



# IMPLEMENTING THE AGE-FRIENDLY FRAMEWORK IN LONG-TERM CARE

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2026

# OBJECTIVES

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1

Describe the Age-Friendly Health System model

2

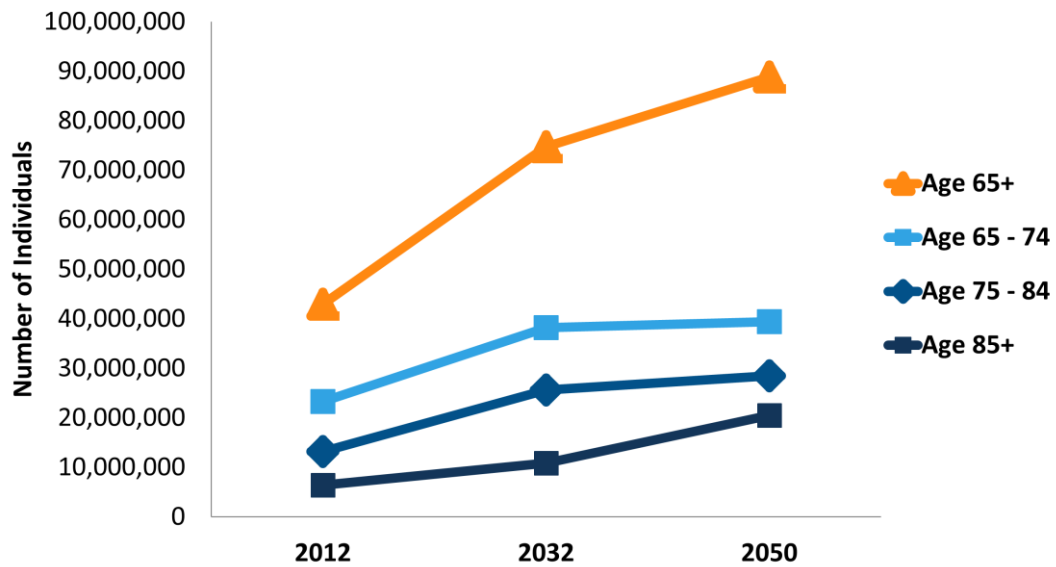
Share some of our journey to Age Friendly Certification

3

Share best practices for driving quality improvement

Figure 1

## The 65 and Over Population Will More Than Double and the 85 and Over Population Will More Than Triple by 2050



# THE AGE-FRIENDLY HEALTH SYSTEM

# THE “4 M’S” FRAMEWORK



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

# AGE-FRIENDLY HEALTH SYSTEM PARTICIPANT

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Submit a description of how your organization is working toward putting the 4Ms into practice

**Age-Friendly**   
Health Systems

**2020 Participant**

# AGE FRIENDLY HEALTH SYSTEMS COMMITTED TO CARE EXCELLENCE

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Organizations  
that submit data  
in 4Ms work

**Age-Friendly**   
Health Systems

**Committed to  
Care Excellence  
for Older Adults**

# OUR JOURNEY TO AGE-FRIENDLY

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Six-month pilot program with IHI support in bringing AFHS to PALTC



Goal: to develop Age-Friendly certification criteria that are evidence based and specific for the LTC population

Age-Friendly Health Systems:

# Guide to Care of Older Adults in Nursing Homes

Spring 2024  
[ihi.org/AgeFriendly](https://ihi.org/AgeFriendly)



*This content was created especially for:*

**Age-Friendly**   
Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

## STEPS FOR RECOGNITION AS AFHS PARTICIPANT

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Learn about the 4M's



<https://forms.ihi.org/hubfs/Nursing%20Home%204Ms%20Form.pdf>

Age-Friendly Health Systems:

# A Workbook for Nursing Home Teams

A Companion Resource to the

Age-Friendly Health Systems: Guide to Care of Older Adults in Nursing Homes

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# MIRABELLA PORTLAND

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- Urban Continuing Care Retirement Community (IL, AL, LTC)
- 44 beds: LTC, skilled rehab, memory care
- Over 75% of residents aged 85 or older
- Over 80% of residents have dementia diagnosis

# AFHS DEVELOPMENT TEAM

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## Team Leads

- Medical Director
- OHSU NP
- Resident Care Manager (LTC/Memory)

## Additional Participating Team Members

- Mirabella Resident
- Assistant Director of Nursing
- Restorative Aide CNA
- Social Services Director
- Activities Coordinators
- Healthcare Administrator



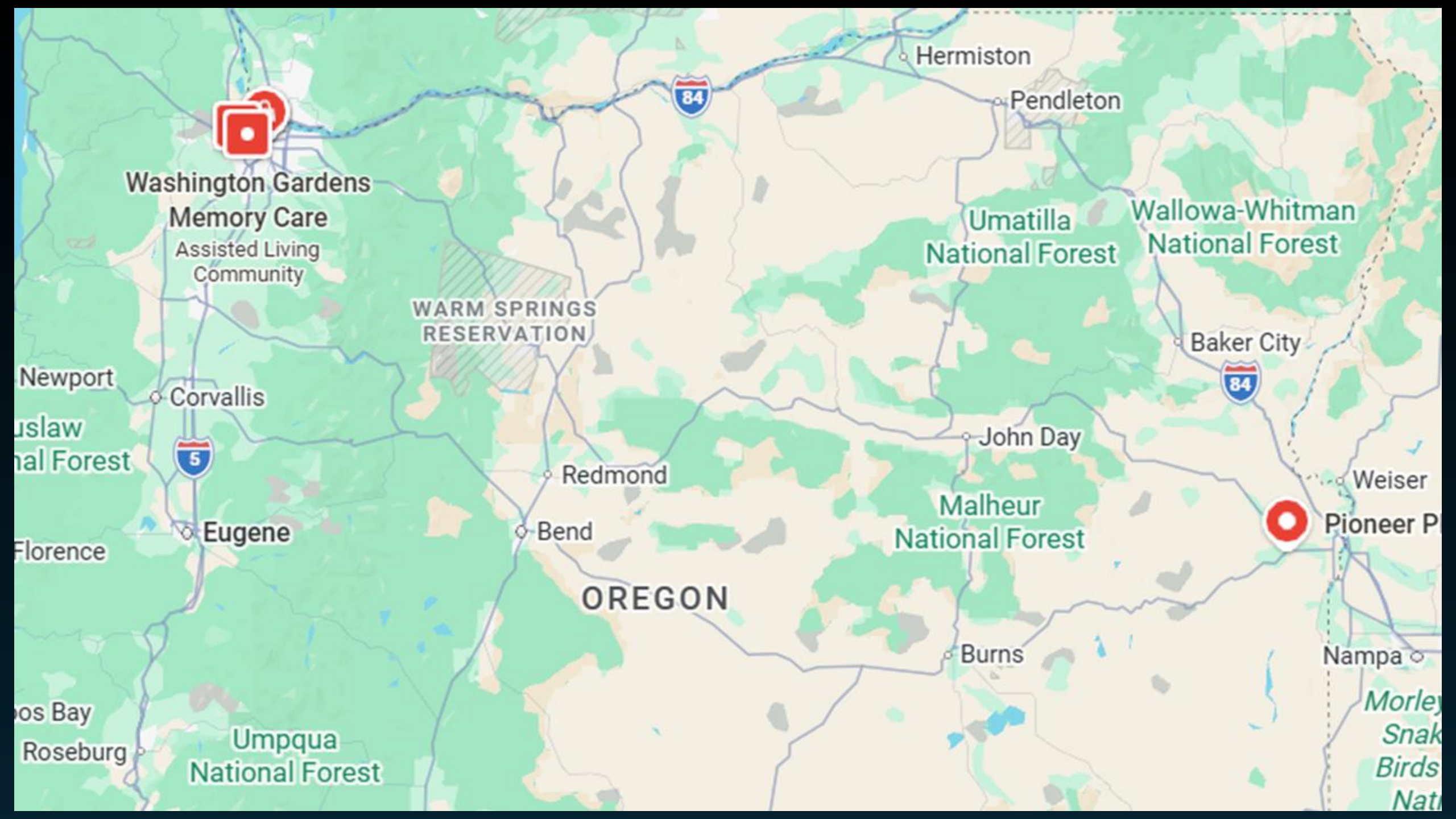
## PIONEER PLACE SNF VALE, OR

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Rural Skilled Nursing/LTC

33 beds – most LTC

Resident care manager, Director of  
nursing, Social Worker



Washington Gardens  
Memory Care  
Assisted Living  
Community

WARM SPRINGS  
RESERVATION

Umatilla  
National Forest

Wallowa-Whitman  
National Forest

Malheur  
National Forest

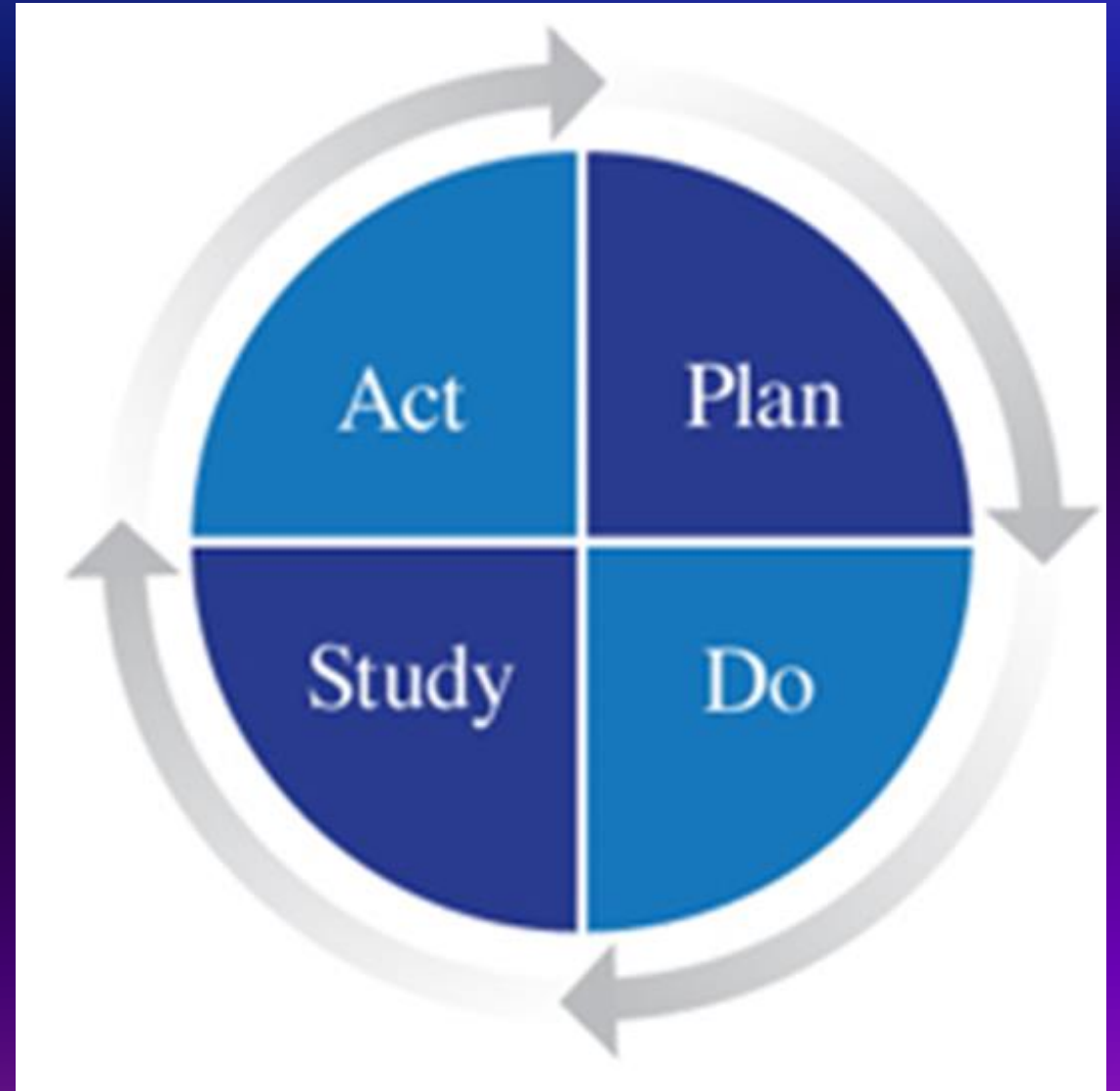
Umpqua  
National Forest

OREGON

Morley  
Snake  
Birds  
Nat

## INCREMENTAL CHANGE

PLAN  
DO  
STUDY  
ACT





**Age-Friendly**   
**Health Systems**

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# What Matters



Goal: Know and align care with specific health outcome goals and care preferences



Process: Care Planning Assessment and Documentation

# WHAT MATTERS ASSESSMENT

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## **Assess:** Ask What Matters

List the question(s) you ask to know and align care with each older adult's specific outcome goals and care preferences:

-View guiding questions from [What Matters Toolkit](#)

Minimum requirement: One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.

# “What Matters” to Older Adults?

A Toolkit for Health Systems to Design Better Care with Older Adults

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Health Systems

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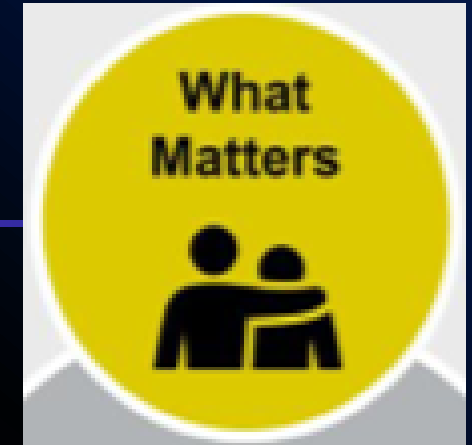
## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences, including all stages of health and across settings of care.

Who is assessing?	What tools are being used?	How frequently is it assessed?	How do you act on What Matters?	Where do you document this?	Notes
<input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> MD/NP/PA <input type="checkbox"/> Care manager <input type="checkbox"/> Other: _____	List the question(s) you ask to know and align care with each older adult's specific health and related goals and care preferences:	<input type="checkbox"/> Upon admission and once per stay (at least annually)  <input type="checkbox"/> Review with quarterly MDS and care plan meetings  <input type="checkbox"/> Daily, if condition unstable or new diagnosis/es  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Align the care plan with What Matters most to the older adult  <input type="checkbox"/> Brainstorm with the older adult about specific activities and/or preferences to integrate What Matters to them into daily routines  <input type="checkbox"/> Other: _____	<input type="checkbox"/> EHR <input type="checkbox"/> Care Plan <input type="checkbox"/> Other: _____	Consider ways to monitor whether what is in the care plan (What Matters to the resident) is actually provided to the resident

# WHAT MATTERS

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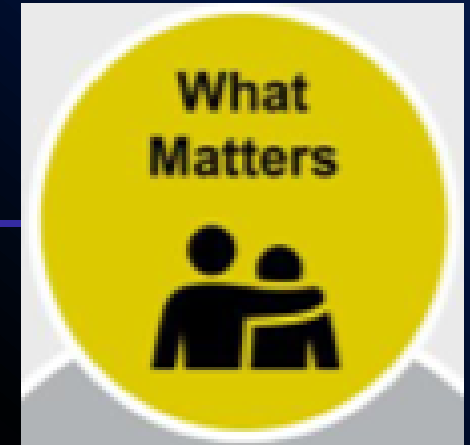


## Personal Connection

- **What will help staff know and connect with our residents as people?**

# WHAT MATTERS

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## Plan

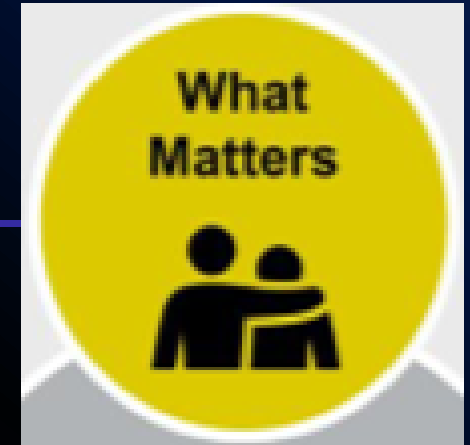
- Improve team access to “My Story” program

## Do

- Move story from binder to display stand

# WHAT MATTERS

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## Study

- One resident
- 2 weeks
- Staff interviews
- Staff feedback

# WHAT MATTERS

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## Act

- **Expand to 2 residents**
- **Improve accessibility**
- **Add “I statements”**

# WHAT MATTERS

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## Cycle 2

- “Resident Spotlight”
- Comment card boxes

## Cycle 3

- Incorporation into Staff Meetings

# Mentation - Depression



Goal: Prevent, identify, treat,  
manage depression across care  
settings



Process: Depression  
screen/assessment tools  
and interventions

# DEPRESSION ASSESSMENT

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**Aim:** Prevent, identify, treat, and manage depression across settings of care.

**Screen / Assess:**

Check the tool used for depression for all older adults.

Minimum requirement: At least one of the first four boxes must be checked. If "Other" is checked, will review.

- Patient Health Questionnaire (PHQ) - 2
- Patient Health Questionnaire (PHQ) - 9
- Geriatric Depression Scale (GDS) - short form
- Geriatric Depression Scale (GDS)
- Other

# Mentation – Depression

Identify and manage (Assess and Act On) depression and related behaviors.

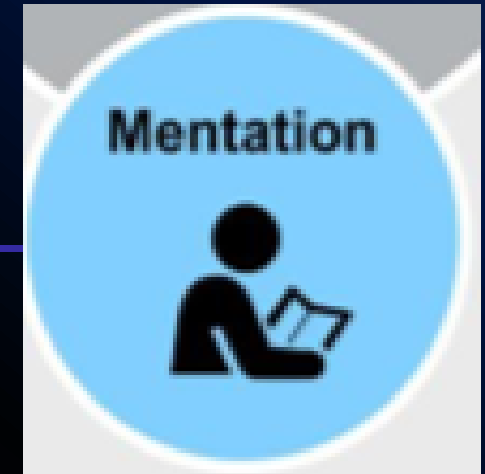
Who is assessing?	What tools are being used?	How frequently is it assessed?	How do you act on Mentation – Depression?	Where do you document this?	Notes
<input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> MD/NP/PA <input type="checkbox"/> Behavioral/mental health consult <input type="checkbox"/> Other: _____	Check the tools used to screen for depression: <input type="checkbox"/> <a href="#">PHQ-2</a> <input type="checkbox"/> <a href="#">PHQ-9</a> <input type="checkbox"/> <a href="#">Geriatric Depression Scale (GDS) or short form</a>	<input type="checkbox"/> On admission and with change in mood or condition <input type="checkbox"/> Other: _____	<input type="checkbox"/> Educate resident and care partners <input type="checkbox"/> Prevent and mitigate unsafe behaviors r/t depression <input type="checkbox"/> Refer to professional organization for education and/or support	<input type="checkbox"/> EHR <input type="checkbox"/> Care Plan <input type="checkbox"/> Other: _____	Consider ability for each team member to access documentation by other disciplines in the record

# MENTATION

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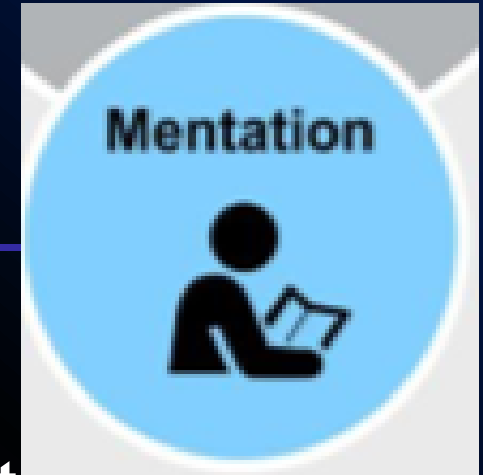
## Depression

- **How confident are we in our ability to identify depression in our residents?**



# MENTATION

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## Plan

- **Supplement federally mandated depression assessment with tool evidenced for resident's experiencing dementia**

## Do

- **Cornell Scale for Depression in Dementia**

# Screening Tool: Cornell Scale for Depression in Dementia (CSDD)

Scoring System: a = unable to evaluate  
 0 = absent  
 1 = mild or intermittent  
 2 = severe

Ratings should be based on symptoms and signs occurring during the week prior to interview. No score should be given if symptoms result from physical disability or illness.

## A. Mood-Related Signs

1. Anxiety anxious expression, ruminations, worrying	a	0	1	2
2. Sadness sad expression, sad voice, tearfulness	a	0	1	2
3. Lack of reactivity to pleasant events	a	0	1	2
4. Irritability easily annoyed, short-tempered	a	0	1	2

## B. Behavioral Disturbance

1. Agitation restlessness, handwringing, hairpulling	a	0	1	2
2. Retardation slow movements, slow speech, slow reactions	a	0	1	2
3. Multiple physical complaints (score 0 if GI symptoms only)	a	0	1	2
4. Loss of interest less involved in usual activities (score only if change occurred acutely, i.e., in less than 1 month)	a	0	1	2

## C. Physical Signs

1. Appetite loss eating less than usual	a	0	1	2
2. Weight loss score 2 if greater than 5 lb. in one month	a	0	1	2
3. Lack of energy fatigues easily, unable to sustain activities (score only if change occurred acutely, i.e., in less than 1 month)	a	0	1	2

# CORNELL SCALE FOR DEPRESSION IN DEMENTIA

## D. Cyclic Functions

1. Diurnal variation of mood symptoms worse in the morning	a	0	1	2
2. Difficulty falling asleep later than usual for this individual	a	0	1	2
3. Multiple awakenings during sleep	a	0	1	2
4. Early-morning awakening earlier than usual for this individual	a	0	1	2

## E. Ideational Disturbance

1. Suicide feels life is not worth living, has suicidal wishes or makes suicide attempt	a	0	1	2
2. Poor self-esteem self-blame, self-deprecation, feelings of failure	a	0	1	2
3. Pessimism anticipation of the worst	a	0	1	2
4. Mood-congruent delusions delusions of poverty, illness or loss	a	0	1	2

## Scoring:

A score >10 probably major depressive episode

A score >18 definite major depressive episode

# MENTATION

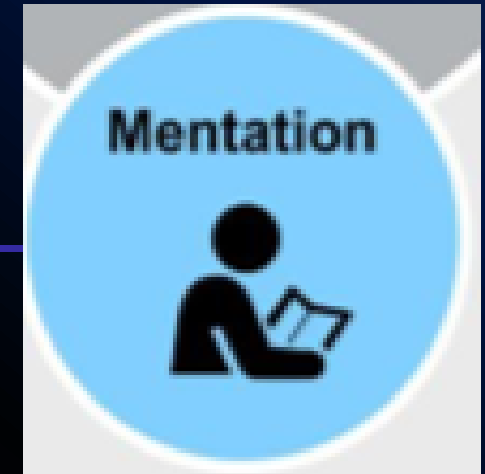
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## Study

- **Social Services Director/RCM interview**

## Act

- **Routine process established**



## Mentation – Dementia

Identify and manage (Assess and Act On) dementia and related behaviors.

Who is assessing?	What tools are being used?	How frequently is it assessed?	How do you act on Mentation – Dementia?	Where do you document this?	Notes
<input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> MD/NP/PA <input type="checkbox"/> Behavioral/mental health consult <input type="checkbox"/> Other: _____	Check the tools used to screen or assess for dementia: <input type="checkbox"/> <a href="#">Mini-Cog</a> (screen) <input type="checkbox"/> <a href="#">SLUMS</a> (assess) <input type="checkbox"/> <a href="#">MOCA</a> (assess) <input type="checkbox"/> <a href="#">MMSE</a> (assess) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Upon admission and with change in condition <input type="checkbox"/> Other: _____	<input type="checkbox"/> Educate resident and care partners <input type="checkbox"/> Prevent and mitigate unsafe behaviors r/t dementia <input type="checkbox"/> Refer to professional organization for education and/or support	<input type="checkbox"/> EHR <input type="checkbox"/> Care Plan <input type="checkbox"/> Other: _____	Consider ability for each team member to access documentation by other disciplines in the record

# Mentation – Delirium

Prevent, identify, treat, and manage delirium across settings of care.

Who is assessing?	What tools are being used?	How frequently is it assessed?	How do you act on Mentation – Delirium?	Where do you document this?	Notes
<input type="checkbox"/> Nurse <input type="checkbox"/> MD/NP/PA <input type="checkbox"/> Other: _____	Check the tools used to screen for delirium: <input type="checkbox"/> <a href="#">UB-2</a> or <a href="#">UB-CAM</a> <input type="checkbox"/> <a href="#">CAM</a> <input type="checkbox"/> Other: _____	<input type="checkbox"/> Every 24 hours or with change in condition for delirium in SNF; with change in condition or as needed in NF	Delirium prevention and management protocol, including but not limited to: <input type="checkbox"/> Investigate potential underlying medical conditions/causes <input type="checkbox"/> Ensure sufficient oral hydration <input type="checkbox"/> Orient older adult to time, place, and situation on every nursing shift if/when appropriate <input type="checkbox"/> Ensure that older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers) <input type="checkbox"/> Prevent sleep	<input type="checkbox"/> EHR <input type="checkbox"/> Care Plan, including behavioral care plan <input type="checkbox"/> Other: _____	Consider consultation with pharmacist  Consider ability for each team member to access documentation by other disciplines in the record

# Mobility



Goal: Ensure that each older adult moves safely every day to maintain function and do  
What Matters most



Process: Falls screening and intervention

# Mobility

Ensure that each older adult moves optimally every day to maintain or improve function and to do What Matters.

Who is assessing?	What tools are being used?	How frequently is it assessed?	How do you act on Mobility?	Where do you document this?	Notes
<input type="checkbox"/> Nurse <input type="checkbox"/> MD/NP/PA <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> Other: _____	Check the tools used to screen for mobility: <input type="checkbox"/> <a href="#">Timed Up &amp; Go (TUG)</a> <input type="checkbox"/> <a href="#">JH-HLM</a> <input type="checkbox"/> <a href="#">POMA</a> <input type="checkbox"/> Other: _____	<input type="checkbox"/> Once per stay and with change in condition or function <input type="checkbox"/> With quarterly MDS review and care planning <input type="checkbox"/> Daily <input type="checkbox"/> Other: _____	<input type="checkbox"/> Ambulate 2 to 3 times a day or as directed <input type="checkbox"/> Out of bed or leave room for meals if appropriate <input type="checkbox"/> Physical therapy (PT) intervention (balance, strength, gait, gait training, exercise program) <input type="checkbox"/> Avoid physical and chemical restraints <input type="checkbox"/> Remove catheters and other tethering devices <input type="checkbox"/> Avoid high-risk medications <input type="checkbox"/> Multifactorial fall prevention protocol (e.g., STEADI or others) <input type="checkbox"/> Educate older adult and care partners <input type="checkbox"/> Manage conditions that reduce mobility (e.g., pain, balance, gait, strength) <input type="checkbox"/> Ensure safe environment for mobility <input type="checkbox"/> Identify and set a daily mobility goal with older adult that supports What Matters; review and support progress toward the goal <input type="checkbox"/> Other: _____	<input type="checkbox"/> EHR <input type="checkbox"/> Care Plan <input type="checkbox"/> Other: _____	Consider ability for each team member to access documentation by other disciplines in the record

# MOBILITY ASSESSMENT

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**Aim:** Ensure that each older adult moves safely every day to maintain function and do What Matters.

**Screen / Assess:**

Check the tool used to screen for mobility limitations for all older adults.

Minimum requirement: One box must be checked. If screening/assessment is done by physical therapy, please identify the tool used. If only "Other" is checked, will review.

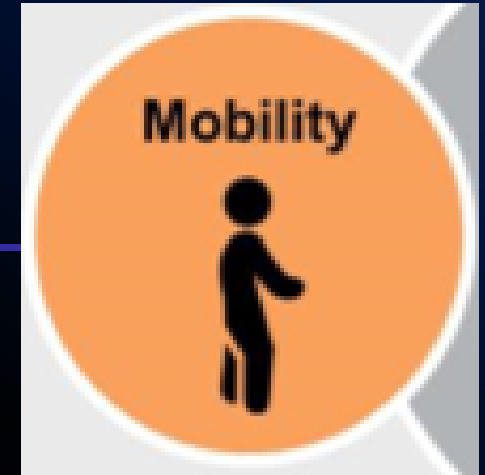
- Timed Up & Go (TUG)
- Johns Hopkins High Level of Mobility (JH-HLM)
- Tinetti Performance Oriented Mobility Assessment (POMA)
- Screening and assessment forms per physical therapy
- Other

# MOBILITY

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## Daily Mobility

- **Could RA program goals be better integrated into routine daily mobility?**
- **Can we effectively measure resident mobility performance to identify incremental changes between care plan levels?**



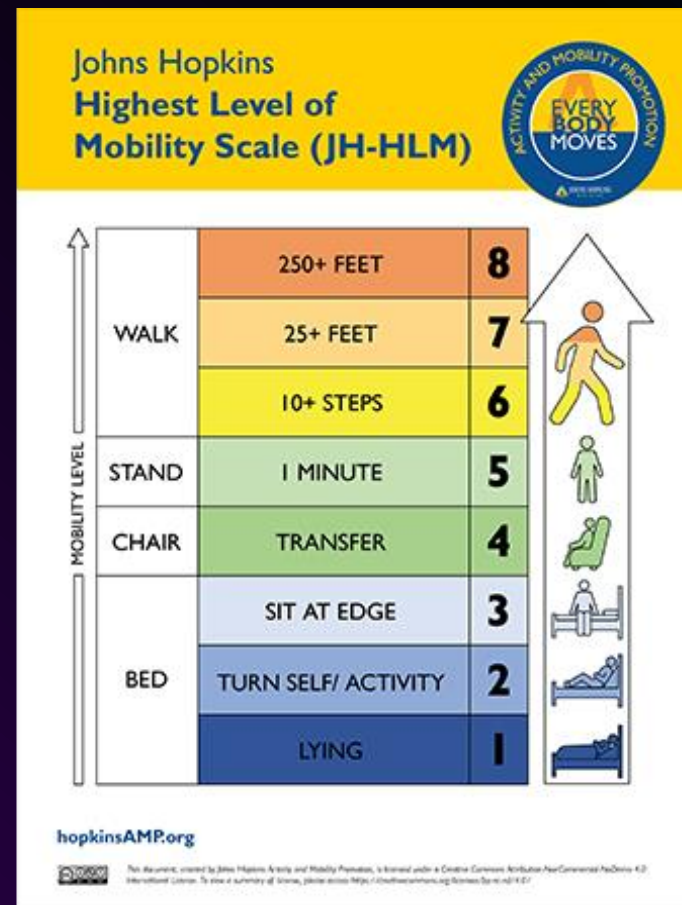
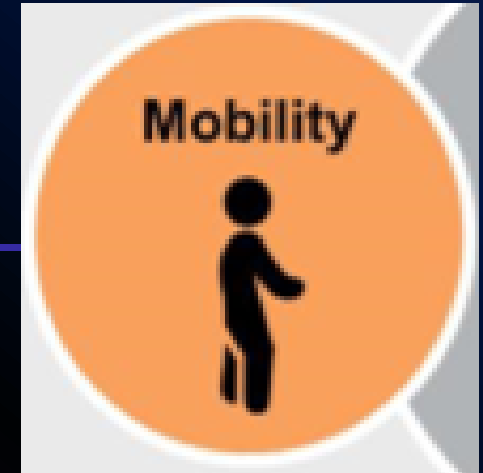
# MOBILITY

## Plan

- **Assessment Tool (JH-HLM)**

## Do

- **RA trained in assessment**



# MOBILITY

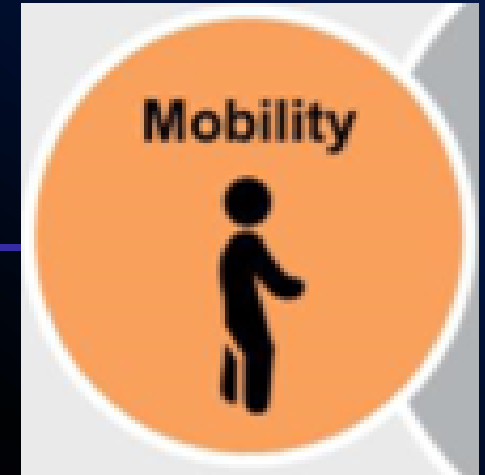
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## Study

- RA frustration
- Data not clinically nuanced

## Act

- JH-HLM abandoned
- Tinetti Performance Oriented Mobility Assessment adopted



# TINETTI MOBILITY ASSESSMENT

## TINETTI ASSESSMENT TOOL

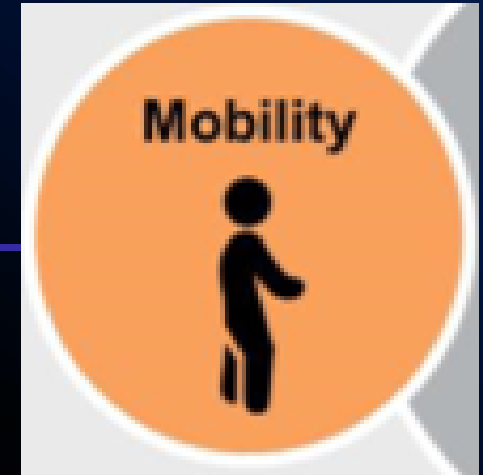
Patient: \_\_\_\_\_ Therapist: \_\_\_\_\_

BALANCE TEST Subject is seated on hard, armless chair	DATE				ASSESSMENT GAIT: Subject walks at normal pace	DATE			
1. <b>SITTING BALANCE</b> Leans or slides in chair = 0 Steady, Safe, = 1					10. <b>GAIT INITIATION</b> (immediately after told "go") Any hesitancy, multiple attempts to start = 0 No hesitancy = 1				
2. <b>ARISES</b> Unable without help = 0 Able, uses arm to help = 1 Able without using arms = 2					11. <b>STEP LENGTH</b> Right swing foot: Does not pass left stance foot with step = 0 Passes left stance foot = 1 Right foot does not clear floor completely with step = 0 Right foot completely clears floor = 1  Left swing foot: Does not pass right stance foot with step = 0 Passes right stance foot = 1 Left foot does not clear floor completely with step = 0 Left foot completely clears floor = 1				
3. <b>ATTEMPTS TO RISE</b> Unable without help = 0 Able, requires >1 attempt = 1 Able on first attempt = 2									
4. <b>IMMEDIATE STANDING BALANCE</b> Unsteady, moves feet, sways, swaggers = 0 Steady but uses support = 1 Steady without support = 2					12. <b>STEP SYMMETRY</b> Right and left step length unequal = 0 Right and left step length equal = 1				
5. <b>STANDING BALANCE</b> Unsteady = 0 Steady, but >4 inch base of support and requires support = 1 Narrow stance without support = 2					13. <b>STEP CONTINUITY</b> Stopping or discontinuity between steps = 0 Steps appear continuous = 1				
6. <b>STERNAL NUDGE</b> (feet close together, examiner pushed on sternum) Begins to fall = 0 Staggers, grabs, catches self = 1 Steady = 2					14. <b>PATH</b> (estimated in relation to floor times, 12" diameter, observe excursion of 1 foot over about 10' of the course) Marked deviation = 0 Mild/moderate deviation or uses device = 1 Straight without assistance device = 2				
7. <b>EYES CLOSED</b> (feet close together) Unsteady = 0 Steady = 1					15. <b>TRUNK</b> Marked sway or uses assistive device = 0 No sway but knee or trunk flexion or spreads arms out while walking = 1 None of the above deviations = 2				
8. <b>TURING 360 DEGREES</b> Discontinuous steps = 0 Continuous = 1 Unsteady (grabs, stagger) = 0 Steady = 1					16. <b>WALKING TIME</b> Heels apart = 0 Heels almost touching with gait = 1				
9. <b>SITTING DOWN</b> Unsafe, misjudges distances, falls = 0 Uses arms or not a smooth motion = 1 Safe, smooth motion = 2									
<b>Balance Score</b>					<b>Gait Score</b>				
	16	16	16	16		12	12	12	12
<b>COMBINED BALANCE &amp; GAIT SCORE:</b>									
						28	28	28	28

10-18 = High risk for falls  
19-24 = Moderate risk of falls  
25 & up = negligible risk of falls

# MOBILITY

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## Cycle 2

- **Tinetti data found significant to RA and IDT**
- **1 month unit-wide baseline measurement**

## Cycle 3

- **Tinetti scores reviewed at quarterly RA program review**
- **Individualized mobility goals tasked to CNAs**

# MOBILITY

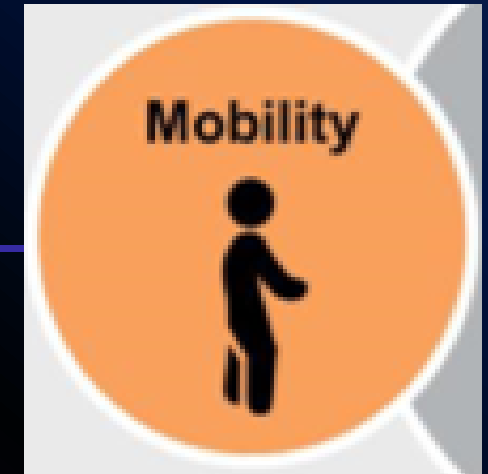
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## Cycle 4

- CNA interviews
- Individualized mobility goals for 3 residents

## Cycle 5

- CNA interviews
- Individualized mobility goals for 5 residents



# Medications



Goal: Use Age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation



Process: High risk Medication Assessment and Management

# MEDICATION ASSESSMENT

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## Screen / Assess:

Check the medications you screen for regularly in all older adults.

Minimum requirement: All eight boxes must be checked.

- Benzodiazepines
- Opioids
- Highly-anticholinergic medications (e.g., diphenhydramine)
- All prescription and over-the-counter sedatives and sleep medications
- Muscle relaxants
- Tricyclic antidepressants
- Antipsychotics
- Mood stabilizers
- Other

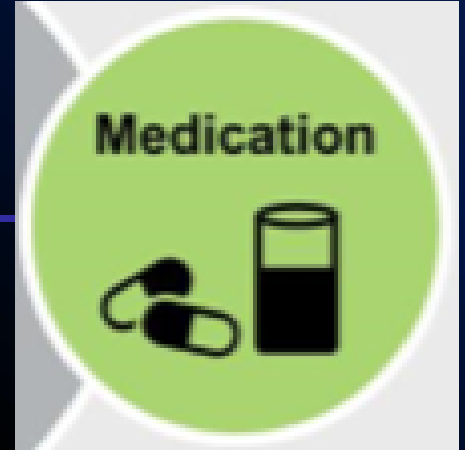
## Medications

If medication is necessary, use age-friendly medication that will not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Who is assessing?	What Medications are being assessed?	How frequently is it assessed?	How do you act on Medications?	Where do you document this?	Notes
<input type="checkbox"/> Nurse <input type="checkbox"/> MD/NP/PA <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____	Check the medications you screen for regularly: <input type="checkbox"/> Benzodiazepines or other anxiolytics <input type="checkbox"/> Opioids <input type="checkbox"/> Highly-anticholinergic medications (e.g., diphenhydramine) <input type="checkbox"/> All prescription and over-the-counter sedatives and sleep medications <input type="checkbox"/> Muscle relaxants <input type="checkbox"/> Tricyclic or other antidepressants <input type="checkbox"/> Antipsychotics, neuroleptics <input type="checkbox"/> Mood stabilizers <input type="checkbox"/> Other (consider sliding scale insulin, aspirin, proton pump inhibitors or PPIs, or other potentially high-risk medications): _____	<input type="checkbox"/> Upon admission and at least once per stay <input type="checkbox"/> Daily, if condition unstable or new, potentially serious diagnosis/es or medications are added (consider duration of order, particularly for psycho-active medications and opioids) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Educate residents, care partners, staff <input type="checkbox"/> Deprescribe (includes both dose reduction and medication discontinuation) <input type="checkbox"/> Pharmacist consult _____ <input type="checkbox"/> Include CNAs and other staff in communicating about change in condition that could be related to medications <input type="checkbox"/> Confer with resident and care partners <input type="checkbox"/> Other: _____	<input type="checkbox"/> EHR <input type="checkbox"/> Care Plan <input type="checkbox"/> Pharmacy records/MAR <input type="checkbox"/> Other: _____	Consider ability for each team member to access documentation by other disciplines in the record

# MEDICATION

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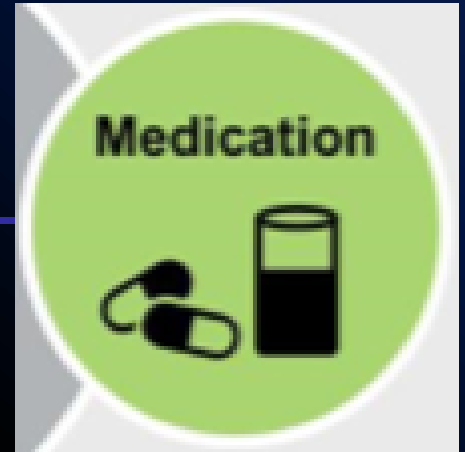


## Antibiotic Stewardship

- **How can we support nurses in using appropriate assessment criteria prior to requesting urinalysis?**

# MEDICATION

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## Plan/Do

- **Implement AHRQ criteria SBAR requirement**

# AHRQ CRITERIA TEMPLATE

## Suspected Urinary Tract Infection (UTI) in Long-Term Care Residents

### Signs & Symptoms of a UTI

#### For Residents Without a Urinary Catheter

- Dysuria
- OR**
- Fever ( $>100^{\circ}\text{F}$  or  $>2^{\circ}\text{F}$  above baseline)
- AND** at least one of the following symptoms that is new or worsening:
- Urgency
- Frequency
- Suprapubic pain
- Gross hematuria
- Costovertebral angle tenderness

#### For Residents With a Urinary Catheter or if Nonverbal

One or more of the following  
**without another recognized cause:**

- Fever ( $>100^{\circ}\text{F}$  or a  $2^{\circ}\text{F}$  increase from baseline)
- New costovertebral angle tenderness
- Rigors
- New-onset delirium\*

\*If adequate workup for other causes of delirium has been performed and no other cause for delirium is identified

- Send a urinalysis (UA) & urine culture (UCx)
- Increase hydration
- Start antibiotics before UA and UCx results, if resident appears ill
- If UA & UCx are positive and the resident has ongoing UTI symptoms, modify antibiotics or start antibiotics (if not receiving active antibiotics)

#### Do NOT Send a Urinalysis and Urine Culture:

- If the urine is foul smelling or cloudy, without other urinary symptoms
- Routinely after urethral catheter change
- Routinely upon admission
- After treatment to "document care" or "test of cure"
- For mental status changes (without vital sign changes or urinary symptoms for noncatheterized residents)

# MEDICATION

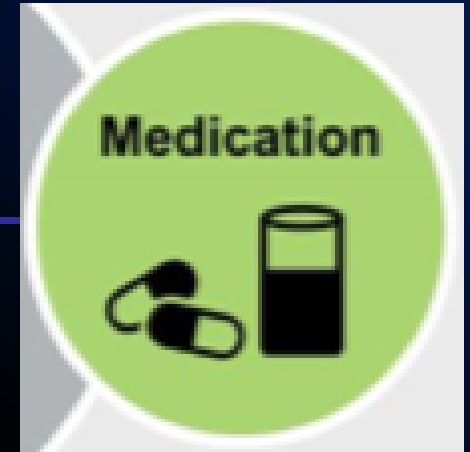
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## Study:

- Clinical staff interviews
- UTI rate/Abx use data reviewed in QAPI
- UTI diagnoses reviewed

## Act:

- Maintenance through monthly review



# LEADING CHANGE

**Growth  
Mindset**

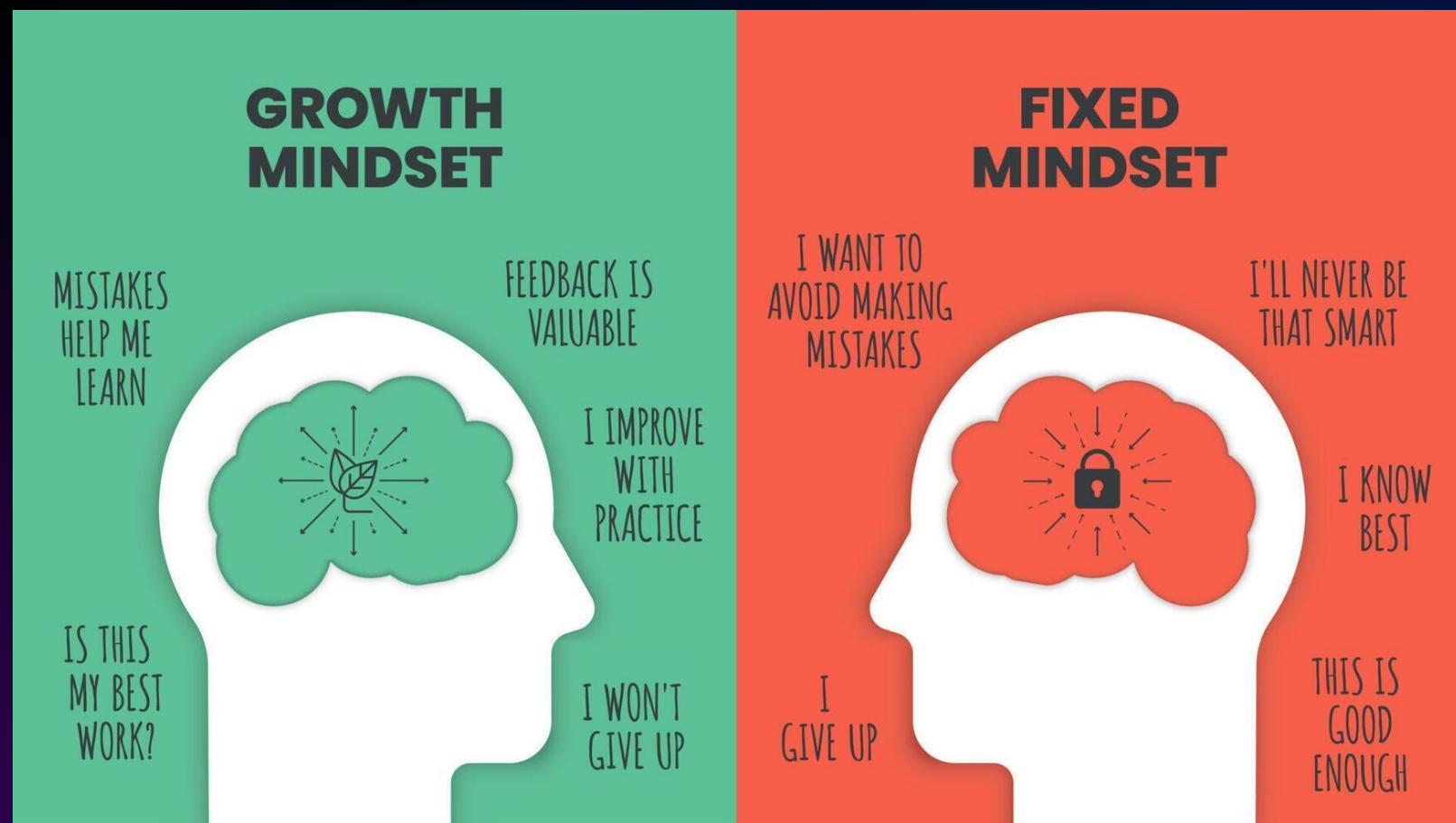
**Start Small and  
Adapt**

**Pursue  
Significance**

**Expectations &  
Accountability**

**Empower The  
Whole Team**

# GROWTH MINDSET



# EXPECTATIONS AND ACCOUNTABILITY

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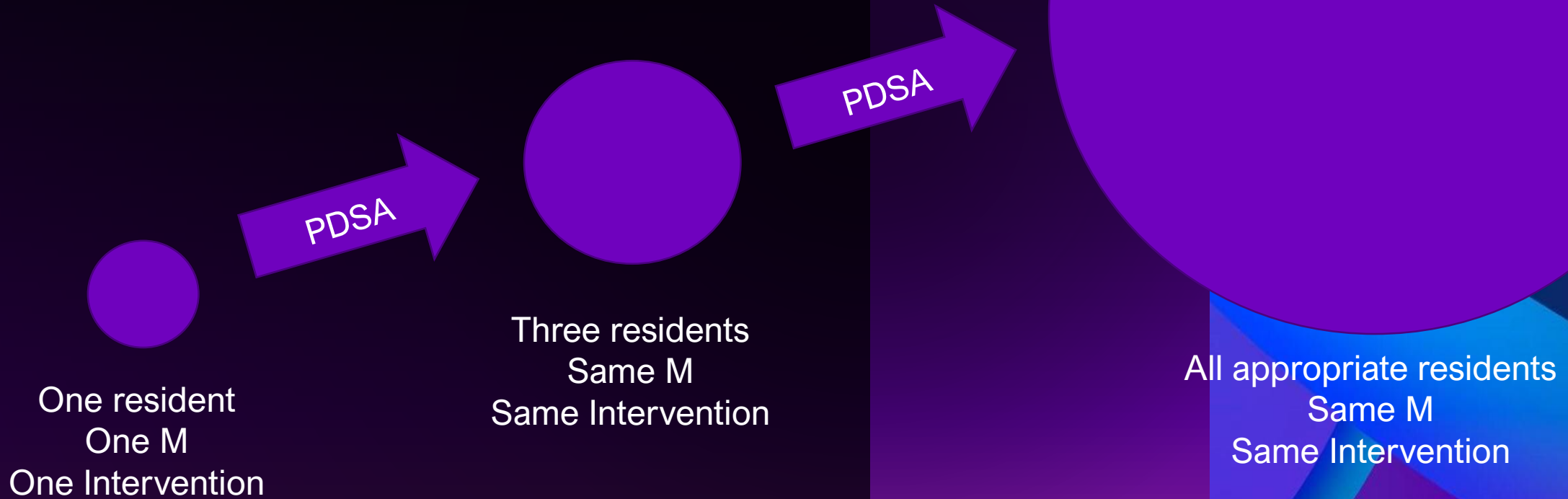


# ENGAGE ALL STAFF

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# START SMALL AND ADAPT



# PURSUE SIGNIFICANCE

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# MEANINGFUL VS. MEASURABLE





THANK YOU

QUESTIONS

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