Integrating the Age-Friendly 4Ms into the Care of Older Adults in the Hospital

Eastern US Quality Improvement Collaborative (EQIC)

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Today I will…

- Describe the Age-Friendly Health System initiative
- Present the what, why, and how of the 4Ms
- Discuss how the 4Ms work in practice in hospital setting
- Suggest how to get started

Age-Friendly Health System Initiative

- **Aim**: Ensure safe and appropriate care of older adults in all settings
- Sponsored by John A. Hartford Foundation, Institute for Healthcare Improvement, American Hospital Association, Catholic Hospital Association
- Over 2900 health systems, hospitals, practices, etc.

4Ms Framework of an Age-Friendly Health System

What Matters

Mobility

4Ms

Medication

Mentation

The 4Ms Framework of Age-Friendly Care

The 4Ms	Description
What Matters	Know & align care with each older adult's specific health outcome goals and care preferences
Medication	Use medications that do not interfere with What Matters to the older adult, Mobility, or Mentation (physical or cognitive functioning)
Mentation	Prevent, identify, and manage delirium in hospital (dementia & depression other settings)
Mobility	Ensure that older adults move safely every day to maintain function and do What Matters

How did the 4Ms of AFHS evolve?

Institute for Healthcare Improvement convened health system leaders, MDs, nurses, patients, caregivers

↓

Reviewed evidence-based models serving older adults associated with improved quality of life, utilization, function

↓

Identified >90 elements

How did the 4Ms of AFHS evolve?

Recognized 3 core elements common to most models:

- Cognition and mood (Mentation)
- Function and mobility (Mobility)
- Medication benefits, harms & burden (Medication)

Patients' goals and preferences (Matters most) added (core to patient-centered care)

4Ms address challenges in care of older adults

- Outcomes affected by chronic conditions and their treatments
- What matters to older adults
- Built on strong evidence base
- Interrelationships simplifies & reduces burden (for patients, caregivers, & health professionals)
- Provide common targets for all health professionals

4Ms Framework of an Age-Friendly Health System

What Matters

Mobility

4Ms

Medication

Mentation

Interrelationships among the 4Ms: Simplifies care & magnifies effect

MATTERS MOST

Mentation ⟷ Mobility(function)

Medications
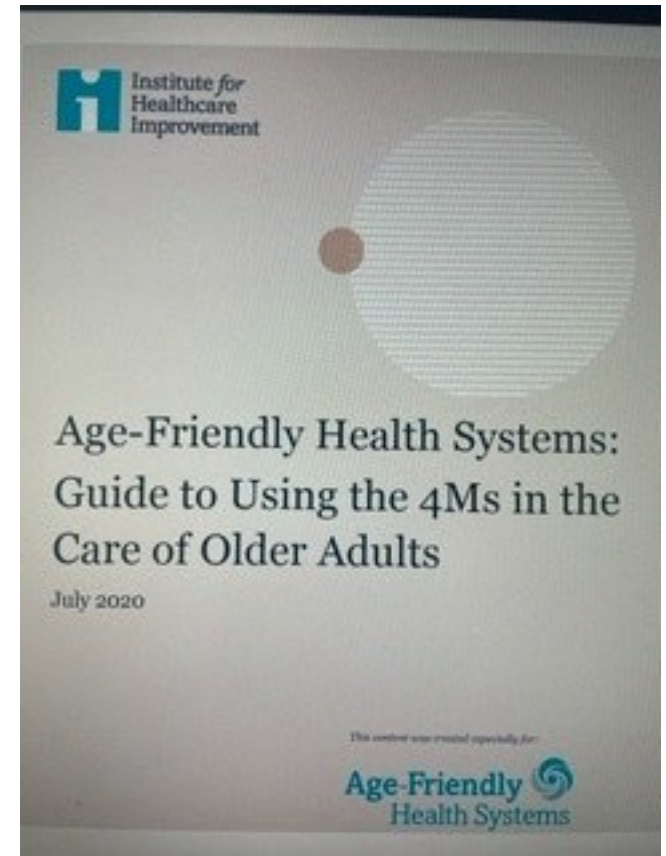(Benefit or harm mentation and mobility)
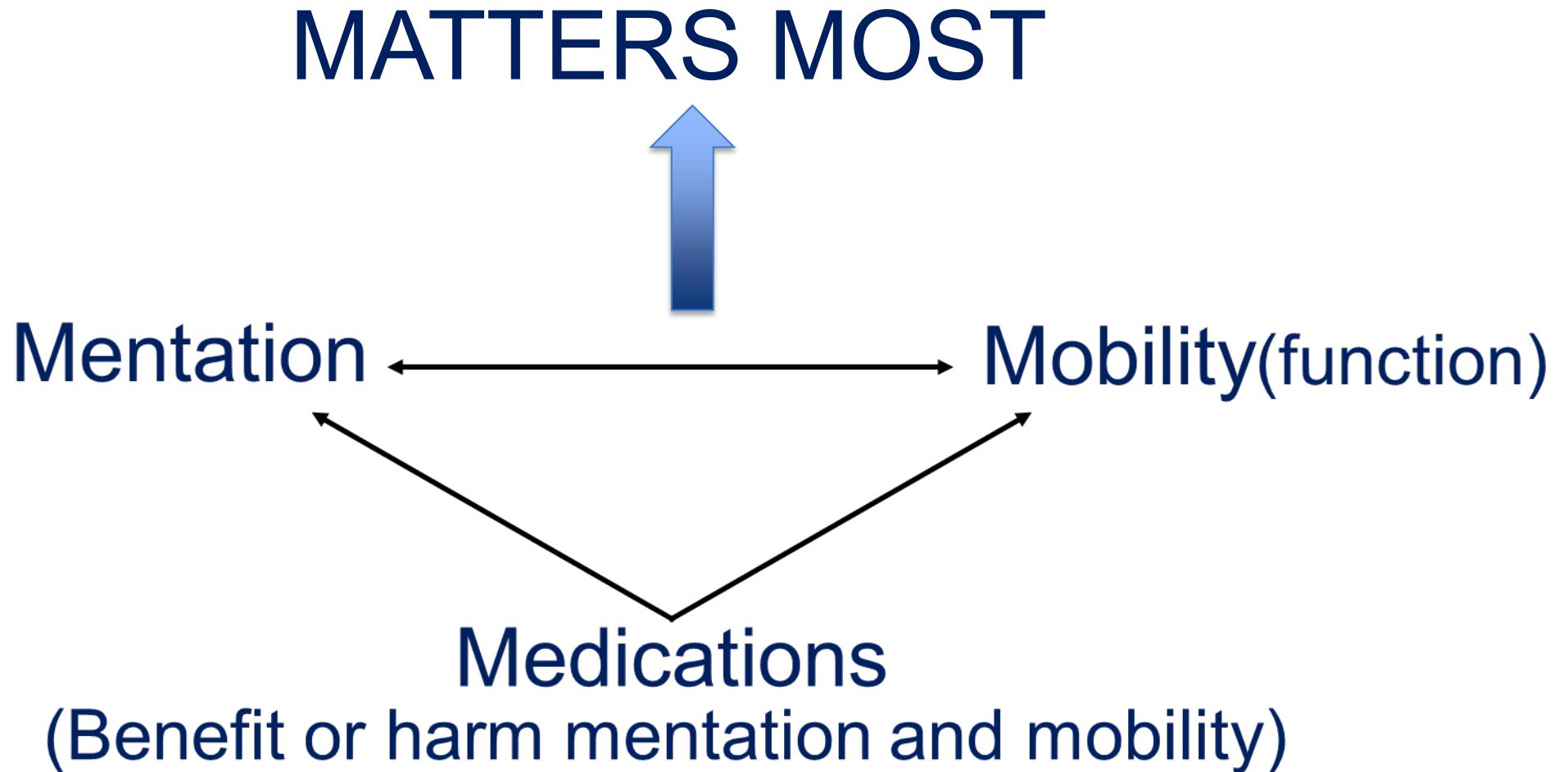
4Ms: Common target for all health professionals
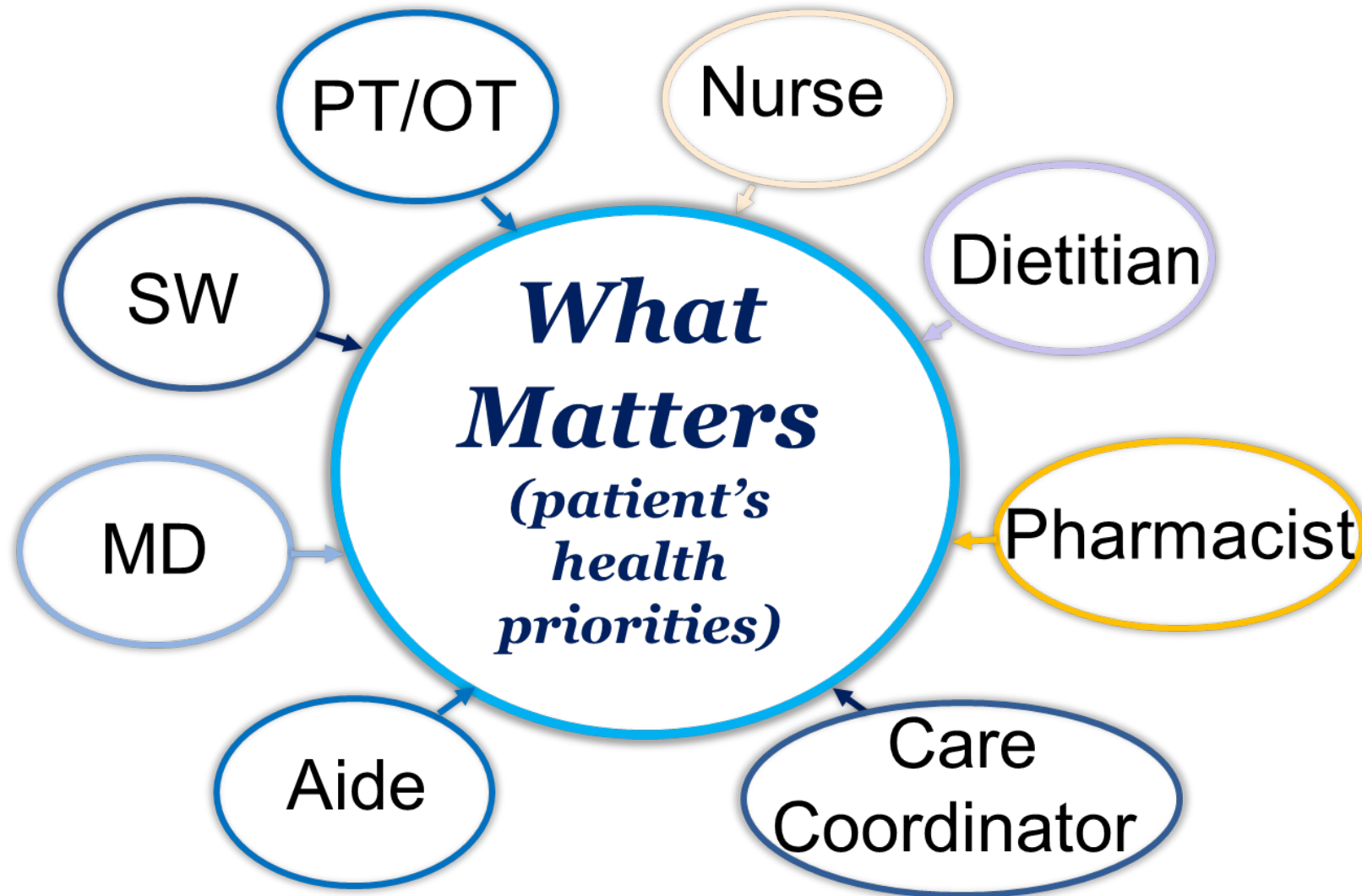
4M framework in practice

http://www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Documents/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf

4M framework in practice (hospital)

1. Ask & act on What Matters

2. Implement interdisciplinary delirium prevention & safe mobility interventions*
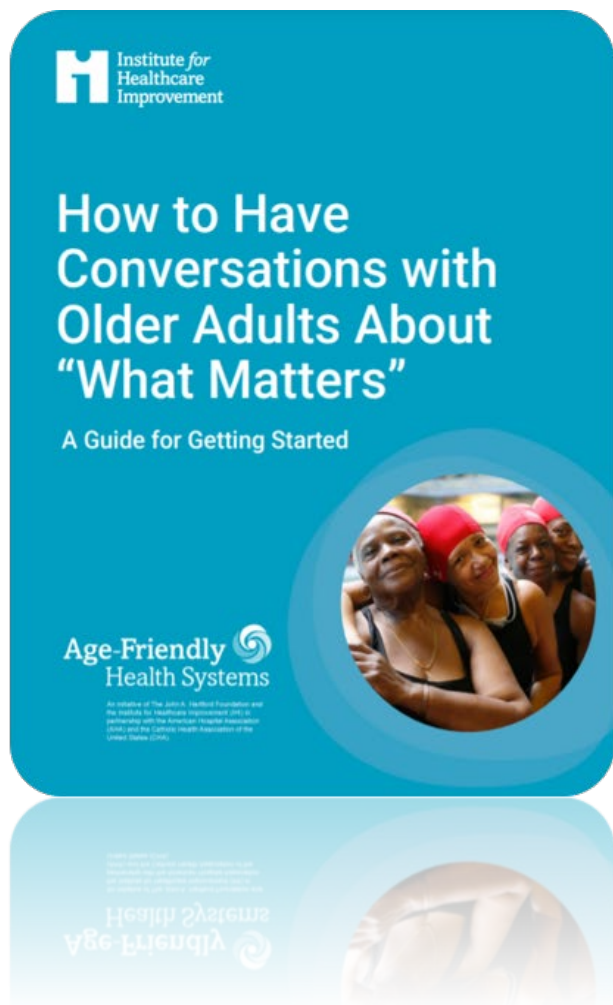
    *Same interventions

Asking What Matters: Two purposes

- Get to know person & what's important to them

- Inform care decisions

IHI – AFHS What Matters toolkit

- Agree on information (include older adults, caregivers)
- Use vetted questions (rather than make up own)
  - What is important to you today?
  - What brings you joy? What makes life worth living?
  - What do we need to know about you to take better care of you?
  - What else would you like us to know about you?
- Age-Friendly Health System What Matters toolkit

What Matters (hospital): Inform care developed for patient priorities care (patientprioritiescare.org)

Question	Rationale
"What concerns, worries you most when you think about being in the hospital."	Letting individuals express concerns & fears helps guide education & treatment
"What outcomes are you most hoping for from being in the hospital."	Identifies expectations and outcomes individual wants to achieve; focuses care

Documenting What Matters

	Physical Record	**Electronic Health Record**
Ideal for	• Brief information	• Detailed conversations • Sharing across care settings
Example	• Whiteboard • Patient Passport booklet to carry across settings	• .dotphrase in EPIC • "tags" for notes containing patients' goals and preferences • "flags" to update "What Matters" • Plan of Care section of EHR

Tips for acting on What Matters

Use patient's goals (not just diseases) in communicating, decision-making, assessing benefit

- *" I know you don't want to walk (take this medication), but are you willing to try it to help you be less short of breath and weak so you can get out by Tuesday for your granddaughter's birthday which you said was important."*
- Use what matters in interdisciplinary team huddles and decision making

4Ms: Common target for all health professionals

Getting started on asking & acting on what matters

- Identify a champion &"expert"
- Select tool for "getting to know" & informing care
- Determine who will "ask" and where to document results
- Use "What Matters as focus of team huddles, discuss how each will "act"
- Start with one person; then 5; learn & adapt

4M framework in practice: Interventions for Mentation & Mobility*

- Early & frequent **mobility** (3x/day); PT if needed
- Minimize at-risk **medications** (e.g. psychoactive)
- Remove tethers as soon as possible (e.g. IV, telemetry, catheters)
- Minimize alarms
- Ensure hydration
- Promote sleep (avoid vital signs, nonessential care 10PM-6AM)

* Same interventions

Evidence supporting multicomponent intervention for delirium, falls, mobility

Study	Intervention	Results
6-PACK	Alarms, alerts, etc. (no mobility)	Fall Rate: 1.04 (0.78-1.37)
FallSafe: QI Sustainability, Healey Age and Ageing, 2014	Postural BP; ↓ ==sedation==, fall risk assessment, footwear, ==medications==, no mobility	Fall rate: 0.75 (0.68–0.84)
Meta-analysis: Multicomponent delirium prevention	Cognition, ==early mobility==, hearing, vision, hydration, sleep, tethers, ==medications==	Fall rate: 0.38 (0.25-0.60) Hshieh. JAMA Int Med. 2015

Why mobility important in hospital

- Spend 95% of time in bed or chair (Brown, JAGS 2009; Brown CJ, 2004)

- ↓ muscle mass & strength → deconditioning → most common cause of delay in discharge

- ↓ ADLs and ↑ nursing home admission adjusting for illness severity

- Linked to pressure ulcers, venous stasis, early readmission

Why safe mobility rather than fall prevention?

- Unintended consequences of (CMS) focus on fall (injury) (Growden, JAMA Int Med 2017)
- Foster "simple" but ineffective,? harmful interventions
  - Alarms restrict mobility → can lead to aggression & infringes autonomy and dignity
- Most effective fall prevention include ↑ mobility
- Adverse effect of immobility > benefits of fall injury prevention

4Ms in Hospital: Getting started

- Identify champions
  - of age-friendly care
  - of each M

- Select population, unit, or setting to pilot

- Simple protocols - who, what, when, how

- Try with one person, PDSA cycles

- 4M-based interdisciplinary huddles, care plan, templates

Thank you

Johns Hopkins Highest Level of Mobility (JH-HLM)

8	WALK 250 FEET OR MORE
7	WALK 25 FEET OR MORE
6	WALK 10 STEPS OR MORE
5	STANDING (1 OR MORE MINUTES)
4	MOVE TO CHAIR/COMMODE
3	SIT AT EDGE OF BED
2	BED ACTIVITIES/DEPENDENT TRANSFER
1	LYING IN BED

Hoyer, J Hosp Med 2016