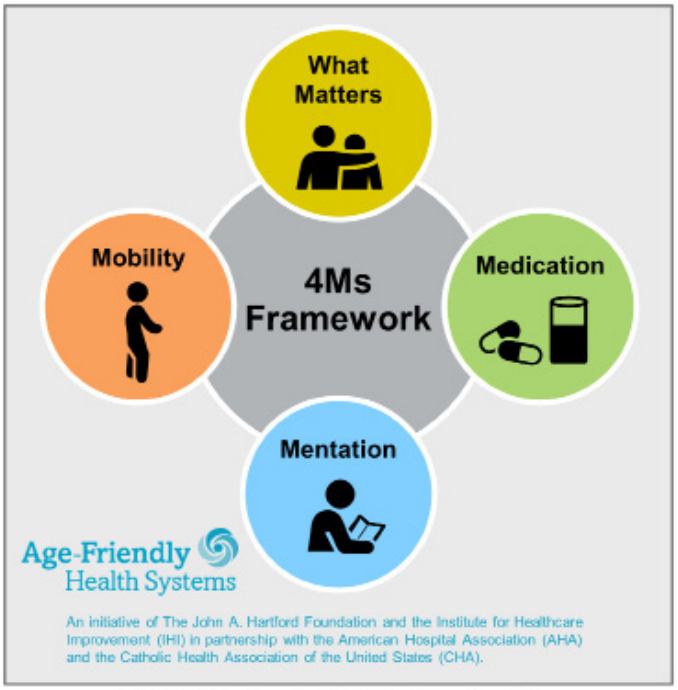
# Mirabella

## Background

For the past eight months, staff at Mirabella, a continuing care community in Portland, Oregon, have been working both to institute more systematic care processes and to maintain a laser-like focus on what matters to their residents. They have found that sometimes these two goals dovetail perfectly, while at other times, it's a matter of striking the right balance between them.

Mirabella, which offers both skilled nursing and long-term care, including a memory care unit, has been participating in a new 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**






## Building on strengths

The facility started by forming a team to assess their current status. As Emily Morgan, MD, Medical Director, put it, "How can we capitalize on some of the work that's already been done?" They also solicited input from one of the residents to initiate their What Matters work. "What was important to her," said Kate Edstrom, AGNP-C, another member of the team, "was feeling seen and known."

Mirabella's activity coordinator had been assembling bios for the residents, but they were not being regularly updated or displayed in a way that was visible to staff. The team established a process they call "Resident Spotlight," in which each resident's bio is posted for two weeks in spaces where staff frequently congregate. They set up a comment box, where staff can submit information they've learned about the resident, especially what makes a good day for that person. As a hypothetical example, one might note that a resident is "originally from Ireland, really enjoys talking about family and art on her walls, and she likes to walk in the hallway with a caregiver," said Morgan.

## The primacy of What Matters

The Resident Spotlight was a way of directly focusing on What Matters. But the staff soon learned that What Matters is integral to all of the 4Ms.

For Medication, the facility's geriatric pharmacist was already conducting a medication review every 30 days for long-term care residents, and providers were also doing a 60-day review for all residents. When they started the prototyping initiative, the providers, in collaboration with their pharmacy partners, created a list of high-risk medications to target for potential dose reductions or discontinuation. Their goal was "sharing the information and making sure everyone is on the same page," said Morgan.

While instituting more systematic processes, they also sought to be sensitive to the individual preferences of residents and families. Even if the pharmacist recommends discontinuation, sometimes the team will make an exception. If, for example, a daughter believes a certain

medication improves her mother's quality of life and that her time is limited, the team takes that into account. In other words, the north star is always What Matters.

For Mentation, the team implemented a more rigorous assessment method. "Initially, we were basically using nurse intuition and knowledge of baseline and changes in condition to assess delirium—which is great but leaves some cracks," said Ben Fallah, RN. They formalized the process and began administering two main assessments: the short Confusion Assessment Method (CAM) and the 2-item Ultra-Brief Delirium Screen (UB-2). Nurses are now expected to submit a short CAM assessment for all new admissions, which provides more quantitative data to the MDs. (For long-term care residents, nurses complete a CAM if there are any changes from baseline. For skilled nursing facility residents, they complete the UB-2 three days after the date of admission.)

"You can run this evidence-based tool and see if you're right," said Fallah. "It feels much more structured and clearcut for our nursing staff. Everyone can speak the same language."

For depression, the staff has begun using the Cornell Scale in addition to the Resident Health Questionairre-9 (PHQ-9) for assessment. But, since they know their residents are highly vulnerable in general to depression, they also offer "blanket interventions," said Fallah. "We noticed that residents respond really, really well to pets." They have brought in dogs, and one staff member, Kendra Robinson, BSN, Assistant Director of Nursing, regularly brings in her pet rabbit.

For Mobility, the team evaluated several evidence-based tools and chose the Johns Hopkins Daily Mobility Goal Calculator, which helps to set mobility goals. "Our goal is to have every resident have a goal," said Fallah. Their focus has shifted away from reducing fall risk toward more holistic aims: maximizing each resident's potential and promoting safe mobility.

At the same time, the team prioritized respecting resident autonomy. "We wanted it to be really individualized," said Morgan, "recognizing that our goals for a resident may not match what makes a good day for them." They listen to residents and observe their mobility and behavior, taking all of that into account rather than unilaterally imposing a goal suggested by the calculator. For example, one resident's goal was initially to walk every day to the dining room. However, the resident frequently refused. The team adjusted the goal to walking at least two days per week.

## Taking bite-sized pieces

Participating in the prototyping initiative gave the Mirabella team insight into how much they had already achieved, while also revealing opportunities for improvement.

One key lesson, said Morgan, is, "It's OK to start really small. Many of these, we started with one resident." She recommends "taking bite-sized pieces." In this way, they were able to make changes at a rate that felt meaningful yet manageable.

While there were many challenges during this period, notably the COVID-19 pandemic, the prototyping initiative felt like a blessing, and well-timed. "Coming out of the COVID crisis, it was really nice to have positive things to focus on," said Morgan. Doing this work made them realize, she said, "There are things we can do to make this a much better place for the people we serve."

*The Institute for Healthcare Improvement is grateful to the Mirabella team who devoted their time and passion to this work. Specifically, we would like to thank Katherine Edstrom, NP, Ben Fallah, RN, Emily Morgan, MD, and Kendra Robinson, RN for their leadership in the adoption of the 4Ms at Mirabella 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.

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