Our Mission: Helping to prepare Iowa’s health practitioners to care for our growing population of elders. E-NEWS is one of our methods of teaching through technology.

Each month, E-NEWS delivers abstracts from current multidisciplinary healthcare journal articles related to a specific geriatric topic. This month’s E-NEWS focuses on AGE-FRIENDLY HEALTH CARE AND SYSTEMS.

AGE-FRIENDLY HEALTH CARE AND SYSTEMS

In this issue of the E-NEWS, you will find abstracts for:

- An article that discusses the advancement of gerontological nursing in regards to age-friendly health systems, communities, and public health.
- An article that addresses the role of the safety net in caring for older adults and incorporating age-friendly principles.
- An article that describes the Age-Friendly Health System initiative.
- A study that examines a screening and intervention program for geriatric syndromes established at a rural healthcare system that utilizes the 4Ms of age-friendly health systems.
- An article that reviews the evidence for the 4Ms framework in supporting care for older adults.
- An article that provides an overview of the Age-Friendly Health Systems initiative and how nurses can be leaders in ensuring age-friendly care for older adults.
- An article that evaluates the effectiveness of a workshop using the 5Ms framework to prepare interprofessional trainees to care for the aging population.
Mounting efforts to improve care and promote healthy aging throughout society and across the care continuum have created unique opportunities for gerontological nursing practice. Population aging has invoked a multitude of responses among all levels of international and national organizations, foundations, health care, and government to meet the needs and promote preferences of older adults. Large-scale programs by the World Health Organization, The John A. Hartford Foundation, Institute for Health-care Improvement, and Trust for America’s Health have galvanized to advance the momentum of age-friendly communities, health care, and public health. Gerontological nurses can leverage this growing interest in aging by enhancing their knowledge about age-friendly movements, influencing these movements with their expertise in evidence-based practices, and advancing their own competencies in caring for older adults in any setting. © The Authors

The safety net, a collection of public hospitals, federally qualified health centers (FQHCs), and publicly funded community-based healthcare entities, provides essential care to middle-aged and older adults with geriatric conditions. The role of the safety net for these adults will intensify over the next two decades with the growing numbers of middle-aged and older adults with adverse social determinants of health and premature geriatric conditions. The foundation for addressing their needs is to detect geriatric conditions and then focus care plans on the impact of these factors on function, which predicts mortality and quality of life more than chronic conditions alone. To detect geriatric conditions in safety net populations, the Age-Friendly Health System (AFHS) framework offers an evidence-based focus on the 4Ms: Mentation, Mobility, Medications, and what Matters. Further incorporating geriatric care models that target the 4Ms and are adapted to safety net populations will enable age-friendly care that optimizes health and addresses what matters to older people.

The unprecedented changes happening in the American healthcare system have many on high alert as they try to anticipate legislative actions. Significant efforts to move from volume to value, along with changing incentives and alternative payment models, will affect practice and the health system budget. In tandem, growth in the population aged 65 and older is celebratory and daunting. The John A. Hartford Foundation is partnering with the Institute for Healthcare Improvement to envision an age-friendly health system of the future. Our current prototyping for new ways of addressing the complex and interrelated needs of older adults provides great promise for a more-effective, patient-directed, safer healthcare system. Proactive models that address potential health needs, prevent avoidable harms, and improve care of people with complex needs are essential. The robust engagement of family caregivers, along with an appreciation for the value of excellent communication across care settings, is at the heart of our work. Five early-adopter health systems are testing the prototypes with continuous improvement efforts that will streamline and enhance our approach to geriatric care. © The Authors

Background/objectives: To describe a screening and intervention program for geriatric syndromes instituted at a rural healthcare system that utilizes the 4Ms of an age-friendly health system, and to provide exercise and cognitive stimulation therapy (CST) as part of an age-friendly health program. Design: Retrospective evaluation of clinical data. Setting: Rural primary healthcare system. Participants: Older adults aged 65 years and older in Perry County, Missouri. Measurements: Screening for geriatric syndromes was done using the Rapid Geriatric Assessment (RGA), which includes the FRAIL, SARC-F, Simplified Nutritional Appetite Questionnaire (SNAQ), and Rapid Cognitive Screen (RCS). Outcomes for exercise and CST included the Five Times Sit to Stand (FTSS) and Timed Up and Go (TUG) tests, Cornell Scale for Depression in Dementia
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.


The older adult population is growing in number and diversity, and this population has unique care needs that the current healthcare system is ill prepared to meet. In order to ensure older adults receive safe, person-centered care that supports their goals, the John A. Hartford Foundation has developed and, with their partners at the Institute for Healthcare Improvement, the American Hospital Association, and Catholic Health Association of the United States, is implementing across the United States the Age-Friendly Health Systems Initiative. This article provides an overview of the Age-Friendly Health Systems Initiative and how within it nurses can serve as leaders in ensuring age-friendly care for older adults. © Elsevier Inc.


Background/objectives: Interprofessional trainees need geriatrics training to prepare them to care for our aging population. Team-based care will help them be ready to work in an Age-Friendly Health System. The Geriatrics 5Ms provides a framework to engage learners in five main domains of caring for older adults from an interprofessional perspective: Mobility, Mind, Medications, Multicomplexity, and what Matters Most. Design: We created a half-day workshop for interprofessional trainees using the Geriatric 5Ms framework to increase their preparedness in caring for older adults as part of an interprofessional team. Setting: The New England Geriatric Research Education and Clinical Center. Participants: A total of 66 trainees from 10 professions. Intervention: After introductory sessions on careers in aging, participants engaged in an interactive session to learn about the professions represented. They then formed interprofessional groups to discuss a patient case using the Geriatrics 5Ms framework with a modified jigsaw format. Measurements: Trainees were surveyed before and after the workshop on their attitudes toward careers in aging, understanding of skills and training paths of other professions, and familiarity with the Geriatrics 5Ms framework. Results: Overall, 97% of the trainees rated the workshop highly. Trainee ratings significantly increased in the areas of understanding of other professions, and familiarity and applicability of the Geriatrics 5Ms, particularly for nonphysicians. Conclusion: A workshop for interprofessional trainees using the Geriatrics 5Ms framework increased the readiness of trainees to care for older adults as part of an interprofessional team. This workshop offers a promising model for needed interprofessional geriatrics education.
Next Month’s Issue:

Age-Friendly Health Care: Medications

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