The 4Ms across the continuum

AGE FRIENDLY CARE IN POST ACUTE & LONG-TERM CARE SETTINGS

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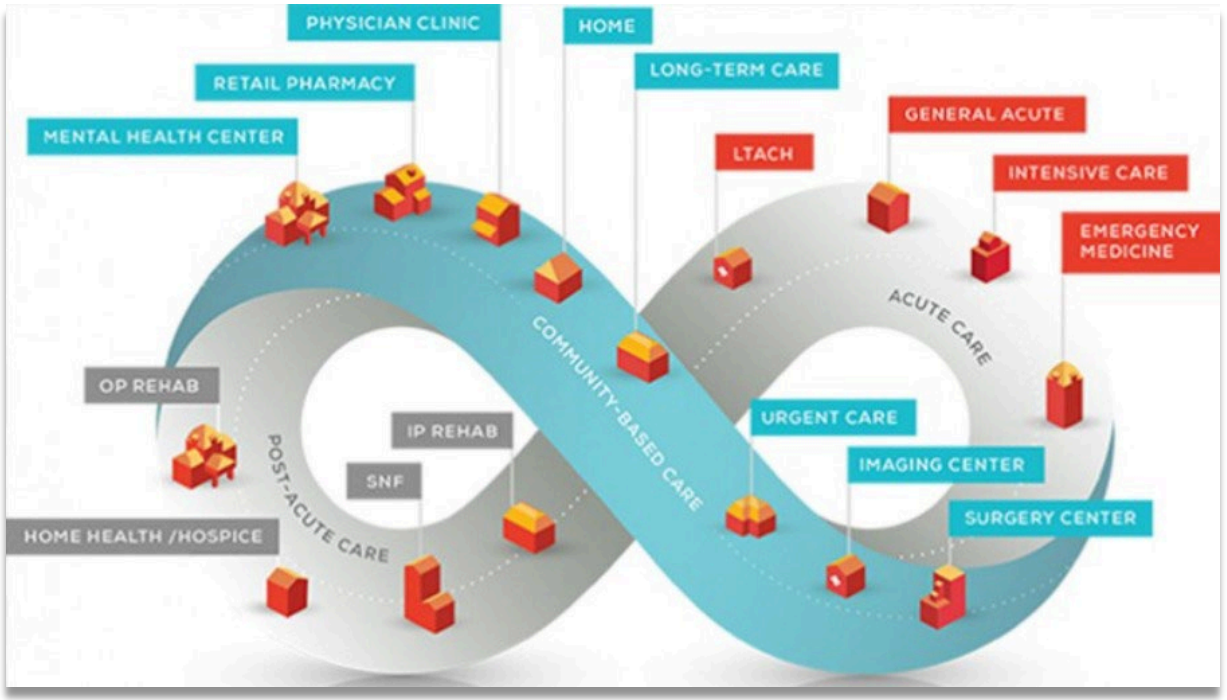
Session Goals

- Describe the Age-Friendly Health System model
- Outline the steps to become an age-friendly health system certified long-term care facility
- Identify best practices for implementing age-friendly strategies in long-term care

The Healthcare System at 30,000 feet

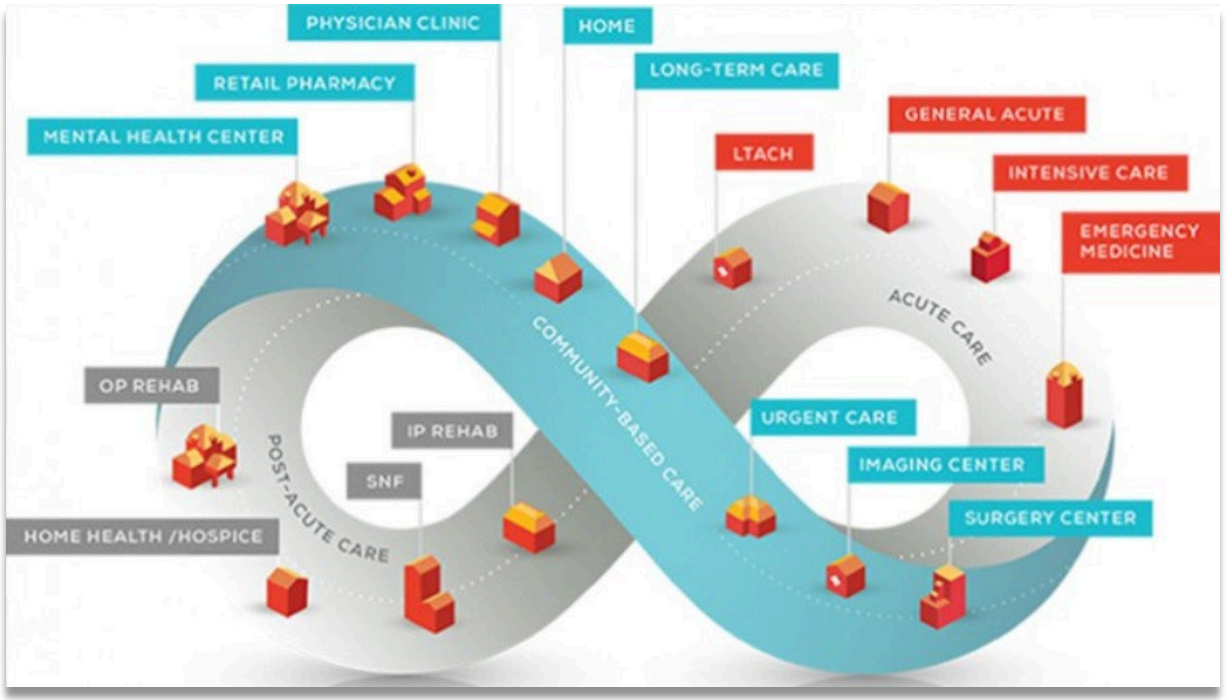
This was never set up with the unique needs of vulnerable and older adults in mind

Older adults are over-represented in hospital, PA-LTC populations and in ambulatory care visits

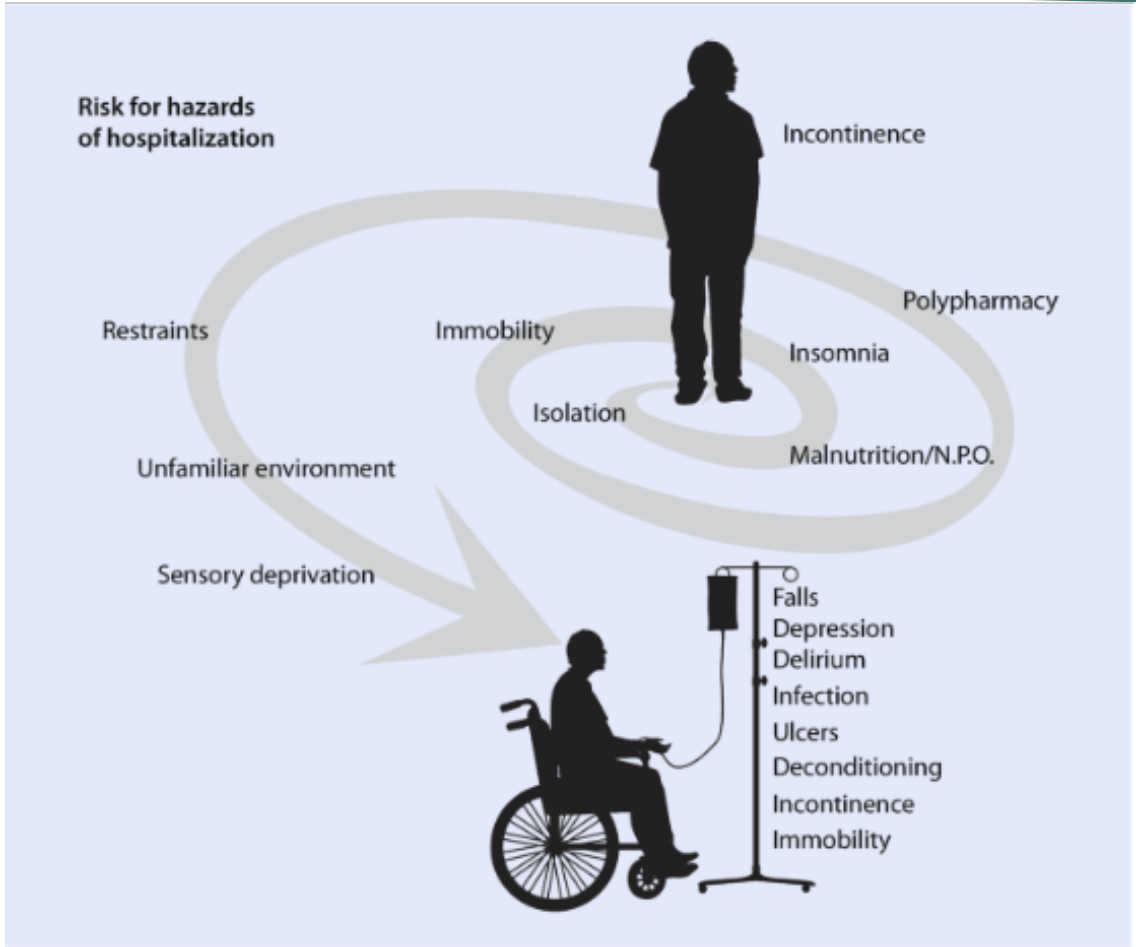


The Healthcare System at 30,000 feet

Patients are reliant on staff having the knowledge on how to appropriately care for older adults …



What we end up with



The same spirals exist in PA-LTC and in ambulatory care!

Best practices for older adults are known but are rarely implemented and sustained

- •Pre-op older adult specific screening and pre-hab
- •Proactive fall risk screening & intervention
- •Curating high-risk medications across settings
- •Proactive delirium prevention
- •Goal-concordant care beyond end-of-life care that translates across settings

Age Friendly Health Systems

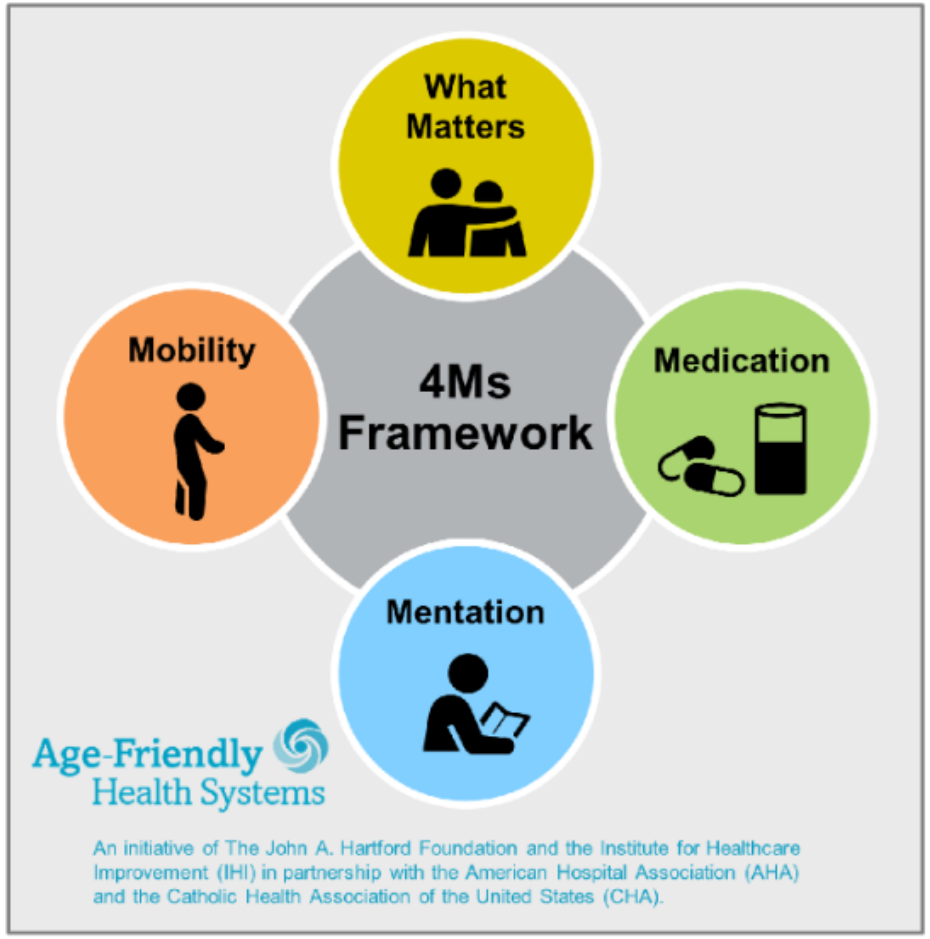
- Evidence-based set of best practices for geriatric care across ambulatory, inpatient and long-term care settings
  - Areas of geriatric medicine and interventions with solid evidence bases and documented positive impacts on health

- Core framework is the **4Ms** → What Matters, Medication, Mentation, Mobility

The 4Ms

What Matters is not limited to end-of-life care

Medications include: benzos, sedative-hypnotics, anticholinergics, muscle relaxants



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

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.

4Ms Workflows

Assess

- Screening for needs within each M
  - Use of validated screening tools or standard approach
- Information gathering

Act On

- Translating the gathered information into clinical interventions, next steps in workup or treatment
- Use of referral pathways, order sets, protocols, etc

Be Recognized as an Age Friendly site

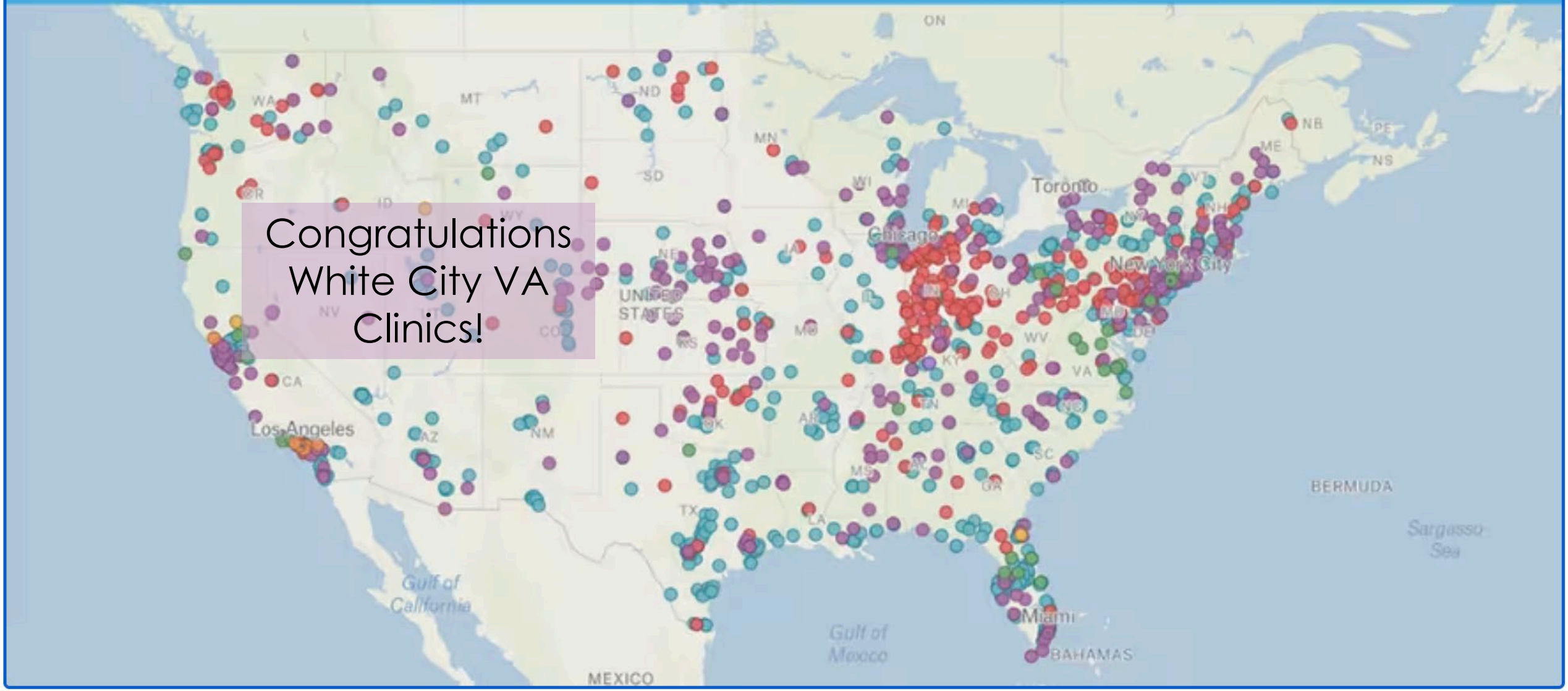
Participant

- Care description – describe what processes are in place to address 4Ms needs among older patients
- All the information for applying: PA-LTC AFHS Care Description, Other Care Settings

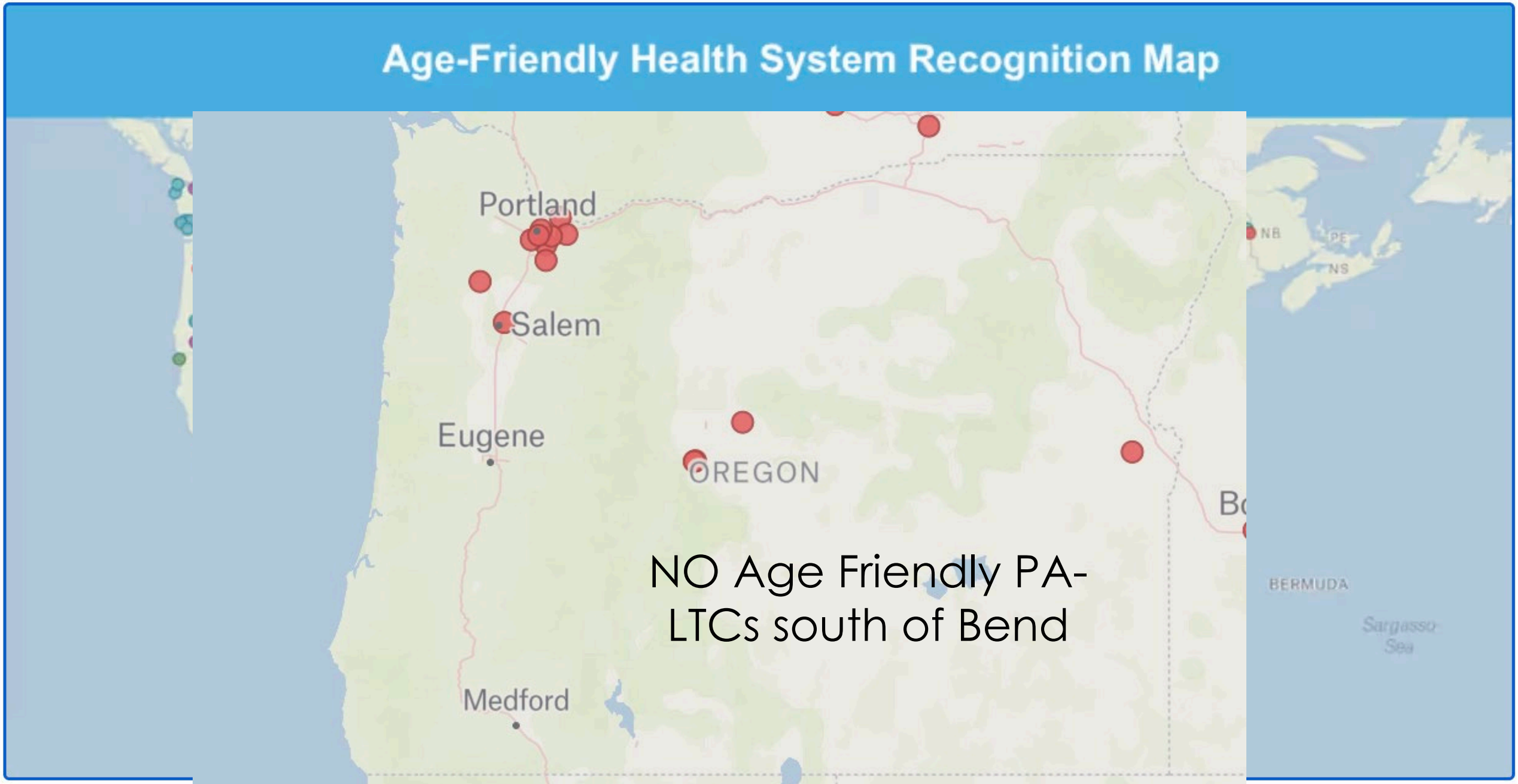
Committed to Care Excellence

- Developed data collection for the 4Ms care described earlier, submit 3 months of process measures to IHI

Age-Friendly Health System Recognition Map

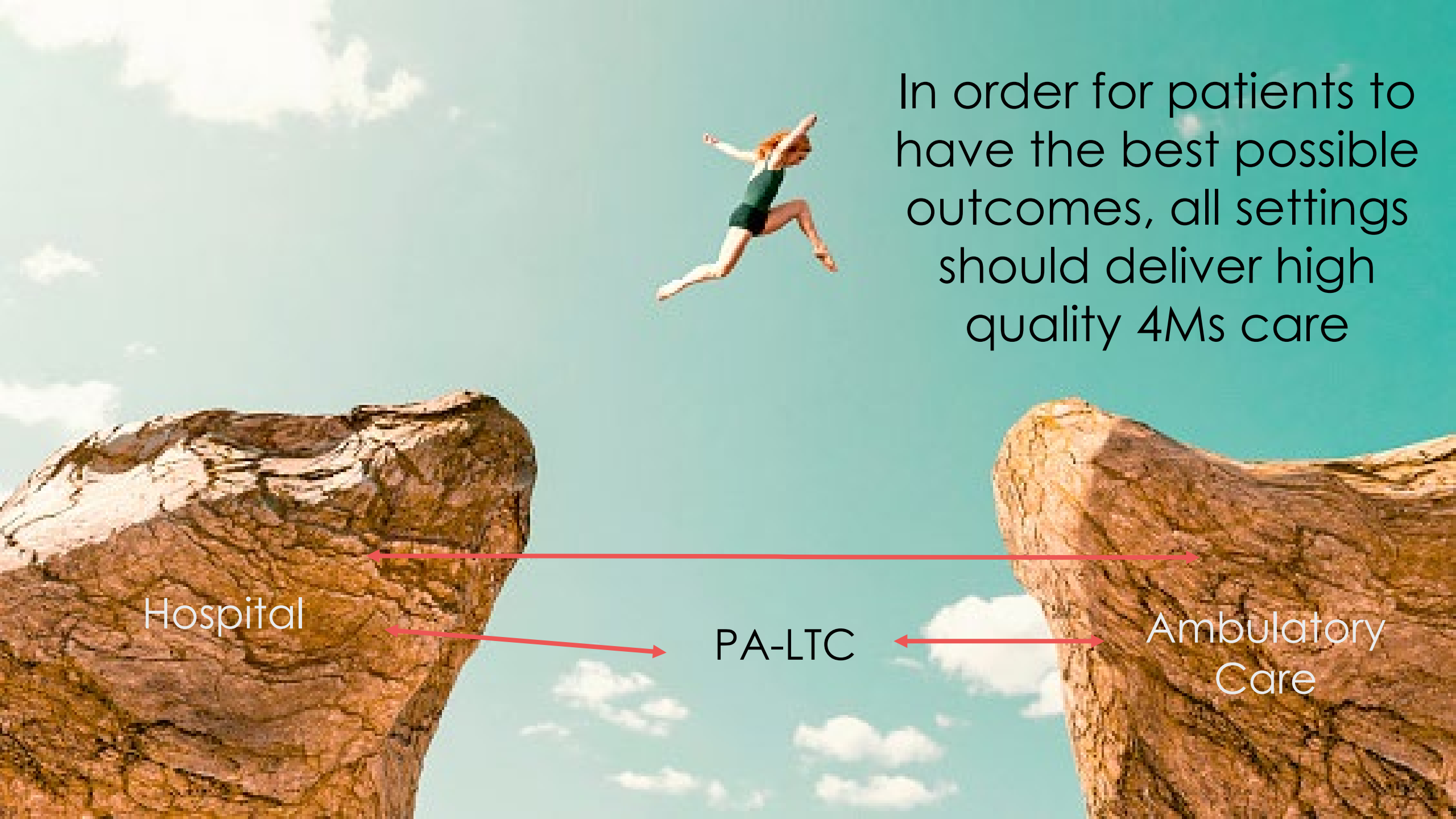


Age-Friendly Health System Recognition Map



NO Age Friendly PA-LTCs south of Bend

Age Friendly in PA-LTC


In order for patients to have the best possible outcomes, all settings should deliver high quality 4Ms care
Hospital
PA-LTC
Ambulatory Care

PA-LTC is the Wild West

- Generally the sickest patients outside of the hospital
  - Things can go south quickly
- Run by nurses and aides
  - Might be a provider in house once a week, often less
  - Care team reliant on hospital discharge orders (in the beginning)
  - Variable, often quite limited, knowledge of geriatric care principles
  - Transitory staff
- Not a prison
  - Residents can come and go from the building
  - No mandate that they participate in therapy 100%

PA-LTC is a great opportunity for good 4Ms hospital / ambulatory care to fall apart or to unwind the results of sub-par 4Ms hospital / ambulatory care

What happens here *really matters* for the things patients, families and long-term care providers care about … restoration of independence, reviewing major hospital events, uncovering things missed, communication about the future and dealing with trauma from an acute medical event

4Ms in PA-LTC

Assess: Know about the 4Ms for each older adult in your care	Act On: Incorporate the 4Ms into the plan of care
Ask &document What Matters	Align the care plan with What Matters
Review &curate high-risk medication use	Deprescribe or do not prescribe high-risk medications
Screen for cognitive challenges	Ensure sufficient oral hydration, support restful sleep
	Consider further evaluation and manage manifestations of dementia, or refer
Screen for depression	Identify and manage factors contributing to depression
Screen for delirium at regular intervals	Orient older adults to time, place, and situation if appropriate Deploy cognitive hygiene measures (see above)
Screen for mobility	Ensure older adults have their personal adaptive equipment, update if needed
	Ensure early, frequent, and safe mobility

Mentation: Delirium

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

Screen / Asses:
Check the tool used to screen for delirium for all older adults.
Minimum requirement: At least one must be checked. If "other" is checked, will review.

- ☐ UB-CAM
- ☐ CAM (Included in MDS)
- ☐ Other

Frequency for Nursing Facility (NF):
Minimum frequency: First two boxes must be checked. If "other" is checked, will review.

- ☐ At admission
- ☐ Upon change of condition
- ☐ Other

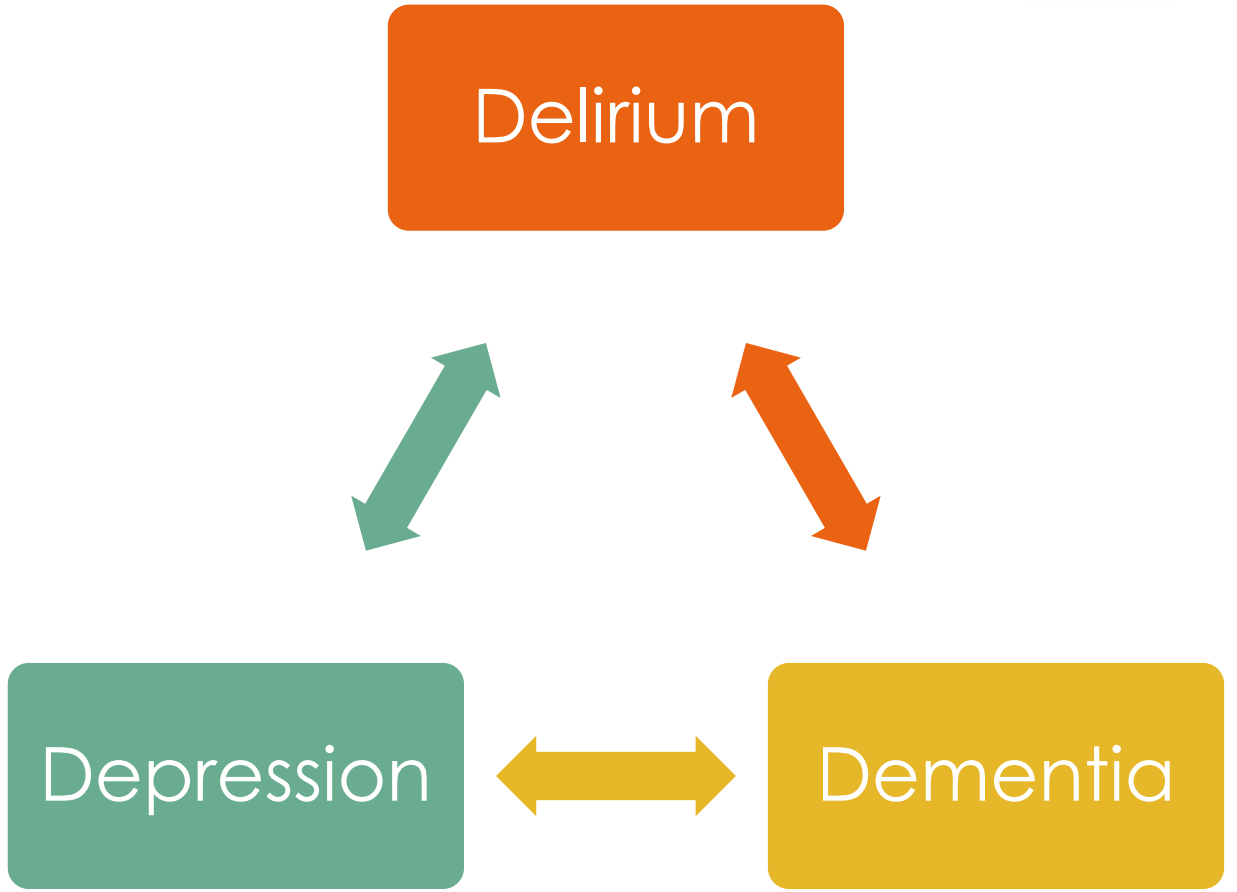
Frequency for Skilled Nursing Facility (SNF):
Minimum frequency: First three boxes must be checked. If "other" is checked, will review.

- ☐ At admission
- ☐ Every 24 hours
- ☐ Upon change of condition
- ☐ Other

But timing matters …

Delirium commonly manifests with cognitive and mood symptoms … if the person is still delirious, cognitive & mood screening will be inaccurate!

Delirium screen FIRST



An Opportunity for Standardization

- The nursing team functions as the "hub" of the IDT so their individual knowledge & experience MATTERS!
  - Ex. Delirium upon SNF admit
  - Ex. hydroxyzine
- The 4Ms offers a platform for development of standard order sets, protocols and best practices that reduce variability

Change is Hard

THE THINGS TO CONSIDER FOR YOUR PA-LTC AGE FRIENDLY JOURNEY

One more thing?!?

- PA-LTC teams are overworked and under-resourced
- Subject to significant and ever-changing state & federal regulations
- Patients are more acute and living with a very high comorbidity burden

Re-prioritizing what we already do

- Many 4Ms care workflows already exist within required events
  - MDS (Admission & quarterly), Care Conferences, Psychotropic medication reviews, therapy evals
- Issue is that they are often hidden, de-emphasized, overlooked

- These requirements are often seen as onerous and lacking value but they can be reorganized to become valuable!
  - Gainesville CLC Experience

Are we ready?

- Readiness for change relies on:
  - (Relatively) Stable staffing
  - Buy-in from people in key positions
  - Leadership support
  - Sufficient team morale

- If the circumstances need addressing, do that first

Go Exploring

- Our roles are siloed …
- Take time to explore & experience how the IDT members actually do the work
  - Ex. CAM, BIMS, SLUMS, ACL
- Highlights gaps and opportunities for targeted adjustments

Be the solution

- Every role in PA-LTC has things they want to be better
- Listen to those pain points to craft targeted arguments for how the 4Ms can help
  - More clinically focused arguments may not appeal to administrators
  - Financial or utilization-based arguments may not resonate as much with clinical staff

Impacts of 4Ms care in the CLC

- Boston VA CLC developed 4Ms workflows that went live Summer 2021
- Compared rates of 4Ms delivery and utilization in the 12 months before and after go-live
  - Separated the utilization outcomes by short stay and long stay residents

King SE, Ruopp MD, Mac CT, et al. Early clinical and quality impacts of the Age-Friendly Health System in a Veterans Affairs skilled nursing facility. J Am Geriatr Soc. 2024;72:3865–3874

4Ms Care Delivery

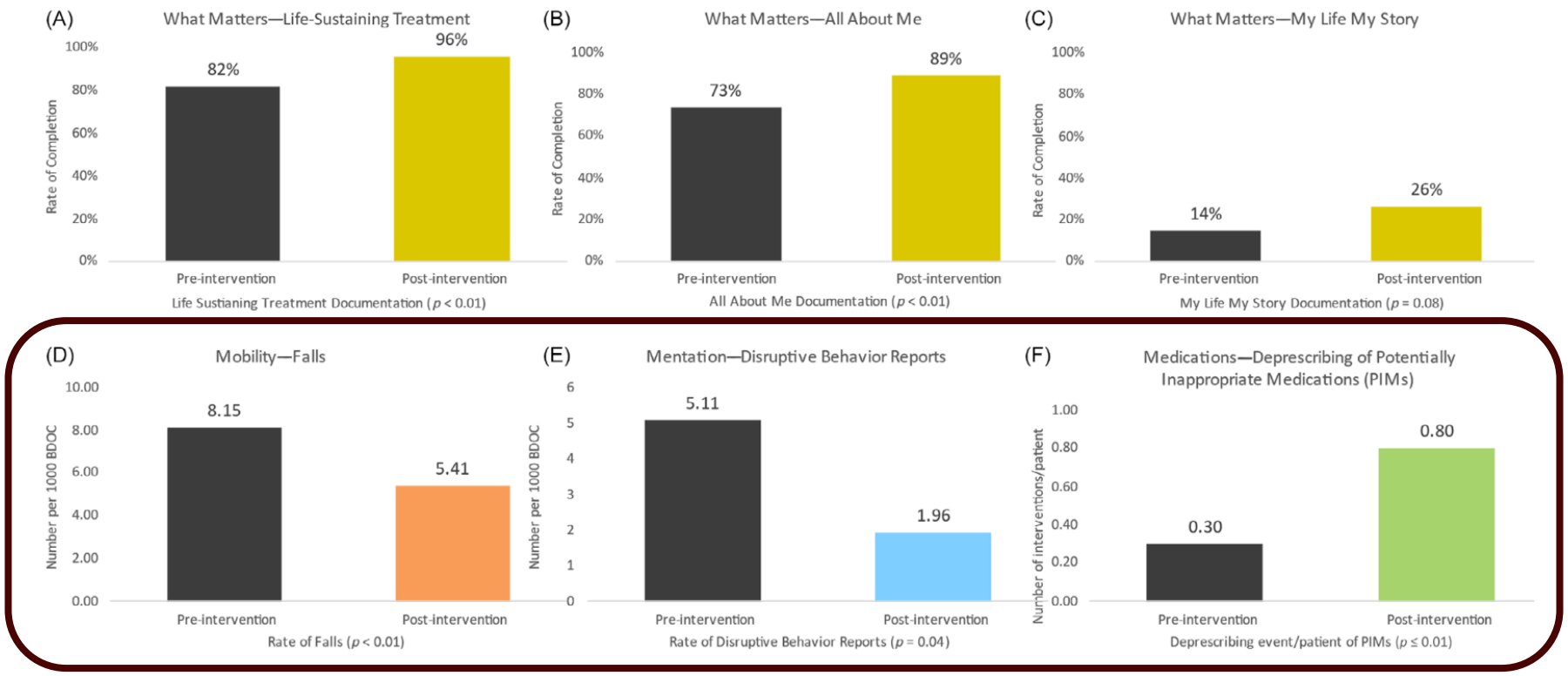


FIGURE 2 Descriptive statistics pre and post-implementation of the 4Ms of the Age-Friendly Health Systems initiative in a VA skilled nursing facility. BDOC, bed days of care. [Correction added on 26 July 2024, after first online publication: Figure 2 is revised.].

TABLE 2 Quality outcomes for *short stay (length of stay less than 90 days)* patients pre- and post-implementation of the AFHS in a VA skilled nursing facility (SNF).

	VA SNF pre- and post-AFHS implementation			VA national average			CMS national average		
	Pre[b]	Post[c]	Percent change	Pre[b]	Post[c]	Percent change	Pre[b]	Post[c]	Percent change
Outpatient ED visits within 30 days of admission (%)[a]	5.34	2.78	47.9% relative reduction	5.01	6.19	23.6% increase	9.47	11.43	20.7% increase
Rehospitalization within 30 days of admission (%)[d]	25.55	17.9	29.9% relative reduction	22.66	19.67	13.2% reduction	21.66	22.06	1.8% increase
Discharge to the community within 100 days of admission (%)[e]	53.56	63.57	18.6% relative increase	64.53	74.01	14.7% increase	53.91	53.88	0.1% decrease

TABLE 3 Quality outcomes for *long stay* (length of stay greater than 90 days) patients pre- and post-implementation of the AFHS in a VA skilled nursing facility (SNF).

	VA SNF pre- and post-AFHS implementation			VA national average			CMS national average		
	Pre[b]	Post[c]	Percent change	Pre[b]	Post[c]	Percent change	Pre[b]	Post[c]	Percent change
Hospitalizations per 1000 long-stay resident days[a]	3.88	1.4	63.9% reduction	2.54	2.96	16.5% increase	1.65	0.95	42.4% reduction
Outpatient ED visits per 1000 long-stay resident days[d]	0.36	0.10	73.2% reduction	0.42	1.65	292.9% increase	0.77	1.51	96.1% increase

Satisfaction Scores

Scale (1-100)	**Baseline**	**4Ms Care**
Overall satisfaction	77.2	81.3
Satisfaction with nursing care	83	90.6
Patient rating of staff working together	77.5	90
Likelihood of recommending the CLC to others	75.9	86.3

The Good Samaritan Society-Quiburi Mission (Quiburi)

- Records what matters to residents on paper, kept in a binder in the CNA work area for easy reference
- Screens quarterly for dementia and depression
- Offers physical therapy, an exercise class, and facilitated walks to the dining room
- **Reduced rate of antipsychotics medications from 20.4 to 4.7 percent**

"Thank you so much for caring enough to ask questions."

–Family member of a new resident

In Benson, Arizona. Read the case study.

81%

of older adults would rather go to a **hospital that provides *age-friendly* care** than one that does not

The John A. Hartford Foundation

Age-Friendly Insights: Hospitals

What's (Probably) Coming

CMS Age Friendly Hospital Measure (2025-26)

Domain 1: Eliciting Patient Healthcare Goals This domain focuses on obtaining patient's health related goals and treatment preferences which will inform shared decision making and goal concordant care.	**(A)** Established protocols are in place to ensure patient goals related to healthcare (health goals, treatment goals, living wills, identification of healthcare proxies, advance care planning) are obtained/reviewed and documented in the medical record. These goals are updated before major procedures and upon significant changes in clinical status.
Domain 2: Responsible Medication Management This domain aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.	**(A)** Medications are reviewed for the purpose of identifying potentially inappropriate medications (PIMs) for older adults as defined by standard evidence-based guidelines, criteria, or protocols. Review should be undertaken upon admission, before major procedures, and/or upon significant changes in clinical status. Once identified, PIMS should be considered for discontinuation, and/or dose adjustment as indicated.
Domain 3: Frailty Screening and Intervention This domain aims to screen patients for geriatric issues related to frailty including cognitive impairment/delirium, physical function/mobility, and malnutrition for the purpose of early detection and intervention where appropriate.	**(A)** Patients are screened for risks regarding mentation, mobility, and malnutrition using validated instruments ideally upon admission, before major procedures, and/or upon significant changes in clinical status. **(B)** Positive screens result in management plans including but not limited to minimizing delirium risks, encouraging early mobility, and implementing nutrition plans where appropriate. These plans should be included in discharge instructions and communicated to post-discharge facilities. **(C)** Data are collected on the rate of falls, decubitus ulcers, and 30-day readmission for patients > 65. These data are stratified by demographic and/or social factors. **(D)** Protocols exist to reduce the risk of emergency department delirium by reducing length of emergency department stay with a goal of transferring a targeted percentage of older patients out of the emergency department within 8 hours of arrival and/or within 3 hours of the decision to admit.
Domain 4: Social Vulnerability This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.	**(A)** Older adults are screened for geriatric specific social vulnerability including social isolation, economic insecurity, limited access to healthcare, caregiver stress, and elder abuse to identify those who may benefit from care plan modification. The assessments are performed on admission and again prior to discharge. **(B)** Positive screens for social vulnerability (including those that identify patients at risk of mistreatment) are addressed through intervention strategies. These strategies should include appropriate referrals and resources for patients upon discharge.
Domain 5: Age-Friendly Care Leadership This domain seeks to ensure consistent quality of care for older adults through the identification of an age friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.	**(A)** Our hospital designates a point person and/or interprofessional committee to specifically ensure age friendly care issues are prioritized, including those within this measure. This individual or committee oversees such things as quality related to older patients, identifies opportunities to provide education to staff, and updates hospital leadership on needs related to providing age friendly care. **(B)** Our hospital compiles quality data related to the Age Friendly Hospital measure. These data are stratified by demographic and/or social factors and should be used to drive improvement cycles.