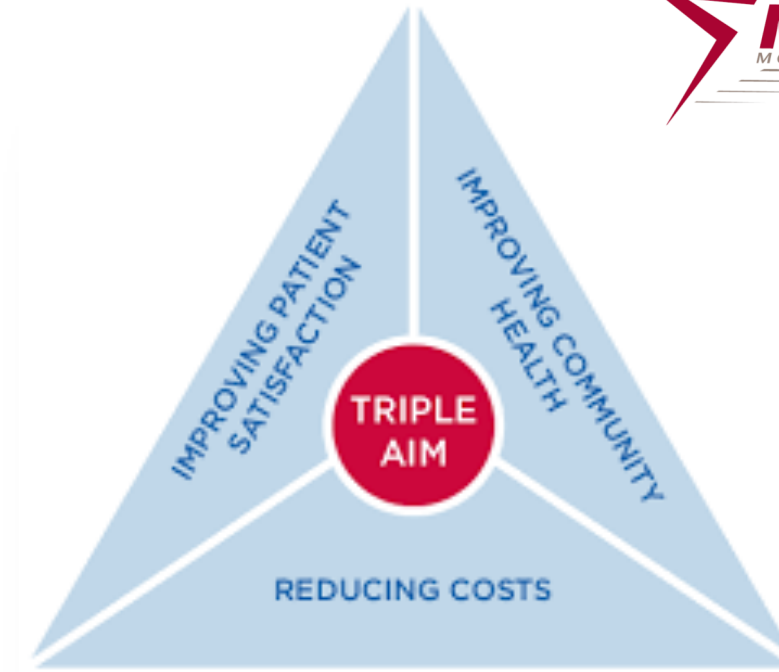
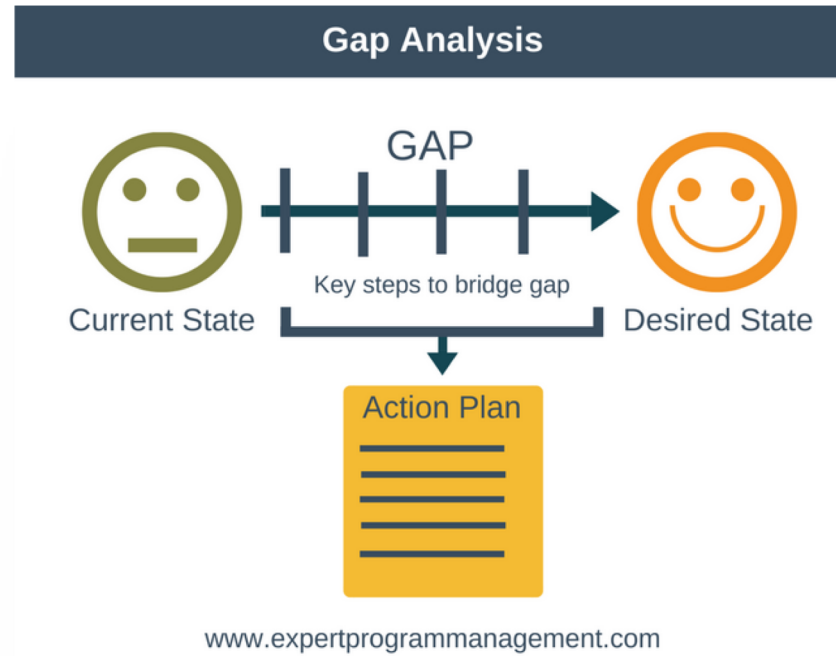




Integrating the 4Ms: Age-Friendly EMS

Geriatric Practice
Leadership Institute

Date: October 1, 2021



Care Setting: Mobile Integrated Health

- Provide healthcare services directly to patients on location
- Minimize unwarranted trips to the hospital
- Reduce persistent re-admissions for the same conditions

Care Setting: Mobile Integrated Health

- Admission / Readmission / Observation Avoidance (A/RA)
- High Utilization Group (HUG)
- Home Health Partnership
- Palliative Care Partnership
- Hospice Revocation Avoidance Program
- Health and Safety Research
- COVID Supplemental Funding Program



What Matters?

Screening

Engage/Screen/Assess:

- MIH: Do you have any goals you would like to achieve during this program? **Enhanced with additional questions for more targeted response.**
- 911: **Added and tested an entire set of questions (see PDSA)**

Frequency:

- Asked at beginning of enrollment for MIH patients

Documentation:

- EHR

Act On:

- MIH: Align the care plan with What Matters Most

Primary Responsibility:

- Paramedic

Medication

Screening

Engage/Screen/Assess:

- **MIH and 911:** Collected and documented if reported by the patient
- Benzodiazepines; Opioids
- Highly-anticholinergic medications (e.g., diphenhydramine)
- All prescription & over-the-counter sedatives & sleep medications
- Muscle relaxants; Tricyclic Antidepressants; Antipsychotics
- **Added More Comprehensive Screening based on Beers Protocol**

Frequency:

- Asked at beginning of enrollment for MIH patients; EMS Assessment; Change of Medication

Documentation:

- EHR

Act On:

- Educate older adults and family caregivers; Refer to Services
- Deprescribe (includes both dose reduction and medication discontinuation)

Primary Responsibility:

- Paramedic

Mentation

Dementia

Screening added
from previous
GPLI (2019-2020)

Engage/Screen/Assess:

- MIH: AD8 and MOCA
- Barthel Index of ADLs (in EPIC)
- Lawton IADLs
- 911: Glasgow Coma Scale

Frequency:

- Asked at beginning of enrollment for MIH patients

Documentation:

- EHR

Act On:

- Share results with older adult
- Provide educational materials to older adult and family caregivers
- Refer to community organization for education and/or support

Primary Responsibility:

- Paramedic

Mentation

Depression
Screening

Engage/Screen/Assess:

- **MIH**
 - PHQ-2
 - PHQ-9
 - GDS - short form

Frequency:

- Asked at beginning of enrollment for MIH patients

Documentation:

- EHR

Act On:

- Educate older adult and family caregivers
- Refer to community organization for education and/or support

Primary Responsibility:

- Paramedic

Mobility

Screening

Engage/Screen/Assess:

- **MIH**
 - Timed Up & Go (TUG);
 - Refer to physical therapy

Frequency:

- Asked at beginning of enrollment for MIH patients

Documentation:

- EHR

Act On:

- Multifactorial fall prevention protocol (e.g., STEADI)
- Educate older adult and family caregivers
- Manage impairments that reduce mobility (e.g., pain, balance, gait, strength)
- Ensure safe home environment for mobility

Primary Responsibility:

- Paramedic

Qualitative

Learnings

What Matters?

Actions:

- Screenings added to MIH and 9-1-1

Challenge:

- Fast pace environment
- Gap assessing what matters, mobility, & depression

Advice:

- Make it a focus
- Better care delivery and outcomes

Support:

- Top down leadership

Qualitative

Learnings

Medication

Actions:

- Enhancement to medication screening

Challenge:

- Beers List

Advice:

- Better care delivery and outcomes

Support:

- Top down leadership