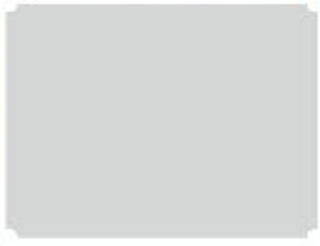
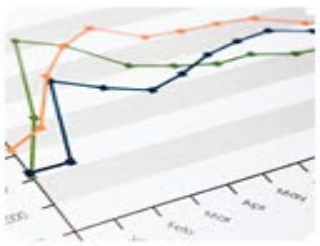


IHI Age-Friendly Recognition Mentation



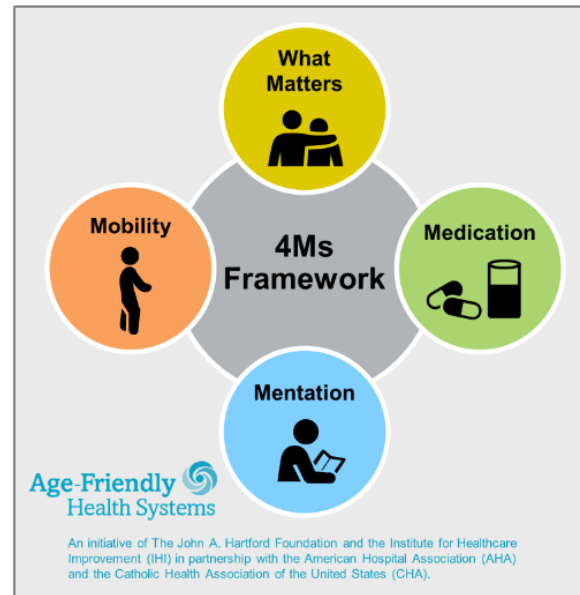
Whole System Quality a Tiered approach

Quality Planning	Quality Control	Quality Improvement	
Offer input to inform organizational strategy as primary customer group	Offer feedback on quality experience to inform understanding of performance	Engage as co-producer in relevant QI activities	Patients, Families, and Communities
POINT OF CARE			
Inform plans and requirements to execute on the strategy locally	Identify and solve problems as they arise (gaps with standard), escalate as necessary	Lead and engage in local QI activities and identify potential QI projects	Clinicians
Translate strategy into a plan for unit setting and outline requirements for execution	Monitor performance and direct solutions, escalate problems as necessary	Lead QI projects and capture ideas for potential QI work	Unit-Level Leaders
Facilitate strategic planning process, support research and analysis activities	Support development of QC standard work and infrastructure	Support local QI activities and inform project prioritization efforts	Quality Department Staff
Work with executives and unit leaders to articulate how to execute on strategy	Identify cross-cutting problems and trends close feedback loops	Sponsor QI projects, lead cross-cutting QI efforts	Departmental Leaders
Identify customers, prioritize needs, and develop strategy	Mobilize resources to address emergent and cross-cutting problems	Sponsor and commission prioritized QI projects	Executive Leaders
Ensure organizational strategy is quality-centric	Review quality performance on a regular basis	Review performance of major QI projects on a regular basis	Board of Directors

IHI Age-Friendly Health System Recognition

GOAL:

Create health care systems that ensure every older adult receives the best evidence-based care possible, without harm, ultimately satisfied with the care received.



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.

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

- <https://www.ihf.org/initiatives/age-friendly-health-systems/recognition>

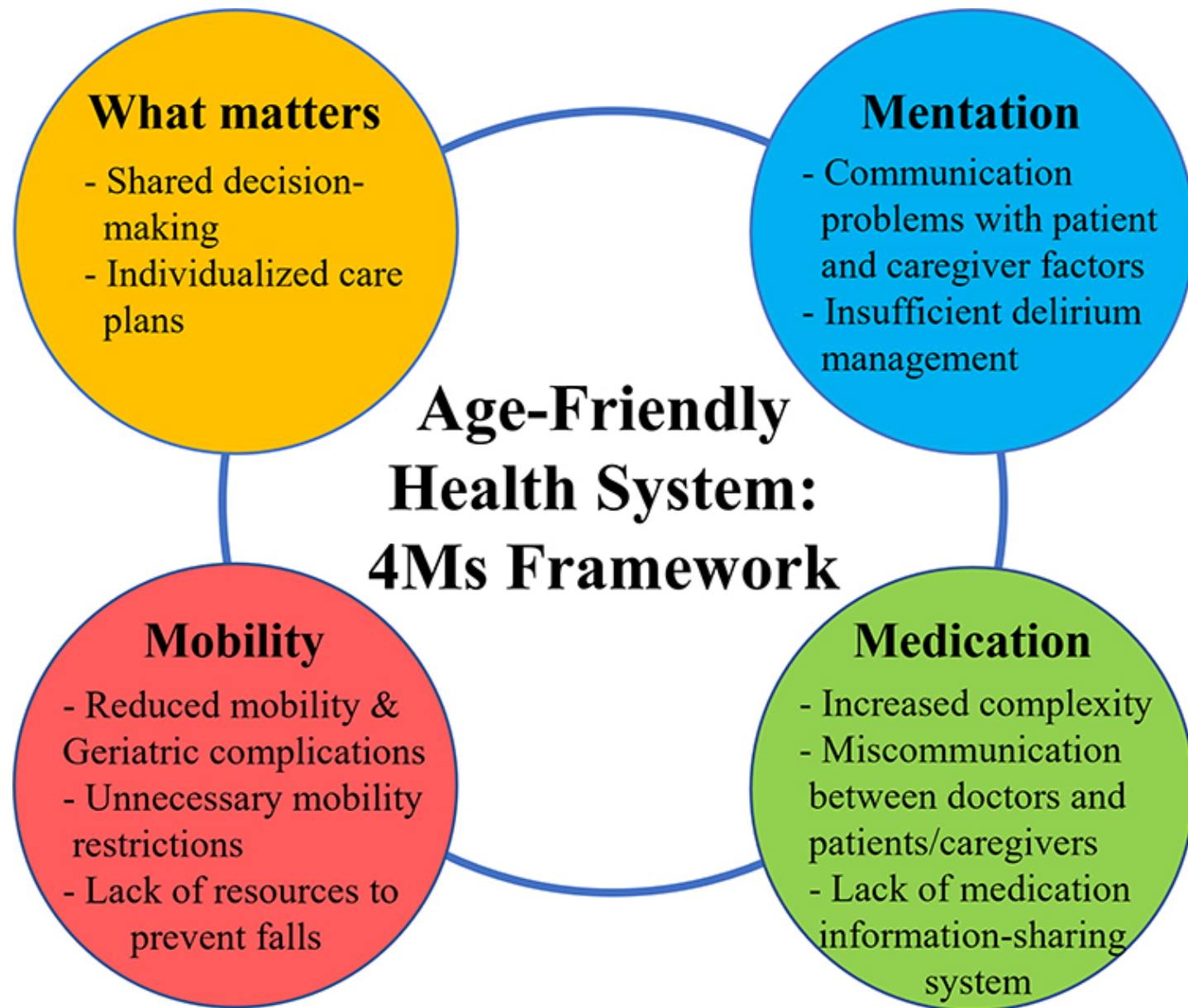
Mentation- Mind & Mood

- **Mentation: Cognitive Impairment**
 - Successfully prevent, identify, treat and manage cognitive impairment
- **Mentation: Depression**
 - Successfully prevent, identify, treat and manage depression
- **Mentation: Delirium**
 - Successfully prevent, identify, treat and manage delirium



How does Mentation interact with the other 3Ms?

- How does mind and mood interfere with What Matters Most?
- How does medication affect Cognitive Function?
- How does cognition, depression or delirium affect Mobility?
- Importance of timely delirium screenings.
- Medication Side-Effects?
- Education on cognition, depression and delirium to inform family members on reasons for screenings.
- Does mentation impact independence or ability for physical activity or ADLs?



Mentation: Cognitive Impairment (dementia or related disorders)

Aim: Prevent, identify, treat, and manage cognitive impairment across settings of care.

Screen:

Check the tool used to screen for Cognitive Impairment for all older adults.

Minimum requirement: At least first box must be checked. If only "Other" is checked, will review.

Mini-Cog

BIMS (included in MDS)

Other

Assess:

Check the tool used to assess for Cognitive Impairment.

Minimum requirement: If screen is positive, conduct assessment. If only "Other" is checked, will review

SLUMS

MOCA

Other

Frequency:

Minimum frequency is upon admission and upon change of condition.

At admission

Upon change of condition

Other

Documentation:

Minimum requirement: Must check Care Plan.

EHR

Care Plan

Other

Act On:

Minimum requirement: Must check first two boxes.

Share results with older adult and, if appropriate, with caregiver

Manage behaviors related to cognitive impairment (non-pharmacological approaches) : Describe below

Provide educational materials to older adult and care partner

Other

Primary Responsibility:

Minimum requirement: One role must be selected.

Nurse

Social Worker

MD/PA/ Nurse Practitioner

Pharmacist

Mental or Behavioral Health Provider

Other

Mentation: Depression

Aim: Prevent, identify, treat, and manage depression across settings of care.

Screen / Assess:

Check the tool used to screen for depression for all older adults.

Minimum requirement: At least one of the first four boxes must be checked. If only "Other" is checked, will review

- Patient Health Questionnaire (PHQ)-2
- Patient Health Questionnaire (PHQ)-9
- Geriatric Depression Scale (GDS) - short form
- Geriatric Depression Scale (GDS)
- Other

Frequency:

Minimum frequency is upon admission and upon change of condition.

- At admission
- Upon change of condition
- Other

Documentation:

Minimum requirement: Must check Care Plan.

- EHR
- Care Plan
- Other

Act On:

Minimum requirement: Must check first two boxes.

- Educate older adult and, if appropriate, caregiver
- Manage factors related to depression (non-pharmacological approaches)
- Consider recommending anti-depressant
- Refer to:
- Other

Primary Responsibility:

Minimum requirement: One role must be selected.

- Nurse
- Social Worker
- MD/PA/ Nurse Practitioner
- Mental or Behavioral Health Provider
- Other

Mentation: Delirium

Aim: Prevent, identify, treat, and manage delirium across settings of care.

Screen / Asses:

Check the tool used to screen for delirium for all older adults.

Minimum requirement: At least one must be checked. If "other" is checked, will review.

- UB-CAM
- CAM (Included in MDS)
- Other

Frequency for Nursing Facility (NF):

Minimum frequency: First two boxes must be checked.

If "other" is checked, will review.

- At admission
- Upon change of condition
- Other

Frequency for Skilled Nursing Facility (SNF):

Minimum frequency: First three boxes must be checked.

If "other" is checked, will review.

- At admission
- Every 24 hours
- Upon change of condition
- Other

Documentation:

Minimum requirement: Must check Care Plan.

- EHR
- Care Plan
- Other

Act On:

Delirium prevention and management protocol including, but not limited to:

Minimum requirement: Must check first five boxes.

- Ensure sufficient oral hydration
- Orient older adult to time, place, and situation on every nursing shift, if appropriate
- Ensure older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers)
- Prevent sleep interruptions, use non-pharmacological interventions to support sleep
- Avoid high-risk medications
- Other

Primary Responsibility:

Minimum requirement: One role must be selected.

- Nurse
- MD/PA/ Nurse Practitioner
- Other



Screening and Assessment of Cognitive Impairment

Cognition



Screen:

Check the tool used to screen for Cognitive Impairment for all older adults.

Minimum requirement: At least first box must be checked. If only "Other" is checked, will review.

Mini-Cog

BIMS (included in MDS)

Other

Assess:

Check the tool used to assess for Cognitive Impairment.

Minimum requirement: If screen is positive, conduct assessment. If only "Other" is checked, will review

SLUMS

MOCA

Other

MDS- Section C0200-C0500 & C0600-C1000



Screening and Assessment of Depression

Screen / Assess:

Check the tool used to screen for depression for all older adults.

Minimum requirement: At least one of the first four boxes must be checked. If only "Other" is checked, will review

- Patient Health Questionnaire (PHQ)-2
- Patient Health Questionnaire (PHQ)-9
- Geriatric Depression Scale (GDS) - short form
- Geriatric Depression Scale (GDS)
- Other

MDS- Section D0100-C0160 & C0500-C0600



Screening and Assessment of Delirium

Screen / Asses:

Check the tool used to screen for delirium for all older adults.

Minimum requirement: At least one must be checked. If "other" is checked, will review.

UB-CAM

CAM (Included in MDS)

Other

MDS- Section C1310

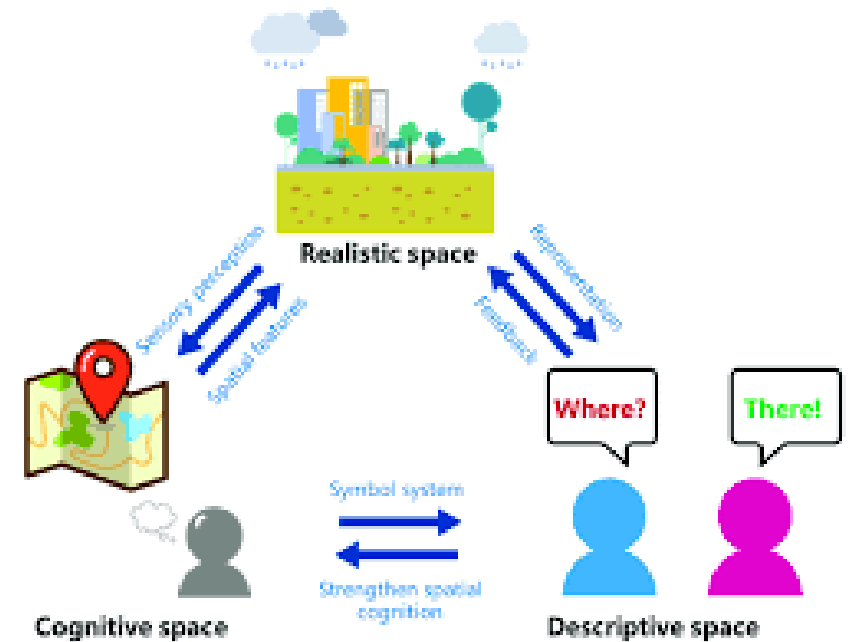


Frequency of Assessment

Frequency:

Minimum frequency is upon admission and upon change of condition.

- At admission
- Upon change of condition
- Other



Delirium Screenings differs for SNFs

Frequency for Nursing Facility (NF):

Minimum frequency: First two boxes must be checked.
If "other" is checked, will review.

- At admission
- Upon change of condition
- Other

Frequency for Skilled Nursing Facility (SNF):

Minimum frequency: First three boxes must be checked. If "other" is checked, will review.

- At admission
- Every 24 hours
- Upon change of condition
- Other

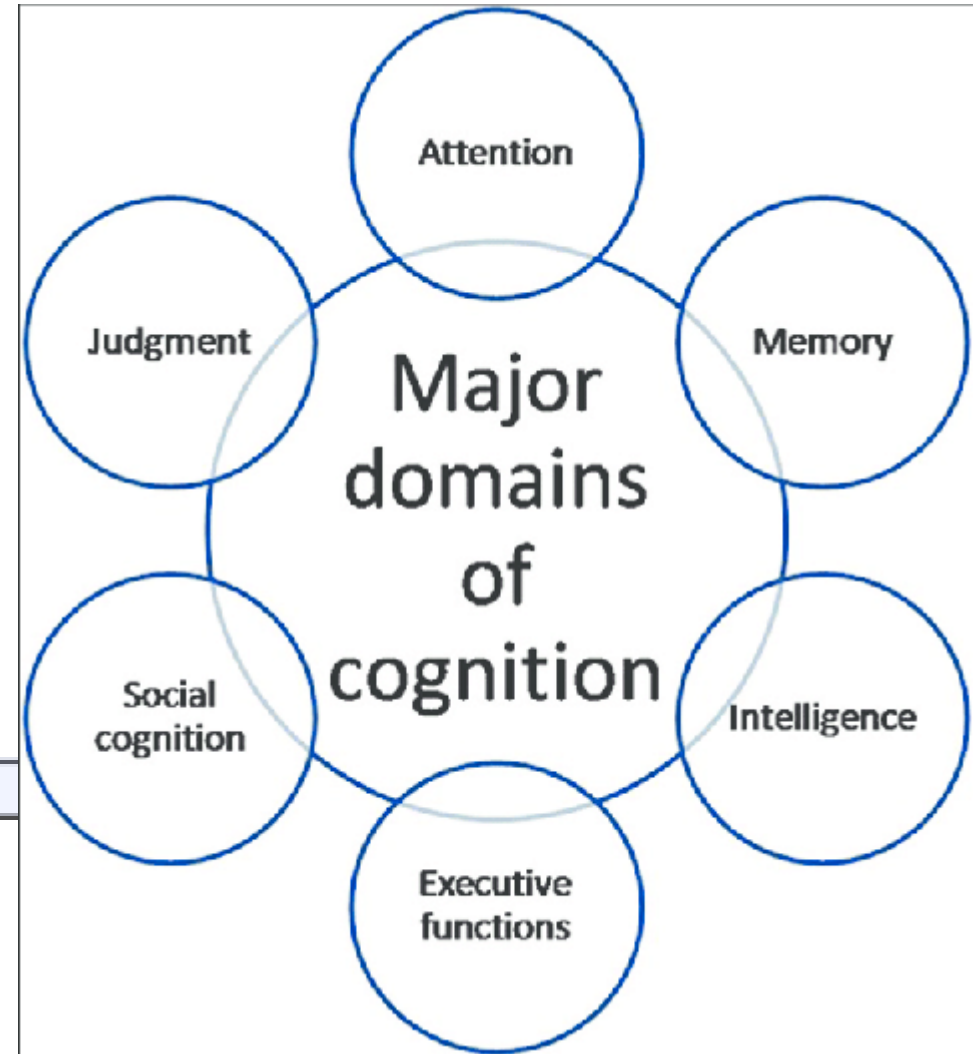
Documentation of Cognitive Impairment, Depression, & Delirium



Documentation:

Minimum requirement: Must check Care Plan.

- EHR
- Care Plan
- Other



Act On Cognitive Impairment

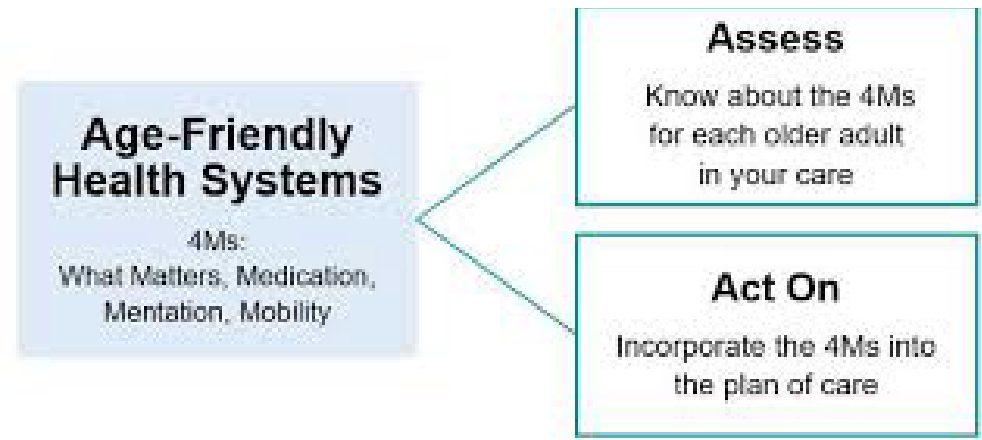


Act On:

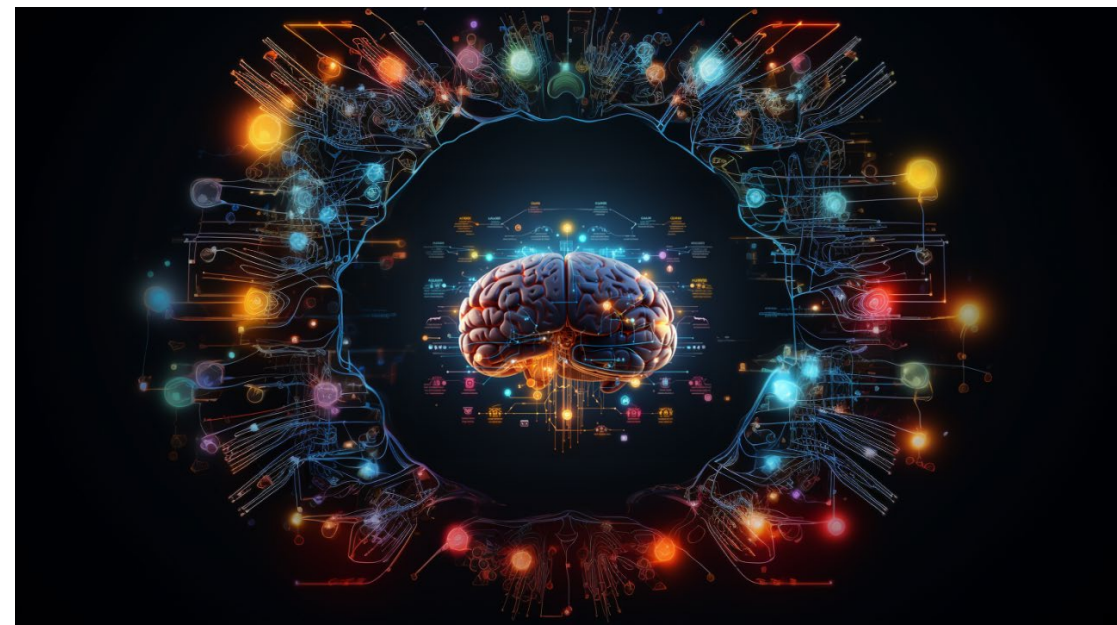
Minimum requirement: Must check first two boxes.

- Share results with older adult and, if appropriate, with caregiver
- Manage behaviors related to cognitive impairment (non-pharmacological approaches) : Describe below
- Provide educational materials to older adult and care partner

Other



Act On Depression



Act On:

Minimum requirement: Must check first two boxes.

- Educate older adult and, if appropriate, caregiver
- Manage factors related to depression (non-pharmacological approaches)
- Consider recommending anti-depressant
- Refer to:
- Other

Act On Delirium



Act On:

Delirium prevention and management protocol including, but not limited to:

Minimum requirement: Must check first five boxes.

- Ensure sufficient oral hydration
- Orient older adult to time, place, and situation on every nursing shift, if appropriate
- Ensure older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers)
- Prevent sleep interruptions, use non-pharmacological interventions to support sleep
- Avoid high-risk medications
- Other

Primary Responsibility for Assessing/Documenting and Acting On Cognitive Impairment, Depression and Delirium

Cognitive Impairment

Primary Responsibility:

Minimum requirement: One role must be selected.

- Nurse
- Social Worker
- MD/PA/ Nurse Practitioner
- Pharmacist
- Mental or Behavioral Health Provider
- Other

Depression

Primary Responsibility:

Minimum requirement: One role must be selected.

- Nurse
- Social Worker
- MD/PA/ Nurse Practitioner
- Mental or Behavioral Health Provider
- Other

Delirium

Primary Responsibility:

Minimum requirement: One role must be selected.

- Nurse
- MD/PA/ Nurse Practitioner
- Other

Overview of Care Description Worksheet for Nursing Homes to become an Age-Friendly Participant

OBJECTIVE – Age-Friendly is a movement of thousands of health care facilities committed to ensuring that all older adults receive evidence-based care. This movement is to recognize those health care systems that have committed to practicing 4Ms of care.

- Outline a plan** for providing 4Ms care within your nursing home setting.
- Build on** what your nursing home already does to **assess** and **act on** each of the 4Ms.
- Analyze, change and test** to fill in any **care gaps identified**.



Quality Measures- Mentation



4Ms	CMS LTC Quality Measures Mapped to 4Ms of Age-Friendly and Dementia-Friendly Care
Medications	% of residents with behavioral symptoms affecting others % of residents who have symptoms of depression

Process: Age-Friendly Care Description Worksheet

What Matters Most	Medication	Mentation	Mobility
Screening Tools	Screening Tools	Screening Tools	Screening Tools
Frequency	Frequency	Frequency	Frequency
Documentation	Documentation	Documentation	Documentation
Act On	Act On	Act On	Act On
Primary Responsibility	Primary Responsibility	Primary Responsibility	Primary Responsibility

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