

AGE FRIENDLY RESOURCES

IHI 4MS FRAMEWORK FOR AGE-FRIENDLY HEALTHSYSTEMS

<http://www.ihl.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/default.aspx>

MULTI-COMPLEXITY (SCREENING)

FRAILITY SCREENING TOOLS

Vulnerable Elders Scale-13

Saliba, D., Elliott, M., Rubenstein, L.Z., Solomon, D.H., Young, R.T., Kamberg, C.J., Roth, C., MacLean, C.H., Shekelle, P.G., Sloss, E.M., & Wenger, N.S. (2001). The vulnerable elders survey: A tool for identifying vulnerable older people in the community, *Journal of the American Geriatric Society*, 49(12), 1691—1699. doi: 10.1046/j.1532-5415.2001.49281.x

Groningen Frailty Indicator

Steverink, N., Slaets, J.P.J., Schuurmans, H., & van Lis, M. (2001). Measuring frailty: Developing and testing the Groningen frailty indicator. *The Gerontologist*, 41, 236-237.

Triage Risk Screening Tool

Meldon, S.W., Mion, L.C., Palmer, R.M., Drew, B.L., Connor, J.T., Lewicki, L.J., Bass, D.M., Emerman, C.L. (2003). A brief risk-stratification tool to predict repeat emergency department visits and hospitalization in older patients discharged from the emergency department, *Academic Emergency Medicine*, 10(3), 224-232. doi: 10.1197/aemj.10.3.224

Palliative Performance Scale

Anderson, F., Downing, G.M., Hill, J., Casorso, L. & Lerch, N. (1996). Palliative performance scale (PPS): A new tool. *Journal of Palliative Care*, 12(1), 5-11. doi: 10.1177/082585979601200102

OTHER RESOURCES

<https://consultgeri.org/tools/try-this-series>

TRST SCORING FROM VIDEO

TRST Survey		
Item	Score	
	Yes	No
1. Cognitive Impairment	2	0
2. Social Isolation	1	0
3. Poor Mobility	1	0
4. Recent Hospitalization	1	0
5. Polypharmacy	1	0
Total	3	

WHAT MATTERS

SERIOUS ILLNESS CONVERSATION GUIDE

<https://www.ariadnelabs.org/>

TOOLS FOR ATTENDING TO EMOTION

NURSE	Example	Notes
Naming	"It sounds like you are frustrated."	It may be helpful to diminish the emotion slightly to allow the person to define the intensity.
Understanding	"This helps our team understand how you are thinking about this."	Acknowledge that you do not know what the person is feeling, but you are willing to hear it.
Respecting	"You know how you cope best in difficult situations. I appreciate you being willing to explore those strategies."	Praise may be helpful here.
Supporting	"Our team will be with you through this process. We will check in with you weekly for the first four weeks."	Make a commitment and follow through.
Exploring	"Can you say more about what you mean when you say...?"	Ask for more information rather than assuming.

Ask

- Assess
- e.g. "What have you heard already about...?"

Tell

- Provide knowledge
- e.g. "Here is what I know about your latest results."

Ask

- Respond/Clarify
- e.g. "Does that make sense to you?"

MENTATION

COGNITIVE ASSESSMENT TOOLS

	Mini-Cog	MoCA	SLUMS	MMSE
Purpose	Screening tool for cognitive impairment. Non-diagnostic.	Measure for cognitive impairment. Assists in diagnosis & monitoring.	Measure for cognitive impairment. Assists in diagnosis & monitoring.	Measure for cognitive impairment. Assists in diagnosis & monitoring.
Development	For non-specialist community practice by Dr. Soo Borson at U of Washington in the early 2000s.	For specialist and non-specialists by Dr. Zaid Nasreddine, Neurologist in Quebec in 1996.	To detect cognitive impairment in veterans by the St. Louis University School of Medicine and the St. Louis VA in early 2000s.	To test depression, dementia, delirium, and schizophrenia on a geriatric inpatient service by Drs. Marshal & Susan Folstein in 1975
Psychometric Properties	High specificity & sensitivity in screening for major neurocognitive disorder	High sensitivity and specificity for mild and major neurocognitive disorder	High sensitivity and specificity for mild and major neurocognitive disorder	High specificity & sensitivity in screening for major neurocognitive disorder
Cognitive Domains	Memory, executive, & visuo-spatial function	Memory, language, attention, visuo-spatial & executive functioning	Memory, language, attention, visuo-spatial & executive functioning	Memory, language, attention, visuo-spatial & executive functioning
Time to Administer	3 minutes	10-15 minutes	10-15 minutes	10-15 minutes
Languages	~ 5 languages	~ 50 languages and visually impaired	~ 20 languages	~ 50 languages
Format	Paper, app	Paper, electronic, app	Paper	Paper
Use/Cost	No cost for clinical or educational use	After Sept 1, 2020 access to the test will be restricted to officially certified users. Certification costs \$125.	No cost for clinical or educational use	Copyright enforced by PAR since 2000 \$1.23/test
Access	https://mini-cog.com/Alz.org	http://www.mocatest.org/	https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/pdfs/slums_form.pdf	https://www.parinc.com/
Other	Preferred method for Medicare Annual Wellness Visit	Online training available	Differentiates score cutoffs based on education.	Less sensitive and specific than other measures for mild neurocognitive & non-Alzheimer's disorders.

EXAMPLE OF MOCA SCORING FROM VIDEO

MONTREAL COGNITIVE ASSESSMENT (MOCA®)
Version 8.1 English

Name: Lucretia
Education: 16 Date of birth: 4/16/1953
Sex: F DATE: 8/11/2019

VISUOSPATIAL / EXECUTIVE

Draw CUBE (3 points)

Draw CLOCK (Ten past eleven) (3 points)

POINTS: 5 / 5

Contour Numbers Hands

NAMING

POINTS: 3 / 3

MEMORY Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1 ST TRIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 ND TRIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NO POINTS

ATTENTION Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order. 2 1 8 5 4
Subject has to repeat them in the backward order. 7 4 2

POINTS: 2 / 2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors
[] F B X C M N X X J K L B A F X K D E X X J A M O F X B

POINTS: 1 / 1

Serial 7 subtraction starting at 100. 93 86 84 79 83 72 76 65 69

4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt

POINTS: 2 / 3

LANGUAGE Repeat: I only know that John is the one to help today.
The cat always hid under the couch when dogs were in the room.

POINTS: 2 / 2

Fluency / Name maximum number of words in one minute that begin with the letter F. 7 (N \geq 11 words)

POINTS: 0 / 1

ABSTRACTION Similarity between e.g. banana - orange = fruit train - bicycle watch - ruler

POINTS: 2 / 2

DELAYED RECALL

(MIS)	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUE recall only
X3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MIS = <u>5</u> / 15
X2	Category cue						
X1	Multiple choice cue						

ORIENTATION Date 11 Month Aug Year 2019 Day Mon Place Upenn Nursing City Phila.

POINTS: 6 / 6

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MIS: 5 / 15

(Normal \geq 26/30)

Add 1 point if \leq 12 yr edu

TOTAL

28 / 30

F words: friend, family, fudge, farm, funny, fountain, fluid
[shortened for recording]

MEDICATIONS

STOPP/START CRITERIA

O'Mahony, D., O'Sullivan, D., Byrne, S., O'Connor, M.N., Ryan, C., Gallagher, P. (2015). STOPP/START criteria for potentially inappropriate prescribing in older people: Version 2, *Age and Ageing*, 44, 213-218. doi: 10.1093/ageing/afu145

AMERICAN GERIATRICS SOCIETY BEERS CRITERIA

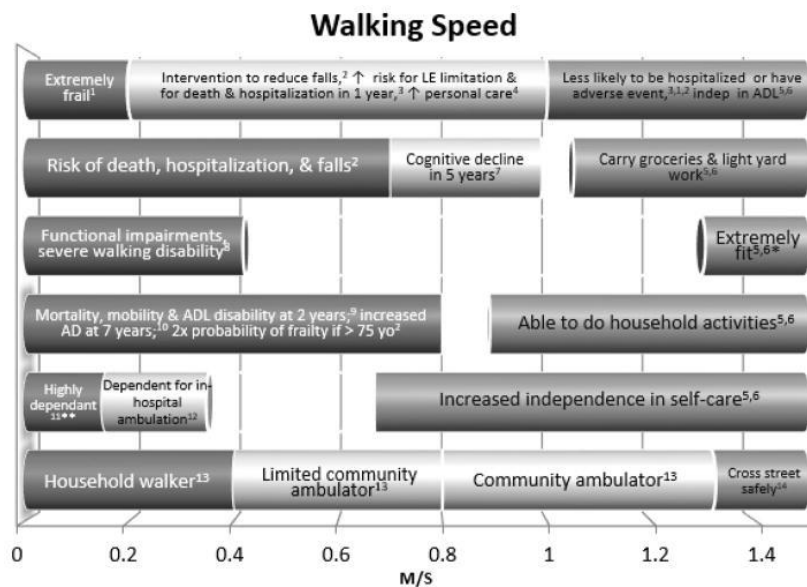
American Geriatrics Society. (2019). American Geriatrics Society 2019 updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67, 674-694. doi: 10.1111/jgs.15767

<https://geriatricscareonline.org/ProductAbstract/american-geriatrics-society-updated-beers-criteria-for-potentially-inappropriate-medication-use-in-older-adults/CL001>

MOBILITY

GAIT SPEED

Middleton, A., Fritz, S.L., Lusardi, M. (2016). Walking speed: The functional vital sign. *Journal of Aging and Physical Activity*, 23(2), 314-322. doi:10.1123/japa.2013-0236.



TIMED GET UP AND GO

Wall, J.C., Bell, C., Campbell, S., & Davis (2000). The timed get-up-and-go test revisited: Measurement of the component tasks, *Journal of Rehabilitation Research and Development*, 37(1), 109-114.

Bohannon, R.W. (2006). Reference values for the timed up and go test: A descriptive meta-analysis, *Journal of Geriatric Physical Therapy*, 29(2), 64-68.