



Delivering an Age-Friendly Health System

A Blueprint to Transform Health and Healthcare for Older Adults



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Foreword

DoH to provide foreword from Minister

Introduction

Living longer is one of society's greatest achievements

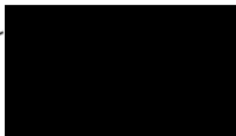
Ireland has achieved extraordinary improvements in population health over recent decades leading to a significant shift in our demographic profile.

While many people are living longer and healthier lives, increased life expectancy also means more individuals are living with chronic conditions, which can affect their functional ability and increase their reliance on health services. This changing healthcare landscape necessitates a reformed model of service delivery.

The ageing population and the rate at which it is growing has major implications for planning and delivering healthcare. A failure to transform healthcare delivery now poses significant risks. We must move beyond merely addressing growing numbers and recognise that older adults have unique and specific care needs requiring age-friendly healthcare. The need for an Age-Friendly Health System (AFHS) is mandated by both future demand and current variation in access to and experience of care.

There is emerging and increasing evidence to support healthcare systems, which adapt and deliver care through an AFHS lens. Becoming an AFHS means using the evidence-based 4Ms Framework – What Matters, Medications, Mind and Mobility – to guide and organise the efficient delivery of effective care for every older adult, every time, across all care settings and transitions. Using the 4Ms framework helps ensure that older adults reliably receive the best possible care, are not harmed by the system, and value the care they receive.

This Blueprint for an Age-Friendly Health System is a vital step towards transforming health and healthcare for older adults in Ireland. A fundamental principle of public health and a cornerstone of Slaintecare is keeping people healthy and well for as long as possible. Prioritising health promotion and disease prevention across the whole life span is essential and central to the design of age-friendly care pathways.


Dr Colm He
Chief Clinical Officer (CCO)
Health Service Executive



1. Our Vision

By 2030, Ireland will be the first country in the world with an Age-Friendly Health System, where all older adults live and thrive.

2.1 Our Values: This vision is underpinned by our four core values:

Values

Care

- We will provide care that is of the highest quality
- We will deliver evidence based best practice
- We will listen to the views and opinions of our patients and service users and consider them in how we plan and deliver our services

Compassion

- We will show respect, kindness, consideration and empathy in our communication and interaction with people
- We will be courteous and open in our communication with people and recognise their fundamental worth
- We will provide services with dignity and demonstrate professionalism at all times

Trust

- We will provide services in which people have trust and confidence
- We will be open and transparent in how we provide services
- We will show honesty, integrity, consistency and accountability in decisions and actions

Learning

- We will foster learning, innovation and creativity
- We will support and encourage our workforce to achieve their full potential
- We will acknowledge when something is wrong, apologise for it, take corrective action and learn from it

2. Responding to the Needs of an Ageing Population

Older adults are the highest per capita users of healthcare. Demand for healthcare increases sharply with increasing age and, as a result, any increase in the number of older adults leads to large increases in demand for care.



- Older adults attend their GP an average 8 times a year



- Over half of National Ambulance Service emergency conveyances are for older adults



- 90% of older adults who attend Emergency Department are triaged as needing Immediate, Very Urgent or Urgent Care



- 57% of acute hospital bed days are utilised by Older Adults



- Older adults use most of the 22 million Home Support hours



- Over 30,000 older adults live in residential care

The case mix of adults using our acute services has changed and now transcends the traditional specialities, disciplines and design of our health system.

The average age for the following diagnoses are:



- Myocardial Infarction or 'heart attack' (63 years)



- Stroke (72 years)



- Cancer (68 years)



- Hip Fracture (81 years)



- Major Trauma (61 years – 55% are aged over 65 years)

The need for an Age-Friendly Health System (AFHS) is mandated by the Future demand and our commitment to the delivery of safe high quality health and social care.

3. The Change Imperative

Ageing & the rate of ageing of the population has major implications for the planning and future delivery of healthcare

We must better understand the impact of demographic advances on the healthcare system, beyond simply the growing numbers. There is a persistent focus on access and discharge problems and new services are implemented to 'fix' the problems without being evaluated for their impact on older adults, our staff or the healthcare system. We need to provide responsive and reliable age-friendly care to optimise health and wellbeing across the life span. We must realise that older adults are not simply people who have celebrated more birthdays: they have unique and specific care needs, which means they need unique and specific age- friendly healthcare.

- **Older adults present differently when sick.**
- **Their bodies and minds react differently when sick.**
- **They need bespoke assessments & treatments to get better.**
- **They can be harmed by the very medications and treatments given to make them better.**
- **They need staff who are skilled to recognise these differences.**
- **They need age-friendly environments to ensure dignity & reduce harm.**
- **They need time & access to rehabilitation to recover.**
- **They need their families and friends.**

Having regard for the changes in our demographic profile, the health care needs of the population have changed, but the way care is delivered has not always kept pace. The system, as currently designed, does not reliably identify what older adults need and want. It also acts as a barrier at times to developing a comprehensive integrated care plan for every person – having regard to evidence-based interventions such as access to health promotion, disease prevention, risk stratification, anticipatory care, specialist gerontology care, case management and rehabilitation.



4. What is an Age-Friendly Health System?

There is emerging and increasing evidence for healthcare systems, which adapt and deliver healthcare through the lens of an Age-Friendly Health System (AFHS).

Becoming an AFHS means using the **4Ms Framework** (Figure 1) to guide and organise the efficient delivery of effective care for every older adult, every time, across all care settings and transitions of care.

Figure 1: 4Ms Framework of an Age-Friendly Health System



The 4Ms is an evidence-based framework developed by a group of health system and gerontology experts, led by the Institute for Healthcare Improvement (IHI), using consensus methodology to find out what the strongest evidence-based models of care for older adults were.

Using the 4Ms framework ensures that every older adult, every time, reliably gets the best care possible, is not harmed by our health system and values the care they receive (Figure 2).

Drivers of age-friendly health care

There are two key drivers of age-friendly health care:

- Knowing about the 4Ms for each older person in your care ("Assess"), and
- Incorporating the 4Ms into the plan of care accordingly ("Act On*") (see Figure 2).

Both must be supported by documentation and communication across settings and disciplines.

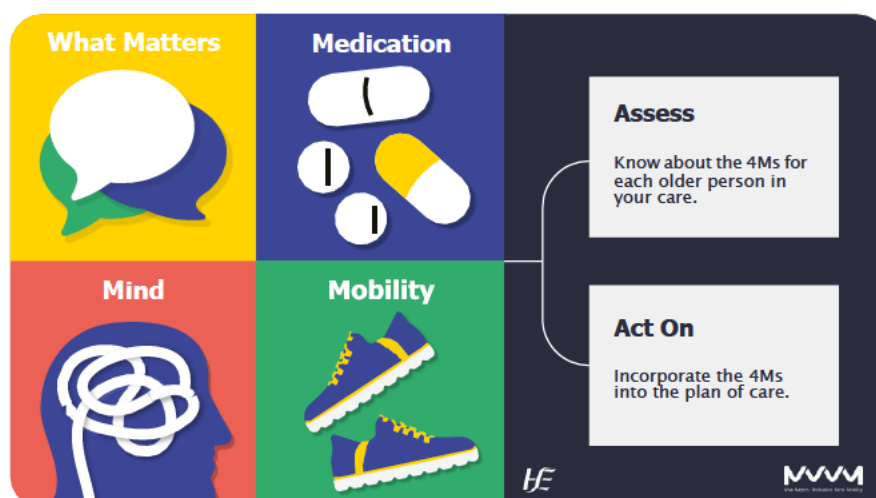


Figure 2: Two Key Drivers of Age-Friendly Health Systems

The AFHS 4Ms framework represents a broad shift by healthcare systems to be led by the needs, will and preferences of older adults, and transcends traditional healthcare design and delivery.

The 4Ms framework is simple and robust enough to maintain a common identity across all care settings, and agile and elegant enough to adapt to local needs (*Appendix 1*). It can be used across the continuum of health and care and across all care transitions; from health promotion and disease prevention, primary care and nursing homes to hospitals and specialist services. It can be used by older adults within their homes to identify how they can self-manage to improve and maintain their health and wellbeing.

The 4Ms framework does not replace existing models of care or care pathways. The intention is to incorporate the 4Ms into existing care, rather than adding another layer. Many health services will find they already provide care aligned with one or more of the 4Ms. Much of the effort, then, involves incorporating the other elements and organising care processes so that the 4Ms guide care for every older adult, every time. It will ensure responsive and reliable evidence-based actions are delivered, which improve the experience and outcomes for older adults whilst also reducing harm and variations in care.

The 4Ms is a framework for all who care for older adults every day, and is key for communicating and integrating core elements of high quality care for older adults across the continuum of health and care in our communities.



4.2 Impact of Delivering an Age-Friendly Health System

Evidence from implementing Age-Friendly Health Systems within different countries and settings have demonstrated benefit to older adults and those important to them, to staff and the system as a whole.

Figure 3: The Evidence for Age-Friendly Health Systems



5. Age-Friendly Health Systems – Actions and Impacts

5.1 Age-Friendly Health Systems 4Ms Framework Improving Care Pathways

The AFHS 4Ms Framework will shift how care is delivered across all settings and sectors by focusing on the needs will and preferences of older adults, improving communication within and between services and ensuring care and care transitions are experienced as coordinated and integrated.

Following the release of this blueprint, we will begin a proof of concept phase. A primary objective during this phase will be to identify lessons learned that can inform and improve future efforts. We will continuously monitor and assess our progress in implementing the commitments outlined in this blueprint. The application of the 4Ms framework will support the delivery of early integrated proactive care, often described as a ‘Plan for Every Person’, as illustrated in Figure 4 (see Appendix 3).

Additionally, we plan to include a more comprehensive set of impact and outcome metrics in the next version of this document, building on the initial tangible impacts noted, such as improved staff experience and a reduction in transfers to acute hospitals and admissions. This emphasis on measurement regarding impact and outcomes is crucial to demonstrating the value and effectiveness of the Age-Friendly Health System transformation.

Age-Friendly Health System 4Ms pathways will address:

Community Care: Living Well at Home, Urgent Community Care & Hospital Avoidance

- Living well at home
- Health promotion & disease prevention across the life span
- Risk stratification: identification of older adults at risk
- Urgent community & specialist care
- Hospital avoidance
- Integrated proactive care pathways across the continuum of health and care

Emergency Care

- Risk stratification: early identification of older adults at risk & access to specialist emergency & gerontology care
- Eliminate 24 hour trolley waits & deliver 6 hour Patient Experience Time (PET)

In-Hospital Care

- Access to specialist gerontology care through
 - Specialist Gerontology Wards &
 - Hospital-wide Specialist Gerontology Care

Discharge

- Integrated proactive care 'Plan for every Person' centred on what matters to the older adult
- Delivery of a Rehabilitation Model of Care supporting older adults to optimise function and remain independent.



Age-Friendly Health System: 4Ms across the care pathways for older adults

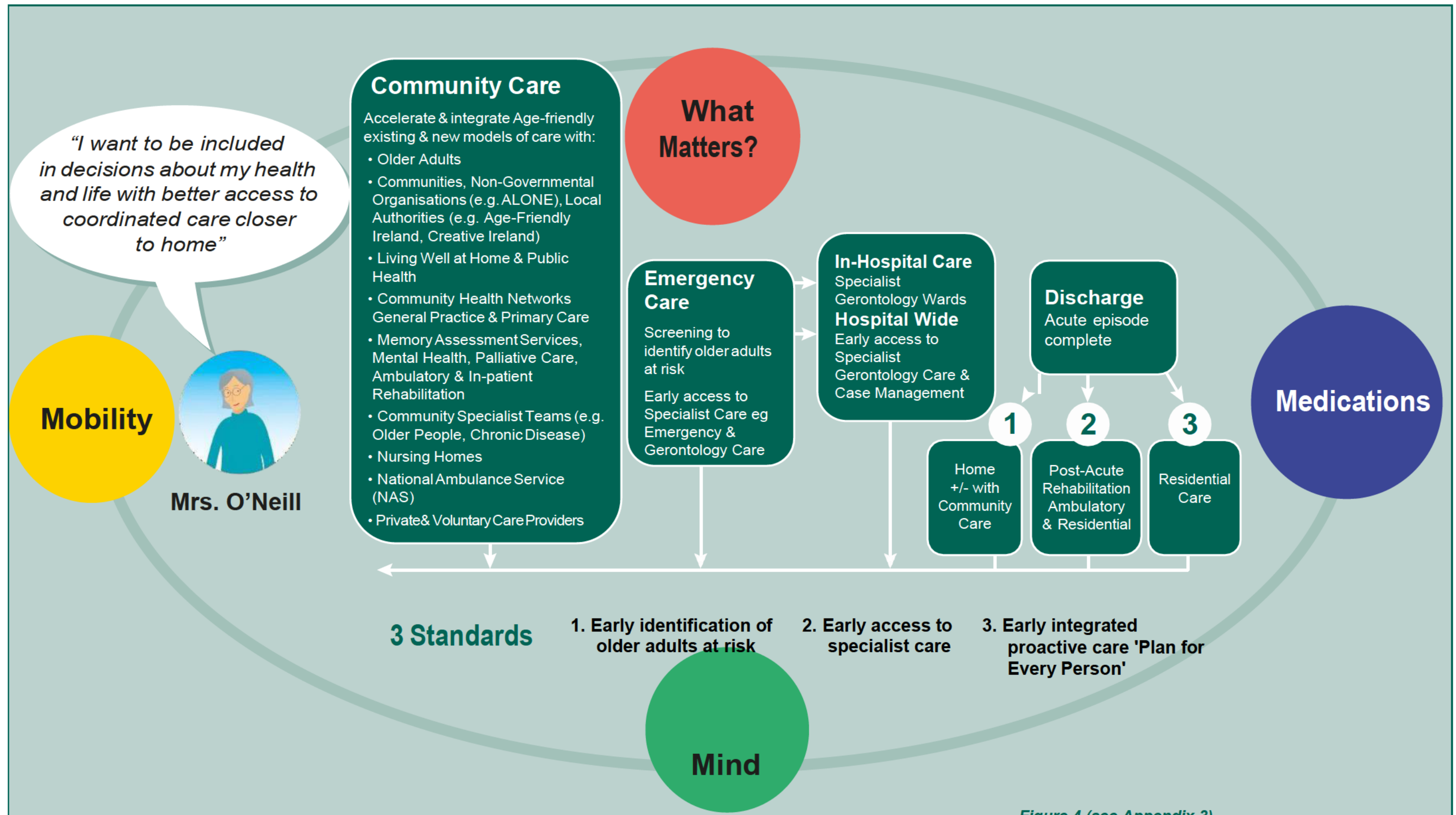


Figure 4 (see Appendix 3).

6. Key Risks

The changing needs of our growing and ageing population means we no longer continue to deliver healthcare in the way we have traditionally done. Never before has there been a greater or more urgent need to transform the delivery of healthcare in order to effectively and efficiently meet the complex needs and preferences of older adults. There are significant risks if we continue as we have done in the past.

It is equally important to recognise that undertaking a system-wide change of this magnitude is inherently complex and subject to potential challenges during implementation. Successful delivery of this blueprint requires acknowledging and proactively managing the risks associated with large-scale transformation efforts, which is a core component of healthcare reform planning in Ireland.

Community Care

Much of our community healthcare resources are focused on reacting to individuals' needs when ill or in crisis. Proactive targeted interventions at population and individual level are key to optimise health and well-being.

Emergency Care

There has been a steady and progressive increase in attendances and admissions in adults aged 75 years and over. This pattern is being observed in other European countries also. Acuity is also increasing: 90% of older adults who attend Emergency Departments (ED) are triaged as needing Immediate, Very Urgent or Urgent Care.

Older adults, as the highest per capita users benefit the most from the health system but paradoxically, are also harmed the most. Older adults are disproportionally affected by the harm and excess mortality when left waiting in ED and also by the harm associated with waiting in-hospital for discharge, when medical treatment is complete. This is a major safety issue. It also significantly increases their Length of Stay, which is on average 13 days.

In-Hospital Care

Hospital Acquired Disability will impact 30% of older adults who get sicker rather than better in hospital; age, comorbidity, admission functional status and cognitive impairment are significant predictors. Rates have remained unchanged over the past 30 years despite the development of programmes to reduce the incidence.

Discharge

There is also harm when an older adult is discharged to a bed in the community that does not deliver the care and services the older adult needs to return home; longer total lengths of stay, higher re-admission rates and higher unnecessary conversion to long-term care.

7. Delivery of an Age-Friendly Health System Framework

Ireland is already an age-friendly international leader and was recognised by the World Health Organisation (WHO) as the first Age-Friendly country in the world in 2019. The Department of Health and the HSE are key partners in the Age-Friendly Ireland (AFI) programme. AFI is affiliated to the WHO Global Network of Age Friendly Cities and Communities and supports towns, cities and counties across Ireland to target the economic, environmental and social factors that influence the health and well-being of older adults.

HSE Corporate Plan 2025-2027

Our commitment to progressing with an evidence-informed, population-based approach is set out within the HSE Corporate Plan. The HSE's Corporate Plan, the Programme for Government: Our Shared Future, and Sláintecare collectively serve as a compass to orient our national health services and guide our commitment to translating the underlying aims into reality. The commitments set out in our Corporate Plan remain key foundations for this Age-Friendly Health System Framework. This Framework will be delivered through the HSE National Service Plan delivery model.



Achieving Together

This Age-Friendly Health System Framework has been developed on a collaborative basis with older adults, HSE staff, clinicians, Department of Health and other key partners and stakeholders. It provides a long-term strategic framework for the delivery of a 'fit for purpose' health service to our older adults at a time when it is needed most. A collective appetite and a shared responsibility of all health service staff and stakeholders will be key to its successful delivery.

Figure 5

Source: HSE Corporate Plan 2025-2027

Appendices

Appendix 1:

Age-Friendly 4Ms Assessment & Actions example

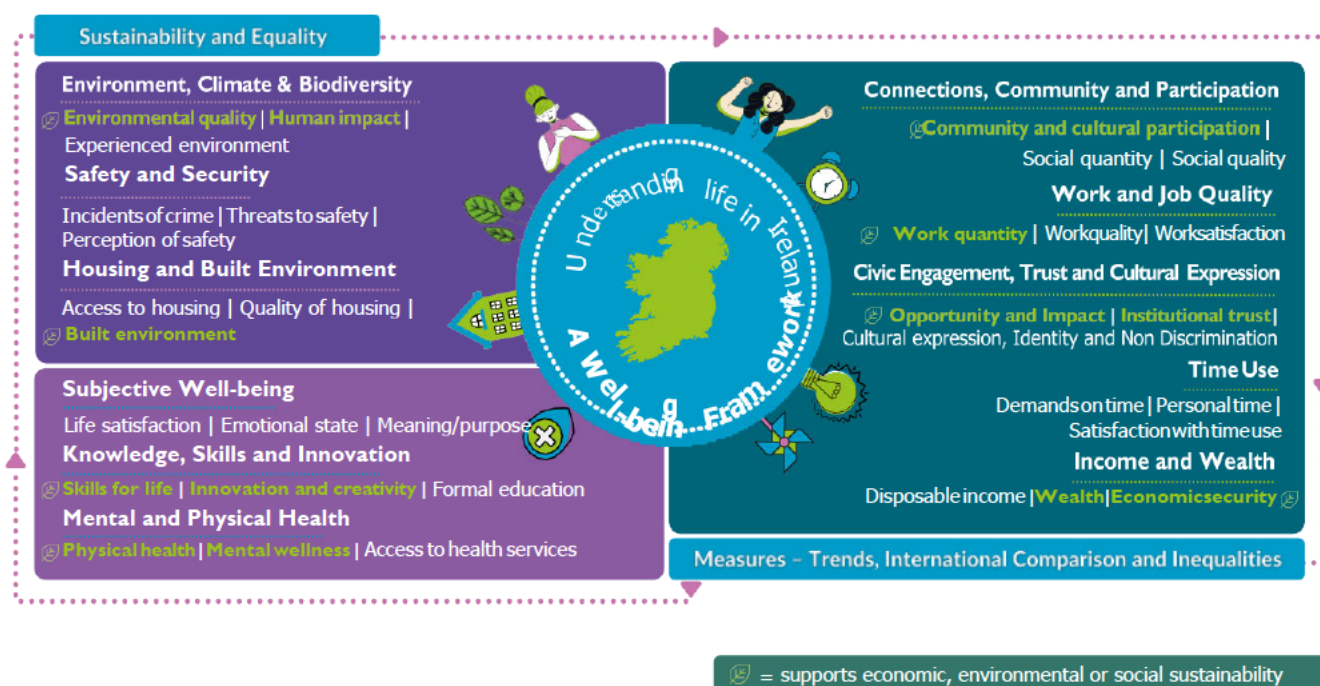
AFHS 4Ms Aim & Core Elements	Key Actions
What Matters Provide person-centred assessment and care planning	<input type="checkbox"/> Assess and understand what matters, including individual values, priorities, goals and care preferences <input type="checkbox"/> Act on what matters for current and future care, including end of life
Medications Eliminate unnecessary, ineffective and duplicate medications	<input type="checkbox"/> Assess for high-risk medications <input type="checkbox"/> Rational prescription of medicines
Mobility Optimise mobility and function	<input type="checkbox"/> Assess mobility and function <input type="checkbox"/> Provide an individualised mobility plan including multimodal exercises <input type="checkbox"/> Plan a social and physical environment to enable mobility and function
Mind Optimise psychological well-being and prevent depression, delirium and dementia	<input type="checkbox"/> Assess and ensure adequate hydration, nutrition and sleep <input type="checkbox"/> Assess and manage vision and hearing <input type="checkbox"/> Assess and manage continence <input type="checkbox"/> Assess and support social relationships and carers <input type="checkbox"/> Assess and manage delirium, dementia and depression

Appendix 2:

Age-Friendly Health System – Supporting the Well-being Framework Programme for Government

The Well-being Framework is a Programme for Government commitment to measure how we are doing overall as a country and improve our understanding of quality of life in Ireland. It provides policy-makers and Government with a more holistic way of thinking about how Ireland is doing as a country. The Framework consists of eleven dimensions of well-being and the accompanying Well-being dashboard covers 35 indicators.

Figure 6: The Wellbeing Framework



Appendix 3

Case Management (CM) for Older Adults

- Single Point of Contact
- Identification, needs assessment, care optimisation & planning
- Service & care coordination
- Early, integrated proactive care 'Plan for every person'

Specialist Gerontology Care

(Comprehensive Geriatric Assessment CGA)

A multi-dimensional, multi-disciplinary diagnostic and therapeutic process conducted to determine the medical, mental and functional abilities of older adults living with frailty so that a co-ordinated and integrated plan for treatment and follow-up can be developed (adapted Ellis, 2017).



An Roinn Sláinte
Department of Health