

Thank you for agreeing to participate in this Readiness Assessment Tool pilot development. This tool is meant to evaluate your current level of Gero-friendliness and help you determine which best practices you may have already adopted and identify those your care team may wish to add. The Gero-Friendly clinic is an enhanced model or setting for an older adult population of patients ages 65 and over that promotes quality care by design (including access, clinical practices and more). It asks you to assess your current state of readiness and envision the future state of your clinic when gero-friendly best practices are in use.

We estimate it will take you 15 minutes to complete, and your critical feedback will enable us to improve this tool for future use. The questions are simple and set on a Likert scale. The questions are segmented into five distinct themes: Access and Continuity, Care Management and Clinical Practices, General/Leadership, Patient Support and Community Resources and QI/Performance Measurement. The questions represent some key best practices or indicators. They do not cover ALL aspects of clinic Gero-Friendliness.

1) What is your role at your clinic?

- Mid-Level Provider such as a Physician Assistant or Nurse Practitioner
- Physician
- Behavior Health Specialist, i.e. Social Worker
- Case Manager
- Nurse
- Front Line, i.e. Unit Clerk, receptionist
- Marketing, i.e. patient liaison, navigator
- Other - Write In

Access and Continuity:

The focus in this section is on both physical (eg: exam tables are accessible to older adults) access elements and non-physical (eg: appointment times take into account older adult preferences) access elements of the clinic as they pertain to the older population.

2) My Clinic's exam rooms, restrooms, and equipment are adequate for geriatric patients.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

3) My clinic is accessible for mobility impaired patients in scooters or wheelchairs or walkers (i.e., hallways, elevators, parking)

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

4) I would consider the care to our geriatric patients to be culturally and linguistically competent.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

5) Please give two examples of how your clinic is culturally and linguistically competent.

1: _____

2: _____

6) My clinic offers special clinic hours for older adult patients.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

7) My clinic provides same day appointments for older adult patients and their caregiver.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

8) There are enough support staff (i.e., social workers, care managers) at my clinic to meet our older adult patient's needs.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

9) There are enough nurses and medical assistants at my clinic to meet our older adult patient's needs.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

10) The number of behavioral health staff we have at my clinic meets the demands of the providers who refer them.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

11) At my clinic we assess our older adult patients for financial resources.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

Care Management and Clinical Practices:

The focus in this section is on the use of specialized assessments, tools, and knowledge for the older population.

12 My clinic has care management and/or social work staff and one of their essential job functions is to coordinate care and provide vetted resources to our patients.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

13) At my clinic we conduct pre-visit preparations (i.e. ask that a health questionnaire is filled out prior to the visit).

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

14) At my clinic we establish criteria and have a systematic process to identify older adults with more complex needs.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

15) At my clinic we assess and monitor for change in our geriatric patient's vision.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

16) We use these tools at my clinic to assess vision: Check all that apply.

- Snellen Eye Chart
- Jaeger Card
- Other – Write In: _____

17) At my clinic we assess and monitor for change in our geriatric patient's hearing.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

18) We use these tools at my clinic to assess hearing: Check all that apply.

- Whispered Voice Test
- Audio scope set at 40- Db
- Other – Write In: _____

19) At my clinic we assess for fall risk and gait and complete a balance assessment with our geriatric patients.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

20) We use these tools at my clinic to assess for fall risk and balance assessment: Check all those that apply.

- “Timed Up and Go” test
- Tinetti Gait and Balance
- Gait Speed
- “Sit to Stand” assessment
- Other – Write In: _____

21) At my clinic we complete a cognitive assessment with our geriatric patients.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

22) We use these tools at my clinic to assess cognition: Check all those that apply.

- MMSE
- MoCA
- Other – Write In: _____

23) At my clinic we assess the mood of our geriatric patients.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

24) We use these tools at my clinic to assess for mood: Check all those that apply.

- Geriatric Depression Scale (GDS)
- PHQ2/PHQ9
- Other – Write In: _____

25) At my clinic we complete a substance abuse determination with our geriatric patient.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

26) We use these tools at my clinic to determine substance abuse: Check all those that apply.

- Audit/Assist
- CAGE
- Other – Write In: _____

27) At my clinic we complete caregiver assessments.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

28) We use the following tools at my clinic to assess our geriatric patient's caregiver: Check all that apply.

- We assess our geriatric patient for social support
- We assess for caregiver burden, i.e.: Zarit Interview
- Other – Write In: _____

29). At my clinic we offer the DHCS (Department of Healthcare Services) senior adult "Staying Healthy Assessment".

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

30). At my clinic we ask patients at every visit for a list of all prescription and non-prescription drugs and review and reconcile medications with patients and caregiver.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

31) At my clinic we review the reason for the visit with the patient and their caregiver.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

32) At my clinic together with the patient and their caregiver we prioritize next steps.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

33) At my clinic we routinely ask the patient about their goals for care.

- Disagree

- Somewhat Disagree
- Somewhat Agree
- Agree

34) At my clinic we routinely discuss Advance Directives with patients and caregivers.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

35) At my clinic we ask the patient and/or caregiver if there is a DPOA (Durable Power of Attorney) and POLST (Physician Orders for Life -Sustaining Treatment).

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

36) At my clinic if our geriatric patient/caregiver has not completed the Five Wishes Document and expresses an interest, we provide information on how to obtain the document.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

37) At my clinic we ask the geriatric patient and/or caregiver if they are aware of or have completed the Five Wishes Document.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

38) At my clinic we ask if there is a change in or a new ADL limitation or IADL limitation since their last visit.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

39) We screen for elder abuse by asking questions such as:

- Are you afraid of anybody?
- Has anybody hurt you?
- Is anyone mistreating you?
- Is anybody taking or using your money without your permission?
- Do you always have enough food and water available?

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

Patient Support and Community Resources:

The focus in this section is on supporting the patient outside of the walls of the clinics and connections to community resources that support the patient

40) At my clinic we have a system in place to refer for Community Resources and Long Term Services & Supports such as nursing home diversion, IHSS, housing and transportation.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

41) At my clinic we have strong referral relationships in place and staff to handle the referrals.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

42) At my clinic we follow up with the geriatric patient/caregiver to see how the referral went.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

43) At my clinic we provide access to chronic disease self -management programs for geriatric patients and their families (online or in person) and general information for the patient or caregiver to access further information or classes.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

44) At my clinic provide ongoing in-services for staff so they can stay informed on community resources, complex chronic disease management strategies and other factors relevant to the unique needs of older adults.

- Disagree

- Somewhat Disagree
- Somewhat Agree
- Agree

45) My clinic has access to sub-specialty care.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

Quality Improvement (QI) Performance Measurements:

The focus in this section is on continual efforts to survey, track and respond to data regarding the clinics performance.

46) At my clinic we administer routine patient satisfaction surveys specific to gero-friendly performance.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

47) At my clinic we use the results of these patient satisfaction surveys to implement change and quality improvements.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

48) My clinic's QI efforts include care for older adult patients with complex needs.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

Leadership and General Questions:

The focus in this section is on an essential aspect of clinic redesign - having strong and consistent leadership present to support and guide efforts moving forward.

49) You are prepared to meet the unique needs of older adults.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

50) It is an advantage to our clinic's sustainability and growth to maintain and grow our 65+ population of patients.

- Disagree
- Somewhat Disagree
- Somewhat Agree

Agree

51) What was the reason for your answer to question #50?

52) List the top 3 things that come to *your mind* that demonstrates your clinic's Gero-Friendly focus:

1:
2:
3:

53) List the top 3 changes with you think would improve the "Gero-Friendliness" of your clinic:

1:
2:
3:

54) My clinic's organizational leadership is receptive to staff requests for “Gero-Friendly” improvements.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

55) At my clinic we start talking with our patients/caregivers who are approaching 65 years of age about the advantages of staying with their clinic/primary care medical home and not leaving for another care site.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

56) My clinic's management has already facilitated or instituted Gero-Friendly improvements.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

57) My clinic's staff understands how Gero-Friendly services fits into the clinic's missions and goals.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

58) There is a Gero-Friendly champion (or more than one) at my clinic.

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree

59) Whom would you consider a champion for a gero-friendly initiative in your clinic? Name them.

1:
2:
3:

A few final questions:

These questions are not scored and are meant to inform project team.

60) Our patient population aged 65 and over at my clinic is approximately:

- Less than 5%
- 5 - 15 %
- 16 – 30%
- More than 30%

61) At my clinic we serve patients eligible for both Medicare and MediCal.

- Yes
- No

62) What percent of your patient population is eligible for both Medicare and MediCal?

- Less than 5%
- 5 - 15 %
- 16 – 30%
- More than 30%

63) My clinic is part of an IPA.

- Yes
- No

64) What is the name of the IPA?

--

65) What health plans do you contract with?

1:
2:
3:
4:

66) What would you like for us to know about the pursuit of a Gero-Friendly Clinic that we have not covered in this survey? This could be questions that we didn't ask. Perhaps more about barriers that you've experienced in implementing change. We'd like to know what it is you'd like to share.

The Gero-Friendly Clinic project is made possible with the generous support of the Kaiser Foundation Hospitals.

Partners in Care Foundation (Partners) emerged as a 501(c)(3) not-for-profit organization in 1997. Today, Partners is a key player in bridging healthcare and community services for people with multiple chronic conditions and disseminating innovative evidence-based programs throughout care systems and community settings. Our diverse target population is 50 years or older, 35% Latino, 32% African-American; 20% Caucasian; Other 9% and 4% Asian/Pacific Islander. We currently partner with 6 regional L.A. area and 5 Kern County hospitals to reduce avoidable hospital re-admissions for Medicare patients at high risk of readmission within 30 days.