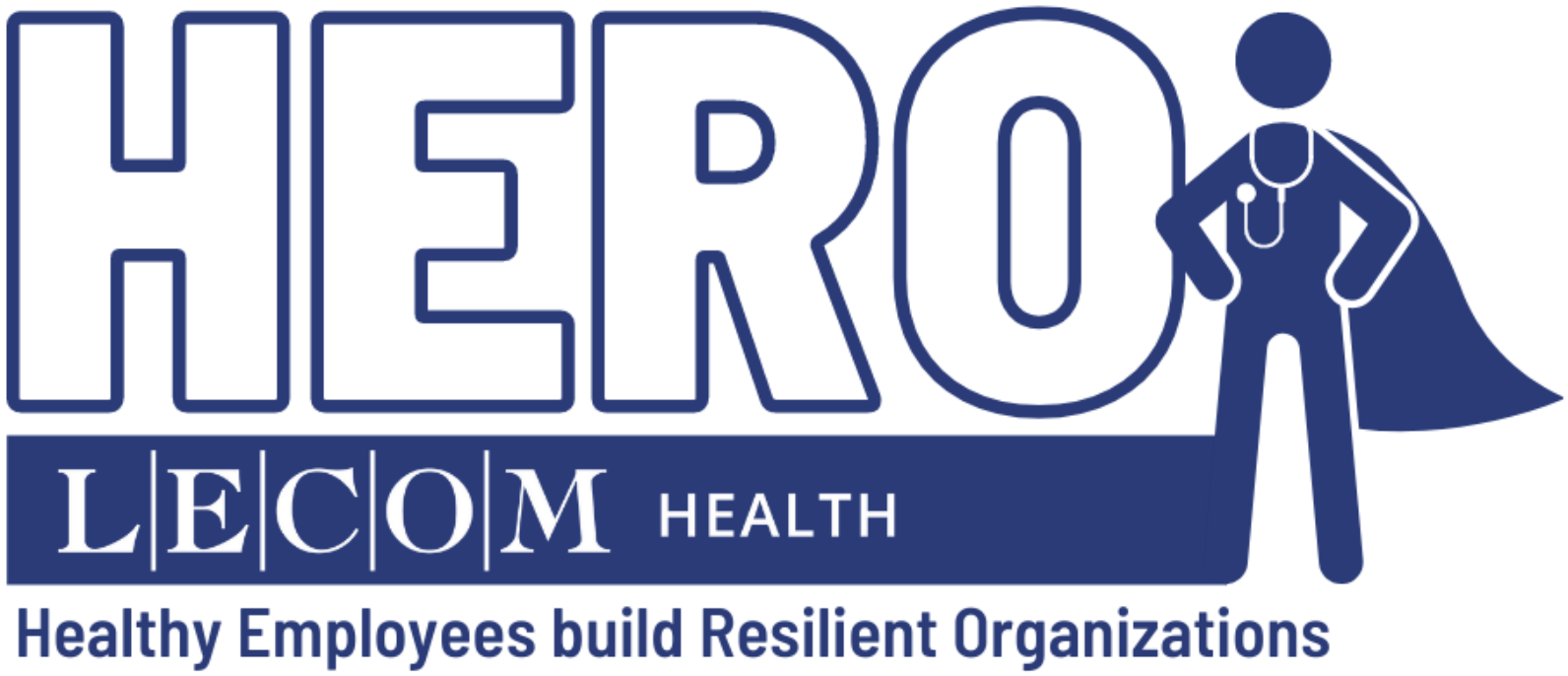
4 M's: An Age-Friendly Approach to Care



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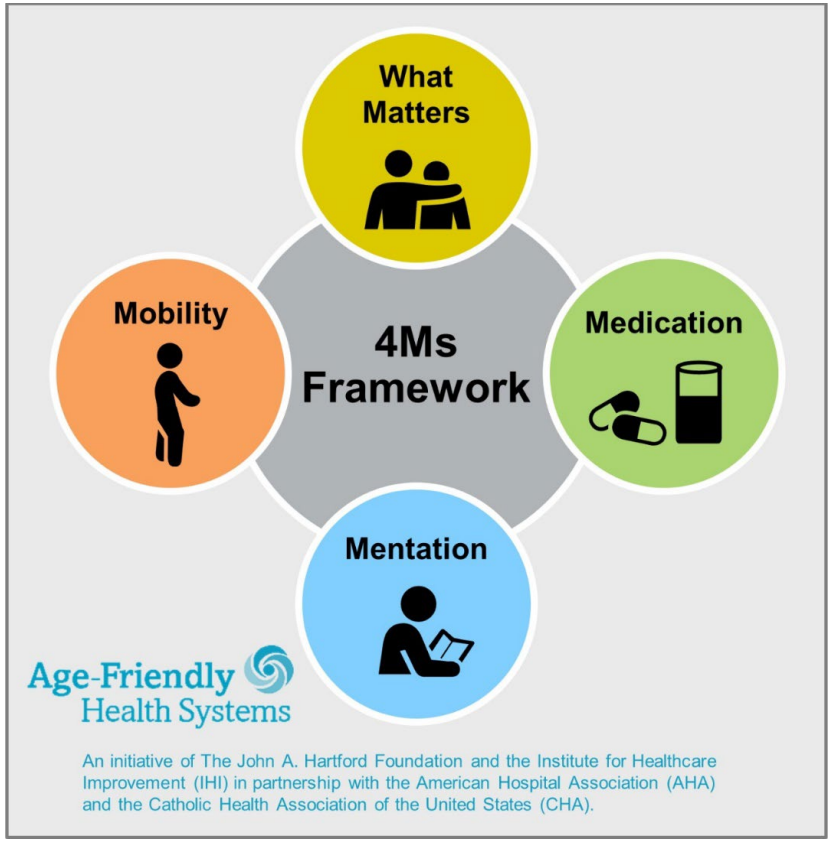
Learning Objectives

- At the completion of the training, the participant will:
  - Understand the 4M's Framework
  - Incorporate "What Matters" into a resident's plan of care
  - Choose different methods for determining "What Matters" to older adult patients
  - Understand the necessity for reviewing medications during all transitions of care
  - Identify delirium in a resident
  - Recognize fall and immobility risks in a resident
  - Apply appropriate tools for prevention of falls
  - Apply Mentation and Mobility to resident's plan of care

4 M's Framework

- The number of older adults, individuals ages 65 years and older, is growing rapidly. As we age, care often becomes more complex. Health systems are frequently unprepared for this complexity, and older adults suffer a disproportionate amount of harm while receiving care.
- 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) developed the 4 M's Framework
  1) Follows an essential set of evidence-based practices
  2) Causes no harm
  3) Aligns with What Matters to older adults and their care partners
- Apply these four evidence-based elements of high-quality care to all older adults in your nursing home
- The 4Ms
  - What **Matters**
  - **Medication**
  - **Mentation**
  - **Mobility**



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4 M's

- What Matters
  - "Know and align care with each older adult's specific health outcome goals and care preferences" [1]
  - Includes end-of-life care
  - Includes all settings of care, including skilled nursing facilities and assisted living facilities/personal care homes

[1] Institute for Healthcare Improvement. (2019, April). *Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults.*

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What Matters

- Patient-centered care
  - "Care that is respectful of and responsive to individual patient preferences, needs, and values" [2]
  - Ensures "that patient values guide all clinical decisions." [2]

[2]Institute of Medicine. (2001). *Crossing the quality chasm: a new health system for the 21st century*. Washington: National Acad. Press.

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What Matters

- Establishing what matters to the patient should occur *before* initiating care
- Ask the question, "What matters to you?" in addition to the question, "What is the matter?"

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Working What Matters Into Care Plans

- What matters should be the backdrop to every conversation with the resident and be reflected in their care plans
- Learning what matters from conversations
  - “My grandchildren and knitting are important to me”
  - “I am worried I will be too weak to attend a family reunion I’ve been looking forward to next month”
- “What Matters” conversations are more effective and actionable if they
  - Explore the resident’s life context, priorities, and preferences and connect them to the impacts of care, self-management, and care decisions
  - Are anchored to tangible healthcare events in a resident’s life

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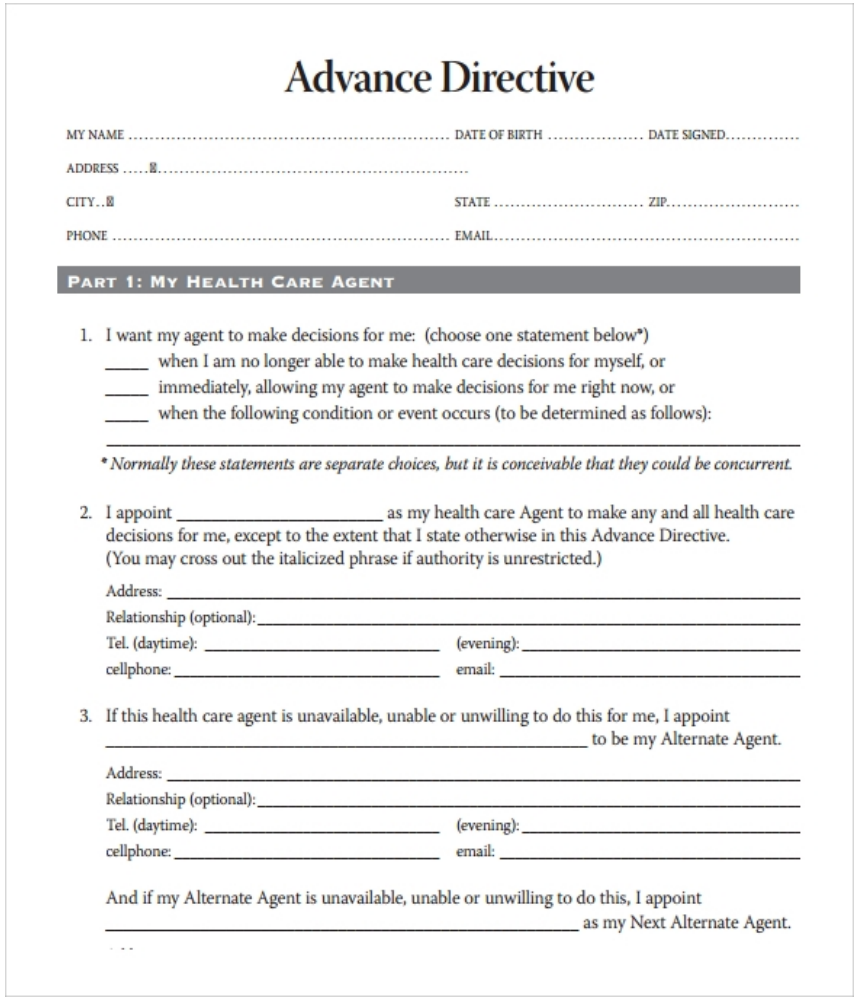
What Matters Tools

- Physician Orders for Life-Sustaining Treatment (POLST)
- Advance Directives and Living Wills
- Oral statements
  - Conversations with relatives, friends, and clinicians are most common form
  - Should be thoroughly documented in the medical record
  - Properly verified oral statements carry same ethical and legal weight as written documents



Advance Directive

MY NAME ..... DATE OF BIRTH ..... DATE SIGNED.....

ADDRESS .....

CITY.. STATE ..... ZIP.....

PHONE ..... EMAIL.....

PART 1: MY HEALTH CARE AGENT

1. I want my agent to make decisions for me: (choose one statement below*)
   _____ when I am no longer able to make health care decisions for myself, or
   _____ immediately, allowing my agent to make decisions for me right now, or
   _____ when the following condition or event occurs (to be determined as follows):
   _____

   **Normally these statements are separate choices, but it is conceivable that they could be concurrent.*

2. I appoint _____ as my health care Agent to make any and all health care decisions for me, except to the extent that I state otherwise in this Advance Directive. (You may cross out the italicized phrase if authority is unrestricted.)

   Address: _____
   Relationship (optional): _____
   Tel. (daytime): _____ (evening): _____
   cellphone: _____ email: _____

3. If this health care agent is unavailable, unable or unwilling to do this for me, I appoint _____ to be my Alternate Agent.

   Address: _____
   Relationship (optional): _____
   Tel. (daytime): _____ (evening): _____
   cellphone: _____ email: _____

   And if my Alternate Agent is unavailable, unable or unwilling to do this, I appoint _____ as my Next Alternate Agent.

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4 M's

- Medication
  - "Use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care." [1]

[1] Institute for Healthcare Improvement. (2019, April). *Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults.*

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Adverse Drug Events

- Why is medication reconciliation important?
  - Adverse drug events (ADE) account for 4.7% of admissions to US hospitals
  - Adverse drug events (ADEs) are the most clinically significant and costly medication-related problems in nursing homes
    - Estimated 93,000 deaths in nursing homes a year from ADEs
    - ADEs lead to $4 billion of excess healthcare expenditures

Medication Review and Reconciliation

Nursing Home Staff

1. Review the list of discharge medications
2. Verify continued medications
3. Make note of any new medications and those that were discontinued while in the hospital
4. Communicate the list of medications to appropriate providers, caregivers, and/or to the patient

Providers

1. Develop a list of current medications
2. Develop a list of medications to be prescribed
3. Compare the medications on the two lists
4. Make clinical decisions based on the comparison
5. Communicate the new list to appropriate caregivers and/or to the patient

Medication

- Polypharmacy
  - Increasing number of comorbidities contributes to increasing number of medications
  - Increasing potential for drug-drug interactions
  - Increasing potential for medication non-adherence
- Deprescribing
  - Evaluate the risks vs. benefits

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Medication

- AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults
  - Medications in the Beers Criteria are potentially inappropriate, not definitely inappropriate.
  - Consider What Matters to the patient.
  - Are mobility or mentation effected?

AGS Beers Criteria® Summary

- Medications to Avoid
  - Anticholinergic properties
  - Sedating effects
  - Poor renal clearance
  - Risk of orthostatic hypotension
  - Risk of hypoglycemia
  - High potential for toxicity

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- Mentation
  - "Prevent, identify, treat, and manage delirium across settings of care." [1]

[1] Institute for Healthcare Improvement. (2019, April). *Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults.*

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Mentation

- Delirium - a disorder of attention and awareness that develops acutely and tends to fluctuate
  - Disturbed consciousness
  - Acute confusional state
  - Acute mental status change
  - Altered mental status
  - Toxic or metabolic encephalopathy
- Risk Factors
  - Advanced age (≥65 years)
  - Dementia
  - Hearing and vision impairment
  - Multimorbidity
  - Polypharmacy (≥5 medications)
  - Functional impairment

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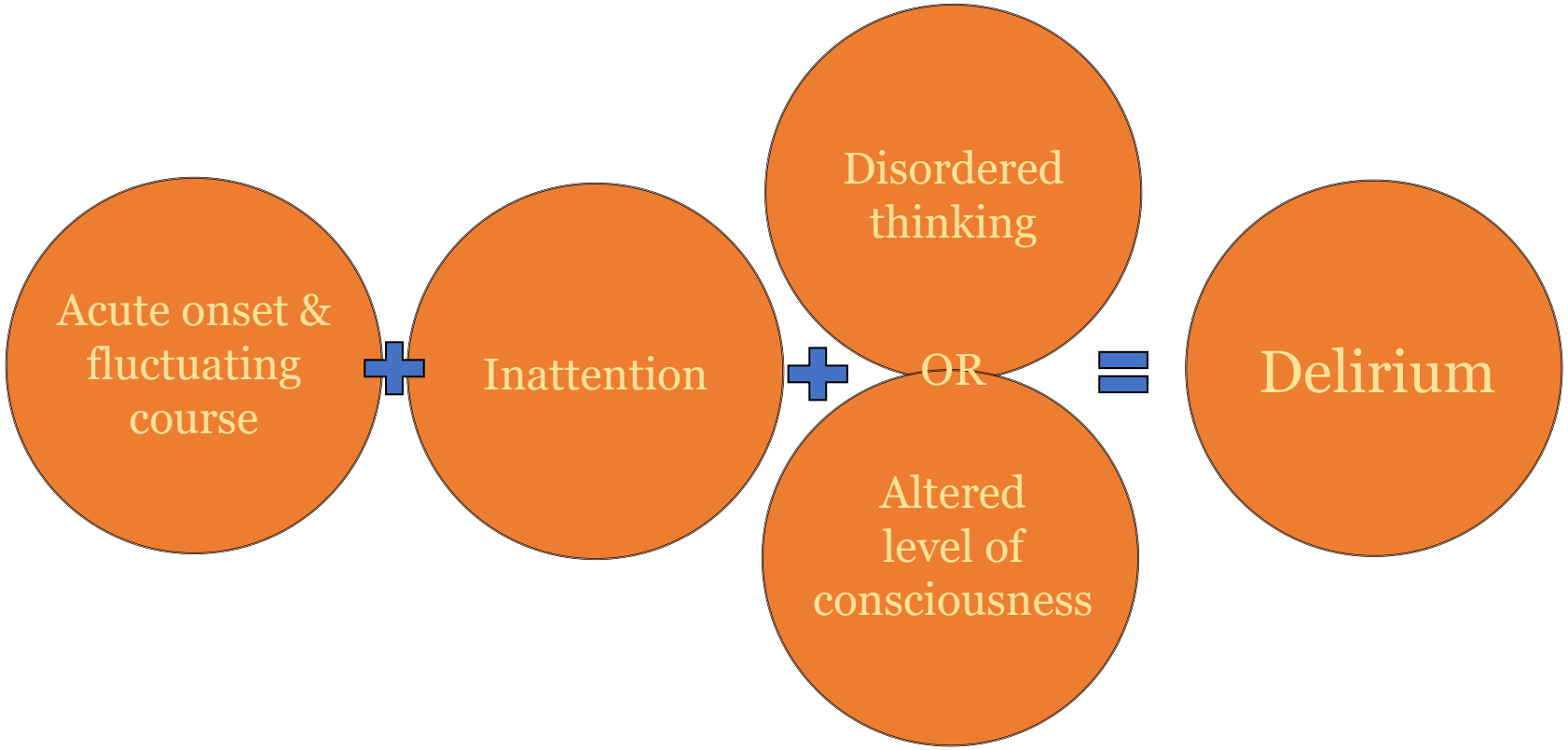
Mentation

- Confusion Assessment Method



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Causes of Delirium

- Drugs (anticholinergic medications)
- Electrolyte/lab abnormalities
- Lack of drugs (opiates, benzos, alcohol)
- Infection (pneumonia, sepsis, urinary tract infections)
- Reduced vision/hearing
- Intracranial pathologies
- Urinary/fecal retention
- Myocardial pathologies

Treatment of Delirium

- Treat the underlying cause!
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- *Benzos and antipsychotics are not the answer (unless they were recently started or stopped)

Untreated Delirium

- Failure to diagnose and manage delirium
  - Costly, life-threatening complications
    - Prolonged hospital stay
    - Worse recovery outcomes
  - Loss of function → loss of independence
  - Prolonged delirium is associated with higher risk of death (2.5x higher within one year)
- Delirium assessments are a part of the care plan

4 M's

- Mobility
  - "Ensure that each older adult moves safely every day to maintain function and do What Matters." [1]

[1] Institute for Healthcare Improvement. (2019, April). *Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults.*

Fall Assessment Tools

- Fall Risk Assessment Tool (FRAT) – Fall risk status, risk factor check list, and action plan
- Functional Reach – As reach decreases, chance of falling increases.
- Berg Scale – 14 test positions/tasks measures different aspects of balance
- Timed up and Go – separates those that can be independently mobile vs. dependent
- Tinetti – specific movements to challenge gait and balance rating older adults as a high risk vs. moderate risk vs. low risk

Fall Risks

- Cardiopulmonary status
- Medications
- Pain
- Visual deficits
- Confusion (think delirium!)
- History of falls at home or in another facility
- Activity tolerance
- Sensation
- Balance deficits
- Weakness
- Changes in weight bearing
- Unfamiliar environment

Eliminating Fall Risks

- Provide multiple sources of light
- Medication review
- Safety devices
- Balance exercises
- Regular staffing rounds
- Adjust bed and wheelchair heights
- Reduce Clutter in resident rooms
- Stable furniture

- Include these interventions in the care plan

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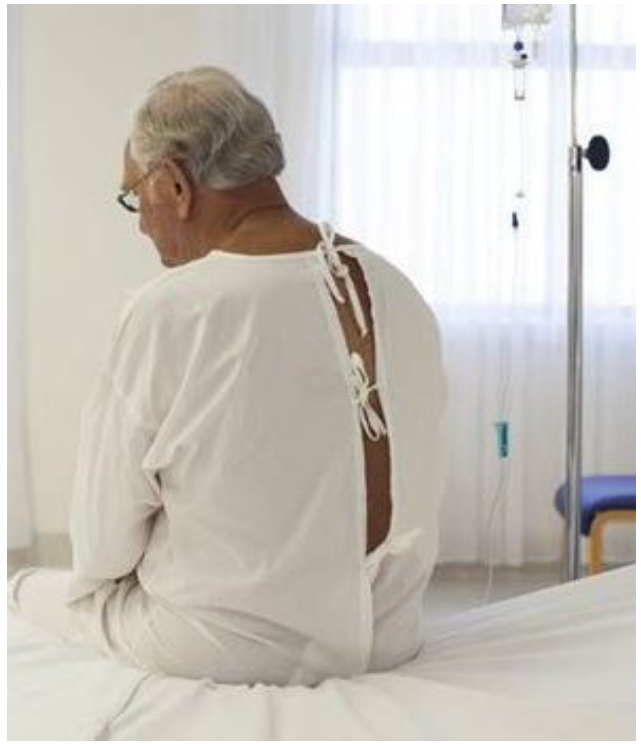
Concerns with Immobility



- Skeletal demineralization secondary to decreased weight bearing
- Loss of joint range of motion
- Decline in muscular strength
- Impairments in endurance
- Changes in skin integrity
- Decreased GI motility
- Psychological/emotional changes requiring referral to counselor/psychology services

- Get them up and moving!

Summary

- 4 M's Framework is evidence-based elements of high-quality care for all older adults in any setting
- What Matters
  - Learn what matters through conversation and forms
  - Document what matters in the care plan
- Medication
  - Review medications
  - Perform a reconciliation at all transitions of care
- Mentation
  - Identify delirium quickly
  - Treat the underlying cause
- Mobility
  - Identify and eliminate fall risks
  - Get patients moving

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