Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

### Background
The Tsali Care Center is a 72-bed skilled nursing facility (SNF) in Cherokee, North Carolina. The center, which is part of a larger hospital system, the Cherokee Indian Hospital Authority, offers short-term rehab, skilled care, and long-term care. Their residents are largely, though not exclusively, tribal members.

Cherokee Indian Hospital Authority - Outresident had been recognized as Age-Friendly Health Systems, Committed to Care Excellence in September 2020. 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**

### Getting buy-in and taking stock
The first step was to get engagement and buy-in from leadership, both the administration at the center and in the hospital system. Fortunately, that wasn’t hard: leadership was enthusiastic from the outset.

Next, Dr. Blythe Winchester, Certified Medical Director, and her team began looking to determine, she said, “What are the processes we’re doing already that are working well?”

Tsali realized they had a solid foundation to build on. They had a partnership with a palliative care and hospice agency, and the provider from that agency was already asking almost 100% of the residents about their goals of care — an important element of What Matters. For Mentation, Brandi Doyle, a geriatric nurse practitioner, was performing regular cognitive assessments on the residents, using a modified version of the Saint Louis University Mental Status (SLUMS) Examination. The staff were also working closely with a consultant pharmacist to monitor high-risk medications.

Another relevant offering was the center’s activities program. These activities include mindful movement and balloon volleyball, as well as a traditional arts program. By engaging the minds and bodies of residents, and by helping them connect with their culture, these activities show how the 4Ms—especially Mentation, Mobility, and What Matters—are all interconnected.

### Building on a strong foundation
After taking stock of what they already had in place, Tsali’s staff have been building on this foundation. That means making sure that assessments are conducted more frequently and systematically, and that they reach every single resident.

During this time, the center hired a speech therapist, who also began regularly conducting the modified SLUMS examinations, in addition to Doyle’s assessments. The
staff worked with the pharmacist to review medications specifically with the goals of reducing fall risk (Mobility) and delirium (Mentation).

**Staff insights**

The palliative care provider, who was already asking residents about their goals for care, began to probe more deeply about what mattered to them in a general sense. She has reported that these conversations enhance her relationships with the residents and make her feel more engaged and satisfied with her work.

The staff are working on tracking all of this information in a more systematic way, including trying to incorporate What Matters into the template for geriatrics and palliative care notes.

In addition, the center received a grant to expand their culturally focused activities. For example, they are able to offer a class in stamp pottery. “The traditional arts program is such a huge deal,” said Winchester. “People really love it.” The program is a major contributor to What Matters that goes beyond the conventional goals of care.

Tsali has faced enormous challenges during this time—including the COVID-19 pandemic and staffing shortages—but they have made progress nevertheless. The team has learned that they can’t always assume they know what matters most to their residents—and that sometimes it’s the little things that make a difference.

For example, one resident, when asked what mattered, gave a surprising answer: “Bingo.” “It’s just funny because you expect to hear something really deep,” said Winchester. But sometimes, “What matters is playing bingo.”

The Institute for Healthcare Improvement is grateful to the Tsali Care Center team who devoted their time and passion to this work. Specifically, we would like to thank Blythe Winchester, MD, MPH, CMD and Brandi Doyle, NP for their leadership in adoption of the 4Ms at Tsali Care Center 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