

Overview

Since its launch in 2017, the [Rush Center for Excellence in Aging \(CEA\)](#) has pursued its mission to improve the health and well-being of older adults, families and communities, aligning with the Rush University System for Health's (RUSH) strategic priorities. RUSH's mission is to improve the health of individuals and diverse communities through the integration of outstanding patient care, education, research and community partnerships.

After learning about the Age-Friendly Health Systems initiative, the CEA completed the Institute for Healthcare Improvement's (IHI) self-assessment tool to find current programs and practices involving the 4Ms across the health system. The Age-Friendly Health Systems initiative is an evidence-based approach that focuses on the 4Ms framework — what matters, medications, mentation and mobility. Although the CEA discovered pockets of excellence and identified health care teams addressing some or all of the 4Ms, none were applied consistently or broadly. There were large opportunities to improve and scale up these practices, aligning with ongoing health system priorities for quality improvement and cost savings.

Recognizing the synergy of the Age-Friendly Health Systems initiative with RUSH's strategic plans and the

RUSH provides services to the Chicagoland area and is composed of:

- Rush University Medical Center (RUMC)
- Rush Oak Park Hospital
- Rush Copley Medical Center
- Numerous outpatient facilities



priorities of the CEA, health system leaders decided to begin implementation and move toward improving the lives of older adult patients, their family caregivers and, in the process, RUSH employees.

Approach

Shortly after conducting a self-assessment, RUSH participated in the first Age-Friendly Health Systems Action Community, hosted by IHI from October 2017 through March 2018, and brought leaders across RUSH to begin the journey. RUSH also participated in the second action community in 2019. Staff learned valuable skills that informed their practice.

RUSH staff approach practicing the 4Ms in a variety of ways:

What matters. At the unit level, nursing staff ask patients “what matters” to them. This information is documented in a web-based platform and written on each patient’s whiteboard.

Mentation.

- **Delirium.** RUMC implemented a pilot in partnership with a doctor of nursing practice

student project to test the 4AT clinical tool for delirium detection on several units. Using lessons learned from the pilot, the CEA team made revisions to the workflow, created a provider order set in Epic and identified mentation-specific educational opportunities for inclusion in physician and nursing education. Due to COVID-19, implementation of these tools is currently on hold.

- **Depression.** RUMC began rolling out universal depression screening in primary care in 2016. As of June 2019, all RUSH primary care patients age 12 and older are screened using the PHQ-2 at every visit.
- **Dementia.** The Montreal Cognitive Assessment (MoCA), MiniCog and Mini-Mental State Exam are all used at RUMC to screen for dementia. Current efforts to increase regular screening include during Medicare annual wellness visits and in the pre-operative clinic.

Mobility. Nurses on inpatient units employ the Morse Fall Scale to identify fall risk factors for every adult admission. In primary care, STEADI — Stopping Elderly Accidents, Death and Injuries — fall risk questions are asked to older adults.

Medication. After review of RUMC’s most frequently prescribed medications and research identifying medications most likely to lead to emergency department visits, order sets were adjusted to support safer dosing of target medications.

Beyond the four walls of the hospital, the CEA partners with community-based organizations and community groups to advance the 4Ms framework:

- In partnership with the Center for Consumer Engagement in Health Innovation at Community Catalyst and five other Geriatric Workforce Enhancement Programs, the CEA co-designed educational materials about the 4Ms for older adults and caregivers.
- For the past 15 years, the Rush Generations Advisory Council, a community group of older

adults, provides feedback and consultation on RUSH initiatives, including implementation of the 4Ms across the health system.

- Schaalman Senior Voices (SSV), developed by the CEA, is a collection of inspiring films, educational opportunities and programs that aim to strengthen the well-being of older adults and communities. SSV listens to older adults in the community as they learn about and respond to questions about what matters to them. These voices are used to teach university students about “what matters” to older adults.

Impact

RUMC uses a dashboard to track outcomes and key performance metrics including readmissions rate, length of stay (LOS), delirium screening and overall patient experience. From 2018 to 2019, LOS decreased for older adult patients age 65 or older (see table on page 3). In addition, patient satisfaction scores have risen and are above the national average of 79.5%, since nurses started asking their patients “what matters?” (see graph on page 3).

The CEA has disseminated the 4Ms framework within the organization and in health systems across the U.S. In partnership with IHI, the CEA developed three online modules: one on introducing the 4Ms framework



Length of Stay (LOS)

| FY18-FY19 Overall Change | LOS by FY Inpatient | Patients | Mean LOS (Days) |
|--------------------------|----------------------|----------|-----------------|
| | FY18 65-74 years old | 5,984 | 5.55 |
| | FY18 75-84 years old | 3,416 | 5.75 |
| | FY18 85+ years old | 1,226 | 5.26 |
| ↓ | FY19 65-74 years old | 6,563 | 4.89 |
| ↓ | FY19 75-84 years old | 3,714 | 5.35 |
| ↓ | FY19 85+ years old | 1,388 | 5.15 |

for an Age-Friendly Health System and two on the framework and workflows for implementing the 4Ms in ambulatory care and inpatient settings. In May 2020, the CEA launched six [modules](#) on important topics related to an Age-Friendly Health System: caregiving, delirium, dementia, depression, medication and mobility. Additionally, the 4Ms are being integrated into the university curriculum.

Next Steps

The RUSH strategic plan includes several elements toward improved health. Implementing the 4Ms framework will assist in achieving these goals:

- **Integrated system to improve health**, with a focus on adopting a common set of achievement standards and innovative primary care. This will be done by implementing the 4Ms with every adult age 65 or older and developing an annual wellness visit template and workflow revamp.
- **Attract, educate, develop and retain a diverse and inclusive workforce** to spread age-friendly care and education across the health system and university. Disseminate 4Ms educational modules to be accessed worldwide.
- **Quality in the essence of the RUSH brand**, including superior patient experience; improving care processes, with a practitioner-teacher model; leading quality outcomes; and advancing patient

care by doing innovative research. This is done by spreading the 4Ms across the organization, making improvements in Epic and conducting geriatric research across the health system.

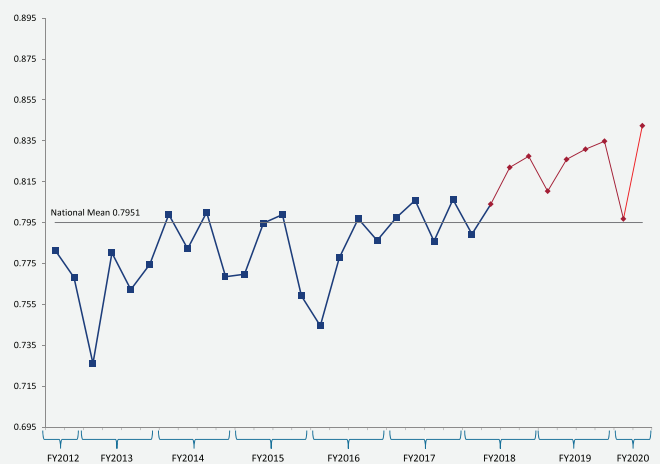
- **Extend reach through innovative partnerships and a robust, integrated network**, including expanding outpatient access, ensuring brand awareness and developing targeted strategic partnerships that enable innovative approaches to care.

Lessons Learned

Since RUSH is a large and complex system, implementing change takes time. Decisions need to go through multiple channels, which can be challenging. At the start, accessibility and analysis of data were a challenge, and RUSH experienced changes in leadership. The major enablers included the CEA, which served as a hub to develop and disseminate information. The CEA also created 4Ms subgroups that meet monthly to spread 4Ms best practices. Lastly, there is tremendous support from RUMC's CEO and nursing leadership to take on this new initiative.

To spread the 4Ms, leaders recommend announcing the Age-Friendly Health Systems initiative to all staff

HCAHPS Success: Ask What Matters



May 2018: During your most recent visit, did the nurse listen carefully to you?

at the outset, to ensure everyone is aware and can work toward the same goals. Engaging the marketing team early in the initiative is important to help spread the information. Also key is having a physician and nurse champion, and dedicated staff person to track processes, outcomes and rationale for each decision.

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 and the Catholic Health Association of the United States (CHA).

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