



Creating Age-Friendly Health Systems in Victoria, Breakthrough Series Collaborative

Charter

OFFICIAL

Background information

Older people are more likely to be admitted to hospital or an aged care facility than younger people and are more likely to experience harm such as falls, physical deterioration, medication errors, infections, or confusion. Older people and their carers often report inconsistencies between the way they are treated and what matters to them.

Age-friendly health systems reliably provide a set of four evidence-based elements of high-quality care, known as the 4Ms (what matters, medication, mind and mobility) to all older adults in their system. The 4Ms represent a shift by health systems to focus on the needs of older adults. This system approach has been successfully implemented in over 2000 clinical sites across the United States, with improved outcomes including reduced length of stay, reduced readmission rate, and fewer falls.

The Creating Age-Friendly Health Systems in Victoria collaborative will build on the work of the first phase of the initiative, led by Safer Care Victoria (SCV) in partnership with the Institute for Healthcare Improvement (IHI), during which Victorian healthcare providers co-designed, tested and refined the 4Ms framework, developed in the United States, for the Victorian setting. The collaborative is an opportunity for Victorian health services and residential aged care facilities to embed evidence-based change ideas that reduce harm and improve outcomes for older people.

What are the 4Ms?

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. The 4Ms include what matters, mobility, mind and medication and represent a shift by health systems to focus on the needs of older adults (http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/Resources.aspx).

The Age-Friendly Health Systems 4Ms Framework

The 4Ms framework originated in the United States. In 2017 the John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association and the Catholic Health Association of the United States set a bold vision to build a social movement across the country to ensure all care for older adults is age-friendly.

According to their definition, age-friendly care: follows an essential set of evidence-based practices

- causes no harm
- aligns with what matters to the older adult and their family or other caregivers.

During the first phase of the Creating Age-Friendly Health Systems in Victoria initiative, we adapted this framework for the Victorian setting, in consultation with clinicians and consumers.

What are we trying to accomplish?

The Creating Age-Friendly Health Systems in Victoria Collaborative will reduce harm and improve outcomes for older people at participating health services by delivering care that is consistent with the 4Ms by June 2023.

How are we going to achieve this together?

Safer Care Victoria will partner with health services to use the Model for Improvement to decrease harm and improve outcomes for older people across Victorian health and residential care services. A breakthrough series (BTS) collaborative structure (Figure 1.) will be used to test and implement evidence-based change ideas to accomplish a common aim. This involves three in-person learning sessions (or equivalent virtual sessions), and three health service-based action periods, where changes are tested and adopted, adapted or abandoned (see Table 1 for further detail). Teams maintain continual contact with each other and SCV through web calls, online discussions, email, and monthly progress reports.

The collaborative will run from June 2022 to June 2023.

Figure 1: The breakthrough series collaborative model

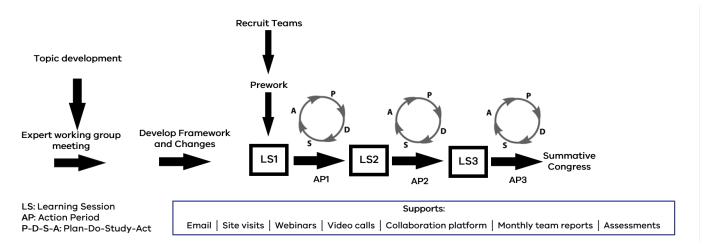


Table 1: Collaborative activities

Activity	Description
Team recruitment process	 Expressions of interest close midnight Wednesday 25 May Teams who have submitted an EOI will be notified of the outcome on 27 May.
Kickstart webinar and prework 2 June 2022, 9am via Teams.	 A Kickstart webinar will provide participating teams with the opportunity to meet each other, hear more about the collaborative and support teams to prepare for the prework before learning session 1. Pre-work will be provided to participating health services so that they come prepared for Learning Session 1. This will include confirming local team structures and collecting baseline data for measures.
Learning sessions (LS) LS 1: 20-21 June 2022 LS 2: 12-13 September 2022 LS 3: 16-17 January 2023	 Learning sessions are face-to-face or virtual meetings, where teams come together with each other and the expert faculty to exchange ideas. At the first Learning Session, SCV and the faculty will present the 4Ms Framework for delivering Age-Friendly care. It will include specific changes, called a Change Package, that when applied locally will significantly improve the system's performance. Teams learn from an Improvement Advisor (IA). The Model for Improvement that enables teams to test these change ideas locally, and then reflect, learn and refine these tests. At the second and third Learning Sessions, team members learn even more from one another as they report on successes, barriers, and lessons learned in general sessions, workshops, storyboard presentations, and informal dialogue and exchange. Formal academic knowledge is bolstered by the practical voices of peers who can say, "I had the same problem; let me tell you how I solved it."
Action periods (AP) Between Learning Sessions (2-hour calls) AP 1: 11 July, 15 August 2022 AP 2: 10 October, 14 November, 12 December 2022 AP 3: 13 Feb, 13 March, 17 April 2023	• During Action Periods, teams test, refine and implement changes in their local settings—and collect data to measure the impact of the changes. They submit monthly progress reports for the entire collaborative to review and are supported by web-conference calls and site visits that enable them to share information and learn from each other. The aim is to build collaboration and support teams as they try out new ideas, even at a distance.
Summative congress 19 June 2023	 Once the collaborative is complete, the work is documented, and teams present their results and lessons learned to each other at a half-day event called a summative congress.

How will we know that a change is an improvement?

A measurement strategy including outcome, process and balancing measures has been developed and tested during the initial phase of the Creating Age-Friendly Health Systems in Victoria, running from August 2021 to June 2022. These measures will continue to be refined as a part of the collaborative and will help teams evaluate the impact of interventions tested and adapted throughout the initiative and will be used to assess progress toward the collaborative goals. The measurement strategy will be made available along with the guide.

What changes can we make that will result in an improvement?

As part of the initial phase, the 4Ms framework has been adapted and tested for the Victorian setting in collaboration with consumers and clinicians.

In this collaborative, teams will focus on further testing and implementing change ideas detailed in the adapted Victorian 4Ms Framework that have been identified as being key to creating Age-friendly health systems.

These change ideas relate to two primary drivers:

Assess – Know about the 4Ms (What Matters, Mind, Mobility and Medication) for each older adult in your care

Act on – Incorporate the 4Ms into the plan of care

What can you expect from us?

Safer Care Victoria and the collaborative faculty will:

- Provide a Collaborative Lead, Improvement Advisor and coaching support in addition to faculty who have expertise
 in the subject matter and improvement methods.
- Provide information on subject matter, application of that subject matter, and methods for process improvement, both during and between Learning Sessions.
- Support knowledge management of promising changes and action toward results through collaborative models (i.e. driver diagram, change package, measurement strategy, and evidence-based tools and resources).
- Provide communication strategies to keep teams connected to the collaborative faculty and colleagues.
- Provide access to an online system for data reporting, access to collaborative resources and communication.
- Review team reports and analyse data providing guidance and feedback, including overall collaborative learning and development.
- Foster growth and development of improvement capability and capacity.

What will we expect from you?

Participating organisations are expected to:

- Designate a senior leader as an executive sponsor who will:
 - Connect the goals of the collaborative to a strategic initiative in their organisation.
 - Support the core team to attend all learning sessions (3x two-day in person sessions or virtual equivalent) and monthly 2-hour coaching calls.
- Appoint a care setting lead.
- Form a multidisciplinary core team (including the team leader) of 3-5 members who attend all learning sessions
 including: clinicians (e.g., medical, allied health, pharmacy), consumers and members with quality improvement
 experience, responsible for identifying champions and driving change on the ground.
- Form a wider team of 6–12 members (e.g., clinicians, managers); influencers in the organisation who can drive commitment and attention to the work and support frontline staff to test changes. This group includes a member responsible for data entry.
- In our experience, optimal results are achieved when teams can devote at least 30 hours per week to the project (shared between team members) to:
 - Complete a health service charter, setting aims and goals for the project team
 - Hold weekly team meetings
 - Test changes using rapid Plan-Do-Study-Act cycles
 - Collect data and plot results over time
 - Complete and share reports for monthly calls and Learning Sessions
 - Contribute to monthly collaborative online meetings and site visits

Do real work, hard work, and have fun!

Your multidisciplinary team will include:

Role	Responsibility	Key event attendance				
Executive sponsor	 Accountable for your organisation's participation in the initiative, ensuring it aligns with organisational values and strategic plan, and the delivery of project outcomes (ongoing). 	Kickstart call: 2 June, 9am via Teams.				
	 Visible champion of the project with the management team and 	Learning Session 1				
	is the ultimate decision-maker, with final approval on all	6–7 July 2022.				
	phases, deliverables and project scope changes.	They may also attend any other learning session.				
Care setting lead	Leader in the care setting (ward or unit), and represents the	Kickstart call:				
	disciplines involved in the 4Ms and works effectively with clinicians, other technical experts and leaders within the organisation.	2 June, 9am via Teams.				
	 We recommend placing the manager of the care area where changes are being tested in this role. 	All learning sessions				
Improvement Advisor (person with quality improvement experience)	This person supports the quality improvement, improvement	Kickstart call:				
	 methodology, measurement strategy and data collection. This person, and the rest of the team, will be supported in 	2 June, 9am via Teams.				
	developing their capability in improvement methodology by SCV and IHI Improvement Advisors.	All learning sessions				
Clinical champions (relevant medical, nursing, allied health staff including pharmacy).	These individuals may include a physician, medical staff, nurse,	Kickstart call:				
	physiotherapist, occupational therapist, social worker, pharmacist, nurse practitioner, clinical nurse specialist, assistant staff and/or others who represent the 4Ms in your context.	2 June, 9am via Teams. All learning sessions				
	We strongly encourage interprofessional representation on your team and urge you to enlist more than one clinical champion.					
	 These champions should have good working relationships with colleagues and be interested in driving change to achieve an Age-Friendly Health System. 					
	 You will need 3-5 clinical champions to achieve the best outcomes. 					
Consumer representative/lived experience leader	 We recommend each team partner with a minimum of one person with lived experience. 	Kickstart call:2 June, 9am via Teams.				
- 		All learning sessions				
Wider team members	 Influencers in the organisation who can drive commitment and attention to the work and support the frontline clinicians to test and measure changes. These members do not need to be registered. You will need 6-12 wider team members to achieve the best outcomes 	n/a				

^{*}Team members may hold more than one role.

The advantage to this team approach is that improvements are designed and implemented by local, frontline teams involved in the day-to-day work to achieve sustainability.

Planned key dates

Activity	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023
Expression of Interest Open	27	25													
Health Service Notification		27													
Kickstart call			2 9am												
Learning Session 1			20/21												
Action Period 1 (AP1) webinars/ coaching calls				11	15										
Learning Session 2						12/13									
Action Period 2 (AP2) webinars/ coaching calls							10	14	12						
Learning Session 3										16/17					
Action Period 3 (AP3) webinar/ coaching call											13	13	17		
AP3 Data Submission															
AP3 Holding the gains online meeting														TBC	
Summative Conference															19