

HEALTH AND WELLNESS SEMINARS

The Art of Aging Gracefully: Living Well as We Age Seminar

Presentation

<https://bit.ly/seminar-presentation-2604>

Video

<https://bit.ly/seminar-video-2604>



The Art of Aging Gracefully

Living Well as We Age



Monadnock
COMMUNITY HOSPITAL

Your life. Your health. *Your Hospital.*



Introduction

Welcome!



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Presentation Objectives

Your Country: National recognition of an aging population

Your Hospital: MCH's commitments and achievements in Age-Friendly initiatives

Your Care: How approaches to health management change as we age

Today, we'll talk about how to stay independent, safe, and supported as we age.

An Aging Population

Nationally,
10,000 Baby
Boomers will turn
65 every day until
the year 2030

Total life
expectancy is
going up, from
78.7 in 2010 to a
projected 81.7 by
2030

NH is among 25+
states projected to
have over **20% of**
its population be
age 65+ by 2030

National Response

Institute for Healthcare Improvement (IHI):
Developed certification programs for
Age-Friendly Health Systems in 2018

Centers for Medicare and Medicaid Services (CMS): Implemented a new hospital
measure for Age-Friendly care in 2025

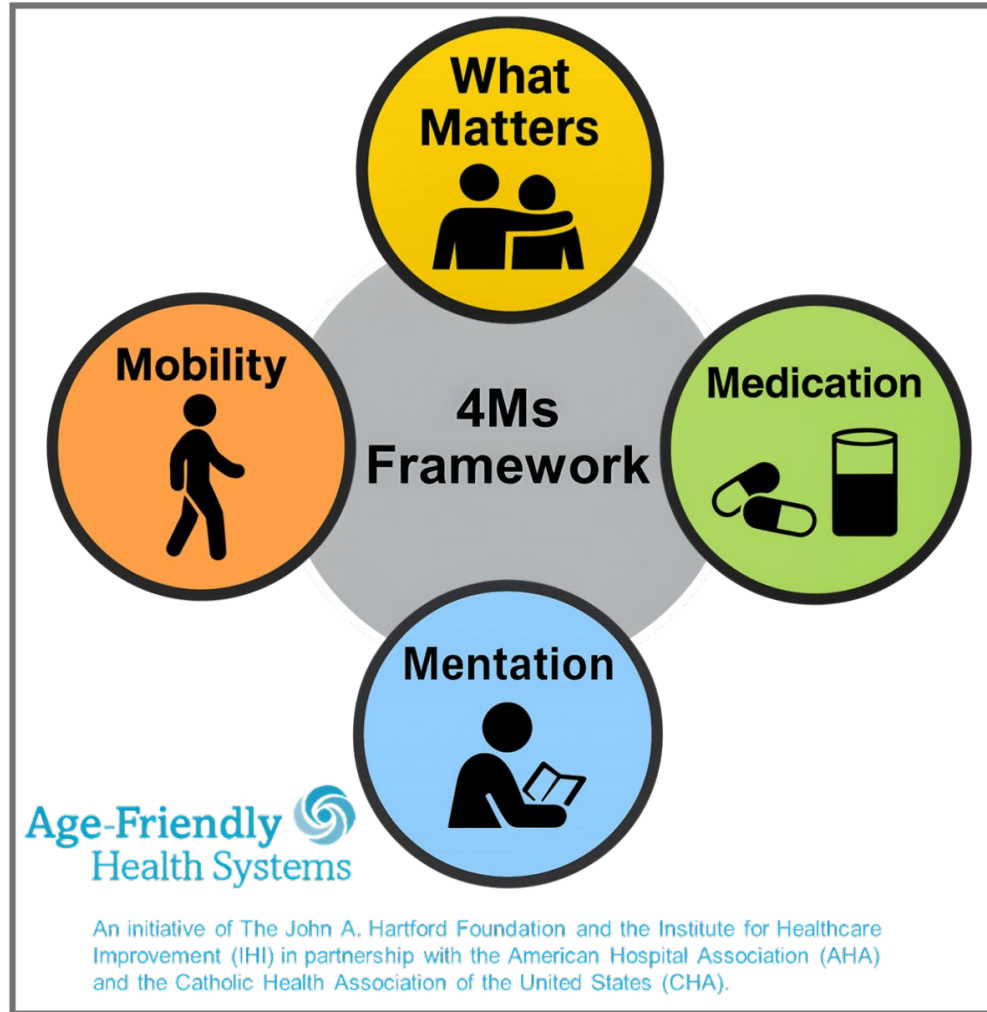
Age-Friendly 
Health Systems

**Committed to
Care Excellence
for Older Adults**

MCH achieved certification in
September 2024 (MHP/primary care) &
June 2025 (hospital services/inpatient)

Approach to Age-Friendly Care

The 4Ms focus on what matters most to you as you age



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

Presenters



Lynne Maloney, PT
Physical Therapist & Director of
Medical & Outpatient Rehabilitation



Carolyn Fernandes, APRN
Nurse Practitioner at Antrim
Medical Group



Michael Flynn, RPh., MBA
Pharmacist & Director of
Pharmacy, Rheumatology,
Oncology & Infusion Services



Molly Rajaniemi, MBA, CHC
Patient Experience, Performance
Improvement, & ADA/Interpreter
Services Coordinator



Mobility

Navigating common, age-related changes to how we move

Key elements of strength and balance

- Regular use and motion
- Vestibular system
- Vision
- Proprioception

Common changes with age

- Eyesight
- Inner ear
- Sensation in your feet
- Old injuries

**Other factors like medications you're taking
can also impact your ability to move safely**



Mobility

Aim to maintain functions of daily living and doing the things that matter to you

Proactive Interventions

- Activities
- Exercise
- “Motion is lotion”
- Finding what’s enjoyable to you

Reactive Interventions

- Physical Therapy
- Occupational Therapy



Mobility

Using tools to enable independence and safety

Mobility Devices

- Canes
- Walkers
- Wheelchairs

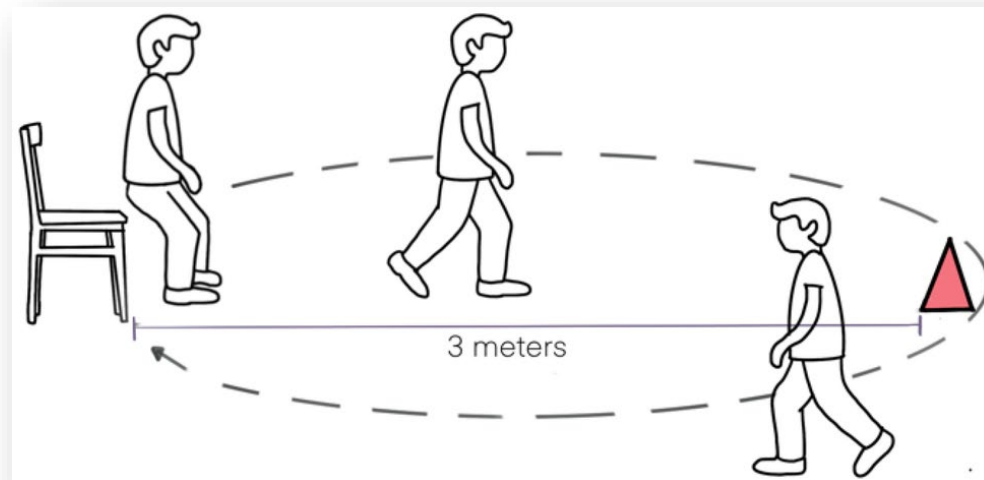


Mobility

Reliable assessment of mobility, balance, walking ability, and fall risk

Standardized Assessments

- Johns Hopkins Fall Risk Assessment Tool
- Timed Up and Go “TUG” Test



Mentation

“The ability, activity, or results of using your mind to think” – *Webster’s*
Just as physical health changes over time,
our cognitive and emotional health can change as well.

As we age, health and life challenges occur

How we perceive our aging effects our wellness:

- Our bodies change as we age - we may not be as strong or fast as we were
- Our view of the community/world is different from newer generations



Mentation: Depression

Symptoms of depression can be from mild symptoms to more severe withdrawal and loss of function.

People experience it differently.

Help is available, symptoms can be managed.

Symptoms of depression

- Feeling sad and/or hopeless
- Withdrawn from activities that had been enjoyable
- Weight gain or loss
- Sleep Issues
- Irritability, frustration
- Shame, guilt due to natural life changes
- Feeling worthless
- Suicidal ideation or wanting to hurt yourself



Mentation: Dementia

Subtypes are Alzheimer's and Vascular Dementia

This happens gradually and goes in stages:

Early Stage: Mild Cognitive Decline

- Initial stage where individuals often function independently
- Able to provide self-care but have memory lapses; forget words, location of everyday places/objects and tasks like finances.
- Duration: can last

Middle Stage: Moderate Cognitive Decline

- Damage to brain cells makes it harder to express thoughts/ideas and perform ADLs
- This leads to confusion, agitation and/or delusions, there may be mood changes, wandering and disorientation.
- Duration: this is the longest stage.

This may be associated with depression or changes in mood such as anger.

Late Stage: Severe Late-Stage Dementia

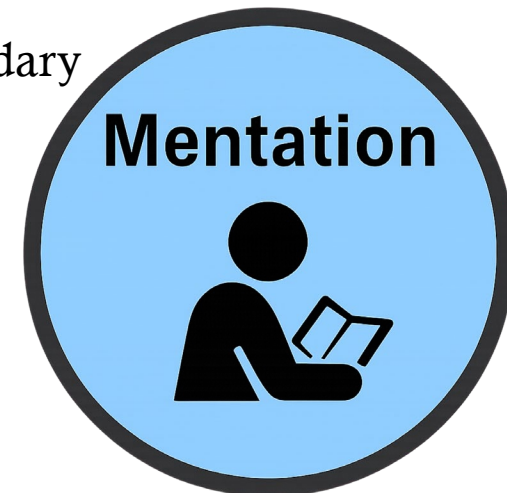
- Final stage where there is a loss of ability to respond to conversation, difficulty walking, swallowing
- There is gradual loss of recognition of loved ones or location.
- Full time care is needed; this often produces apathy



Mentation: Dementia Diagnosing

The diagnosis is defined as: cognitive impairment in at least one of the following domains and interferes with ADLs and represents a significant decline from prior functioning. The condition can't be accounted for by other mental disorders like depression.

- Learning and memory
 - Language
 - Executive function
 - Complex attention
 - Perceptual-motor function (gait impairment, urinary incontinence)
 - Social cognition
-
- Blood tests, MMSE, neuropsychiatric evaluation, scans. Looking for Primary or Secondary condition (TBI, MS, alcohol use)
 - Your provider may ask about your symptoms, family history, and medications.
 - Diagnosing will take time as other medical conditions must be ruled out. Many times, symptoms can be managed but not cured.



Mentation: Delirium

Sudden state of confusion and mental changes. Occurs within hours to a few days

- Often temporary and reversible
- Caused by infections (UTI, URI, respiratory conditions such as COPD or asthma, neurotoxicity and medication interactions and/or side effects)
- Can be associated by severe or long-term illness: change in electrolytes, drug use or withdrawal.

Symptoms may be worse at night; they may come and go and often are increased in unfamiliar surroundings

- Reduced awareness of surroundings
- Distraction, withdrawn, unable to focus on a topic or getting stuck on an idea
- Poor thinking skills
- Distrust and fear of others due to not knowing where they are or who they are, nonsense speech, poor memory of recent events
- Emotional and behavior changes
- Restless, pacing, combative, lack of interaction



Mentation

Dementia, Delirium and Depression often occur together.

Discuss concerns with as the condition may be reversible or symptoms may be managed.

Discuss concerns with loved ones and designate a trusted person to act on your behalf should you not be able to rationally communicate your wishes.

It's important to have these documents completed, accessible, and to keep a copy

- Durable Power of Attorney for Healthcare (DPOAH)
- Healthcare surrogate: discuss palliative care, end of life wishes
- Advanced Directives
- If there is no surrogate designation then everything is up to chance, the court may appoint a guardianship/conservatorship. This is expensive and may not follow your verbal wishes



Medication

Consideration of necessary medications without adverse effects on your functioning.
You play an important role in keeping your medication list accurate and asking questions.

Providers Responsibilities

- **Medications can additionally impact mentation and mobility**
- **Patient Education**
 - What are you taking and why?
- **Deciding what medications are most effective for you as an individual**
 - Your age
 - Your symptoms
 - Other health conditions you manage
 - Other medications you take
 - Over 90% of adults 65+ take at least 1 prescription medication



Medication

Health care industry tools to support careful decision-making

Beers Criteria

- **American Geriatrics Society list of approximately 100 medications and drug classes**
 - Potentially Inappropriate Medications (PIMs)
- **Different clinical application as we age**
 - Taking longer to break down/absorb in your body
 - Changing activity levels or diet
 - Interactions between medications

A medication being listed in the Beers Criteria is not reason to stop taking it. These medications should be reviewed carefully and given extra consideration, but they are not automatically inappropriate.



Medication

Patients' Responsibilities

- **Understanding what you take and why**
 - Encourage asking questions and advocating for self and loved ones
 - Take advantage of “do you want counseling” at the pharmacy
 - Advantage of single pharmacy for oversight
- **Sharing accurate med lists with your PCP and specialists**
 - Keep your med lists with you and up to date
 - Write it down or keep a list on your phone or Patient Portal
 - Hard to remember details and bringing in a bunch of bottles is difficult
- **Safe storage and disposal**
 - Old prescriptions may now be inappropriate to take
 - Discarding with your pharmacy or take-back location

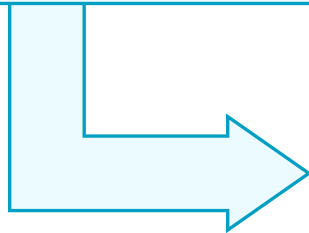


What Matters

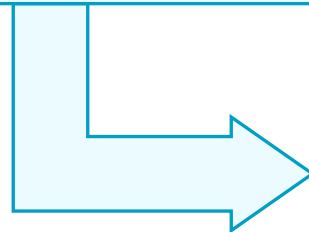
Managing your health in a way that aligns with your goals now, and into the future

What Matters means understanding your goals, preferences, and what is most important to you in your daily life.

When your medications are refined, you're protecting your mobility and mentation



When your mobility is preserved, you can go where you want to be



When your mentation is managed, you can engage in a meaningful way

What Matters is the heart of the 4Ms



What Matters

Planning for the future in alignment with your values

Autonomy

- **Respecting a patient's right to make decisions on their own behalf**
 - Informed, competent adults have the right to control what happens to them
- **Ensure your voice is heard if you cannot speak for yourself**
 - **Advance Directives**
 - Durable Power of Attorney for Healthcare (DPOAH)
 - *Who will make your medical decisions for you?*
 - Living Will
 - *What kind of life-sustaining treatments would you want / not want?*
 - **Medical Orders**
 - Do Not Resuscitate (DNR)



What Matters

“Clear is kind” – *Brene Brown*

It always seems too soon, until it's too late

- **Make your plans when you are well and thinking clearly**
- **When you don't outline your preferences in time, your power is given to someone else**
 - Automatic assignment of a decision-maker (surrogate) if you don't have a DPOAH, but this person might not be someone who you would choose for yourself
 - In the absence of a DNR, the assumption during cardiac arrest is that you want to be resuscitated

Communicate your preferences

- **Tell your loved ones and your DPOAH**
 - Having to make life-changing choices for someone else is a heavy burden
- **Ensure copies of your Advance Directives are on file**



What Matters

“Tell me, what is it you plan to do with your one wild and precious life?” –*Mary Oliver*

Understanding your personal values and activities

- **Hobbies:** knitting, painting, crossword puzzles, reading
- **Sports:** pickleball, tennis, running, walking, hiking
- **Home:** gardening, taking care of pets or livestock
- **Life:** hosting family dinners, travel, playing with grandchildren

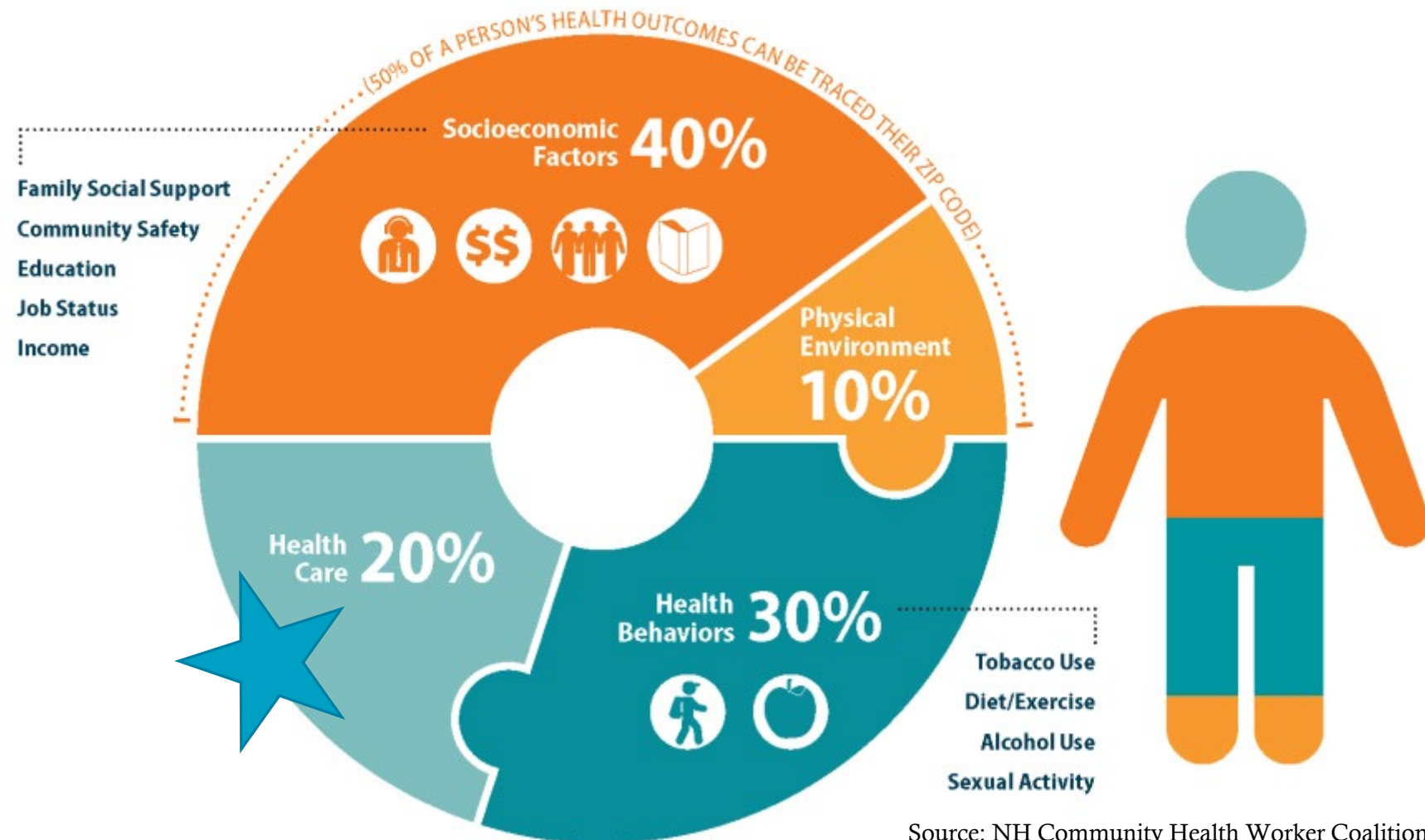
Identifying barriers to those values and activities

- Crossword puzzles difficult due to vision problems
- Unable to attend pickleball due to shoulder pain
- Cleaning the chicken coop challenging due to endurance



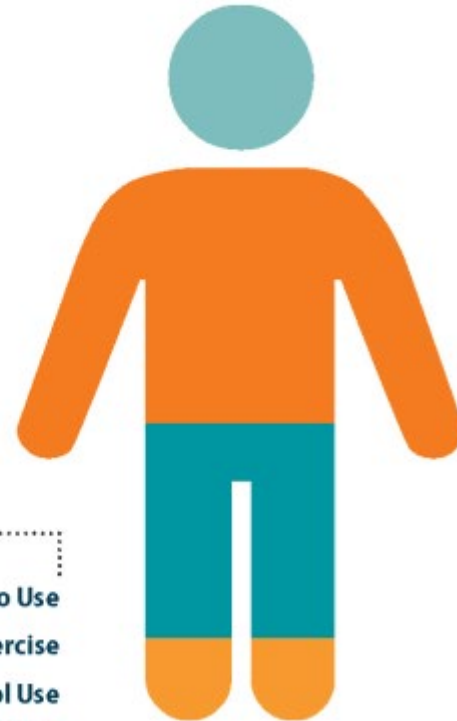
What Matters

Social Determinants of Health (SDOH)



Non-medical factors influence health outcomes

- **Financial:** can't afford prescriptions, deferring care due to costs
- **Transportation:** unable to attend needed appointments



What Matters

In healthcare, it's not just “what's the matter,” it's “what matters to you?”

Advocating to your health care providers

- **Routine touchpoints like Annual physicals or Medicare Wellness Visits**
 - Mentioning symptoms even if they were not directly solicited
- **Acute care opportunities**
 - “How will this diagnosis / injury / medication affect *X*?”
- **Call or send a Portal message any time**
 - Some concerns may require an office visit, others may have immediate opportunities to take a next step

Planning ahead helps ensure your care reflects what matters most to you

Speak Up! We are here to help.





Questions & Discussion

Thank You



- ❖ Your folders are yours to keep
- ❖ Please visit our Resource Table for additional information
- ❖ Stay connected for upcoming Health & Wellness Seminars at MCH