

CHAP

Age-Friendly
Care
at Home

Standards of Excellence



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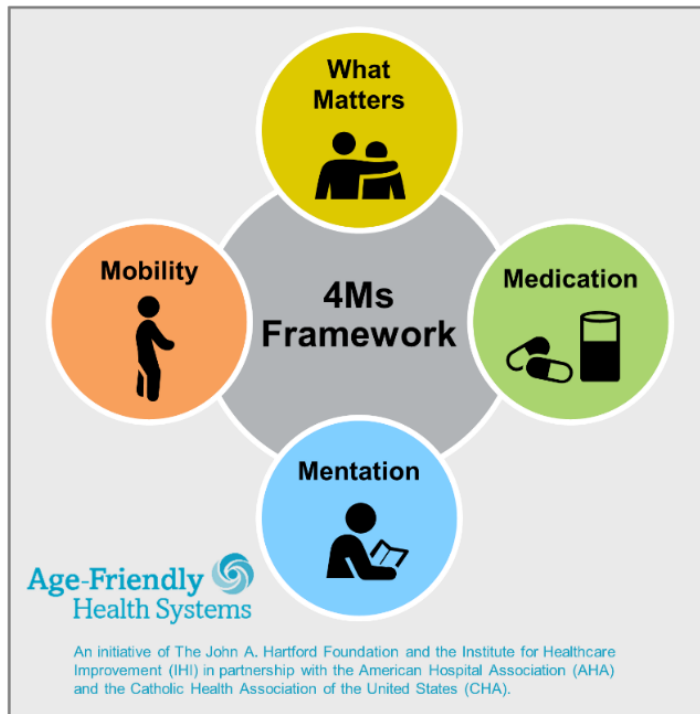
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Age-Friendly Health Systems Framework Standards for Age-Friendly Care at Home (Home health, hospice, and home care)

Age-Friendly Health Systems is an initiative of [The John A. Hartford Foundation](#) and the Institute for Healthcare Improvement (IHI), in partnership with the [American Hospital Association \(AHA\)](#) and the [Catholic Health Association of the United States \(CHA\)](#).

Age-Friendly Health Systems:

- Follow an essential set of evidence-based practices;
- Cause no harm; and
- Align with What Matters to the older adult and their family caregivers.



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

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

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

What Does It Mean to Be an Age-Friendly Health System?

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the **"4Ms,"** to all older adults in your system: What Matters, Medication, Mentation, and Mobility.

Age-Friendly Care at Home CHAP Standards

A **Key Performance Area (KPA)** is the central topic evaluated by the standards. Each KPA includes:

- **Standards** that identify the set of requirements CHAP uses to make accreditation determinations. CHAP evaluates compliance with each standard and bases the accreditation decision on the organization’s total performance across all standards evaluated.
- **Evidence Guidelines** that provide additional detail about how each standard is assessed, as well as approaches organizations may consider in demonstrating compliance with the standard. More detail about Evidence Guidelines is provided below.

Evidence Guidelines

Evidence guidelines provide organizations direction about how compliance with the standard or associated modifier is assessed. The following types of evidence guidelines are used:

1. **Guidance Statements: Explain** expectations, nuances or terms used in the standard. Guidance supports the organization in understanding how the requirements of each standard can be met. Examples are used for the purpose of explanation but are not meant to be statements of the only way to achieve compliance.
2. **Document Review:** Documentation from a variety of sources is used to demonstrate compliance (e.g., position descriptions, policies, meeting minutes).
3. **Interview: One** or more interviews with personnel and/or patients or caregivers are used to assess compliance with the standard or modifier.
4. **Record Review: Personnel** or patient records are the primary source of assessing compliance.
5. **Observation:** One or more home visit is conducted to establish standard compliance

Types of Standards

Within each KPA, areas of performance are examined:



Design (D) Standards: The policies, procedures, qualifications, training, and other resources the organization uses to support consistent implementation and quality outcomes in care and service. delivery.



Implementation (I) Standards: Evaluation of how effectively the organization implements its own defined parameters of organization structure and expectations, as well as those established nationally and at the state level.



Sustainability (S) Standards: Assess the processes and organizational structure that support ongoing quality improvement in the delivery of care and services.

Revision Reference

The standards were updated to add home care as a provider type that can implement Age-Friendly Care at Home.

Standard	Summary	Effective date
Key Performance Area – Patient (Person) Centered Care (AF.PCC)	(Person) added	9/15/23
AF.PCC.1.D	Change from patient’s to patient’s/client’s and change from care to care/service in standard and evidence guidelines.	9/15/23
AF.APC.1.D	Updated Evidence Guidelines	9/15/23
AF.APC.2.I	<ul style="list-style-type: none"> Change from patient’s to patient’s/client’s and change from care to care/service in standard and evidence guidelines. Updated Evidence Guidelines 	9/15/23
AF.CDT.1.I	Updated Evidence Guidelines	9/15/23
AF.CQI.1.I	<ul style="list-style-type: none"> Added: Quality Assurance Performance Improvement (QAPI) with clarifying note Updated Evidence Guidelines 	9/15/23
AF.HRM.1.D	Updated Evidence Guidelines	9/15/23
AF.HRM.2.I	<ul style="list-style-type: none"> Change from patient to patient/client Updated Evidence Guidelines 	9/15/23

Key Performance Area – Patient (Person) Centered Care (AF.PCC)

Design (D)	Evidence Guidelines
<p>AF.PCC.1.D The organization provides written information for older adults and family caregivers and/or policies and procedures for staff that describe an Age-Friendly Health System.</p> <p>The organization implements the Age-Friendly Health Systems approach which respects and responds to a patient’s/client’s individual preferences and engages them in active partnerships throughout the course of their care/service.</p>	<p>Document review: Review organization policy/procedures or other documents (i.e., marketing materials, patient admission/client information handout) used by the organization to communicate to stakeholders including but not limited to staff, patients/clients and caregivers, payers, and the community that describes an Age-Friendly Health Systems in the home setting.</p> <p>Interview: Interview staff to determine if the organization’s approach to an Age-Friendly Health System is grounded in principles and concepts of evidence-based practices related to the 4Ms (What Matters to the patient/client, Medications, Mentation, and Mobility). Interview patient(s)/clients and/or other caregivers(s) to determine if the provider has informed them about Age-Friendly Health Systems and what they can expect as part of this care approach.</p> <p>Observation: During home visits, determine if staff provide patients/clients and caregivers with information at admission/initiation of service (written and verbal) that helps them understand Age-Friendly Health System services and what they can expect as part of this care/service approach.</p> <p>Tips:</p> <ul style="list-style-type: none"> • Ask the older adult What Matters most, document it, and share What Matters across the care/service team. • If the older adult’s health care/home care services decisions are made by a family member, caregiver, or surrogate decision-maker/DPOA ask what Matters most for the older adult.

Design (D)	Evidence Guidelines
	<ul style="list-style-type: none"> • Align the plan of care/service plan with What Matters most to patient/client. • IHI resources for staff to facilitate conversations about Age-Friendly Health Systems with patients/clients and caregivers: <ul style="list-style-type: none"> ○ <i><u>"How to Have Conversations with Older Adults About "What Matters": A Guide for Getting Started"</u></i> ○ <i><u>"4Ms Brochure"</u></i> (visual guide); the <i><u>"4Ms brochure"</u></i> is also available in Spanish ○ <i><u>"Conversation Ready: A Framework for Improving End-of-Life Care"</u></i>

Key Performance Area – Assessment, Planning, and Coordination (AF.APC)

Design (D)	Evidence Guidelines
<p>AF.APC.1.D The organization develops addendums to current policies (assessment, planning, coordination of care/services) or documents that outline Age-Friendly Health Systems which uses evidenced-based literature and tools when assessing, planning, delivering, and coordinating patient/client care/services.</p>	<p>Document review: Review addendums to current policies (assessment, planning, coordination of care/services) or documents to verify the 4M framework and designation of evidenced-based literature and tools related to assessment, planning, and coordination of care/support services.</p> <p>Interview: Interview leaders and managers/service coordinators to determine how the 4Ms (What Matters to the patient, Medications, Mentation, and Mobility) are incorporated into assessment, care/service planning, and care/service coordination processes using evidence-based literature and tools. The organization’s leadership determines what evidence-based tools have been adopted for use in the organization.</p>
Implementation (I)	Evidence Guidelines
<p>AF.APC.2.I The organization implements an Age-Friendly Health Systems approach related to the assessment, planning, and coordination of patient/client care/services using evidenced-based literature and tools determined by the organization.</p>	<p>Record review: Review documentation in the clinical/service record to determine that staff documents per the organization’s policy/procedure related to the 4Ms. For organizations that provide only personal care/support services, review the record for documentation that care/services provided align with the 4Ms within the scope of permitted duties for the organization.</p> <p>Interview: Interview patients/clients and assigned staff to discern how the 4Ms (What Matters, Medications, Mentation, and Mobility) are implemented as a framework through which care/services are planned, coordinated, and delivered.</p> <p>Observation: During home visits determine how staff are implementing the 4Ms (What Matters, Medications, Mentation, and Mobility) when engaging patients/clients/caregivers in the assessment, planning, and coordination of care/services.</p> <p>Tip: Refer to page one (1) of CHAP’s “What Does it Mean to be Age-Friendly in the Home Setting?” document.</p>

Key Performance Area – Care Delivery & Treatment (AF.CDT)

Implementation (I)	Evidence Guidelines
<p>AF.CDT.1.I Staff deliver care/services in accordance with the evidence-based practices approved by the organization that supports an Age-Friendly Health System.</p>	<p>Record Review: Record review to verify that care/services are being delivered in accordance with the evidence-based practices approved by the organization and that reflect the 4Ms (What Matters to the patient/client, Medications, Mentation, and Mobility) framework including but not limited to the plan of care/services, assessment, and visit notes. For organizations that provide only personal care/support services, review the record to verify that services align with the 4Ms within the scope of permitted duties for the organization. For example, do services align with what matters to the client?</p> <p>Observation: During home visits, observe staff to discern if care/services are delivered in accordance with the 4Ms (What Matters to the patient/client, Medications, Mentation, and Mobility).</p> <p>Tip: Refer to page two (2) of CHAP’s <i>“What Does it Mean to be Age-Friendly in the Home Setting?”</i> document.</p>

Key Performance Area – Continuous Quality Improvement (AF.CQI)

Implementation (I)	Evidence Guidelines
<p>AF.CQI.1.I The organization integrates evaluation of their Age-Friendly Health System approach into their data-driven Continuous Quality Improvement (CQI) program/Quality Assurance Performance Improvement (QAPI). *</p> <p>*Note: Program titles may vary depending on state/payer requirements or organization protocol/policies. The requirement is that there are elements found within the organization’s existing quality assurance/performance improvement efforts that monitor how well the organization is implementing the 4Ms framework.</p>	<p>Document Review: Review documentation of CQI/Quality monitoring activities. Validate that the 4Ms are integrated into these quality monitoring program activities related to assessment, care/service planning, coordination of care/services, and treatment/services.</p> <p>Interview: Interview one or more leaders involved in the implementation of the organization’s CQI/QAPI program. Validate that the organization can demonstrate the integration of the 4M’s into the CQI/QAPI program and how the organization ensures the program collects and evaluates data outcomes related to assessment, care/service planning, coordination of care/services, and treatment/services.</p> <p>Tip: Staff can utilize the IHI resource, “Age-Friendly Health Systems: Measures Guide” to assist in tracking quality measures identified by the organization for Age-friendly care.</p>

Key Performance Area – Human Resource Management (AF.HRM)

Design (D)	Evidence Guidelines
<p>AF.HRM.1.D The organization incorporates the needs and requirements of using an Age-Friendly Health System approach into the design of the human resource management program.</p>	<p>Document review: Review human resource (HR) management policies and procedures and organizational documents which may include but not limited to job descriptions, competencies and performance evaluations, and in-service records to determine how the organization prepares and manages staff responsible for delivering care/services using the 4Ms (What Matters to the patient/client, Medications, Mentation, and Mobility).</p> <p>Interview: Interview HR, management, and staff to determine their knowledge of personnel responsibilities related to Age-Friendly Health System practice.</p>
Implementation (I)	Evidence Guidelines
<p>AF.HRM.2.I The organization orients and manages staff to ensure staff are capable and competent in the use of the 4Ms (What Matters to the patient/client, Medications, Mentation, and Mobility).</p>	<p>Record review: Review personnel record documents which may include but are not limited to orientation, in-service records, and competencies to determine how the organization orients and manages staff responsible for delivering care/services using the 4Ms (What Matters Most to the patient/client, Medications, Mentation, and Mobility).</p>