

## Background

Anne Arundel Medical Center (AAMC), an accountable care organization (ACO), serves more than 1 million people in Maryland and Washington, DC, area. With more than 1,000 medical staff members, AAMC consistently receives awards for quality, patient satisfaction, and innovation. AAMC's mission is to enhance the health of the people they serve; their vision is living healthier together.

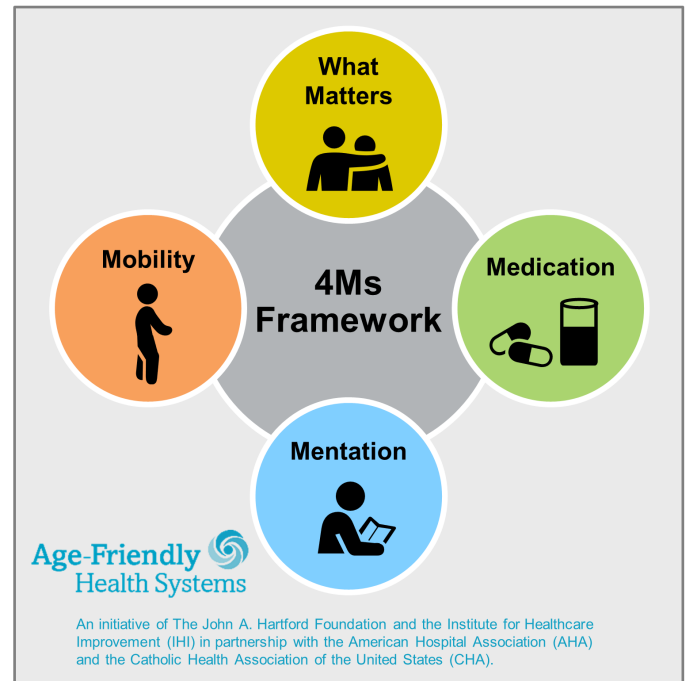
AAMC joined the Age-Friendly Health Systems movement to advance its leaders' determination to reduce harm, improve patient experience, and reduce length of stay for older adults in their health system. They had established an Acute Care of the Elderly (ACE) unit in 2013, and AAMC teams had already demonstrated dedication to age-friendly care.

## Approach

In late 2017, AAMC applied to become one of the pioneers in Age-Friendly Health Systems, an initiative of the Institute for Healthcare Improvement (IHI) and The John A. Hartford Foundation, in partnership with the American Hospital Association and the Catholic Healthcare Association of the United States. The staff caring for older adults knew they had strong support from senior executives, as well as support from the AAMC Board of Trustees and AAMC Foundation Board of Directors.

"There was nobody that didn't think this was a good idea," says Lil Banchemo, Senior Nurse Director at the Institute for Healthy Aging at AAMC. "The culture was there and ready to go. We just needed some structure. Once we got some structure from IHI and Hartford [Foundation], we just ran with it."

AAMC committed to providing age-friendly care, defined as evidence-based care that reliably implements the "4Ms": What Matters, Medication, Mentation, and Mobility (see Figure 1).



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

Figure 1. 4Ms Framework of an Age-Friendly Health System

One key step early on was to engage an older adult named Randel Smith as a patient advisor. The team went regularly to meetings in Boston, roughly every two months. Smith joined them every time and subsequently discussed ideas with the other advisors. Typically, health systems "want to do the work, show it to the advisors, and ask, 'What do you think?'" says Banchemo. In contrast, "Things that need to be vetted by patients, we make sure they're involved from the beginning."

What Matters is the cornerstone of this work, informing the other three Ms. To raise awareness about What Matters, AAMC participated in What Matters Day, an annual national event that takes place in June. Banchemo and her colleagues stood outside the hospital cafeteria and asked passing staff to write answers to the question, "What matters to you?" on sticky notes. Then they posted the sticky notes on a designated wall.

Those who filled them out received a T-shirt that said, “What matters to you matters to me.” People wrote about their kids, their partners, about wanting to see the sun. “Everyone has something that matters to them,” says Banchemo. “What’s your sticky note? What’s your What Matters?” They took pictures of the wall, and now, if you visit AAMC, you will see frontline staff from various departments wearing those T-shirts.

Meanwhile, age-friendly care became part of their annual operating plan, and AAMC raised public awareness through a podcast, radio, media coverage (such as articles in *Forbes* and a local newspaper), as well as a *New England Journal of Medicine Catalyst* article. They also offered webinars, family education, and NICHE (Nurses Improving Care for Health System Elders) presentations in 2018 and 2020.

The following overview describes AAMC’s activities related to each of the 4Ms.

## What Matters

Care teams tailor each older adult’s care plan to their goals as discussed during What Matters conversations. Every day in the hospital, nurses ask the patient “What matters to you?” Then, care team members discuss the older adult’s goals during team rounding. They use the “What Matters” flowsheet in their electronic health record (EHR) and whiteboards on the units, where patients can write What Matters and anyone walking into the room can see it. Nurses also structure wellness visits, which are reimbursed by Medicare, around the 4Ms.

## Medication

Providers make prescribing decisions after reviewing the Beers Criteria for potentially inappropriate medication use in older adults, which are built into the EHR. The EHR also auto-generates a CP2 (clinical prioritization) score, which guides the unit’s pharmacist on patients with higher medication assessment needs. After reviewing the medications list, the unit pharmacist makes recommendations to the hospitalist and discusses changes with the patient.

Care teams are also paying more attention to care transitions related to Medication. “All of a sudden we were more aware of it,” says Banchemo. “Why is that person coming back [to the hospital]?” When you look at medication, most people return within 30 days because there’s a medication issue.” The AAMC team started asking, “Who’s looking at their medications every day? Is there someone there to help them? Can we deprescribe?”

## Mentation

AAMC built Brief Confusion Assessment Method (bCAM) delirium screening questions into the EHR and also started screening for dementia. In addition, they employ a variety of strategies to engage older adults mentally: diversion carts with activities, group lunches with other patients on the unit (before COVID-19 necessitated social distancing), and other group activities.

Dehydration can impair mentation, so they have made easier-to-use water cups available to facilitate drinking water for older adults. Sleep deprivation is another mental impediment, so to prevent interruption of sleep, they ceased the 4:00 AM vital signs check. Other offerings include ACercize (daily exercise for those who are able, which contributes to both Mentation and Mobility) and animal therapy.



## Mobility

A doctor assesses each patient every day, and a Mobility/Quality Tech ensures that patients move every day. As mentioned above, they offer ACercize for those who can participate. Another tactic is taking away bedpans at night so that older adults are more likely to get out of bed.

AAMC previously had a falls committee, but they’ve reimaged that, adapting it into an interdisciplinary team called the “safe mobility” committee. One aspect of the committee’s work is monitoring individual units and giving them mobility scorecards. They sponsored a mobility contest, in which nine acute care units competed to walk the most patients and have the highest percentage of documentation. The winners received T-shirts reading “Movement Is Medicine.”

## Outcomes

The adoption of the 4Ms is associated with reduced 30-day all-cause readmissions for older adults.

All-Cause Readmission Rate: 65 to 84 years	
April 19	September 19
12.74	11.75

All-Cause Readmission Rate: 85+ years	
April 19	September 19
15.27	11.90

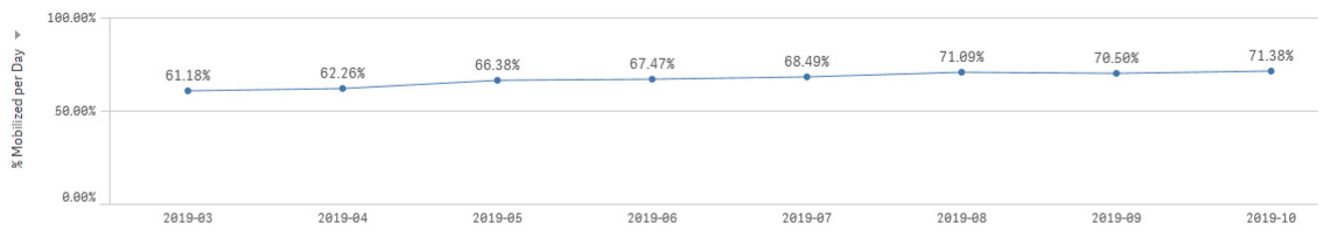
AAMC recognizes the power of stories to demonstrate impact. One patient on the ACE unit was experiencing serious health problems. He stated that his desire was to stop fighting and pass peacefully. However, a few members of the care team believed he should be encouraged to continue. But after a What Matters conversation with the older adult and his wife, he elected to go into hospice, where he died peacefully. His obituary stated that in lieu of flowers, his family would like contributions to go to the ACE unit as thanks for the exemplary care.

Another older adult mentioned, during a mobility session, that she really just wanted to watch a movie and enjoy some popcorn. She had been on a ventilator in critical care in the hospital for an extended time, then transitioned to the ACE unit and was improving. The ACE unit Mobility/Quality Tech arranged a movie viewing for her that afternoon. This story illustrates the importance of being flexible and always keeping the focus on What Matters.

Mobility as a process measure has also increased for older adults.

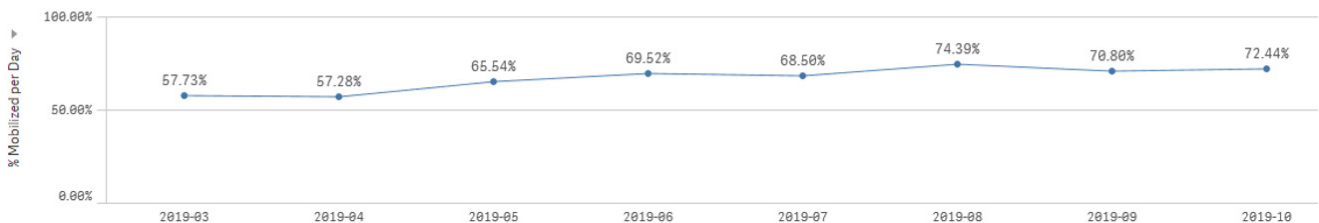
### 65-84 years ..... 16.67% increase

Mobility Initiative Measures Over Time



### 85+ years ..... 25.48% increase

Mobility Initiative Measures Over Time





## Lessons Learned

The AAMC team recommends starting with What Matters because it was highly motivating, and it tied into what they were already doing. Their ACE unit was an ideal learning lab where they could run quick Plan-Do-Study-Act (PDSA) cycles and then spread successful strategies to other units.

In listening to patients and families, AAMC staff have learned that their elderly patients are not only medically complex, but socially complex as well. They cannot treat the disease process without consideration of social dilemmas. To provide age-friendly care, they must provide guidance for both.

If they were to start over, the AAMC team would secure at the outset dedicated project management and data analytics support, as well as more engagement from leadership and finance. They would also engage an IT analyst from the start.

Banchero says they've found success by reaching out beyond their institution. "It's not in the four walls of the hospital. We need to reach out into the community, primary care offices, surgery, physical therapy. We're impacting all the tentacles of health care and patient care, because the work just has to spread."

They are inspired by progress, even when it's modest. Before implementing the 4Ms, "we didn't even know who's walking and who's not." Now, "units in the 40th percentile are up to the 60th. As long as you see positive trends, that's what motivates us."

Fundamentally, they are motivated by the goal of providing the best possible care for older adults. "I don't know why anybody wouldn't want to do this kind of work," says Banchero. "It's a movement, it really is."

*The Institute for Healthcare Improvement is grateful to the Anne Arundel Medical Center team who devoted their time and passion to this work. Specifically, we would like to thank Barbara Jacobs, RN, Vice President of Nursing/Chief Nurse Officer, and Lil Banchero, MSN, RN, Senior Nurse Director, Institute for Healthy Aging, for their leadership in the adoption of the 4Ms at Anne Arundel and in the Age-Friendly Health Systems movement.*

### What Is an Age-Friendly Health System?

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults: What Matters, Medication, Mentation, and Mobility.

Visit: [ihi.org/AgeFriendly](https://ihi.org/AgeFriendly)