

Age-Friendly Health Systems
New York State Action Community

Virtual Learning Series



Jan. 27 - Sept. 15, 2025

This educational activity is jointly provided by AXIS Medical Education and the Healthcare Association of New York State in collaboration with the New York State Department of Health, The John A. Hartford Foundation and the Institute for Healthcare Improvement.

Overview

Age-Friendly Health Systems is an initiative in collaboration with The John A. Hartford Foundation and the Institute for Healthcare Improvement.

Thanks to generous support from the Fan Fox & Leslie R. Samuels Foundation, New York State Health Foundation and Health Foundation for Western and Central New York, there is no fee to participate in the New York State Action Community. We encourage all New York state hospitals, health systems and providers across the continuum of care to join us in this important work.

HANYS, NYSDOH, JAHF and IHI are working together to support a New York State Age-Friendly Health Systems Action Community to test and adopt IHI's 4Ms framework of Age-Friendly care to improve care and outcomes for all older adults.

This Action Community will launch in January 2025 and will span approximately nine months. Teams will work at their own pace to implement the 4Ms and can earn recognition from IHI for reaching specific milestones.

The Action Community virtual learning series will teach health systems and hospitals how to implement the 4Ms in their settings. Each month, there will be approximately two educational webinars: one deep dive to help teams learn how to implement and practice each of the 4Ms and one topical coaching call that addresses current participant needs. The learning series will be supported by technical one-on-one assistance provided by HANYS.

Target Audience

encompasses health system, hospital or practice team members, including an older adult and their caregiver, leader/ sponsor, administrative partner, certified professionals in healthcare quality and clinicians who represent the disciplines involved in the 4Ms and others (i.e., improvement coaches, data analysts/EHR analysts and financial representatives).

Monthly webinars will also include:

- reflections on why this work matters to each of us;
- stories of impact on older adults and patients;
- case studies illustrating how a health system implemented the 4Ms; and
- discussions to address common challenges teams are facing.

Participating facilities will receive:

- support from expert faculty, including trained quality improvement and 4Ms experts;
- coaching and technical assistance, including regular team meetings and coaching calls, support to implement and test improvements, data collection, data analysis and real-time feedback on data, including sending monthly data to track improvements;
- access to the New York State Action Community website — a virtual learning community that will be used to share resources and engage hospital teams in ongoing discussions;
- opportunities to connect with other participants to share strategies, identify lessons learned, overcome barriers and expedite the implementation of the Action Community goals; and
- the opportunity to build quality improvement knowledge and capacity that can be applied beyond the scope of this initiative.

Learning Objectives

- Implement IHI's 4Ms Framework essential set of evidence-based best practices in hospital and ambulatory/primary care settings to reliably deliver 4Ms care to older adults.
- Apply the key drivers of Age-Friendly care, using the [Guide to Using the 4Ms in the Care of Older Adults](#) process.
- Describe how you will practice and operationalize the 4Ms in your clinical setting.
- Develop a process/system to count the number of older adults receiving 4Ms care in your clinical setting.
- Assess care for people ages 65 and older for all 4Ms, document 4Ms information and act on the 4Ms accordingly.
- Apply quality improvement strategies using a variety of QI approaches and tools including the Model for Improvement, Plan-Do-Study-Act cycles, workflow mapping and assessment as you test and implement Age-Friendly interventions.
- Adapt 4Ms care and Age-Friendly interventions in your unit, clinic, emergency department or program and study performance.
- Design your workflow to ensure your practices are reliable in every setting for every older adult you serve and their caregivers.

Virtual Summit Objectives

- Identify key actions, strategies and tools to incorporate the 4Ms framework reliably into your Age-Friendly health system hospital and/or ambulatory/primary care setting.
- Articulate the resources, processes and/or tools needed to support the 4Ms and Age-Friendly movement within your organization.
- Plan how you will document and make visible the 4Ms across your care team and clinical settings.
- Accelerate your adoption of the 4Ms using EHR functionality to document the 4Ms reliably and efficiently across care settings.
- Explore lessons learned, including successes, pitfalls and strategies from health systems who have put the 4Ms into practice.
- Develop an action plan to scale-up efforts of local 4Ms adoption and sustain Age-Friendly care for every older adult in your clinical setting.

Your Faculty



Lance San Souci, PMP
Associate Director, Aging Programs, HANYS

Lance San Souci is a project management professional who oversees HANYS' Age-Friendly Health Systems and Geriatric Emergency Department Accreditation initiatives. Before joining HANYS, San Souci was the project manager for the New England Centenarian Study at Boston University where he oversaw all the study's data collection and neuropsychological testing protocols. Prior to that, San Souci worked on Age-Friendly initiatives in hospital settings across northern Nevada. He earned his bachelor's degree from the University of California, Davis.



Nicole J. Brandt, PharmD, MBA, BCGP, BCPP, FASCP
Professor, Department of Pharmacy Practice and Science, University of Maryland School of Pharmacy and Executive Director, Peter Lamy Center on Drug Therapy and Aging

Dr. Nicole Brandt completed her PharmD and geriatrics residency training from the University of Maryland School of Pharmacy and most recently a masters in business administration from the University of Baltimore. She is dually board certified as a geriatric and psychiatric pharmacist as well as professor within the department of pharmacy practice and science. Since joining the University of Maryland School of Pharmacy in 1999, she has expanded geriatric training opportunities (e.g., geriatrics pathway, accredited geriatrics residency, co-investigator on geriatric education consortium). In addition, she has worked on various interdisciplinary teams through numerous practice settings and currently provides clinical services at a continuing care retirement community as well as the Baltimore Veterans Affairs.

Brandt is active in promoting optimal care for older adults and has affected this through her educational, clinical and healthcare policy work. She has directed projects such as Medication Use Safety Training for Seniors, Assisted Living Medication Management and Safety and Medication Therapy Management standardized format development. Her public policy advocacy occurs on both a state and national level. She worked with the Maryland Board of Pharmacy on the 2008 Maryland Assisted Living Regulations. In addition, she completed tenure at CMS as a special technical director in the Nursing Home Survey and Certification program working on interpretive guidance regarding medication management in nursing homes. She continues to serve as a consultant to CMS and has been actively involved in the National Initiative to Improve Dementia Care in America's Nursing Homes. Additionally, she is one of the authors for the American Geriatrics Society Beer's 2012 List as well as AGS Multimorbidity Guiding Principles. She is the current president of the Maryland State Chapter of the American Society of Consultant Pharmacists and incoming president-elect of National American Society of Consultant Pharmacists. She has been awarded the 2012 Maryland Society of Health-System Pharmacist's Purdum Award, 2010 *Daily Record* Healthcare Hero and 2007 ASCP Leadership in Education Award.



Michael Friedman, PT, MBA
Director, Strategic Program Development, Johns Hopkins School of Medicine

Michael Friedman is the director of strategic program development and faculty member of the Johns Hopkins School of Medicine, department of physical medicine and rehabilitation. He co-directs the Johns Hopkins Medicine Activity and Mobility Promotion.

Friedman's responsibilities include integration of rehabilitation within health system initiatives including but not limited to population health, quality improvement, clinical research, practice standardization and functional outcome measurement. Additionally, Friedman develops and manages education and training solutions and partnerships.

Friedman has co-authored publications and presented internationally at academic and professional venues on the topics of rehabilitation business management, functional outcome measurement, post-professional training financial models and value-based culture of mobility initiatives. Friedman chairs the APTA Health System Rehabilitation Community and is a member of the acute care, health policy and administration sections of the American Physical Therapy Association.



Damara Gutnick, MD
Medical Director, Montefiore Hudson Valley Collaborative

Dr. Damara Gutnick is the medical director of the Montefiore Hudson Valley Collaborative Performing Provider System, an associate professor of medicine and psychiatry at NYU School of Medicine, a member of the Motivational Interviewing Network of Trainers and the director of quality and research at the nonprofit Centre for Collaboration, Motivation and Innovation.

As an internist with special interests in depression, collaborative care for chronic disease, self-management support and motivational interviewing, Gutnick is passionate about engaging patients in their care.

Prior to joining Montefiore's DSRIP team, she served as "Physician Champion" of the Bellevue Hospital Collaborative Depression Team and as a network coach for NYC Health + Hospitals supporting collaborative care implementation efforts through team coaching in systems redesign and development of patient-centered communication skills across the network.

Gutnick is passionate about providing culturally competent, high-quality, patient-centered care and has championed the international spread of "What Matters to You?". Inspired by her leadership, more than 30 diverse stakeholder organizations within MHVC's network have effectively adapted WMTY as a strategy to improve patient experience and staff engagement.



Kimberly Johnson, NP, MSN, AGPCNP-BC

Advanced Practice Nurse Practitioner, Nurse Specialist–Geriatrics, NICHE Coordinator and HELP Program Coordinator, Stony Brook University Hospital

Kimberly Johnson is an advanced practice nurse practitioner with a focus in adult health and board certified as an Adult Gerontology Primary Care Nurse Practitioner. Johnson holds a Master of Science in nursing degree from Stony Brook University and a Bachelor of Science in nursing degree from Chamberlain University.

She is certified through National Council of Certified Dementia Practitioners as a Certified Dementia Practitioner and is a Certified Montessori Dementia Care Professional.

Johnson has a more than 15-year nursing career with various progressive roles. Currently, she is the geriatric nurse specialist, NICHE coordinator and Hospital Elder Life Program volunteer coordinator at Stony Brook University Hospital. She is a private practice primary care advanced care provider whose clinical interest includes chronic care management, dementia care, delirium management and empathetic education. Johnson provides healthcare advocacy and consulting with Definition Home Care, LLC and is the creator of Aging Matters Life Challenges Simulation Training Kit®, a simplified training manual for healthcare professionals that integrates role-play simulation to educate about geriatric empathetic care. In her spare time, she enjoys volunteering, crafting and providing mentorship to novice nurses.



Susan Kwiatek, RN, MBA, DNP, NE-BC

Vice President, Aging and Supportive Care, Northwell Health

A member of Northwell Health for 40 years, Dr. Susan Kwiatek served in several leadership roles including nurse executive (2001-2012) and executive director (2012-2019) at Glen Cove Hospital and currently vice president, aging and supportive care at Northwell Health.

In her current role, Kwiatek identifies existing age friendly programs, facilitates participation in the Age-Friendly movement, encourages application for the Institute for Healthcare Improvement Age-Friendly recognition, coordinates and standardizes Age-Friendly practice across the organization and measures and evaluates the impact of this clinical transformation effort to improve care for older adults. She is responsible for aligning the programs in partnership with IHI and Northwell's Clinical Transformation Team.

Kwiatek received her BSN and MBA from Long Island University and her DNP from Case Western Reserve University, Frances Payne Bolton School of Nursing.



Elizabeth J. Santos, MD, MPH, DFAPA

Associate Professor, University of Rochester School of Medicine and Dentistry

Dr. Elizabeth Santos is an associate professor at University of Rochester School of Medicine and Dentistry. She is director of the Geriatric Psychiatry Fellowship Program, the Strong Behavioral Health Older Adults Clinic and Greater Rochester Health Foundation Project ECHO GEMH in Long-term Care Program. She is also the medical director of the URM Memory Care Program, a nursing home consultant and an attending physician at the

Strong Memorial Hospital Comprehensive Psychiatric Emergency Program. Her research focuses on elder abuse and neglect, training evaluators and advocacy for older adults. She is the geriatric psychiatry consultant on a National Institute of Justice-funded Enhanced Multi-disciplinary Team focused on financial exploitation, a member of the NYS Coalition on Elder Abuse and the Elder Fatality Review Team.

Schedule and Description of Action Community Activities

Call Topic	Date	Time	Speakers
<p>Virtual Summit</p> <ul style="list-style-type: none"> Identify key actions, strategies and tools to incorporate the 4Ms framework reliably into your Age-Friendly health system hospital and/or ambulatory/primary care setting Articulate the resources, processes and/or tools needed to support the 4Ms and Age-Friendly movement within your organization Plan how you will document and make visible the 4Ms across your care team and clinical settings Accelerate your adoption of the 4Ms using EHR functionality to document the 4Ms reliably and efficiently across care settings Explore lessons learned, including successes, pitfalls and strategies from health systems who have put the 4Ms into practice Develop an action plan to scale up efforts of local 4Ms adoption and sustain Age-Friendly care for every older adult in your clinical setting 	Jan. 27	1 – 4 p.m.	<p>Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP</p> <p>Michael Friedman, PT, MBA</p> <p>Damara Gutnick, MD</p> <p>Susan Kwiatek, RN, MBA, DNP, NE-BC</p> <p>Kimberly Johnson, NP, MSN, AGPCNP-BC</p> <p>Lance San Souci, PMP</p> <p>Elizabeth Santos, MD, MPH, DFAAGP</p>
<p>Team Webinar Introduction to 4Ms Care</p> <ul style="list-style-type: none"> Describe what it means to provide care consistent with the 4Ms and set an aim Reliably implement the 4Ms for all older adults, in and across all settings in every interaction Customize your approach to practicing the 4Ms for your context as a set Identify opportunities to combine or redesign activities, process and workflows around the 4Ms Integrate 4Ms into care and existing workflows (i.e., process flow diagrams or value-stream maps) Educate older adults, caregivers and the community about the 4Ms Form an interprofessional care team that reviews the 4Ms in daily huddles and/or rounds Document all 4Ms and consider grouping the 4Ms together in the medical record Make the 4Ms visible across the care team and settings Link the 4Ms to community support and resources to achieve improved health outcomes 	Feb. 10	1 – 2 p.m.	Lance San Souci, PMP
<p>Team Webinar 4Ms Deep Dive: What Matters</p> <ul style="list-style-type: none"> 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 Ask the older adult What Matters most, document it and share it across your care team Align the care plan with What Matters most 	March 10	1 – 2 p.m.	Damara Gutnick, MD
<p>Team Webinar Best Practices: Spread and Scale</p> <ul style="list-style-type: none"> Assess Age-Friendly best practices in place in your healthcare organization Identify your team and clarify roles Put your plan into action 	March 24	1 – 2 p.m.	Susan Kwiatek, RN, MBA, DNP, NE-BC
<p>Team Webinar Mobility</p> <ul style="list-style-type: none"> Ensure that each older adult moves safely every day to maintain function and do What Matters Screen for mobility limitations and document the results Ensure early, frequent and safe mobility 	April 7	1 – 2 p.m.	Michael Friedman, PT, MBA

Call Topic	Date	Time	Speakers
Team Webinar Deep Dive: Best Practices in Action – Stony Brook <ul style="list-style-type: none"> • Stepwise process to implement AFHS • Assessment • Recognition • Strategic plan (i.e., identifying potential pathways) • Practice • Standardization/collaboration • Develop a plan to sustainably scale Age-Friendly at your organization 	April 28	1 – 2 p.m.	Kimberly Johnson, NP, MSN, AGPCNP-BC
Team Webinar Mentation <ul style="list-style-type: none"> • Prevent, identify, treat and manage dementia, depression and delirium across settings of care • Hospital: <ul style="list-style-type: none"> • Screen for delirium at least every 12 hours and document the results • Ensure sufficient oral hydration • Orient to time, place and situation • Ensure that older adults have their personal adaptive equipment • Prevent sleep interruptions; use non-pharmacological interventions to support sleep • Ambulatory: <ul style="list-style-type: none"> • Screen for cognitive impairment and document the results • If cognitive impairment screen is positive, refer for further evaluation and manage manifestations of cognitive impairment • Screen for depression and document the results • If depression screen is positive, identify and manage factors contributing to depression and initiate, or refer out for treatment 	May 5	1 – 2 p.m.	Elizabeth J. Santos, MD, MPH, DFAPA
Team Webinar Medication <ul style="list-style-type: none"> • If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult or their mobility and mentation across care settings • Review for high-risk medication use and document it • De-prescribe and dose-adjust high-risk medications, and avoid their use whenever possible 	June 9	1 – 2 p.m.	Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP
Team Webinar Measurement and Dashboards <ul style="list-style-type: none"> • Select metrics to gauge the value of your Age-Friendly work • Create a measurable 4Ms Framework structure for accountability and sustainability • Assess for continued compliance with evidence-based practices and plan for quality improvement • Develop dashboards to measure the impact and value of Age-Friendly care 	June 23	1 – 2 p.m.	Susan Kwiatek, RN, MBA, DNP, NE-BC
Team Webinar Coaching Call (<i>non-certified</i>)	July 14	1 – 2 p.m.	
Team Presentations Session 1 (<i>non-certified</i>)	Sept. 8	1 – 2 p.m.	
Team Presentations Session 2 (<i>non-certified</i>)	Sept. 15	1 – 2 p.m.	

Virtual Summit Agenda | Jan. 27

Time	Objectives
12:45 – 1 p.m.	<p>Registration Opens Attendees will check-in virtually and review meeting platform instructions and session materials</p>
1 – 1:15 p.m.	<p>Welcome and Grounding Lance San Souci, PMP Objective: Review the goals and expectations for the activity and reflect on why this work matters</p>
1:15 – 1:45 p.m.	<p>Deep Dive: Asking and Acting on What Matters Damara Gutnick, MD Objective: Discuss tactical approaches to begin asking and acting on What Matters to understand and align care with each older adult's health outcome goals</p>
1:45 – 2:15 p.m.	<p>Deep Dive: Medication Nicole Brandt, PharmD, MBA, BCGP, BCPP, FASCP Objective: Discuss the importance of medication optimization and the impact of medication on the other Ms</p>
2:15 – 2:20 p.m.	Break
2:20 – 2:50 p.m.	<p>Deep Dive: Mentation Elizabeth J. Santos, MD, MPH, DFAPA Objective: Discuss older adults' mental health, and screening for and addressing delirium, depression and dementia</p>
2:50 – 3:20 p.m.	<p>Deep Dive: Mobility Michael Friedman, PT, MBA Objective: Discuss approaches and tools to build on your efforts within the 4Ms topic of Mobility</p>
3:20 – 3:25 p.m.	Break
3:25 – 3:35 p.m.	<p>Measurement and EHR design Susan Kwiatek, RN, MBA, DNP, NE-BC Objectives:</p> <ul style="list-style-type: none"> • Choose evidenced-based assessments • Choose metrics • Document data • Share results and drive improvement • Use EHRs and Age-Friendly dashboards to inform the program

VIRTUAL SUMMIT AGENDA CONTINUED

Time	Objectives
3:35 – 3:45 p.m.	<p>Best Practices: Spread and Scale</p> <p>Kimberly Johnson, NP, MSN</p> <p>Objectives:</p> <ul style="list-style-type: none"> • Assess for Age-Friendly practices already in place • Create teams to Drive each M • Identify potential pathways for Age-Friendly care • Implement Age-Friendly care • Develop plan to sustainably scale Age-Friendly work
3:45 – 4 p.m.	<p>Action Planning and Next Steps</p> <p>Lance San Souci, PMP</p> <p>Objective: Outline tools and approaches you can use over the next few months to test and adopt 4Ms interventions at your organization</p> <ul style="list-style-type: none"> • Identify the Age-Friendly interventions that your organization uses currently • Identify some interventions that you would like to test out over the next few months; think about how you can measure whether an intervention is successful • Think about how you can measure the success of an intervention • Articulate the resources, processes and/or tools you need to support the Age-Friendly initiative within your organization • Articulate an “ask” and an “offer” for the Action Community: tell us what you still want to learn, and what tools, resources and advice you can share with your peers • Write your aim statement, including an estimate of the number of older adults you can reach with 4Ms care

ACCREDITED CONTINUING EDUCATION



Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by AXIS Medical Education and the Healthcare Association of New York State. AXIS Medical Education is jointly accredited by the Accreditation Council for Continuing Medical Education, Accreditation Council for Pharmacy Education and the American Nurses Credentialing Center to provide continuing education for the healthcare team.

Credit Designation for Nursing

AXIS Medical Education designates this continuing nursing education activity for a maximum of 10.0 contact hours. *Learners are advised that accredited status does not imply endorsement by the provider or ANCC of any commercial products displayed in conjunction with an activity.*

Quality Professionals

This activity is approved by NAHQ® for 10.0 CPHQ CE credits.

AXIS Contact Information

For information about the accreditation of this program, please contact AXIS at info@axismeded.org.

Disclosure of Relevant Financial Relationships

AXIS Medical Education requires faculty, instructors, authors, planners, directors, managers, peer reviewers and other individuals who are in a position to control the content of this activity to disclose all personal financial relationships they may have in the past 24 months with ineligible companies. An ineligible entity is any organization whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. All relevant financial relationships are identified and mitigated prior to initiation of the planning phase for an activity.

AXIS has mitigated and disclosed to learners all relevant financial relationships disclosed by staff, planners, faculty/authors, peer reviewers or others in control of content for this activity. Disclosure of a relationship is not intended to suggest or condone bias in any presentation but is made to provide participants with information that might be of potential importance to their evaluation of a presentation or activity. Disclosure information for faculty, authors, course directors, planners, peer reviewers and/or relevant staff is provided with this activity.

The faculty reported the following relevant financial relationships or relationships they have with ineligible companies of any amount during the past 24 months:

Name of Faculty or Presenters	Reported Financial Relationship
Lance San Souci, PMP	Nothing to disclose
Damara Gutnick, MD	Nothing to disclose
Elizabeth J. Santos, MD, MPH, DFAPA, DFAAGP	Nothing to disclose
Michael Friedman, PT, MBA	Royalties for Johns Hopkins Technology Tools under Creative Commons to hospitals/clinicians/providers/researchers and durable medical equipment companies
Nicole Brandt, PharmD, MBA	Nothing to disclose
Susan Kwiatek, RN, MBA, DNP, NE-BC	Nothing to disclose
Kimberly Johnson, NP, MSN, AGPCNP-BC	Nothing to disclose

The following directors, planners, managers, peer reviewers and relevant staff reported no financial relationships and no relationships they have with any ineligible company of any amount during the past 24 months:

- Lance San Souci, PMP
- Christina Miller Foster, MPA
- Kathleen Rauch, RN, MSHQS, BSN, CPHQ
- Vicki Charbonneau
- Dee Morgillo, MEd, MT(ASCP), CHCP

Disclaimer

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications or other courses of diagnosis or treatment discussed in this activity should not be used by clinicians without evaluation of patient conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information and comparison with recommendations of other authorities.

Requirements for credit

- Attend/participate in the educational activity and review all course materials.
- Complete the CE declaration form online. The portal will open at 2 p.m. ET on June 23, 2025, and expire at 11:59 p.m. on July 23, 2025. Instructions will be provided. If you do not enter the online portal by the above date, you will not be able to retrieve your statement of participation.
- Upon successful completion of the online form, your statement of completion will be presented to you to print.