

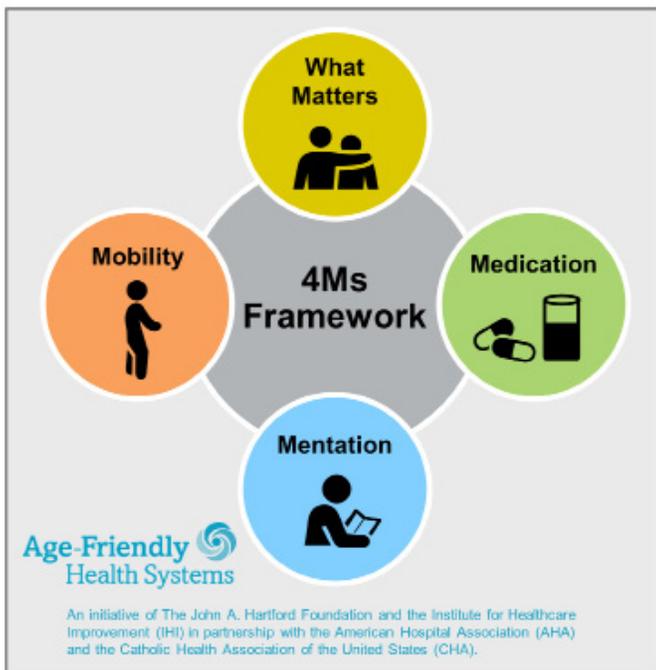
The Good Samaritan Society-Quiburi Mission (Quiburi)

Background

The Good Samaritan Society-Quiburi Mission (Quiburi) is a facility in Benson, Arizona that offers senior living services and long-term care. In early 2020, their Medical Director learned about a new nursing home prototyping initiative to be launched 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

According to Dorothy Donnelly, Quiburi’s Director of Nursing, the facility was already focused on person-centered care, but the 4Ms seemed to add “some structure to it, some guidance that we needed to make it sustainable.” The prototyping initiative seemed like the perfect opportunity, so they decided to join.

Focusing on What Matters

The team initially started with Mobility, but soon realized that “we really should have started with What Matters first,” said Donnelly, because What Matters is the foundation on which the other Ms are built. “Sometimes we were doing care plans based on what we thought they should have, which could be totally different from what the residents want,” said Donnelly. Beginning with just a couple of residents—selected because their cognition level enabled them to communicate clearly—the team pivoted the focus to What Matters.

Donnelly had a written form she reviewed with the residents. The first question was: “What matters most to you while you are staying here?” Subsequent questions covered daily routines and sleep preferences (regarding sleepwear, dentures, hearing aids, lights, etc.). The dietary and activities departments also asked new residents about their likes and dislikes. Donnelly noticed that the residents, when asked these questions, became more empowered to tell her what they thought.

But asking these questions wasn’t enough; the team also had to find an effective way of storing and disseminating the resulting information. They opted for a tactic that was low-tech but effective: a printed Word document with bullet points containing basic information about the residents. These documents were placed in a binder in the CNA work area. The CNAs can quickly consult the binder and see what people’s preferences are, said Donnelly, “This person likes to get up at this time. Do they want to go to the dining room or do they want to stay in the room to eat? This person wants to go to bed at this time.” If the CNAs notice a change in resident preferences, they will update the document.

Connecting the 4Ms

The team also implemented, or augmented, strategies related specifically to the other elements of the 4Ms.

The staff had begun working on Medication even before they joined the prototyping initiative. They had formed an “unnecessary medication reduction” group, comprising nurse managers, floor nurses, a certified nursing assistant (CNA), a pharmacist, and Donnelly. In January of 2020, they started to focus on antipsychotics. Intent on avoiding any adverse effects from reducing or discontinuing these medications, they pursued a cautious approach, making very small, incremental reductions over time. Ultimately, their efforts yielded striking results. In January of 2020, Quiburi had a fairly high rate of antipsychotics medications: 20.4 percent, compared with a state rate of 11.6 and a national rate of 14.2. By September of 2021, the facility’s rate had fallen to 4.7, while the state and national rates remained roughly the same.

For Mentation, the team administers the Saint Louis University Mental Status (SLUMS) Examination for dementia, and the Resident Health Questionnaire -9 (PHQ-9) for depression, at admission and subsequently on a quarterly basis. For Mobility, the facility offers physical therapy, an exercise class, and facilitated walks from the nurses’ station to the dining room.

The care residents receive and the activities they participate in—whether related to Medication, Mentation, or Mobility—are ultimately guided by What Matters.

One resident, who was wheelchair-bound, expressed a strong desire to walk again. She participated in a restorative program toward safe mobility, and also started attending the facility’s exercise class. First, she went once a week, then twice, and eventually wanted to go every day. “Through the music, she started being able to move her legs a little bit more,” said Donnelly. Although unfortunately, “walking was not in her future,” Donnelly said, they were able to meet her where she was and work with her to improve her mobility to the extent possible.

Improving communication

For Donnelly, the most profound change has been an improvement in communication with residents and their families. “Especially with new admissions, if we can communicate with them thoroughly up front, it makes a



huge difference,” she said. She and her team find out as much as they can about what matters to the resident, even before they are admitted. “We can paint that picture for those who are doing the direct care so they have a clear path.” It’s also important to convey to the resident and family, clearly and honestly, what they can expect from the facility, so that everyone is on the same page.

Recently, a new resident transferred from another facility, and was asked about What Matters. “The family member was so appreciative,” said Donnelly. They said, “Thank you so much for caring enough to ask questions.”

The Institute for Healthcare Improvement is grateful to the Good Samaritan Society-Quiburi Mission (Quiburi) team who devoted their time and passion to this work. Specifically, we would like to thank Dorothy Donnelly for her leadership in the adoption of the 4Ms at Quiburi 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