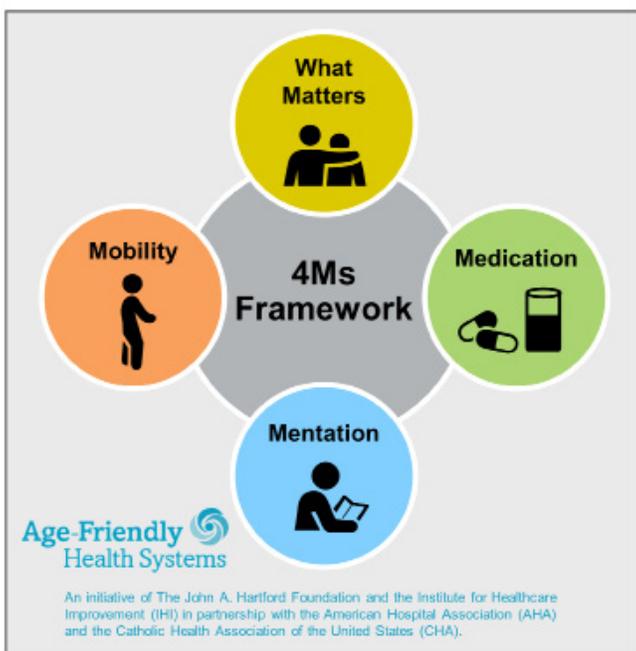


## Background

Maryland Baptist Aged Home is a standalone, 29-bed facility in Baltimore, Maryland that provides expert nursing care in a family-oriented environment. The majority of their residents are African American and have a diagnosis of mental illness. Because of their leadership in the African American community and success in addressing the COVID-19 pandemic (all staff are vaccinated and there have been no positive cases throughout the pandemic) the organization had been contacted by the Institute for Healthcare Improvement (IHI) about joining an Age-Friendly Health Systems nursing home prototyping initiative

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](http://ihi.org/AgeFriendly)

## Starting with the most challenging

When Mary, a woman in her eighties with a mental illness, was first admitted to Maryland Baptist Aged Home, her behavior was highly disruptive. She often refused to take her psychiatric medication, and at these times she would scream, run through the hall, and sit on the floor and refuse to move. “When she got upset, she could really upset the whole building,” said Josephine Mungin, Director of Nursing.

Using the 4Ms framework, the staff decided to approach Mary in a different way. They started asking her about the reasons she didn’t want to take her medicine. “One of the complaints was when she took the medication she went sound asleep,” recalled Miss Mungin. This reduced the disruption in the nursing home but had a negative effect on her quality of life. She told us, ‘Once you give me the medicine, I can no longer function.’”

The staff consulted the facility’s pharmacist, and he offered suggestions for decreasing the dosage on some of her medication and switching others from pill to liquid or patch form. Through these conversations, they also learned that she had previously worked as a house cleaner, and they offered her the task of sweeping the porch every morning. The team also tried engaging Mary in folding laundry but she wasn’t interested so that was not continued. The team discovered that Mary liked to go on outings and spend time outside, but her behavior made it difficult for the staff to follow through on that for her. They established a behavior contract with Mary and when Mary completed her part of the contract staff took her out for a shopping trip to a Rite Aid pharmacy. Mary bought snacks, makeup, and a home perm for her hair. The shopping trip went as planned, and she came home and gave herself the perm. And, Miss Mungin said, “She looked great.”

The results of these small changes were astonishing. Mary became one of the friendliest, most social residents in the building. The team said, “We saw a whole new person.”

This experience demonstrated the power of What Matters, and also shows how the 4Ms are all interconnected. Listening to what mattered to Mary, they were able to appropriately adjust her medication, which in turn affected her mentation. It also affected her mobility. Previously, she often stumbled when she walked and was somewhat bent over. When her medication doses were decreased, she started to walk upright. Sweeping the porch also engages her in physical activity, as well as making her feel useful and valued—which goes back to What Matters.

## Changing staff perspectives

Mary's is a particularly striking success story, but the staff at Maryland Baptist have been applying the 4Ms throughout the facility. The fundamental change is a new attitude. "We started looking at the resident as a specific individual rather than looking at them as disease entity," said Miss Mungin.

At first, they feared that getting involved in this initiative would mean additional work. As with any change, some staff members initially resisted. It has taken time to get everyone on board. The Director of Nursing first spoke to the Medical Director, then their psychiatric practitioner, their pharmacist, and rehab.

"We started looking at the residents and the four components that we had," said Miss Mungin. "We really looked at what can we do for you, rather than what we want done for the resident." She added, "We are always supposed to start care planning for discharge planning. We started looking at what can we do for this resident now. How can we make this a homelike setting?"

And as it turned out, once they began implementing the program, a team member said, "It actually made our job easier." The 4Ms framework served as an organizing and simplifying principle. Focusing on What Matters for each resident is a north star that guides the rest of the work.

The staff now apply the 4Ms to all new residents as soon as they are admitted – and sometimes before admission. "When they come in the door we start," said Miss Mungin. For those already residing in the facility, the staff have been gradually expanding the number of residents who receive 4Ms care.

## Engaging the interdisciplinary team

From the outset, Maryland Baptist incorporated nursing, social work, activities, aides, and other staff in the Age-Friendly work. Activities played a key role in the project in assessing What Matters. Activities staff know the residents and residents trust them. They got residents interested in discussing What Matters, being open minded and turning it into a game so people could answer questions freely. These were not required tasks by social work or administration, but an activity to engage residents. Sandra, who leads activities for the facility, says this approach has changed her work as well. Activities used to be structured by the calendar and specific times she offered activities, but found she had to change that. "The more you listen to residents, the better input you get, and this changes what you offer and when you offer it."

*The Institute for Healthcare Improvement is grateful to the Maryland Baptist Aged Home team who devoted their time and passion to this work. Specifically, we would like to thank Johana Walburn, CTRS, LNHA, MA, Josephine Mungin, RN BSN, Roshona Hall- Social worker, MSW and Sandra Adams.*

### 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)