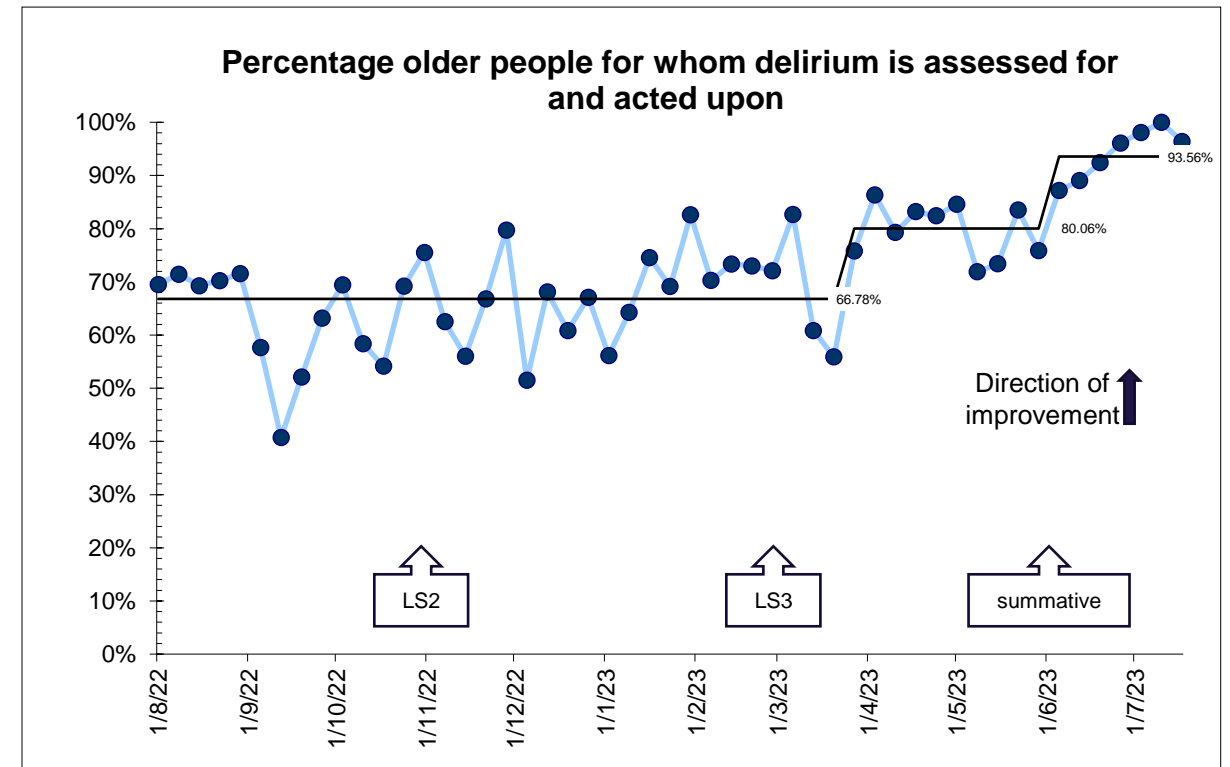


*Ave 53% of teams contributing to the measure



PROCESS CHANGE: DELIRIUM

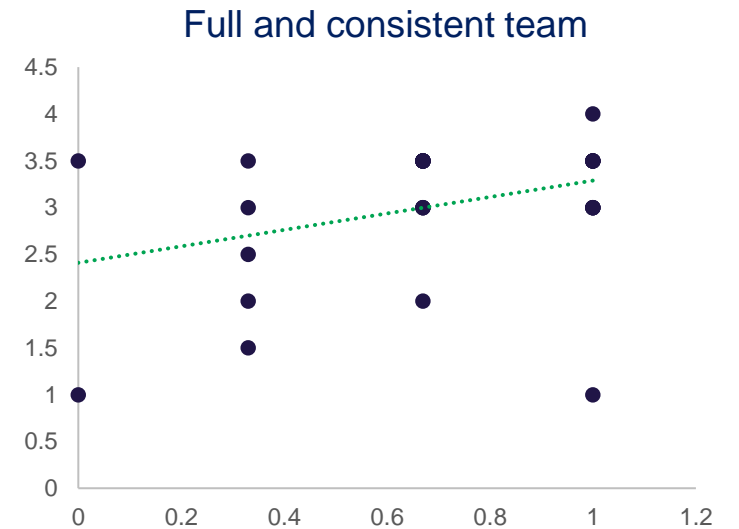
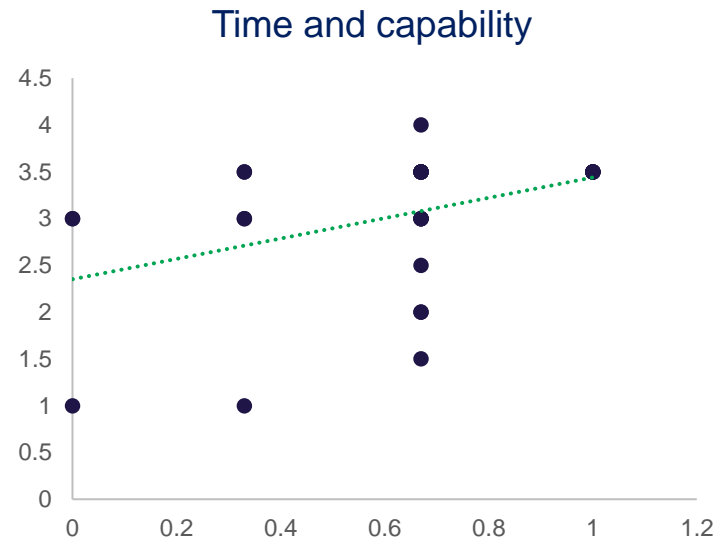
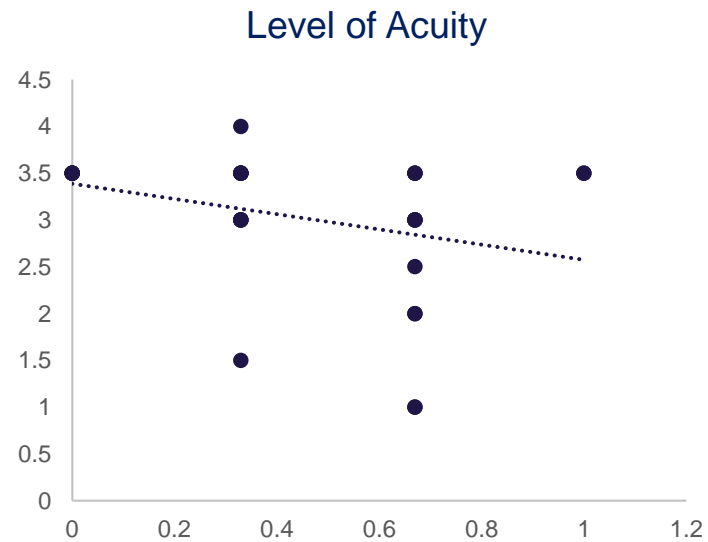
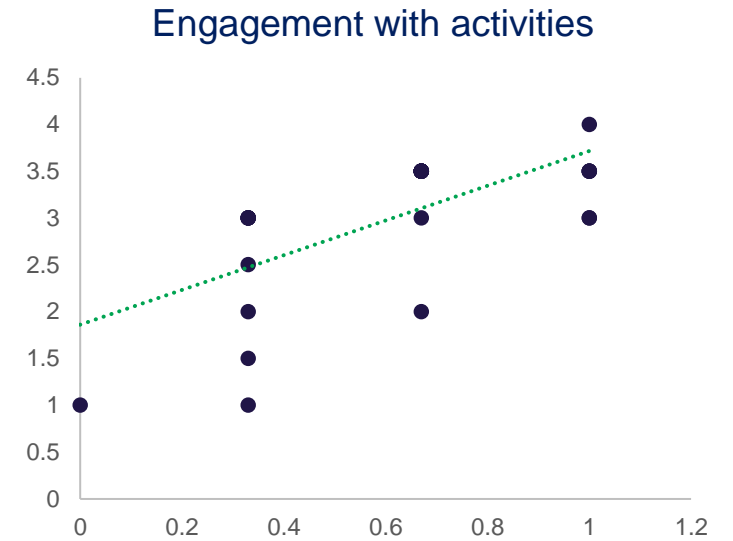
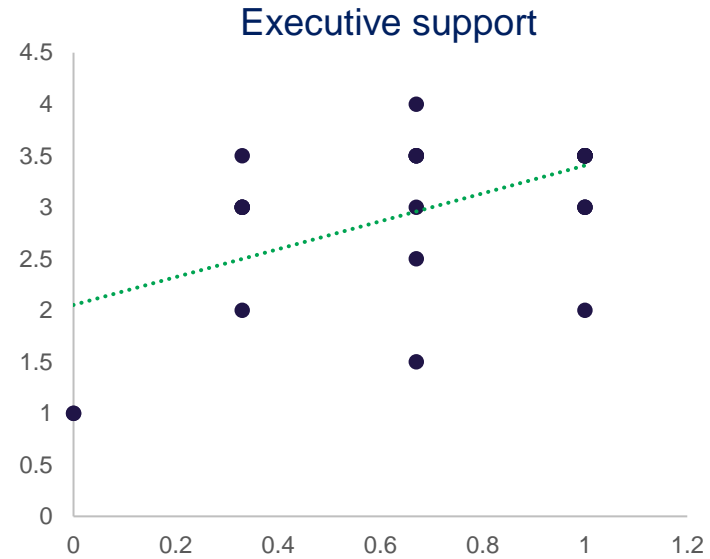
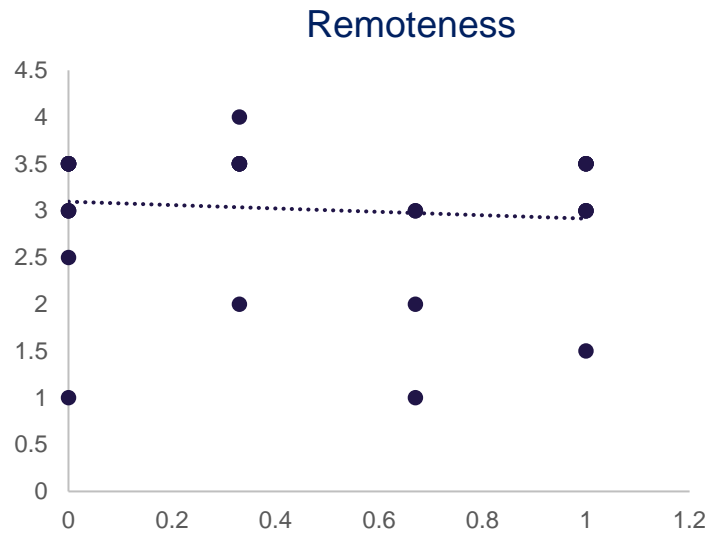
- Delirium was the M that most teams successfully improved process in
- Teams tested a range of different validated tools, which they selected from the Guide to the 4Ms
- Many teams have now embedded this change into usual practice.



*Ave 44% contributing to the measure



SCATTER PLOTS: SUCCESS FACTORS



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QUALITATIVE FEEDBACK

- Evaluation included numerical data, survey responses, and focus group feedback
- The combined data tells a story of improvement and a culture shift:
 - Adopted the Model for Improvement
 - Improved relationships
 - Improved behaviour
 - Shared decision making
 - Falls prevention
 - Embedding processes
 - Sharing achievements

'Now the whole team really works as one towards what's important for the patient'



Focus Group participant

Introduction of the "what matters" concept ... is helping staff feel more connected with their patients/residents... helping patients to feel more involved in their care... and staff satisfaction in care delivery.'



Survey responder



CLINICAL LEAD REFLECTIONS

Strong evidence base
increases the chance of
success

4Ms can be applied in all settings
and held up well, but context is
key

In working towards 4Ms as a
set, there were unexpected
improvements in the Ms that
were already being done well

4Ms as a set is critical

Embedding 4Ms into
clinical processes and
workflows enables
sustainability

*'Geriatrics is the art of
making multiple small
changes that sum to
produce lasting
improvement in patient
wellbeing'*



A/Prof Mark Yates

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CONSUMER REFLECTION

Approaching older age with a 4Ms lens

Katerina Yakimov





NEXT STEPS

Think about...

- How can you approach your work with a 4Ms lens?
- What Ms are currently missing or inconsistent in your care settings?
- What about outside of work?
- What matters to your patients, residents, staff, your family?
- How can you get involved in Age-Friendly?



Register interest in our Action Community (Victorian Health and Residential Aged Care services)





THANK YOU AND QUESTIONS

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