



The 4Ms of Quality Geriatric Care

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Learning Objectives

Following today's presentation, you will be able to:

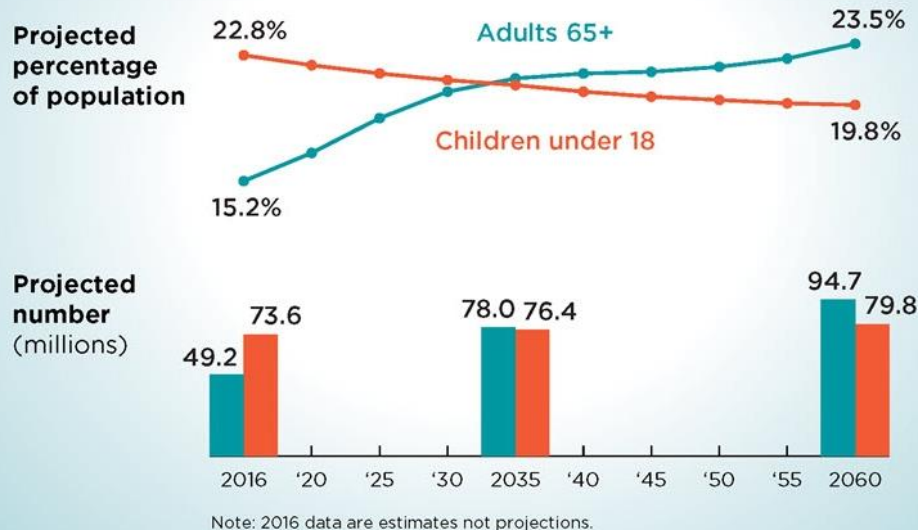
1. Identify the 4Ms
2. Explain why considering the 4Ms can result in the best care possible for older adults
3. Screen/assess for each of the 4Ms
4. Utilize Geriatric Fast Facts to assist in addressing the 4Ms



An Aging Nation

Projected Number of Children
and Older Adults

For the First Time in U.S. History Older Adults Are
Projected to Outnumber Children by 2035



Driving Forces

Demography

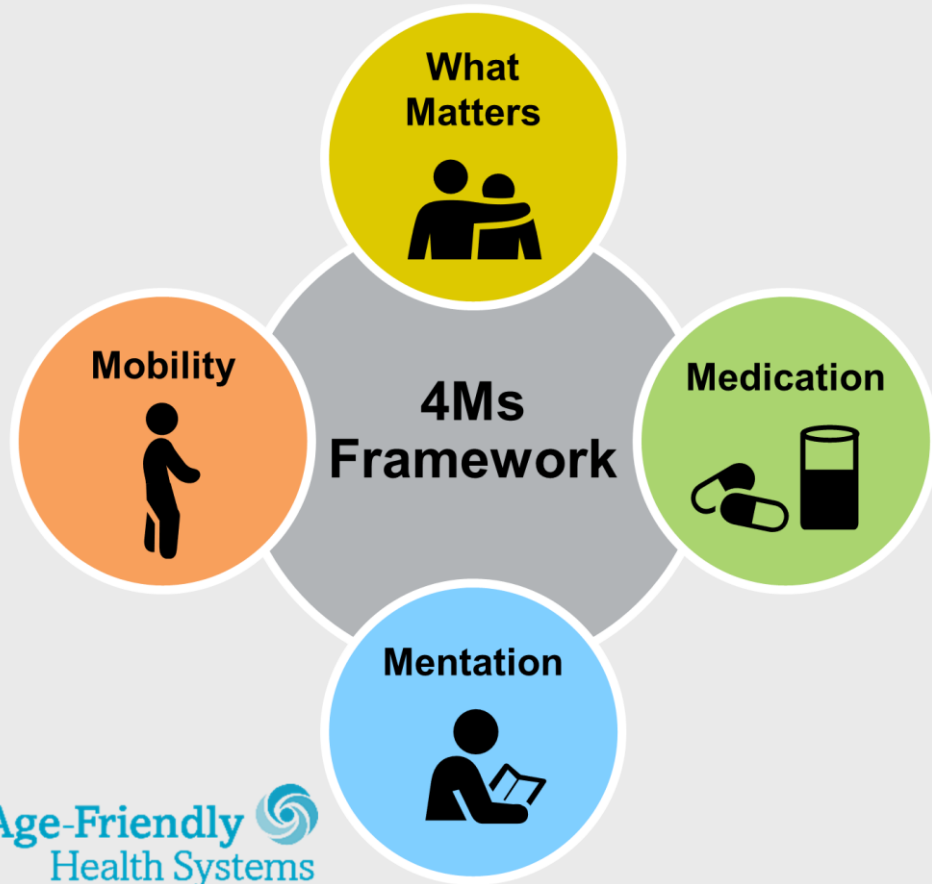
- 65+ projected to double over the next 25 years

Complexity

- 77% of older adults have 2 or more chronic conditions

Disproportionate Harm

- Older adults have higher rates of health care utilization and
- Higher rates of health-care-related harm, delay, and incoordination



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).

- Launched in 2017
- Framework for organizing care of every older adult, every day
- Set of evidence-based, best practice interventions



Age-Friendly
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, 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.

What Matters

Evidence Base (AHRQ 2013): Asking & addressing what matters...

- Decreases inpatient utilization (54% dec)
- Decreases ICU stays (80% dec)
- Increases hospice use (47.2% inc)
- Increases patient satisfaction

Care touchpoints are an ideal time to discuss

- Regular check-up
- Annual exam or Medicare Annual Wellness Visit
- New diagnosis
- Routine follow-up visit
- Admission to hospital or nursing home





What Matters

Begin by expressing an interest in getting to know the patient better and understanding what matters most to him/her.

Question Prompts

- What matters most to you in life? What makes you happy?
- What concerns you most when you think about your health in the future?
- What are some goals you hope to achieve in the next 6 months or before your next birthday?
- What is the one thing about your health care you most want to focus on so that you can do [fill in desired activity] more often or more easily?
- Do you have spiritual beliefs that are important to you?
- What are your most important goals now, and as you think about the future?
- Is there anyone who should be part of this conversation with us?

What Matters

After the Conversation

1. Document the “What Matters” conversation in EHR
 - Immediately or within 24 hours
 - Use patient’s own words as much as possible
2. Share information with the care team
3. Incorporate “What Matters” into the care plan





Mentation

Depression in primary care
doubles the cost of care
(Unutzer 2009)

Delirium detection &
treatment programs result in
16:1 return on investment
(Rubin 2013)

Dementia incidence increases
with age (Alz Assoc 2021)



Mentation – Screening Tools

Delirium

- [CAM \(Confusion Assessment Method\)](#)
- [NuDESC \(Nursing Delirium Screening Scale\)](#)

Depression

- [PHQ-2](#) or [PHQ-9](#)
- [GDS \(Geriatric Depression Scale, short form\)](#)

Dementia

- [Mini-Cog](#)
- [SLUMS \(St. Louis University Mental Status\)](#)
- [MOCA \(Montreal Cognitive Assessment\)](#)



Medications

- Polypharmacy -- use of 5+ meds -- is increasingly prevalent in older adults (Antimisiaris & Cutler 2017)
- Multiple medications increases adverse events
- Older adults receive many medications that are potentially harmful and of little benefit
- Older adults suffering an adverse drug event have higher rates of morbidity, hospital admissions & costs (Field 2005)





Medications

Medication Reconciliation

- Challenge of obtaining accurate list of all meds & OTC
- Challenge of so many team members involved

Check [Beers Criteria](#)

- List of 100+ potentially inappropriate medications for older adults
- Should be avoided by older adults in most circumstances or under specific situations, such as in certain diseases or conditions

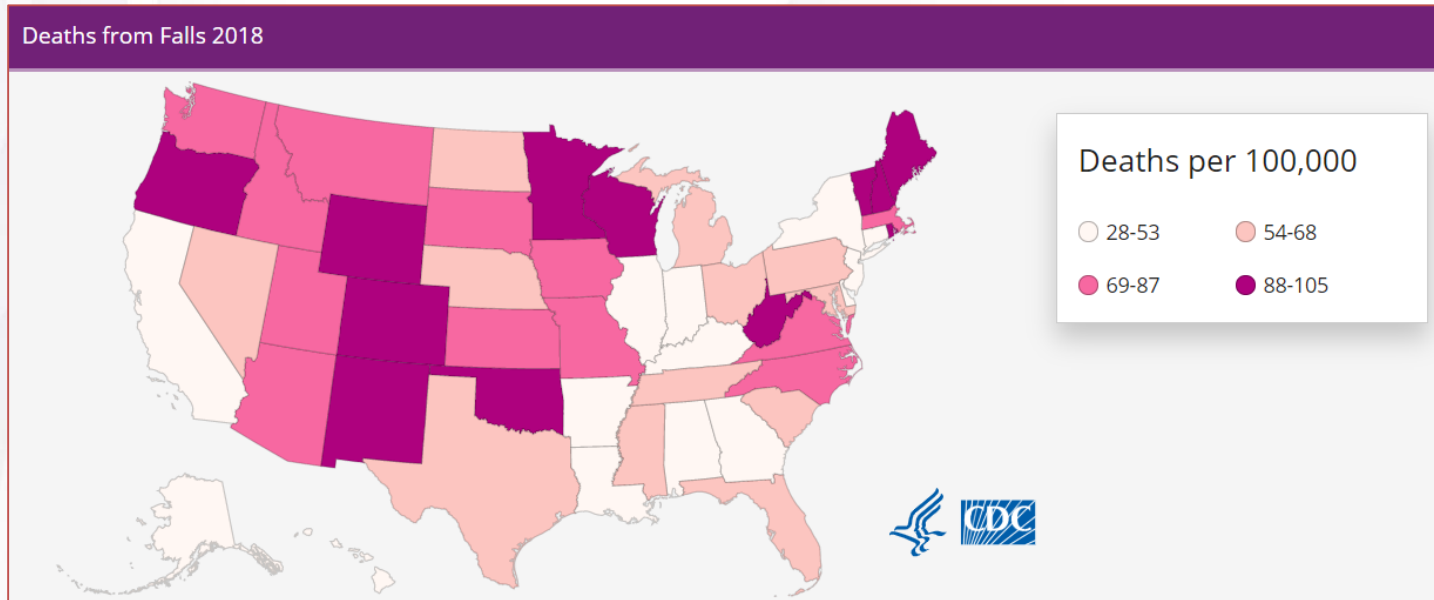
Polypharmacy Effects

- Mentation
- Mobility (falls risk)
- What Matters



Mobility

- Wisconsin leads the nation in deadly falls (2.6x national average)
- More than half of Wisconsin's deadly falls occur at home
- Older adults who sustain a serious fall-related injury require an additional \$13,316 in hospital operating cost and had an increased LOS of 6.3 days (Wong 2011)





Mobility – Screening

Timed Up & Go (TUG)

https://youtu.be/BA7Y_oLEIGY

Older adult who takes ≥ 12 seconds to complete the TUG is at risk for falling.

[Scoring sheet](#)

30-Second Chair Stand

<https://youtu.be/Ng-UOHjTejY>

Cut off scores varies by age & gender

[Scoring sheet](#)

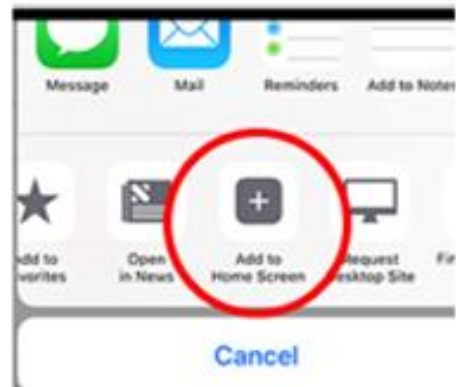
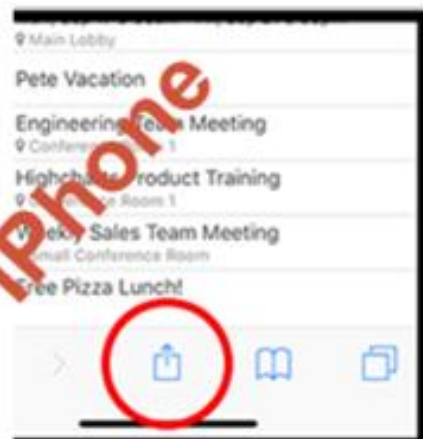
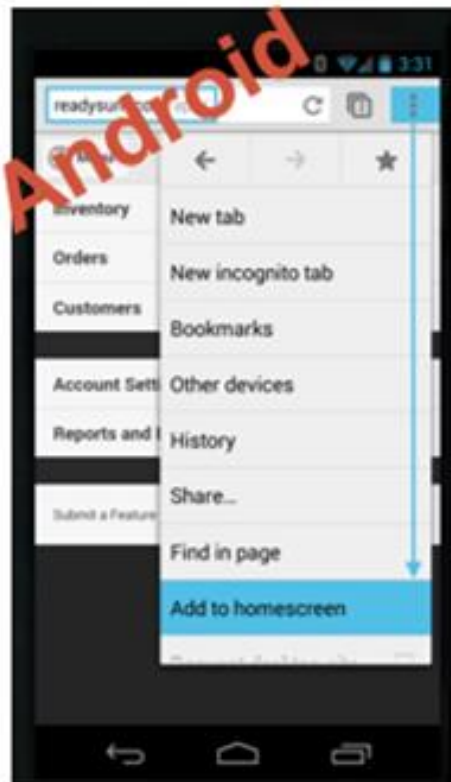


Mobility

Identify Modifiable Fall Risk	Intervention
Foot or ankle disorders	Adaptive devices for walking (cane, walker)
	Orthotics
Home hazards	Home safety evaluation (OT)
Medications linked to falls	Medication management
Poor balance	Exercise
	Strength/balance programs (Tai Chi, PT)
Postural hypotension	Medication management
	Strength/balance programs (Tai Chi, PT)
Vestibular disorder	Exercise
	Strength/balance programs (Tai Chi, PT)
Vision impairment	Cataract surgery
	Corrective eyewear
Vitamin D deficiency	Vitamin D supplementation

Go to GeriatricFastFacts.com

Add to Home Screen



Geriatric Fast Facts

www.GeriatricFastFacts.com

- Concise, evidence-based summaries of key health care issues in the care of older adults
- Viewable on all electronic devices
- Searchable by:
 - free text
 - geriatric topic
 - organ system
 - ACGME competency
 - disease
 - underlying science



Geriatric *Fast Facts*

An Example: Geriatric Fast Facts #93

The screenshot shows a web browser window with the URL geriatricfastfacts.com/fast-facts/age-friendly-healthcare-delivery-4ms. The page title is "Age Friendly Healthcare Delivery: The 4Ms - #93" and there is a "Take Quiz" button. The main text reads: "In 2017, the Institute for Healthcare Improvement (IHI), the John A. Hartford Foundation (JAHF), the American Hospital Association (AHA) and the Catholic Health Association (CHA) of the United States attempted to address the development of age-friendly health systems using a clinical framework to improve the complex care of older adults. These organizations defined and operationalized age-friendly care following the guidelines of beneficence, evidence-based medicine, and patient/family aligned goals and concerns. The 4M Framework was the result: What Matters Most, Mentation, Mobility, and Medication." Below this is an "Assessment" section with the text: "What Matters Most: aligns care to what the patient feels is most important in their life. It provides both an opportunity and tool to communicate this information with family surrogate decision makers, and the healthcare team. The framework creates a forum for difficult topic discussions such as:" followed by a bulleted list: "• approaches and limits to care (e.g., DNR, DNI, rehospitalization)", "• degree of invasiveness of therapies/treatments (e.g., surgery, chemotherapy, invasive nutrition support)", "• appropriateness of shifting towards palliative care measures or instituting other end of life care.", "• issues of independence (e.g., living arrangements, driving, personal goals).". Below the list is the text: "When the patient is unable to communicate what matters, this 'what matters most' structure creates a forum for surrogates/family to discuss what the patient would have wanted care-wise. This first 'M' emphasizes patient autonomy and decision-making." and "Useful tools and resources for defining and documenting what matters most:" followed by a bulleted list: "• POLST: Physician Orders for Life Sustaining Treatment. <https://polst.org>. State specific forms can be found by searching 'POLST' and the state or region name. and there is no national document that is universally accepted. Ideally, the search terms should include 'Power of attorney for healthcare' and the state / region name. One example is Five Wishes advance directive documents: <https://www.wishes.org>". The final paragraph reads: "Mentation: is key in determining the level of care and supervision needed by patients, as well as their ability and level of involvement in directing their health care. Dementia testing and documenting of cognitive function allow tracking of neurocognitive changes over time with benchmarking levels and rates of decline for future testing. Delirium is the brain's response to acute medical stressors and represents a more urgent form of encephalopathy. Its identification and management is often considered a medical urgency or

Geriatric Fast Facts for What Matters

#77 - Artificial Hydration at End of Life
#76 - Artificial Nutrition in Advanced Dementia Patients
#70 - Senior Housing Options
#62 - Power of Attorney for Health Care
#61 - Advance Directives
#59 - Tips for Leading Difficult Family Meetings
#43 - Driving Cessation

#42 - Driving Evaluation Tools
#36 - Should your patient have that oncology intervention
#33 - Peri-operative Management of Do-Not-Resuscitate Orders in the State of Wisconsin
#25 - Home Care Services
#22 - Home Safety Evaluation: Can I send this patient home
#6 - Initiating Renal Replacement Therapy (RRT)

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Geriatric Fast Facts for Mobility

- #81 - Environmental Causes of Falls
- #34 - Normal Pressure Hydrocephalus
- #52 - Perioperative nerve injury prevention
- #16 - Falls Risk Factors & Interventions
- #15 - Fall Etiology and Assessment
- #4 - Assessing Gait
- #3 - Stroke Impairment & Complications
Rehabilitation
- #1 - Assessment of Fall Risk Etiology

Geriatric Fast Facts for Mentation

#82 - Improving Care for Older Patients with Depression

#78 - FAQs and Resources for Dementia Patients' Caregivers

#75 - Evaluation & Treatment of Mania in Geriatric Patients

#72 - Assessment of Dementia Patients in the Emergency Department

#71 - Creating a Dementia- Friendly Emergency Department

#63 - Acute Management of Behavior Changes in Hospitalized Patients with Dementia

#60 - Medical Decision-making Capacity Assessment

#53 - Inappropriate Sexual Behavior (ISB) and the Dementia Patient

#46 - Assessment and Prevention of Delirium in ICU

#34 - Normal Pressure Hydrocephalus

#14 - Assessing Delirium

#11 - Diagnosing Dementia in Acutely Ill

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Geriatric Fast Facts for Medication

#74 - Drug-Induced Cutaneous Reactions
#73 - Deprescribing Benzodiazepines in Elderly Patients
#68 - Deprescribing Medications in Elderly Patients
#56 - Osteoporosis Treatment
#37 - Chemotherapy toxicity
#29 - Systemic Effects of Ocular Medications I. Glaucoma and Pupillary Dilation
#28 - Systemic Effects of Ocular Medications II. Age-related Macular Degeneration
#27 - Ocular Effects of Systemic Medications

#23 - Antiplatelet Therapy in Coronary Disease
#17 - Medications in Geriatric Otolaryngology
#13 - Hypertension
#12 - Caution: Perioperative Surgery Medications
#10 - Anticoagulation in the Geriatric Surgical Patient
#9 - Managing Pain in Elderly Rib Fracture Patients (>65 years)
#7 - Pharmacologic Aspects of Renal Drug Clearance



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Worksheets for Tracking 4Ms in Patients



HOSPITAL SETTING

	WHAT MATTERS	MEDICATION	MENTATION – DELIRIUM	MOBILITY
Aim	Know and align care with each older adult’s health goals and care preferences including, but not limited to, end-of-life care.	If medication is necessary, use age-friendly medication that does not interfere with What Matters, Mobility, or Mentation.	Prevent, identify, treat, and manage delirium across settings of care.	Ensure that each older adult moves safely every day to maintain function and do What Matters.
Engage / Screen / Assess	List the question(s) you ask to know and align care with each older adult’s specific outcome goals and care preferences:	Check the medications you screen for regularly: <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Opioids <input type="checkbox"/> Highly-anticholinergic medications (e.g.,	Check the tool used to screen for delirium: <input type="checkbox"/> UB-2 <input type="checkbox"/> CAM <input type="checkbox"/> 3D-CAM <input type="checkbox"/> CAM-ICU	Check the tool used to screen for mobility limitations: <input type="checkbox"/> Timed Get Up & Go <input type="checkbox"/> JH-HLM <input type="checkbox"/> POMA



AMBULATORY or PRIMARY CARE

	WHAT MATTERS	MEDICATION	MENTATION: DEMENTIA	MENTATION: DEPRESSION	MOBILITY
Aim	Know and align care with each older adult’s health goals and care preferences including, but not limited to, end-of-life care.	If medication is necessary, use age-friendly medication that does not interfere with What Matters, Mobility, or Mentation.	Prevent, identify, treat, and manage dementia across care settings.	Prevent, identify, treat, and manage depression across care settings.	Ensure that each older adult moves safely every day to maintain function and do What Matters.
Engage / Screen / Assess	List the question(s) you ask to know and align care with each older adult’s specific outcome goals and care	Check the medications you screen for regularly: <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Opioids <input type="checkbox"/> Highly-anticholinergic	Check the tool used to screen for dementia: <input type="checkbox"/> Mini-Cog <input type="checkbox"/> SLUMS <input type="checkbox"/> MCAE	Check the tool used to screen for depression: <input type="checkbox"/> PHQ-2 <input type="checkbox"/> PHQ-9 <input type="checkbox"/> GDS short form	Check the tool used to screen for mobility limitations: <input type="checkbox"/> Timed Up & Go <input type="checkbox"/> JH-HLM



Questions?