

An Age-Friendly Journey: Let It Begin with Me

Webinar Transcript

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00:00:00.000 --> 00:00:00.750

Hello, and

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00:00:11.759 --> 00:00:12.360

Belinda Rogers: Welcome

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00:00:24.750 --> 00:00:25.350

Belinda Rogers: Welcome

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00:00:28.140 --> 00:00:29.340

Trash, welcome.

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00:00:31.680 --> 00:00:44.220

Belinda Rogers: If you're just joining us, please use the chat function and enter your name and organization, we'd love to know who you are and where you're from, to get a sense of who's on the call and we'll get started momentarily.

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Belinda Rogers: I chain and Nikki, Laura. Welcome, we welcome.

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00:01:00.330 --> 00:01:00.960

Belinda Rogers: Welcome

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00:01:05.070 --> 00:01:05.790

Belinda Rogers: Welcome

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00:01:23.880 --> 00:01:25.200

Belinda Rogers: Michael, welcome.

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00:01:26.820 --> 00:01:27.390

Belinda Rogers: Welcome

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00:01:49.980 --> 00:02:06.330

Belinda Rogers: Welcome everyone. As you're still continuing to join us welcome and Please enter your name in organization into the chat function. And I think we'll go ahead and get started and Kristen. I'll turn it over to you.

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Kristen Marino: Thank you so much for Linda. Welcome, all. Next slide please.

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Kristen Marino: Thank you. Well, good afternoon. And thank you all for joining us today. My name is Kristin Marino. I'm a senior quality improvement facilitator heroes intelligent and I will be serving as your facilitator.

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Kristen Marino: TV is honored to have such an amazing panel of presenters, but for today's presentation. Dr. Lee Jenny Peggy blue guy.

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Kristen Marino: puts your city Antonio Marcus escobedo and lovely Pelton. I also want to acknowledge the intelligent team of support. I have including Lisa Bridwell Courtney Ryan Vicki Kohler

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Kristen Marino: Nikki reselling the Wonder Rogers and married his address. This is the final session of the for learning collaborative, although this is the last question.

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Kristen Marino: It is our hope that this is just the beginning of your journey to becoming more age friendly. If you have not been able to participate in the previous session, you can ask us, the recording and the PowerPoint slides on our website, which is noted in our chat box. Next slide.

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Kristen Marino: Calls and takes all available steps to provide secure use of the video conference platform we share this disclaimer regarding the links to our other websites or third party content. Next slide.

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Kristen Marino: For those who are not familiar with TV. We are the quality, quality innovation network quality improvement organization for the state of Colorado, Illinois, Iowa in Oklahoma.

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Kristen Marino: Our purpose is to improve the efficiency, effectiveness and quality of services delivered Medicare beneficiaries. We do this by providing technical assistance and convening Learning and Action networks.

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Kristen Marino: at no cost to support quality improvement at the community level. Our services are paid through the Social Security Act.

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Kristen Marino: If you have not done so already, we are asking that you take two minutes to join intelligence to I connect

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Kristen Marino: It will allow intelligence, the intelligence team to provide technical assistance to you and communicate offering such as this learning collaborative by connecting with that.

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Kristen Marino: One of the greatest benefits for participating intelligent Connect is that you'll be partnering with learn healthcare professionals patient

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Kristen Marino: And family advisors and beneficiaries, not only will you be able to share your expertise but also converse with others about organizational best practices.

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Kristen Marino: And work together on ways to mitigate similar obstacles you also have an opportunity to hear directly from patients residents in the communities that you serve. Next slide.

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Kristen Marino: You know you're extremely busy and have limited bandwidth and time to make this more convenient for you to sign up for TV to I connect please simply email us letting us know that you would like to join.

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Kristen Marino: Or answer email to the chat box and we will complete registration for you. I've also provided my email address and you

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Kristen Marino: are happy to be more than happy to email me and, in addition, if you are unsure if you are even signed up for intelligence to I connect. We're able to confirm that for you as well.

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Kristen Marino: Next slide please.

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Kristen Marino: They're intelligent. We make every effort in all the work that we do to impact our vulnerable population.

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Kristen Marino: Older adults in rural areas, generally face a higher prevalence of fault for dental health. Obesity this call and activity and generally are less likely to have a dozen dedicated primary care physician.

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Kristen Marino: Researchers show. Research shows that providing the older adult population with specific age friendly care has significant benefits, including a reduction.

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Kristen Marino: In the number of our emergency department visits hospitalization after readmission improve mobility, a reduction in medication related problem and early identification of memory loss and depression.

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Kristen Marino: TV recommend moving forward towards creating age friendly health system of care to address health inequities providing learning collaborative fetches this

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Kristen Marino: Is just one of the many ways we're providing quality improvement resources to create a more equitable system of care for all regardless of age. Next slide please.

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Kristen Marino: Over the course of the past two months this learning collaborative has reviewed the for what matters mentation medication mobility and how they work together to buy to find age friendly care.

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Kristen Marino: Intelligent team has collaborated with stakeholders, including patients the geriatric workforce Enhancement Program age from the health system advocates and our TV. Q I connect partners and communities.

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Kristen Marino: During the first kickoff session on July 20 seconds we've laid the groundwork for understanding the 4am and her to patient story illustrating the importance of asking what matters.

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Kristen Marino: During the second session on August 12 we tackled strategies to integrate what matters conversations into workflows and we discussed the role

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Kristen Marino: Of observation and intuition. When evaluating a patient's mentation during the third session on September 2 we reviewed age friendly medication use and older adults. And approach it.

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Kristen Marino: And approaches to incorporating in mobility strategy into efforts to promote an age from the health system.

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Kristen Marino: Action period between each session provided a platform for Community dialogue around the forum tools and resources that are in a time with focus areas such as social isolation covert

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Kristen Marino: Infection Prevention opioid behavioral health patient safety care transition chronic disease prevention self MIT and self management. And last but not least, Nursing Home Quality

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Kristen Marino: Today we're going to be tying this all together. Next slide please.

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Kristen Marino: Why do we offer this age friendly learning collaborative to you our partners. Not only does this align with all the work that we do here at TV.

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Kristen Marino: But it is grounded in evidence. And that shows the cycle works to systematically and sustainably move outcome.

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Kristen Marino: Kelton was fortunate to have the opportunity to collaborate with partners.

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Kristen Marino: Of the age from the health system initiative, including the John A Hartford Foundation, the Institute for Healthcare Improvement. And as mentioned, our state geriatric workforce enhancement program. We couldn't have done this without their knowledge and expertise. Next slide please.

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Kristen Marino: The purpose of this outcome congress and final learning session of this learning collaborative is to provide participants next step.

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Kristen Marino: In their journey of building an age friendly health system through utilizing the forum framework and taking the steps to reframing ageism and meeting the needs of older adults this journey begins with you.

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Kristen Marino: Next slide please.

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Kristen Marino: At this time I would like to introduce our panel of presenters today. We're excited to have Dr. Lynn Jennings from Oklahoma Dementia Care Network.

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Kristen Marino: Peggy by one of our TV queue I partners from UC health in northern Colorado, because those are the Antonio from the jury to logical Society of America, Marcus escovedo from the john a Hartford Foundation. And last but not least, Leslie Pelton from the Institute for Healthcare Improvement.

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Kristen Marino: Next slide.

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Kristen Marino: During the 4am collaborative and even prior our team asked our partners to share their story of becoming age friendly.

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Kristen Marino: I would like to introduce and thank Dr. Lee Jennings from the Oklahoma Dementia Network, who serves as Oklahoma's geriatric workforce enhancement program.

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Kristen Marino: To share their work and then Peggy Budei will share their age-friendly journey from their organization. So thank you both for joining us today. Next slide.

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Kristen Marino: Dr. Lee Jennings serves as the chief Associate Professor at the Reynolds section of Geriatric Medicine at the University of Oklahoma Health Sciences Center.

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Kristen Marino: She is a board-certified geriatrician and health services research.

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Kristen Marino: Her work focuses on improving models of care, delivery for dementia, aligning care received with patient health goal and improving the competencies of health profession students to provide

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Kristen Marino: High quality geriatric care. She is a principal investigator for three statewide grants, funded by HRSA, ACL and the Reynolds Foundation focused on geriatric healthcare workforce development.

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Kristen Marino: And community health education for older adults and their caregivers. She is the co-investigator on research funded by Corey, NIA, and John A Hartford Foundation, and co-chairs the Woman in Geriatric Section for the American Geriatrics Society.

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Kristen Marino: Clinically, she specializes in comprehensive geriatric assessments and cognitive evaluation and sees patients at the OU physician Senior Health Clinic and Oklahoma City VA health system. Thank you for being with us today, Dr. Jennings.

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Lee Jennings: Thank you so much.

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Lee Jennings: Thank you for that lovely introduction and for having me. I want to make sure my audio is OK.

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Lee Jennings: OK

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Kristen Marino: Excellent. Sounds great. Thank you.

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Lee Jennings: Great. So as Kristen mentioned, I'm a clinical geriatrician so I see patients in geriatric primary care.

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Lee Jennings: And I'm also a health services researcher. I'm here today to talk to you about our work with the Oklahoma Dementia Care Network, which is our geriatric

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Lee Jennings: Workforce enhancement program, GWEP, and we're one of the web in the country that's

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Lee Jennings: exclusively focused on persons living with cognitive impairment memory disorders, including Alzheimer's disease and other dementias.

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Lee Jennings: And I'm going to primarily talk today about kind of our experience with implementing age friendly care, both in the primary care setting. And then also a little bit about our growing work and nursing homes in Oklahoma. Next slide please.

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Lee Jennings: Great. So I kind of wanted to take you on a little bit of a journey. I promise I won't take too long about where we've been, with regard to age friendly care.

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Lee Jennings: Some of the bumps in the road that we've experienced and where we're headed. And so we started off. We've been a GWEP a little over a year now. So we started in July, a year ago and we enrolled two primary rural primary care clinics in Weatherford, Oklahoma in our age friendly work with part of our GWEP.

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Lee Jennings: And they were really gung ho, and they had had experience with doing quality improvement previously, which is kind of why we started with them.

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Lee Jennings: They updated some of their EHR templates created new process workflows and were tracking eight different quality metrics related to age friendly care and they had achieved.

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Lee Jennings: Level one recognition from IHI in June. And we began to work on level two. And then as you all know, there was a

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Lee Jennings: Thing called COVID that happened that really changed how we all operated for a period of time, and it really threw these clinics for a loop in part because

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Lee Jennings: The way that they saw patients dramatically changed; so their workflows changed it affected their clinical revenue. It was really

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Lee Jennings: They kind of came to us and said, we're still interested in this, but we almost need to take a breather and kind of figure out how to regroup, and we really needed to respect that.

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Lee Jennings: as kind of an organization, helping them do this. Some of the barriers is that they were their providers and their patients were slow to kind of uptake telemedicine. That continues to not be something that's very popular with their patients.

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Lee Jennings: And there's really been a need to kind of refocus on how we're going to do 4Ms care, kind of in this new era of

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Lee Jennings: How healthcare as healthcare delivery has changed with the pandemic and then the other barrier, we kind of ran into was that our patient registry, which we thought was capturing

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Lee Jennings: These metrics really wasn't. And so there's that. I just wanted. I just want to share that and we're still working towards these clinics are great. They're super invested

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Lee Jennings: But I just to share that, like we had some initial success and then hit some barriers in the road and you know, figuring out how to address that was really part of kind of the process.

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Lee Jennings: I want to spend most of the time talking about our age friendly experience and our two academic health care clinics within

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Lee Jennings: The OU Health Science Center. That's where I practice actually want to give a shout out to Shandell Sears, who's our fantastic care manager, who's also on the call today.

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Lee Jennings: And so we this is a collaborative effort between our internal medicine clinic and our Senior Health Clinic or geriatrics primary care clinic.

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Lee Jennings: I mean we just started in July. Right now, we're working toward Level one recognition. We are. We went through and did all the baseline assessment.

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Lee Jennings: Looking at every "M" and kind of where we were and where we want it to be, I think, things that have helped us be successful are that, we meet every week. That dedicated time and putting people face to face.

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Lee Jennings: You know, on zoom, but still there and kind of reserving that time to talk through how we want this initiative to work has been really valuable.

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Lee Jennings: We also did a lot of legwork before we got started trying to gather the right players from different

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Lee Jennings: stakeholder groups on campus that we really needed. So we wanted to make sure that we had someone who

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Lee Jennings: Helped with our EHR. We wanted to make sure that we had our care manager. We wanted to make sure we had our clinicians. We went to make sure we had someone from our nursing team. We needed to make sure that we had

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Lee Jennings: Someone who helped with data management from our population health group; kind of all of those people because that was really going to be necessary to

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Lee Jennings: Get the information we needed to be able to look at the data and make change. We really I'll show you our data. Some of our data in a minute; that data is really what

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Lee Jennings: Helped us drive change. So we sort of showed providers. Here's where you are. And here's what you told us you wanted to be. And there's the gap. And that's really what has made

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Lee Jennings: The difference. And then we also started what providers were most concerned about

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Lee Jennings: And for us, that was actually what matters most. And really operationalize as advanced care planning and that had to do with COVID because they were seeing patients who were concerned.

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Lee Jennings: About what might happen, or they were concerned about. And so that we, you know, we really wanted to go with that we wanted to follow that stream. If that was where our providers wanted, were most invested. We wanted to try to

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Lee Jennings: Capture that enthusiasm. You'll see our aim here. Our goal is to have 80 percent of encounters with one M and 30% encounters with all four Ms. I'm hoping we can actually do better than that. But we wanted to set a goal that our larger provider group kind of was on board with. Next slide please.

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Lee Jennings: So I just want to show you these are the measures. So it did help that our clinic, we were a CPC+ advanced payment model clinic, and so we had already begun some of the work in creating EHR templates for some of these measures, but I just wanted to show you how we operationalize each "M" to these measures that we were going to track. Next slide.

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Lee Jennings: And then this is our baseline data and I share this with you humbly, right? We are a geriatrics clinic and we were not doing great with these things.

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Lee Jennings: And one of the things that we discovered is that our providers were doing more than the metrics captured here.

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Lee Jennings: However, we were documenting it all over the place, right. We were free texting it in notes, we were uploading it labeled wrong so you couldn't find it extracted. So while the provider felt like they were doing.

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Lee Jennings: More. It was not captured in a way that we could find in the record or that they could find later to use when the patient really needed it. And that piece was really critical, because

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Lee Jennings: You know, we had some instances where people went to the emergency room and we couldn't find the most recent directive and that's bad. And so those kind of using those as a as an opportunity to improve as I think what really helped, has helped move us forward here.

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Lee Jennings: Okay. So next slide please.

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Lee Jennings: So this is a little bit more of a drill down for one of our metrics. So this is the

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Lee Jennings: One of the MIPS measures around advanced care planning and each of those blue bars are the number of patients over 65 and an individual provider has seen

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Lee Jennings: And the purple bars are the number of patients that had a findable advanced directive in the record. And so again, this helped us

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Lee Jennings: And we you know we de-identified that we didn't, we gave it we gave it to each provider, but the group was the identified, if that makes sense.

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Lee Jennings: But it kind of showed people like hey across the board. We're really doing this in a way as a provider group that we, the way that we want to. And we actually internally set a goal of 70%. Next slide please.

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Lee Jennings: So, kind of, what are the things that we've been able to kind of move forward as part of our mentation M, since we're kind of we're a group that's really focused on memory disorders meditation on a really come to the top for us. And so these are some of the things that we have

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Lee Jennings: Implemented in our clinic. So we have a fantastic relationship with the Alzheimer's Association Oklahoma chapter and through our GWEP and we have

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Lee Jennings: Free referral to Community resources, including one on one care consultations. I will tell you what a resource just really

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Lee Jennings: Fantastic. And we actually created a referral form for this service and embedded it in our EHR so that they can be filled out and it's actually auto populated.

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Lee Jennings: It can be and then faxed in the EMR so that there's no additional paperwork or steps. And that's actually helped

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Lee Jennings: Get families referred. Then the Alzheimer's Association, because there's they're connected with us on our GWEP,

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Lee Jennings: Also send us back data monthly letting us know yes we connected with patients or no, we didn't. And that's a very nice follow through, just like you would for any other referral and a health care system.

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Lee Jennings: We also have some classes that have been

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Lee Jennings: funded through our GWEP, including Saturday caregiver and powerful tools for caregivers that be what we use some of our GWEP dollars to fund.

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Lee Jennings: Those classes. And we also have three support groups. So kind of making those services that we know are available in the community easier to get to for our patients, has been really critical.

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Lee Jennings: We also found that when we looked at our data, all those different MIPS, particularly for dementia, that we were doing these things. But they weren't getting captured

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Lee Jennings: And we weren't because we weren't capturing them in a systematic way, we really weren't able to bill for them

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Lee Jennings: maximally and so that's another thing that we that came out of this is the creation of a template for the cognitive assessment visit so that we can

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Lee Jennings: Not only give high quality care, but also be you know reimbursed for our time using that new billing code. And so that's been

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Lee Jennings: That required a lot of coordination with our billing team and our EHR team, but I think in the end.

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Lee Jennings: Will be a very nice improvement for us. We talked about advanced care planning, we decided, and I'll show you in the next slide. A very simple template here, but then made

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Lee Jennings: advanced directive that our team light from prepare for your care which is free and available online available in the clinic for our patients and then

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Lee Jennings: One of the things that we also discovered is that we had a we're doing positive, we're doing screening for cognition, as part of our

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Lee Jennings: Medicare wellness visits, but we don't have a good process for them. What, what happens when patients have a positive screen there. And so that's kind of our next thing that's kind of our next aspirational thing that we're going to work on the next slide.

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Lee Jennings: So this just shows you we opted for a very simple template for advanced care planning to allow the clinician to kind of

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Lee Jennings: Bullet point what was most important and free text kind of the conversation. And then that would meet our billing requirements. And this is actually in can be embedded to any progress note.

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Lee Jennings: Whether you see the person in a patient in person or on a telemedicine visit or do a phone visit it can all be captured. Next slide.

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Lee Jennings: So that's kind of been our outpatient primary care geriatrics age friendly experience and kind of what we found to be helpful and where we had barriers and bumps in the road.

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Lee Jennings: And I want to talk a little bit about what we're doing in our long term care nursing home. So we've had in Oklahoma. We've had some grants that preceded our graph that kind of gave us

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Lee Jennings: an entree into staff education in nursing homes and then we've used those relationships to begin to build a dementia friendly Long Term Care Initiative as part of our group. So we have

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Lee Jennings: Five nursing homes right now that are working with us and they're. This is really designed to try to help them identify what they want to work on with regard to quality improvement for persons living with cognitive impairment

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Lee Jennings: In their home. We do have kind of a set of staff training. We added some coven 19 webinars as well because we felt like that was a need

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Lee Jennings: We asked them to identify a facility dementia champion, who's going to really work with us on this.

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Lee Jennings: We go through whether there needs to be changes to the physical environment staffing workflows allow them to pick one or two long term care quality metrics that resonate.

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Lee Jennings: For them and what they want to work on and we have been pulled her CASPER reports and work with look at those with them so they can see that data and we're real time.

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Lee Jennings: And then lastly we through our web were able to also apply for some cares that funding through cares like funding dollars that were made available to the west and have an iPad granting

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Lee Jennings: Grant as well. So we've granted iPads to 30 nursing homes to iPads to really focus on telemedicine family visits to try to address social isolation and then also to make technology accessible for them to use them to get some of this training using zoom. Next slide.

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Lee Jennings: And then this is sort of aspirational right so what we would love to see as as we work through this process of what it means for a long term care facility become dementia friendly.

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Lee Jennings: Some sort of a scorecard some sort of certification that people are that that that homes are working towards. And this is definitely a work in progress, but I just share it with you as kind of kind of where we've been and where we want to go. And I think that's the end of my slides.

00:25:32.280 --> 00:25:35.880

Lee Jennings: And a big thank you to all of our partners, without whom this work would not be possible.

00:25:39.210 --> 00:25:42.120

Kristen Marino: Thank you so much, Dr. Jennings, for sharing.

00:25:43.380 --> 00:25:55.290

Kristen Marino: All the amazing work you're doing in your organization and with your team that is noted here. So we really appreciate you taking the time today. So thank you.

00:25:57.690 --> 00:26:09.930

Kristen Marino: I am now happy to introduce Peggy Brunei Peggy's an adult nurse practitioner and a clinical nurse specialist and has been a nurse for about 29 years

00:26:10.680 --> 00:26:22.230

Kristen Marino: She's worked taking care of older adults in the hospital and long term care settings as well as in the home setting as a community case manager, she

00:26:23.190 --> 00:26:37.500

Kristen Marino: Was also a caregiver for her mom and loves to help empower others to currently work at UC health in northern Colorado as a part of the older adults and palliative care program. Thank you so much for joining us today, Peggy.

00:26:38.850 --> 00:26:40.020

Peggy Budai: Thank you. Kristen and

00:26:41.850 --> 00:26:47.490

Peggy Budai: So what I'm going to share today is a little bit about our why, why do we want to be a friendly.

00:26:49.020 --> 00:26:51.210

Peggy Budai: Some of the things that we've done on our journey.

00:26:51.930 --> 00:26:54.600

Peggy Budai: To us, and what some of the barriers are

00:26:55.290 --> 00:26:57.480

Peggy Budai: So to start with the why.

00:26:58.950 --> 00:27:14.670

Peggy Budai: We've done a lot of work on understanding our why. And one of the our community groups are why is to transform the shared suffering that occurs in the current healthcare system into meaningful patient and caregiver driven changes.

00:27:15.690 --> 00:27:22.290

Peggy Budai: And I feel like that's very much a journey. I don't think we're there yet, but specifically for age friendly.

00:27:23.580 --> 00:27:33.420

Peggy Budai: My personal why is because I have personally seen people that because of mobility issues not being addressed they fell and broke her hip.

00:27:33.930 --> 00:27:42.180

Peggy Budai: And it was a life altering and for some a life ending perspective on things that felt like they truly could have been prevented.

00:27:43.050 --> 00:27:54.240

Peggy Budai: Fermentation on a personal level, caring for my mom and my aunt that both were living with dementia and for the supposedly hundred or about hundreds of people that I took care of

00:27:55.530 --> 00:28:05.670

Peggy Budai: Their sons such a need for dementia friendly communication, not only in our healthcare systems, but across our community and restaurants where people live and connect

00:28:06.630 --> 00:28:18.600

Peggy Budai: What matters. Gosh, when I was working in the nursing home. I don't know how many people that we would send them to the hospital and there was a disconnect and we would hear that what I knew matter to a person

00:28:19.140 --> 00:28:28.770

Peggy Budai: Wasn't what ended up playing out in the hospital and talk about the suffering, causing an increase in your personal passion to make things different and better

00:28:29.700 --> 00:28:38.820

Peggy Budai: That was certainly one of them and then medications on a personal level. In my role, no matter who was at the hospital homecare or nursing homes.

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Peggy Budai: The use of potentially inappropriate medications continues to be such a modifiable problem that I want. I guess I want to be a part of the solution. And I think everyone on this call does

00:28:52.980 --> 00:29:01.410

Peggy Budai: So what are some of the things we've done on our journey. It's hard to believe that we started our unofficial age friendly journey, about seven years ago.

00:29:02.070 --> 00:29:11.520

Peggy Budai: And I definitely want to convey the idea. It is a journey. And even though we've had some successes. We've had a lot of failures to and we've learned from them and hopefully moved on.

00:29:12.420 --> 00:29:19.410

Peggy Budai: And as Kristen said I work for UC health and I was hired initially to be the niche coordinator for pewter Valley Hospital.

00:29:20.190 --> 00:29:29.910

Peggy Budai: Niches you can see in this slide stands for nurses improving care of health system elders and niche got us off to a great start on our unofficial age friendly journey.

00:29:30.510 --> 00:29:39.750

Peggy Budai: We did a lot of staff education and organization and some of the things that we've worked on since the beginning were advanced care planning and delirium management.

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Peggy Budai: And not surprisingly, we're still working on these initiatives we do now have a UC how system wide advanced care planning initiative.

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Peggy Budai: As our leadership realized with COVID that we absolutely needed to know more. What matters to our patients before we can provide them with the care that they would want

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Peggy Budai: We've also been working on delirium since my day one. And before that, and we just recently revised our order set to make it easier

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Peggy Budai: for providers to do the right thing when it comes to delirium and we created a getting to know me guide.

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Peggy Budai: For pay for nurses to give to family members to understand what that particular patients preferences are.

00:30:17.700 --> 00:30:23.100

Peggy Budai: And we also have a caregiver tool that we asked families to fill out if the patient is living with dementia.

00:30:23.880 --> 00:30:37.710

Peggy Budai: Well, we also have a hospital mostly hospital based committee called a friendly and Palliative Care Committee and we change the name of it from niche and then older adults and then geriatric and now it's a friendly and palliative care.

00:30:38.790 --> 00:30:46.170

Peggy Budai: We, we definitely embrace the idea of being lifelong learners. So we have four subcommittees that are part of this committee.

00:30:46.710 --> 00:31:02.430

Peggy Budai: And here's some of the things we've accomplished or medication management committee help place there's criteria pocket cards in there every pixel machine at both hospitals and those are the medication dispensing machines and we did a lot of education behind the scenes as well.

00:31:03.750 --> 00:31:13.380

Peggy Budai: Our advanced directive subcommittee helps with nurse education and outreach to help staff knows where to find advanced directives in the electronic health record.

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Peggy Budai: And how to help patients complete one. We also been hosting a yearly national health care decision week event in April and we highlight helping our CEO or CEO.

00:31:25.920 --> 00:31:35.400

Peggy Budai: Or another leader, we kind of move around. We model them completing their own advanced directives we market that and then we have the CEO share their story.

00:31:36.870 --> 00:31:38.760

Peggy Budai: With staff on why it's important with

00:31:39.900 --> 00:31:46.050

Peggy Budai: For everyone to have a conversation with their family that if they were unable to speak for themselves, who would do that.

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Peggy Budai: And we've helped over 1000 employees over the time complete the medical power of attorney. And by doing that, I feel like it's made there more awareness for finding our patients advanced directives.

00:32:00.330 --> 00:32:07.920

Peggy Budai: The other initiative was our disability needs subcommittee created a sunshine cart program and these cards are filled with

00:32:08.880 --> 00:32:16.260

Peggy Budai: Meaningful age appropriate activities like reminiscing books coloring books puzzles. And then we also include reading glasses.

00:32:16.740 --> 00:32:23.730

Peggy Budai: And sound amplification devices for those patients with vision or hearing loss. So we also have

00:32:24.720 --> 00:32:37.020

Peggy Budai: Been doing end of life nursing education consortiums and completed one on the geriatric one and what is actually happening today. One of the core element training. So after I leave here. I'll go back to that. Next slide.

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Peggy Budai: So early on in our niche and unofficial a trendy journey. And I call it on official because I feel like I tries is the official about eight years ago, we started

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Peggy Budai: A grassroots group called sharing the care campaign of Northern Colorado. This was when we first met the great people at TV, which at that time was called see FMC

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Peggy Budai: They taught us how to build our community collaborative and I believe we wouldn't have had our successes and persevered through our failures, if we hadn't had their support.

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Peggy Budai: Their scope of work back then was community organizing, and it was then that we realized we didn't just want to nature and the health system.

00:33:19.110 --> 00:33:25.110

Peggy Budai: But we wanted an age friendly community we reached out we built relationships and friendships really

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Peggy Budai: And now have representatives from many different organizations. You can see on the slide from across the spectrum of health care.

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Peggy Budai: Including many different community organizations such as our local partnership for a trend, the communities.

00:33:38.790 --> 00:33:49.110

Peggy Budai: Dementia together, which is a local nonprofit that we work closely together with that the leader of that is a good friend of mine as had because of this work and many others.

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Peggy Budai: We really feel that our grassroots organization has really been the blue and the source of much of the work we've been able to accomplish in our community.

00:33:58.590 --> 00:34:12.360

Peggy Budai: Once we reformed, which is by the way, still happening. We have new members and people coming and going all the time. But back then, we got input from all the community members and caregivers and decided on our priorities in a very open format.

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Peggy Budai: We landed on, we wanted to know what matters to people through advanced care planning, we wanted to foster Safe Medication use and improve management of chronic conditions across care settings.

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Peggy Budai: So when I first saw we first saw the IHI age friendly initiative, I was just blown away at how wonderful it was and it was very validating to see these things brought up.

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Peggy Budai: Because it was it felt like nearly identical to what we have seen as the needs in our community.

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Peggy Budai: So we got help through our connection with the Alzheimer's Association recently with Danelle Hubbard who helps

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Peggy Budai: Hospitals with this process and she helped us complete the forum survey to help us see how we might meet the criteria for age friendly.

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Peggy Budai: And we completed the process earlier this year. And then as we all know, CO would happen and things have been put on hold, since then.

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Peggy Budai: But we plan to reengage our efforts when we can get it going again. So here are some of the projects that we've worked on in case it will spark, any ideas for anyone on the call.

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Peggy Budai: As to what you might be able to do in your community. And I would say that our group is all about relationships and our efforts are all very community based supported by lots of volunteers and very collaborative

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Peggy Budai: So an advanced care planning, we partnered with our local health district of northern Larimer county applied for a big grant, we got it and hired a team of five advanced care planning guides community based

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Peggy Budai: And they as partners to us have helped over thousands of people in our community complete an advanced directive and have a conversation with their family and friends.

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Peggy Budai: About their health care preferences and the tool we primarily use during this process.

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Peggy Budai: Was the conversation project, which I understand they're going to be coming out with new starter kits, the end of this year, the beginning of next I highly recommend you check out their website. For those of you that haven't heard of it before.

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Peggy Budai: Then last year through a partnership with a local housing authority. We hosted what we call pop up clinics in a low income housing independent living clump complex

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Peggy Budai: And helped over 100 residents get screened for chronic health conditions we assessed for fall rescues and the Timed Up and Go test.

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Peggy Budai: We did vision screenings through the local I center and we help them folks understand how to sign up for insurance if their bone density checked and completed an advanced directive if they hadn't done one. Yet we seem to always load that on, no matter where we're at.

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Peggy Budai: Then last year, we also educated hundreds of nurses and nurses aides using a role playing class where we acted out a typical way.

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Peggy Budai: That a non trained staff might approach a high fall risk patient with dementia getting out of bed and then we showed them a dementia friendly way with the help of tools from the Alzheimer's Association and dementia together and we then

00:37:08.760 --> 00:37:17.940

Peggy Budai: hosted several virtual dimension to our trainings for staff to participate in that were also very well received. And for those of you that don't know virtual dementia tour.

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Peggy Budai: The individual put on things that affect their sensory abilities like goggles and shoe inserts and gloves and headphones and then go into a room.

00:37:28.470 --> 00:37:42.180

Peggy Budai: And as much as possible experience what it might be like to have dementia and then after the class, the participants feel like they've sort of walked in the shoes of someone with that with cognitive impairment and they're then the ones explaining

00:37:43.230 --> 00:37:59.340

Peggy Budai: Things that we can teach in a lecture format, but then they're the ones saying if they would have just spoken more slowly or made eye contact or been kind and gentle with me or patiently explained things that that's just such a powerful tool virtual dementia tour.

00:38:00.390 --> 00:38:02.580

Peggy Budai: We also posted a reframing aging event.

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Peggy Budai: For our community with some other community partners. And then finally, the next one of the tools we created is the patient passport, which is on the next slide.

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Peggy Budai: So the passion, the passion, the patient passport tool.

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Peggy Budai: Is a tool that we believe touches on all the forums, we've been working on it for about eight years. We talked about. It's the baby elephant that I've been giving birth to since I was born, but

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Peggy Budai: Anyway, it was as you can read there. It's a free convenient tool that's meant to help people as they travel through the healthcare system.

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Peggy Budai: It includes their preferences dementia communication advanced directives, a Medalist and then it, it gets hung on the side of a person's refrigerator.

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Peggy Budai: Or wherever they're living by their bed if they're in a different setting. It was grant funded and we helped about 450 adults in our community get one. We do a med medication review to identify potentially inappropriate meds and

00:39:07.980 --> 00:39:18.900

Peggy Budai: If the person is on a potential inappropriate met. We then use the health and aging guide called quote what to do and what to ask if a medication you take is listed in the age yes beers criteria.

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Peggy Budai: For potentially inappropriate medication use and older adults. It's a mouthful. It's actually the link to it is I sent Christina a page of resources that

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Peggy Budai: That our community is use if you're interested in learning more about that. We didn't want to recreate the wheel. And then we coach the patient to know

00:39:41.820 --> 00:39:54.270

Peggy Budai: What they could ask their provider, as far as maybe a safer alternative for future use. And I would say for the patients that I did a med review on, I would say 99% of them were on a potentially inappropriate medications.

00:39:56.220 --> 00:40:11.700

Peggy Budai: Anyways, we would then help them complete their advanced directives, with the help of the ACP team and then put copies in their passport, we would have in our relationship with our medical records would get their advanced directive stand into the healthcare system and

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Peggy Budai: We partnered with our aim is to educate them to look for these on the fridge or near people's bedside.

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Peggy Budai: And then I would say one quick comment. We work closely again with the Alzheimer's and dementia together to make sure that the communication pages in this booklet.

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Peggy Budai: Really reflected best practice currently for dementia care and we don't currently have funding to continue to get more of these out in our community.

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Peggy Budai: And Cove, it is interfering with some of our project goals, but we remain hopeful and we see it a key to becoming a more age friendly house system and a trauma community next final slide.

00:40:54.360 --> 00:40:56.490

Peggy Budai: So our greatest challenges and barriers.

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Peggy Budai: My Alexa just thought I was talking to her. Finally,

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Peggy Budai: Here are some of our recent challenges and barriers that I'm guessing. Many of you on the call can relate to competing priorities.

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Peggy Budai: Don't these always seem to exist. Since coded myself and others have switch gears from moving our own house system initiatives forward.

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Peggy Budai: And we've been focusing on state efforts like helping to get covert specific Justin time resources to long term care and most recently resources to be pre social isolation and advocating with really the help of our college and leadership.

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Peggy Budai: Such as Dr. Jane Brock and Dr. Christina Rocca and Risa Hayes also heads up our, what we call our little long term care advocacy committee and we're diligently working to support the state effort.

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Peggy Budai: The next barrier is the recent decrease in paid time off to work on projects in our hospital. This resulted in us not participating in healthcare decision week, even though it was cancelled. We didn't also participate in July.

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Peggy Budai: There's been a hiring freeze or palliative team who helps support some of this work we had been planning on rolling out a palliative care console for people living with dementia when they were admitted and that's been on hold.

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Peggy Budai: Also our old director went to a different health care system and then the eight years I've been in my role there spent four new directors each time we need to reinforce the importance of these efforts.

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Peggy Budai: I would say our staff have been dealing with a lot of exhaustion and burnout, which probably people can relate to. And you can tell some of our bigger projects have been grant funded

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Peggy Budai: And oftentimes funder seem to

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Peggy Budai: They're ready to move on to the next thing before some of our initiatives have really truly gotten their legs.

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Peggy Budai: And that's a barrier, but it's certainly not something we can't get over and then I feel our, our broad community focus

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Peggy Budai: That's how I like to work and my shortcoming is not really liking to do the data part but TV has certainly helped with that.

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Peggy Budai: So just a final few thoughts, in spite of our barriers. We've overcome much and I hope that each of you on the call will take care of yourselves and what in whatever capacity, you can that you can muster stay the course on becoming age friendly.

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Peggy Budai: I know. Sorry, I get an emotional person I know I've been on the fence. A few times, because there's so much work.

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Peggy Budai: But I realized how much we need to make our communities more age friendly so

00:43:43.110 --> 00:43:52.440

Peggy Budai: We have to continue to share our stories to support others in ourselves, we should not focus on what we can't do. But instead on what we can do.

00:43:53.100 --> 00:44:05.430

Peggy Budai: This work is all about relationships intelligent has been a part of our success and, dare I say failures on our journey from the beginning. So thank you so much for allowing me to talk about our journey, and I hope I didn't go over my time.

00:44:06.240 --> 00:44:13.680

Kristen Marino: No, thank you so much. Peggy for sharing your organization's journey.

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Kristen Marino: As we can see, it is definitely that a journey and

00:44:19.620 --> 00:44:28.410

Kristen Marino: We truly appreciate your partnership and you're sharing of all your resources and your successes. There are so many

00:44:29.820 --> 00:44:37.230

Kristen Marino: So many successes that you've shared today as Peggy mentioned, we do have all these great resources.

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Kristen Marino: That she has provided and we will send that out to you.

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Kristen Marino: So thank you again, Peggy for taking the time. We truly appreciate it. You have your organization.

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Kristen Marino: Definitely has come very far and will continue to do so. So thank you.

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Peggy Budai: Thank you.

00:44:55.800 --> 00:44:56.760

Kristen Marino: Next slide please.

00:45:00.780 --> 00:45:16.620

Kristen Marino: So now I am happy to introduce Patricia de Antonio. She's the vice president of professional affairs for the jury. It's illogical Society of America GSA and it board certified geriatric pharmacist.

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Kristen Marino: Trish is responsible for developing and managing GSA relationships with other organizations in the 18 arena and leading major society programs and projects.

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Kristen Marino: Additionally, she serves as a project director for reframing aging initiative, which is a long term social change endeavor designed to improve the public's understanding of what aging and the many ways that older people contribute to our society.

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Kristen Marino: Trish received her Bachelor of Science and pharmacy from Duquesne University in Pittsburgh and received her Master of Science and health.

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Kristen Marino: Finance and master and business administration with a concentration in healthcare from Temple University in Philadelphia, she completed her residency in administration and finance at the Philadelphia cheer geriatric center. Thank you so much for joining us today. Trust.

00:46:24.510 --> 00:46:32.430

Trish D'Antonio, GSA: Kristin. Thank you so much. And I want to thank all of you for inviting me to be here today and

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Trish D'Antonio, GSA: It's particularly exciting to be part of a project and part of a presentation when we're talking about how we can reframe aging and I loved it over, talking about the theme. And we said, you know, let it begin with me.

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Trish D'Antonio, GSA: So if we go to the next slide. Let's start our journey. And I think the first thing that I want everybody to just

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Trish D'Antonio, GSA: Take a minute and think about this. Where have you seen ages and have you seen ages of. Have you experienced it yourself.

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Trish D'Antonio, GSA: And can you identify any time when you yourself have been ages. Now I'm not going to ask people to chat in this is not confession or anything like that, but maybe chat in some ideas about where you've seen ages on what that's meant to you.

00:47:18.360 --> 00:47:24.540

Trish D'Antonio, GSA: As, as we're talking here today. I think the thing that's important here is that we recognize that this is a cycle.

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Trish D'Antonio, GSA: Right, and it's our job now to start to think about how we can influence that cycle. So we could go to the next slide just want to show you

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Trish D'Antonio, GSA: A couple of things like where do we see ageism pretty regularly and pretty frequently when we're purchasing our birthday cards. So if we just cycle through the slides, you'll see

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Trish D'Antonio, GSA: You know almost anything actually gets better with age, right at our age swimming is dangerous right lifeguards don't try as hard now. Is that something that we want to promote

00:47:58.680 --> 00:48:14.220

Trish D'Antonio, GSA: In the next one, don't be upset about turning 60 lots of people are turning 60 why if you were to take all the 60 year olds in the world and lay them end to end. Go to the next. Very few of them would be able to get back up under their own power.

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Trish D'Antonio, GSA: So Happy birthday, anyway. And then where are we headed. I don't know. You know, the next piece of this

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Trish D'Antonio, GSA: I thought you were driving. So these cards and we have one more card there and I'll just as we just show that next card, you know, these cards start to perpetuate a way that people think about getting older and about aging that in some

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Trish D'Antonio, GSA: Surveys, it's actually surprising because recently, University of Michigan.

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Trish D'Antonio, GSA: Sent on healthy aging published a study and and what they were surprised to see was that when they

00:48:54.810 --> 00:49:04.020

Trish D'Antonio, GSA: Interviewed adults aged 52 at most of them are once you know that they're happy where they are in their progress and in their journey.

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Trish D'Antonio, GSA: And I think if we think about aging as a journey and not a destination net then we start to recognize how we can start to address ages.

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Trish D'Antonio, GSA: So it's what we know is it's not publicly recognized as a problem, maybe not so much before it coven but we certainly have heard

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Trish D'Antonio, GSA: Some more ageist statements ages tropes but we never always there. But the public didn't think about it much. We know that it leads to unequal treatment for people exclusion

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Trish D'Antonio, GSA: These unproductive thoughts. These unproductive assumptions mean that people think that ageism is less serious than any other form of discrimination. It's not considered in policy issues and sometimes people even think it's impossible to address, so why even bother let's let's move on.

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Trish D'Antonio, GSA: Let's look at our next slide.

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Trish D'Antonio, GSA: So let me tell you what I'm talking about ageism today I'm talking about any kind of discrimination against certain persons of any certain age group.

00:50:11.280 --> 00:50:22.530

Trish D'Antonio, GSA: We're going to have a focus on older adults as part of the reframing aging initiative, there's a tendency to think about people as debilitated unworthy even have it of attention.

00:50:23.340 --> 00:50:35.670

Trish D'Antonio, GSA: We have our implicit biases towards ages of those are things that we don't even realize that we're thinking about or feeling when you think about aging talk a little bit about some of the research that we learned about that.

00:50:36.390 --> 00:50:43.860

Trish D'Antonio, GSA: And then, you know, we know that there's an internal and external agency. So when we sit there and say I have this pain. I'm getting so old.

00:50:44.190 --> 00:50:58.560

Trish D'Antonio, GSA: You have this pain for some sort of a clinical reason it's not because you're getting old now, age, maybe a contributing factor, but it's not just your age that that is the contributing factor, we can go to the next.

00:50:59.100 --> 00:51:13.320

Trish D'Antonio, GSA: Slide and you know some of the research bears this out about ages impact on health. And in fact, our executive director at the giants logical society will even go so far as to say you know ageism is killing us. When you think about it.

00:51:14.460 --> 00:51:30.750

Trish D'Antonio, GSA: There are unfavorable stereotypes. Some people may or may not receive treatment because of their chronological age. That's the only consideration. Somebody 69 years old, we're going to choose not to treat them for a certain disease. Maybe they have they found out that they have cancer.

00:51:32.700 --> 00:51:38.880

Trish D'Antonio, GSA: negative attitudes and beliefs about aging or are pervasive and it makes for

00:51:41.280 --> 00:51:42.300

Trish D'Antonio, GSA: People having

00:51:44.820 --> 00:51:57.750

Trish D'Antonio, GSA: Their own perceptions. It makes for them to have we see research that shows about hearing the climb memory performances is impacted and even Alzheimer's symptoms are impacted

00:52:00.300 --> 00:52:06.390

Trish D'Antonio, GSA: Becca levy from Yale University has done some research and she's modeling. She showed that for every

00:52:07.290 --> 00:52:23.370

Trish D'Antonio, GSA: \$7 that we spend in healthcare \$1 those because of ages of goes towards the expenditures, so total. So about \$63 billion a year is spent in health care because of ages and ages ages attitudes and go the next slide.

00:52:24.480 --> 00:52:28.620

Trish D'Antonio, GSA: Some of you may have seen some of the work from AARP, one of our one of our

00:52:29.400 --> 00:52:37.530

Trish D'Antonio, GSA: Leaders and aging organizations and they show were three and five workers have experienced some sort of age discrimination in the workplace.

00:52:37.860 --> 00:52:46.710

Trish D'Antonio, GSA: And we have a law that prevents that right, we have the Age Discrimination and Employment Act, and yet we still see that there is ageism in the workplace.

00:52:47.760 --> 00:53:05.310

Trish D'Antonio, GSA: So I can't, you could start to feel like, Oh, why did you invite Trish. She's just bringing us down and but there's some good news. So, so what we know from research is when a person has positive self perception about aging that increases their lifespan by 7.5 years

00:53:06.330 --> 00:53:09.000

Trish D'Antonio, GSA: We also know that older people.

00:53:10.020 --> 00:53:15.030

Trish D'Antonio, GSA: With positive age beliefs, who carry a strong factor for developing dementia.

00:53:15.930 --> 00:53:24.300

Trish D'Antonio, GSA: Nearly 50% of those people are less likely to develop dementia than their peers who hold negative beliefs. So that's important to be thinking about that.

00:53:25.290 --> 00:53:32.340

Trish D'Antonio, GSA: One of the other things we know if we go to the next slide is that the work that we're doing here, we have evidence to show

00:53:33.060 --> 00:53:39.840

Trish D'Antonio, GSA: That if you start to point out to people about their implicit biases and you bring them to their attention.

00:53:40.200 --> 00:53:50.820

Trish D'Antonio, GSA: That is often enough to get them to start to think about what they can do and decrease their, their thoughts about ageism and how older adults contribute to society.

00:53:51.510 --> 00:53:57.720

Trish D'Antonio, GSA: We have a video that we don't have enough time to show today. It's a man on the street video that was part of our research.

00:53:58.170 --> 00:54:07.500

Trish D'Antonio, GSA: And we interview somebody and say, what do you think about aging and not really very positive responses read them two or three sentences that kind of

00:54:08.460 --> 00:54:15.540

Trish D'Antonio, GSA: Look at some cultural, how can we cue some certain cultural models and cognitive shortcuts for people to think about aging and

00:54:16.230 --> 00:54:27.990

Trish D'Antonio, GSA: We asked them the same question again and you interview them and it's amazing. Just, just a thought about being able to put something in front of them to think about aging a certain way and they start to think more positively.

00:54:29.310 --> 00:54:37.920

Trish D'Antonio, GSA: So I say this all to you who want to go to the next slide to make you aware of the reframing aging initiative, which is a long term.

00:54:38.490 --> 00:54:52.410

Trish D'Antonio, GSA: And at this point is a grant funded social change endeavor designed to improve or reframe the public's understanding of aging and what it means, what it means and how older people contribute to society.

00:54:53.850 --> 00:55:04.560

Trish D'Antonio, GSA: We believe that ultimately countering this ageism will help guide our nation's approach to ensuring healthy and productive aging for all people across the life course.

00:55:05.220 --> 00:55:10.740

Trish D'Antonio, GSA: Our initiative is funded currently by the arch stone Foundation. The Johnny Hartford foundation

00:55:11.070 --> 00:55:19.200

Trish D'Antonio, GSA: Our foundation for aging and scan foundation and we've received additional support from local foundations in New Hampshire and down for health.

00:55:19.560 --> 00:55:27.330

Trish D'Antonio, GSA: Next 50 initiative rose Community Foundation San Antonio area Foundation and the tops health plan foundation so you could see it takes

00:55:28.020 --> 00:55:41.100

Trish D'Antonio, GSA: There's a national part of this initiative. And then there are local and regional initiatives that that are moving forward to try and get people to understand the principles here of of reframing aging.

00:55:42.330 --> 00:55:53.160

Trish D'Antonio, GSA: It was founded the concept came up when leaders of eight National aging eight National aging organizations, we're trying to think about what is it that drives us

00:55:53.550 --> 00:56:00.180

Trish D'Antonio, GSA: And that common piece that keeps us from being able to get our work done and get us across the finish line.

00:56:00.600 --> 00:56:04.560

Trish D'Antonio, GSA: And we thought about the policy change initiatives that we're trying to accomplish.

00:56:04.890 --> 00:56:14.370

Trish D'Antonio, GSA: And in ages of came up as we talked about that. So the leaders of aging organizations who are AARP American Federation for aging research American geriatrics society.

00:56:14.670 --> 00:56:21.930

Trish D'Antonio, GSA: American society on aging GSA grantmakers in aging, the National Council on Aging and National Hispanic Council on Aging said

00:56:22.260 --> 00:56:28.050

Trish D'Antonio, GSA: Let's, let's figure out what we can do about this and they partner with the FrameWorks Institute, who's a research-based organization.

00:56:28.680 --> 00:56:31.680

Trish D'Antonio, GSA: They conduct research to learn more about the public's perspective.

00:56:32.520 --> 00:56:48.960

Trish D'Antonio, GSA: on a variety of topics yes them to work on aging and you know what approaches could we take to make that change. So we can go to the next slide, you think about why reframe and it's because, and this is a communication strategy right this is not a marketing.

00:56:50.430 --> 00:56:51.960

Trish D'Antonio, GSA: Position, or it's not a

00:56:53.100 --> 00:57:00.210

Trish D'Antonio, GSA: A Bluebird on the highway, but it's a communication strategy that you can think about to change the discourse, how are people talking about aging,

00:57:00.630 --> 00:57:15.480

Trish D'Antonio, GSA: Which will lead to how people are thinking about aging and then it starts to lead to their behavior which ultimately leads to our change in policy and practice, which would we see would increase that likelihood for support for Aging Services and aging programs.

00:57:17.130 --> 00:57:28.500

Trish D'Antonio, GSA: And the next slide where we started was let's figure out, you know, what's the gap here. What does the public thing and what to experts thing. And while we don't have time today to go through each one of these. I wanted to point out

00:57:29.190 --> 00:57:42.330

Trish D'Antonio, GSA: To them that I think are really important. So the top one here is when when frameworks interviewed experts and advocates in aging we embrace aging right me we recognize all the beauty in aging.

00:57:43.590 --> 00:57:48.540

Trish D'Antonio, GSA: When you, when they interviewed the public. It's not about aging as a battle.

00:57:48.990 --> 00:57:56.880

Trish D'Antonio, GSA: Right, and that's not you know that's not too far to it's not it doesn't take us too much to understand that when you think about some commercials that will see your ads and

00:57:57.780 --> 00:58:10.500

Trish D'Antonio, GSA: inlay magazines, where it's we're talking about fighting aging anti aging products that we can purchase those kinds of things which contribute to our why we think or how we think that aging is such a

00:58:11.850 --> 00:58:17.610

Trish D'Antonio, GSA: Battle to be thought and to be one. The other piece where I think

00:58:18.960 --> 00:58:29.550

Trish D'Antonio, GSA: We thought was important to, you know, what can be done to ensure well being an older age. So the second from the bottom. I think all of these are important, but I put that point these out.

00:58:30.570 --> 00:58:41.100

Trish D'Antonio, GSA: As aging advocates, we believe that there is so much that can be done. We know that we can accomplish much if we can bring people along with us and support. Where's the politics like

00:58:42.000 --> 00:58:51.690

Trish D'Antonio, GSA: It's a foregone conclusion. There's nothing much that we can do. So if you can do to think about these things when we start talking about as we're talking about reframing aging. So in the next slide.

00:58:53.040 --> 00:59:09.720

Trish D'Antonio, GSA: When we talk about what are you reframing aging, there is this public opinion is public thought we call it a swamp of of ideas, right. So we think about our brains. We don't, we're not just

00:59:10.680 --> 00:59:17.190

Trish D'Antonio, GSA: fish bowls that you know we're sitting in somebody has this communication strategy and you put that out there and

00:59:17.880 --> 00:59:27.300

Trish D'Antonio, GSA: In a fishbowl, you just assume people hear that and they can apply it and that there's not. No other noise that's going to impact them on this, but really when you think about a slum

00:59:28.560 --> 00:59:34.560

Trish D'Antonio, GSA: The beautiful things in a swamp right there are orchids. There are beautifully colored birds.

00:59:34.920 --> 00:59:44.910

Trish D'Antonio, GSA: In the swamp. But then, Aaron. So out then that mosquito comes up and bite you and remind you that there are sometimes not such good things in the swamp. And here, where those things in blue are that are the types of

00:59:45.480 --> 00:59:54.600

Trish D'Antonio, GSA: Messages and the types of cultural models and Q's cognitive cues that when we talk this way people think negatively about aging.

00:59:54.990 --> 01:00:04.410

Trish D'Antonio, GSA: So I'm not going to try and go into every one of these, but just for an example, under solutions right and we're big about talking about systemic solutions when I talk about reframing aging.

01:00:04.920 --> 01:00:14.760

Trish D'Antonio, GSA: There's often the fatalism. So when people hear fatalism. As in, we know that there is a silver tsunami coming and we know that

01:00:15.210 --> 01:00:26.850

Trish D'Antonio, GSA: Aging is hard and tough when it's that crisis mode when you doing a tsunami counts, right, you run the other way. So you say, this is not a problem. I'm going to be able to solve. Let's go do something else.

01:00:27.840 --> 01:00:38.520

Trish D'Antonio, GSA: What we try to do is talk about how we can make sure that we are not queuing messages like that killing models like that they get people to think about aging and that kind of a way

01:00:40.140 --> 01:00:43.770

Trish D'Antonio, GSA: Another example would be individualism. So it's like lifestyle choices.

01:00:44.070 --> 01:00:55.440

Trish D'Antonio, GSA: So because you started saving when you were 18 years old, you're ready for retirement and that's and then because I didn't start saving when I was 18 years old. It's my fault that I'm not ready for retirement.

01:00:56.100 --> 01:01:08.100

Trish D'Antonio, GSA: And I just want you to think about that in a way of what else around someone that they may have or may not have been able to start saving for retirement at 18 years old so you know where they

01:01:09.210 --> 01:01:19.320

Trish D'Antonio, GSA: Might have to have a job at that point that would help them to be able to do that. Are they working three jobs just to make the make ends meet. So thinking about that.

01:01:20.070 --> 01:01:28.380

Trish D'Antonio, GSA: Rather than putting it on the individual. What are the systemic solutions that we can create, to be able to help move forward.

01:01:29.220 --> 01:01:42.450

Trish D'Antonio, GSA: And think about the positives. Those are in in the red. And so we often hear those of us who have gone through reframing aging. We talked about what surrounds us shapes us right so in our neighborhoods when there are

01:01:44.370 --> 01:01:52.650

Trish D'Antonio, GSA: Mechanisms where we're able to walk so sidewalks THAT HELPS US AND MOVES US FORWARD IN a friend in an age friendly community.

01:01:53.130 --> 01:02:04.350

Trish D'Antonio, GSA: And problems can be solved. There's a momentum and ingenuity that people think about when and value when we want to be able to

01:02:05.040 --> 01:02:17.040

Trish D'Antonio, GSA: Move forward in anything. And that's kind of an American thought about and we can solve any problem that's brought up for us and that collective responsibility. So it's about all of us as we age.

01:02:18.210 --> 01:02:19.380

Trish D'Antonio, GSA: You can go to the next five

01:02:20.880 --> 01:02:35.190

Trish D'Antonio, GSA: Importance there is we want to be able to cue those models and we need to know which ones do we activate to make sure we get productive output productive outcome from

01:02:36.870 --> 01:02:48.690

Trish D'Antonio, GSA: It from the public so that they will join us and move forward in aging and if you get a chance, and we we shared with Christian and Belinda, a compendium of information. There are a couple

01:02:49.290 --> 01:02:58.020

Trish D'Antonio, GSA: Webinars and a couple of videos that you can watch that go very much in depth to these issues so that you can start to understand what that means.

01:02:58.260 --> 01:03:07.710

Trish D'Antonio, GSA: And how you can start to create take those steps to create those communication strategies that support, making sure that we are queuing the right models for people to think about

01:03:08.490 --> 01:03:12.030

Trish D'Antonio, GSA: So when I make sure we tell if we go to the next slide and effective narrative.

01:03:12.840 --> 01:03:22.200

Trish D'Antonio, GSA: And so, and there are components to that effect that narrative. And as you go through the go through training and think about this a little bit more. We make sure in that story.

01:03:22.620 --> 01:03:35.730

Trish D'Antonio, GSA: That we have a good narrative, it's tested that has frames that has explanatory explanatory chains and examples and then that systemic solution. What can I do about this so

01:03:36.300 --> 01:03:51.360

Trish D'Antonio, GSA: The two values that tested best in our research with the values of justice and the value of ingenuity. So thinking about those we start to create our stories and start to create our messages to be able to promote

01:03:53.820 --> 01:04:01.590

Trish D'Antonio, GSA: To promote healthy aging healthy and productive aging rather than that negative and

01:04:02.970 --> 01:04:08.730

Trish D'Antonio, GSA: unproductive thoughts about aging that support ageism. So in the next slide.

01:04:10.080 --> 01:04:18.030

Trish D'Antonio, GSA: Some of the things that you want to do is you want to avoid how avoid talking to people about how individual actions drive outcomes. Right. So again,

01:04:19.110 --> 01:04:22.050

Trish D'Antonio, GSA: It's not that I started saving late

01:04:23.400 --> 01:04:31.920

Trish D'Antonio, GSA: But that is there a system that can help us improve to think financially that we save money, save that we are the opportunity to save for retirement.

01:04:32.400 --> 01:04:43.260

Trish D'Antonio, GSA: The aging is a process of the client, right. So one of the things that we learned in the research as people thought about aging to one of two ways. Either everybody's on that great cruise the luxury liner cruise

01:04:45.150 --> 01:04:48.240

Trish D'Antonio, GSA: They are old decrepit and and

01:04:49.320 --> 01:04:55.860

Trish D'Antonio, GSA: All feeling frail right so I lean over like as if somebody is in a wheelchair or they're walking with a walker.

01:04:57.660 --> 01:05:12.180

Trish D'Antonio, GSA: And that aging is a crisis right this population crisis that we're going to experience what avoid those kinds of cues, those kinds of messages, because it doesn't bring the public along to understand the importance and the richness and the value in aging.

01:05:13.200 --> 01:05:23.820

Trish D'Antonio, GSA: What you want to advance our context that shape decisions and outcomes. But there's time for improvement. This is not a tsunami that we can't get away from. We can make that that change.

01:05:24.180 --> 01:05:38.490

Trish D'Antonio, GSA: We're better off by being inclusive. So when we talk about ages and I mean there's ages on that's expressed for people who are younger to I mean we've heard we've heard the messages of those millennials, right, that's just as unproductive.

01:05:39.210 --> 01:05:42.060

Trish D'Antonio, GSA: It happens that we are focused right now on

01:05:43.320 --> 01:05:54.750

Trish D'Antonio, GSA: When we talk about reframing agent will focus on older adults, where our interventions that can change outcomes and those stories. Those systemic stories will support the solutions.

01:05:56.610 --> 01:06:08.880

Trish D'Antonio, GSA: I have some resources on the next slide that are available on our, our website that highlight what we learned in our research highlight what you can do next and think about that.

01:06:10.590 --> 01:06:24.450

Trish D'Antonio, GSA: There are also included in the Compendium but when we think about let it begin with me if you go to the next slide. This is what I want you to think about because there are some things that you can do yourself. So one is

01:06:25.860 --> 01:06:33.810

Trish D'Antonio, GSA: You can do, there's an implicit association test for implicit bias around aging, I would encourage you to take that because I learned a little bit about myself that I didn't know

01:06:34.590 --> 01:06:39.840

Trish D'Antonio, GSA: I'm calling ages and when you see it or hear it. Now, that doesn't mean they have to walk into the room and say your ages.

01:06:40.560 --> 01:06:53.190

Trish D'Antonio, GSA: Model your language start to learn how to model your language, people will pick up on that when you hear people say that ask them more about what do they mean by that, because sometimes they don't realize they're being agents when they make their statements.

01:06:54.300 --> 01:07:04.350

Trish D'Antonio, GSA: I would also encourage you to set an appointment for 30 days from now and say this is what I will do next and we provided the quick start guide.

01:07:05.370 --> 01:07:11.040

Trish D'Antonio, GSA: Take a look at that. See if there's something you can do, whether you can do it at work or you can do it personally.

01:07:11.490 --> 01:07:21.120

Trish D'Antonio, GSA: One of the things that I have committed to personally is I do not purchase the birthday cards that make fun of age anymore. I just don't do it.

01:07:21.660 --> 01:07:29.550

Trish D'Antonio, GSA: And that's a personal issue. What I do professionally. Well, some of this is my work every day. But I also make sure when I'm writing a message.

01:07:29.880 --> 01:07:37.800

Trish D'Antonio, GSA: I go through it again and look and say, am I killing anything where I'm pitting a generation against one another, or am I

01:07:38.670 --> 01:07:44.970

Trish D'Antonio, GSA: Making sure that I am inclusive in my language. So I'd recommend that you try to do some things like that.

01:07:45.420 --> 01:07:50.490

Trish D'Antonio, GSA: I would put forth that as we talk about all of the work that we're doing an age friendly.

01:07:50.910 --> 01:07:59.310

Trish D'Antonio, GSA: And we're doing it. We're hearing some great work that everybody's doing here but you all know that there's that one group that might be doing something and they pick up the tag.

01:08:00.180 --> 01:08:04.410

Trish D'Antonio, GSA: And yet they start talking about seniors being old and decrepit

01:08:05.370 --> 01:08:15.810

Trish D'Antonio, GSA: Think about that could ruin all of the all of the great work that people are doing. We want to be sure that we get to everyone and talk to them about how they can use this as a foundation

01:08:16.260 --> 01:08:26.310

Trish D'Antonio, GSA: And use this as a resource as they build their age friendly communities. Their age friendly universities their age friendly health systems. So with that, I'll just put this last slide up here.

01:08:26.940 --> 01:08:43.440

Trish D'Antonio, GSA: Aging is cool, everybody's doing it. We hope that you will join us on this, on this caravan on this caravan of change changing culture is hard, it takes a long time. But if we don't do it. Now, what is it going to look like in 10 years. So thank you so much.

01:08:51.570 --> 01:08:52.830

Mary Tisl-Endres: Kristen, you're on mute.

01:08:56.280 --> 01:08:56.940

Kristen Marino: Thank you.

01:08:58.470 --> 01:09:04.650

Kristen Marino: Thank you so much for such a wonderful presentation. And it's very confirming

01:09:06.090 --> 01:09:19.830

Kristen Marino: To door hesitations and why they need to become more age friendly and I truly think aging is cool. So we're not you know we're not getting any younger. So thank you so much again I'm. Next slide please.

01:09:22.950 --> 01:09:37.710

Kristen Marino: Now I am proud to introduce Marcus Escobedo from the John A Hartford Foundation. He is the Vice President of Communications in senior program at John A Hartford.

01:09:38.340 --> 01:09:46.950

Kristen Marino: Where he developed and implements the Foundation's communication strategy joining the foundation in 2006 as a member of the program.

01:09:47.460 --> 01:09:56.970

Kristen Marino: portfolio of initiatives to improve hospital care of older adults, including in the emergency department and surgical setting.

01:09:57.510 --> 01:10:15.810

Kristen Marino: Mr. Esposito received bachelor's degree in sociology and communications from the University of Texas at Austin and he earned his Masters of Public Administration and public and nonprofit management and policy at New York University's Robert Wagner School of Public Service.

01:10:18.540 --> 01:10:19.980

Kristen Marino: Marcus, the floor is yours.

01:10:20.490 --> 01:10:21.930

Marcus Escobedo: Thank you so much.

01:10:22.410 --> 01:10:32.070

Marcus Escobedo: Amy do TV team for pulling this together and for all of the members of the Collaborative are on this journey around the forums and age friendly care.

01:10:32.760 --> 01:10:48.480

Marcus Escobedo: Let me say thank you to Lee and Peggy for sharing their journey and those powerful stories and that passion and dedication and Trish. Thank you for that masterclass in such a short time on reframing aging. It's such an important topic we all have a role to play in countering ageism

01:10:49.650 --> 01:10:51.180

Marcus Escobedo: Let's go the next slide please.

01:10:52.440 --> 01:10:58.080

Marcus Escobedo: In fact, is we're saying that I should note, our President, Dr. Terry form are presented to this group's intelligent group.

01:10:58.530 --> 01:11:04.530

Marcus Escobedo: Around that connection between ages and the 4am so I encourage you to go back to those earlier sessions.

01:11:04.800 --> 01:11:15.450

Marcus Escobedo: A quick word about the Johnny Hartford foundation. We're a private national philanthropy based in New York City. We were established in 1929 by the family owners of the a&p grocery store chain.

01:11:15.960 --> 01:11:27.300

Marcus Escobedo: You can see here that since 1982 we've been focused on improving health care specifically for older adults and have made grants totally 620 \$5 million over that time. Next slide please.

01:11:29.760 --> 01:11:39.150

Marcus Escobedo: I mentioned our mission, which is improving the care of older adults. That's all we focus on and we have three priority areas we work to help health systems become more age friendly that's both

01:11:39.420 --> 01:11:51.060

Marcus Escobedo: A SIGNATURE initiative of ours as well as a portfolio of programs and I'll say a little bit more about that. We also support family caregiving of older adults and work to improve serious illness and end of life care. Next slide please.

01:11:53.130 --> 01:12:02.340

Marcus Escobedo: And just a reminder for all of us about why we're all here today. And while we're working on age friendly care and it's because we have a growing number of older adults.

01:12:02.640 --> 01:12:15.900

Marcus Escobedo: And there's increasing complexity of issues that those older adults face and they do encounter disproportionate harm within our health system. And so for all of these reasons, as you well know, we're engaged in this journey to deliver age friendly care. Next slide please.

01:12:17.970 --> 01:12:25.890

Marcus Escobedo: And so congratulations, that's my big message to you. Thank you for joining in this movement for being in this caravan is Trish mentioned and being on this journey.

01:12:26.100 --> 01:12:32.460

Marcus Escobedo: And I have to mention our incredible partners in this. The Institute for Healthcare Improvement IHI and you'll hear from Leslie pelting in a moment.

01:12:32.730 --> 01:12:43.920

Marcus Escobedo: We work with the American Hospital Association, the Catholic Health Association. Those were a founding partners, but the list of other stakeholders is very long now and growing. And we're so excited about that. Next slide please.

01:12:45.720 --> 01:12:54.240

Marcus Escobedo: And the movement is growing, not only with our stakeholders, but with sites and clinical partners like you all and as of July 2020 and Leslie may have even

01:12:54.510 --> 01:13:05.880

Marcus Escobedo: more up to date information we have over 800 hospitals practices retail pharmacy clinics and long term care communities that have been recognized by IHI for being on this journey with age friendly care.

01:13:06.270 --> 01:13:12.360

Marcus Escobedo: So encourage you to learn more about it and you'll hear more from Leslie about how to continue on that journey but. Next slide please.

01:13:14.160 --> 01:13:22.920

Marcus Escobedo: And I'll tell you though my main message for you all today in terms of this journey that you're on. I'm going to share three quick points with you my recommendations and from the foundation

01:13:23.490 --> 01:13:28.590

Marcus Escobedo: One is to go deeper with the forums in specific settings. And I'll talk a little bit about ways you can do that.

01:13:29.100 --> 01:13:43.200

Marcus Escobedo: I think there's also opportunities for us, all of us to engage older adults in understanding the forums that can be another part of your journey. And then I think all of us have a role in creating an age friendly society, and I'll say more about that as well. Next slide please.

01:13:44.310 --> 01:13:49.380

Marcus Escobedo: So I'm going to go through these examples of going deeper with the forums and specific settings, very quickly.

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Marcus Escobedo: But there are links here to resources that can help you understand ways to get involved. But I want to mention the emergency department, we've seen so many of our participants in the age friendly health systems movement.

01:14:00.960 --> 01:14:08.910

Marcus Escobedo: Look at their ED as a place where there can be really measurable improvements in the care of older adults that focus on what matters medication medication and mobility.

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Marcus Escobedo: And we have several initiatives that link up and align with age friendly care in the forums and I want to mention to the geriatric emergency department collaborative

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Marcus Escobedo: Is a training and educational initiative that also conducts research on good care of older adults in the ED it's structured largely around the four M's.

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Marcus Escobedo: It may not be exactly labeled as such but they're all there the alignment is terrific.

01:14:33.330 --> 01:14:39.060

Marcus Escobedo: That collaborative offers webinars articles and virtual trainings through boot camps that can help you set up.

01:14:39.240 --> 01:14:47.850

Marcus Escobedo: And go deep in the forums in your ed and there's a website there to access or with a free curriculum that's being created right now and constantly updated.

01:14:48.270 --> 01:14:55.890

Marcus Escobedo: I'll also mention our geriatric emergency department Accreditation Program supported by the Johnny Hartford foundation and West health and other philanthropy.

01:14:56.430 --> 01:15:10.740

Marcus Escobedo: And that's what the American College of Emergency Physicians and as EDIS work through their care of older adults and work towards improvements they can get recognition through this program. There are three levels and you can learn more at the website here. Next slide please.

01:15:12.690 --> 01:15:18.210

Marcus Escobedo: I'll mentioned surgical care. Another great area where you may consider going deeper in the four M's.

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Marcus Escobedo: With the American College of Surgeons we helped launch a new geriatric surgical verification program. It's just live as of this past year.

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Marcus Escobedo: What was fascinating about this process was that it involved a large multi disciplinary stakeholder group that included patient and family organizations.

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Marcus Escobedo: To help defined standards for optimal surgical care of older adults. There was a heavy emphasis on what matters.

01:15:42.540 --> 01:15:54.180

Marcus Escobedo: Setting goals and working through the implications of surgery, as well as the other four M's. There are three levels here as well and encourage you to learn more about that program. The next slide please.

01:15:55.410 --> 01:15:58.800

Marcus Escobedo: The last setting that I'll talk about. Oh, and one more slide please.

01:16:00.810 --> 01:16:03.420

Marcus Escobedo: The last setting and go back one more. I'm sorry.

01:16:04.170 --> 01:16:11.040

Marcus Escobedo: The last thing I'll talk about his home based primary care in the home, you can deliver for EMS care and there's lots of different kinds of home care.

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Marcus Escobedo: But we are focused on home based primary and palliative care in particular, this is meeting the needs of the 2 million plus older adults who have

01:16:20.280 --> 01:16:26.700

Marcus Escobedo: functional impairments and frailty and complex conditions that actually make them relatively homebound or home limited

01:16:26.970 --> 01:16:34.590

Marcus Escobedo: And through the organization's listed here. You can get training on establishing house calls programs on becoming part of a learning collaborative

01:16:34.800 --> 01:16:38.160

Marcus Escobedo: And working with the American Academy of home care medicine to get their resources.

01:16:38.400 --> 01:16:42.840

Marcus Escobedo: And if you choose to set up a house calls program become part of their directory of practices.

01:16:43.050 --> 01:16:49.860

Marcus Escobedo: So great organizations to think about and I will mention one setting that I'm not going to discuss right now, but it's critically important because of coven

01:16:50.070 --> 01:17:02.250

Marcus Escobedo: we've shifted into nursing home care and the age from the health distance initiative and IHI are really going to be working even more so in that setting where you can think about the way to deliver optimal care to older adults. Next slide please.

01:17:04.920 --> 01:17:11.790

Marcus Escobedo: After going deeper in the forums in these various settings. There's another way that I would recommend you work on your journey.

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Marcus Escobedo: Around the 4am stage for like Harry and that's actually thinking about engaging older adults themselves and understanding the four M's.

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Marcus Escobedo: And I will say this is a journey that we're on at the Johnny Hartford foundation and moving through a process where we hope to be a resource to the field and engaging other partners.

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Marcus Escobedo: I encourage you to check out our website. johnnyhartford.org backlash age friendly, you'll find some resources there that are very consumer friendly that explain the four M's.

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Marcus Escobedo: In a way that older adults and family members can understand we were in an NBC Universal, and Telemundo both English and Spanish video segment explaining the four M's.

01:17:47.430 --> 01:17:53.520

Marcus Escobedo: Next month we're going to launch a partnership with Web MD com explaining age friendly care and resources to the public.

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Marcus Escobedo: And then I noticed in the chat. Someone mentioned next Avenue PBS is online platform for news for older adults and we've had an age friendly helps series in that publication as well. So another way for you to move on your journey. Next slide please.

01:18:09.390 --> 01:18:13.860

Marcus Escobedo: And then I want to end on this idea of also another part of your journey being

01:18:14.670 --> 01:18:31.440

Marcus Escobedo: Becoming a champion for an age friendly society. So not just within our health systems, but really thinking about cross sectors, our role as citizens, as people as members of our community in helping every aspect of our community become age friendly and you can see here at ecosystem.

01:18:31.590 --> 01:18:40.500

Marcus Escobedo: Where you can really become part of this movement vote for leaders and policies is one message. I'll share will go to the next slide and quickly wrap this up.

01:18:41.340 --> 01:18:54.510

Marcus Escobedo: And I want to end here, which is another tag to what Trish just mentioned take on that reframing aging journey. It is a way that we can counter ageism and continue working towards an age friendly society, and I'll end there. Thank you very much.

01:18:57.060 --> 01:18:59.340

Kristen Marino: Thank you so much. Marcus.

01:19:00.840 --> 01:19:08.670

Kristen Marino: There are incredible resources here and we really appreciate you sharing your work and what you are doing.

01:19:09.780 --> 01:19:15.840

Kristen Marino: For organizations at the Johnny Hartford foundation. So thank you for taking the time today. We truly appreciate it.

01:19:17.340 --> 01:19:27.930

Kristen Marino: On. Now, last but not least, I am happy to introduce Leslie Pelton from the Institute for Healthcare Improvement.

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Kristen Marino: Leslie has more than 20 years of experience in managing leading and facilitating successful organization transformation and performance improvement with healthcare delivery organizations.

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Kristen Marino: So you can depth individual leadership development coaching with a specialized specialization and supporting physicians and as leaders.

01:19:51.390 --> 01:19:56.550

Kristen Marino: We will place Leslie's email in the chat box.

01:19:57.270 --> 01:20:07.470

Kristen Marino: You are more than welcome to contact her to get additional information about the information. She's going to provide today regarding age friendly health system. So thank you so much.

01:20:07.890 --> 01:20:14.610

Kristen Marino: For being here with us today and we're excited to hear about next steps for becoming an age friendly health system.

01:20:15.360 --> 01:20:26.130

Leslie Pelton: Thank you. Kristen and I. It's a pleasure to be here with you all. You have been on this WebEx for quite some time already today so I feel like

01:20:26.790 --> 01:20:36.570

Leslie Pelton: When we think about what matters. We should all act on the mobility and right now and stand up and and stretch a little bit. If you have been sitting for this whole time.

01:20:37.050 --> 01:20:44.700

Leslie Pelton: So I encourage you to think about what matters to you right now in terms of how you can take care of yourself as we get through the next

01:20:45.480 --> 01:21:03.450

Leslie Pelton: Few minutes. There have been so many great calls to action and so many resources that have been shared in today's conversation and with Marcus's last comment. I couldn't help myself but share one word link for you with you, which is wevoteforhealth.org.

01:21:04.470 --> 01:21:17.010

Leslie Pelton: So thank you, Marcus for for that particular call to action, it's been just incredible listening to Trish, and Peggy, Dr. Jennings to Marcus, because it is

01:21:17.940 --> 01:21:33.810

Leslie Pelton: All of this is so interconnected, and I hope that you all can see how the four ends can be a framework that really brings together that you can use to hang together so much of what you have heard

01:21:34.260 --> 01:21:39.420

Leslie Pelton: In today's conversation because you're all part of this social movement.

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Leslie Pelton: But if we're improving the care of older adults, make sure that it's all age friendly care.

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Leslie Pelton: That it's guided by evidence based practices that it causes no harm, and it's consistent with what matters to the older adult and their family and however they define they defined that family Trish when you were talking about ages.

01:21:59.610 --> 01:22:04.020

Leslie Pelton: I was thinking about. So the antidote to ageism

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Leslie Pelton: As age friendly health systems because don't all older adults don't all of us and don't all of us as older adults deserve evidence based care. Don't we all deserve it, isn't it.

01:22:16.860 --> 01:22:30.900

Leslie Pelton: an antidote to ageism to ask an act on what matters to the older adult. So here's something that we can do in in our work lives every day we go to the next slide.

01:22:34.620 --> 01:22:35.550

Leslie Pelton: We are

01:22:36.900 --> 01:22:47.430

Leslie Pelton: Set an aim, what we thought was an ambitious aim it wasn't is an ambitious aim that by the end of this calendar year. This was long before Kovac came

01:22:47.940 --> 01:22:56.730

Leslie Pelton: That we would have 1000 hospitals practices convenience care clinics and nursing homes that would be recognized as age friendly health system participants.

01:22:57.690 --> 01:23:09.150

Leslie Pelton: Just as Dr. Jennings told us about their practices. This was, and then we said, By the middle of 2023 we're going to have to get to 2500 well I am thrilled to say Marcus, you gave

01:23:09.510 --> 01:23:30.570

Leslie Pelton: A count of 804 I was just shared with my team by team shared with me today that we have reached 871 hospitals practices community care clinics and nursing homes as of now, so we can think about the reach that you all are having in bringing two older adults.

01:23:31.710 --> 01:23:44.850

Leslie Pelton: The four M's. What matters to them. And again, really acting in a way that counters that counters ageism so thank you for being part of this incredible movement to go to the next slide.

01:23:46.110 --> 01:24:02.130

Leslie Pelton: And as you all know by now very familiar with, with the four M's. It's just, it's our true north. So I just, I always have to come back to this, even if it's with people who are really familiar with it again. You know what matters.

01:24:03.390 --> 01:24:08.460

Leslie Pelton: Ed Berman or senior program officer at that Johnny Hartford foundation calls it the keys to the kingdom.

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Leslie Pelton: So this is where it all begins and so important to and you talked about this, Dr. Jennings, that it's not just about advanced care planning.

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Leslie Pelton: It's also conversations about goals of care and what matters to the older adult and you all have found ways to put these four m's into practice and have been offered many resources today additional ways that you can practice the four m's people to the next one.

01:24:35.160 --> 01:24:39.570

Leslie Pelton: I want to be clear and just give an example become health as one

01:24:40.290 --> 01:24:49.410

Leslie Pelton: That where they have put the forums into practice across all settings of care. So part of the aim of having the four m's as evidence based framework

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Leslie Pelton: Is to have one language. One way that older adults that family caregivers, the care teams in primary care practices in nursing homes and hospitals.

01:24:59.130 --> 01:25:05.730

Leslie Pelton: One way that they're thinking about an organizing the care of older adults. So I really want to be clear that the intent.

01:25:06.210 --> 01:25:13.440

Leslie Pelton: Is for the forums to be practice across all settings of care and the impact is it we're seeing that happened.

01:25:13.920 --> 01:25:18.570

Leslie Pelton: That I communities that are becoming age friendly communities how systems are using the forums.

01:25:18.870 --> 01:25:30.030

Leslie Pelton: across all the different different settings of care. So I encourage you to, to think about ways that you do that and in also in partnership with your community based organizations you talk to

01:25:30.690 --> 01:25:45.930

Leslie Pelton: People, you talked about partnerships of community based organizations that are Jennings talked about relationships with the Alzheimer's Association. So extend the the forums framework into those into those relationships as well. And if you go to the next slide.

01:25:48.060 --> 01:25:57.630

Leslie Pelton: You all know this. Well, again, but it's it's part of our true north event. Although the four ends go across all settings of care.

01:25:57.870 --> 01:26:03.480

Leslie Pelton: Their unique aspects of what it needs to practice before and send an ambulatory and it convenient care setting.

01:26:03.780 --> 01:26:12.090

Leslie Pelton: And I just want us to keep coming back to this. It's not a particular tool. It's not a particular question about asking about what matters.

01:26:12.360 --> 01:26:21.600

Leslie Pelton: It is this these set on the right side here. These 11 items of what it means to be an age friendly health system. So if you start to get stuck. If you get

01:26:22.170 --> 01:26:30.000

Leslie Pelton: Stuck in the mixed up in the trees and forgetting about the forest that you're in and you need to come back to your true north

01:26:30.420 --> 01:26:40.500

Leslie Pelton: With your with your team and with your older adults, come back to this and know that this is what it means to be an age friendly health system. If you go to the next slide.

01:26:42.120 --> 01:26:53.970

Leslie Pelton: I just wanted to show you as well of course what it looks like a hospital in the nursing homes, which is very, very similar. But again, there's some adaptation that happens in each of the settings of care. And on the next slide.

01:26:56.880 --> 01:26:57.570

Leslie Pelton: Really

01:26:58.590 --> 01:27:09.630

Leslie Pelton: If you've talked about a couple of people have talked about either a maybe a discomfort or not, not wanting to look at data, but we've also seen today how compelling.

01:27:10.140 --> 01:27:19.020

Leslie Pelton: A data can be and how important how important it is. This is an offering of outcome and process measures for age friendly health systems.

01:27:19.350 --> 01:27:31.620

Leslie Pelton: And I don't want to miss the point here in the title, which is our encouragement to stratify these by age and race and ethnicity. So it's not just lumped together. I was working with a health system, not too long ago.

01:27:31.890 --> 01:27:38.220

Leslie Pelton: Who thought they were doing a really good job with managing pain and use of pain medications with older adults.

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Leslie Pelton: And then they took their data and they stratified it by race and ethnicity and they were shocked at what they found in terms of

01:27:46.800 --> 01:27:57.630

Leslie Pelton: In fact, people of color were both being given lower pain scores and much higher doses of pain medication and that would have been papered over if they hadn't

01:27:58.590 --> 01:28:02.340

Leslie Pelton: dove in and really looked at their data by race and ethnicity.

01:28:02.760 --> 01:28:05.280

Leslie Pelton: Or with another of our health system that we were working with.

01:28:05.520 --> 01:28:16.410

Leslie Pelton: That thought they were really nailing what matters that they really were aligned with the community trusted them to ask an actor, what matters. And then again, they perceived by race and ethnicity. They felt that they found

01:28:16.890 --> 01:28:34.860

Leslie Pelton: That the really the Latin. Next, can you need was not at all, having the experience in their health system that what matter to them was being attended to, so it's important for us to stratify the data by age and also by race. Race and Ethnicity and if you go to the next slide.

01:28:36.780 --> 01:28:48.690

Leslie Pelton: You all are a part of the movement to any way. And some of you have been recognized as participants have gone on to committed to Care Excellence. It was great to see you. I was comparing

01:28:49.170 --> 01:28:58.830

Leslie Pelton: Means that we're participating with our with our database. And that's really wonderful, wonderful to see and I want you to know.

01:28:59.310 --> 01:29:04.500

Leslie Pelton: That on our website ihi.org backslash age friendly. You can sign up

01:29:04.980 --> 01:29:15.600

Leslie Pelton: To go through the journeys are on your own to get recognized that we call it your do it yourself recognition will stay connected to you virtually to keep you

01:29:16.410 --> 01:29:25.290

Leslie Pelton: Going in the down the down the pathway. If you want to join another action community.

01:29:25.770 --> 01:29:32.730

Leslie Pelton: Where you go deeply as you have Telligen on learning about the forums with peers and with faculty

01:29:32.970 --> 01:29:42.030

Leslie Pelton: I encourage you to join another action community. You can join as many as you want. You can use the actual communities which are so graciously underwritten by the Johnny Hartford foundation

01:29:42.750 --> 01:29:53.250

Leslie Pelton: To to get more people in your care team on board with the forums is an action community that starting this month with our partners and the American Hospital Association.

01:29:53.580 --> 01:30:00.480

Leslie Pelton: A child is going to be offering another National Action community in the spring of 2021 so when I tried.org backslash age friendly.

01:30:00.930 --> 01:30:08.370

Leslie Pelton: You can sign up to be notified sign up join the AJ extra community that just started or during this free one with a chai.

01:30:08.970 --> 01:30:21.840

Leslie Pelton: And finally, if you're a health system that's really able to set an aim at a health system level for how you're going to adopt the forums that how much by wind aim of adopting the four m's i is very glad to work with you.

01:30:22.380 --> 01:30:29.700

Leslie Pelton: In a more collaborative consultative way through that journey. And again, very grateful to the Johnny Hartford foundation

01:30:30.300 --> 01:30:39.240

Leslie Pelton: For their support of our support of our work of this movement. So, you have my email. Please be in touch.

01:30:39.720 --> 01:30:51.570

Leslie Pelton: This work is all about relationships. It is all about partnerships, just like the care of older adults is so I look forward to hearing from you and congratulations for the incredible work that you have done and all the lives that you have touched

01:30:53.460 --> 01:31:02.310

Kristen Marino: Thank you so much. Leslie for providing this information and our hope is that your organization.

01:31:03.600 --> 01:31:07.950

Kristen Marino: From our partners a take the next step in

01:31:09.000 --> 01:31:22.860

Kristen Marino: Joining the age friendly health system for sake of time, we're going to move on. If you do have questions, please feel free to add them in the chat and we will be happy to address those.

01:31:24.600 --> 01:31:33.900

Kristen Marino: After today's presentation. We do appreciate you holding on. And we wanted to take this time. In closing,

01:31:34.980 --> 01:31:45.900

Kristen Marino: I want to encourage each one of us to reflect on the information shared today and how we as individuals and collective partners can begin to change.

01:31:47.400 --> 01:31:55.320

Kristen Marino: Change. Change to change the conversation about aging and embrace age as part of life journey. Remember

01:31:55.740 --> 01:32:04.590

Kristen Marino: Becoming an age friendly health system is a journey, not a destination and as you can tell from today's presentation. We are working very hard.

01:32:05.190 --> 01:32:21.720

Kristen Marino: To becoming more age friendly. So thank you all so much for your participation today. This is begins with you and we hope to have your participation and future events as we continue our journey here intelligent. Next slide please.

01:32:24.270 --> 01:32:37.770

Kristen Marino: And I'd like to take the opportunity here to thank all of our wonderful presenters today who committed your time and graciously provided your expertise in support during, during this whole learning collaborative

01:32:38.640 --> 01:32:47.880

Kristen Marino: And thank you to our Telligen QI Connect partners for your commitment and dedication to this work if you could please take a moment. I know.

01:32:48.690 --> 01:32:57.660

Kristen Marino: You have already taken an hour and a half. So we do thank you, but if you could take a moment today or tomorrow to take our short assessment we truly, truly would appreciate it. So thank

you again for joining us. This concludes our learning session for today and our 4M Learning Collaborative. Thank you again for your participation. Have a great day.