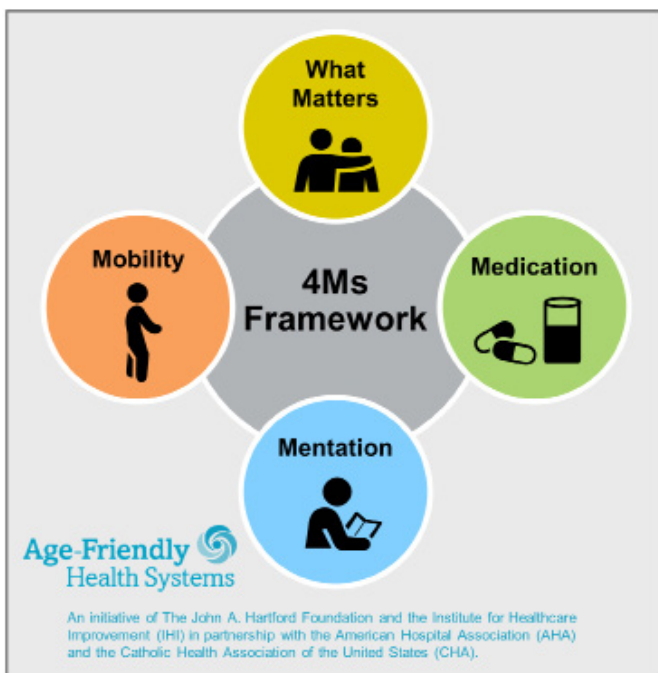


Background

Hebrew SeniorLife is a leading provider of senior care in the Boston area that has served the community for more than a century. Built on the Jewish tradition of honoring elders, Hebrew SeniorLife is open to residents of all faiths and backgrounds. The facility is affiliated with Harvard Medical School, and is home to the Marcus Institute for Aging Research. Through these partnerships, they have pursued a number of pilot studies and a focus on research and continuous improvement.

Hebrew SeniorLife is currently participating in a nursing home prototyping initiative sponsored by Age-Friendly Health Systems. Age-Friendly Health Systems is an initiative of IHI and The John A. Hartford Foundation, in partnership with the American Hospital Association and the Catholic Health Association of the United States. In Age-Friendly Health Systems, age-friendly care is defined as care that is based in the “4Ms”: What Matters, Medication, Mentation, and Mobility (see Figure 1).

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



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

Hebrew SeniorLife’s executive leadership was seeking to be recognized as an Age-Friendly Health Systems, and they learned that IHI was launching a nursing home prototyping initiative to implement the 4Ms in senior care facilities. “There was great alignment” between the facility’s goals and the aims of the initiative, said Sarah Sjostrom, Associate Chief Nursing Officer at SeniorLife.

Starting small and scaling up

Before the prototyping initiative, Hebrew SeniorLife was already doing a lot of work related to the 4Ms. For Medication, for instance, the clinical team was assessing appropriate use of antipsychotics and recommending gradual dose reductions. The pharmacist was simultaneously conducting resident reviews in order to make recommendations for reductions in polypharmacy. In addition, they offered activities and daily groups ranging from dance, men’s and women’s fitness groups, guest speakers, and guest performers, all of which address Mobility or Mentation or both. “We felt like there were pieces of the puzzle that were already in place,” said Laura Hunt, Nurse Manager of the facility’s second floor.

When they began the prototyping initiative, they started small. “We focused on one M with one resident,” said Joe Rodriguez, Nurse Manager of the third floor. That was Mobility, with a wheelchair-bound resident. The team engaged physical therapy, and got her involved in a walking program, which provides assistance walking from her room to the dining room and back.

Over time, they branched out to implementing all 4Ms with five residents—engaging them individually to learn what mattered to them, especially in terms of the other 4Ms. Which groups did they want to join to reduce isolation and enhance mood in tackling Mentation? What exercises or activities did they enjoy that could enhance physical function when tackling Mobility? Gradually, they continued expanding to new residents, until they had reached all 14 of the residents in that unit, over a four-week period.

A focus on Mobility

Mobility has been a particularly successful area of focus. On the third floor, the team has introduced the residents to various tools, such as recumbent bikes and hand cycles. The residents have been eager to use them. Sometimes a resident will see another resident using a tool, and say, “Hey, what are you using? I want one too,” said Sjostrom. “It became a little bit of a competition. “You can see changes in their level of engagement as they enhance their own perceptions of their health and well-being.”

One of the first residents the team selected to work with was a former member of the military who enjoyed calisthenics. He was not an easy person to care for, though: one resident care assistant (PCA) found him challenging to work with and, as a result, felt anxious about coming to work. However, after the resident was offered the opportunity to participate in calisthenics, his attitude changed dramatically. The same PCA said, “I love him, he’s so great.” It was highly gratifying, said Sjostrom, “to see that this could have an impact on his behaviors and connecting him to the staff.” In fact, his behavior improved so much that his family suggested that he might no longer need to be in the facility. But, Sjostrom said, “We think he’s thriving because he’s here.”

She added, “How awesome is it if the care we render improves someone’s quality of life to the point when that they think they don’t need us anymore?”

Lessons learned

The team rolled out this initiative through a casual conversation that Rodriguez and Nursing Manager Lozel Greenwood each had with staff on their units. In retrospect, Rodriguez thinks, “The education piece should have been a little more formal.” (They did later go back and offer formal education for involved staff after the rollout.) They recommend offering a formal education session and materials to all staff, explaining age-friendly care, the 4Ms, and what will be expected of them. They are currently preparing to implement the 4Ms in additional neighborhoods and with greater expansion to the Memory Support Unit, and this time, they plan to explain the bigger picture at the outset.



The team has also noticed the importance of having a dedicated team that works together well. “It’s really critical – the commitment of the care team, their ability to understand and carry out their role, and the leaders ensuring accountability for the team working together to deliver this care,” said Sjostrom.

Although they already had a lot of pieces in place, the 4Ms have given them a new way of framing the care they provide. “I think it’s enlightening to look at it as a full package,” said Sarah. “I think that focus and intention allowed us to think more about how we could bring these things together—thinking of What Matters as being something that impacts all of these different realms.”

The Institute for Healthcare Improvement is grateful to the Hebrew SeniorLife team who devoted their time and passion to this work. Specifically, we would like to thank Sarah Sjostrom, RN, Joseph Rodriguez, RN, Lozel Greenwood, RN, Charlene Schmitt, RN, Anna Changxiu Qiu, RN, Dadie Petit-Frere, PCA, and Balckis Saint-Louis, PCA.

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