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The Nursing Lens: Institute for Healthcare Improvement (IHI) Age Friendly Care- How did We Implement the 4Ms Framework in Clinical Setting?

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Abstract

The article highlights the preparatory phases of nursing team in the implementation of the Institute for Healthcare Improvement (IHI) Age Friendly Care project in the clinical setting. It also discusses the application of 4Ms Framework (What matters to patients, Mentation, Mobility and Medication) in practice and outlines outcomes in patient care and experiences.

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Introduction

In April 2025, one of the medical care ward has been designated as the pilot unit for Institute for Healthcare Improvement (IHI) Age-Friendly Care for in-patient population age >65 years old.

The IHI Age -Friendly Care is an international initiative that aims to improve the quality of life of our older adults in clinical setting optimizing the evidence -based practices. These practices must be aligned with the older adults, their families and caregivers.

The MNGHA envisions to become an Age -Friendly Health System integrating the 4M's framework (What matters, Medication, Mentation and Mobility – Figure 1). In order to enliven this vision, it is vital to establish a culture that 4Ms are applied when delivering a care to our elderly patients.

Hence, the aim of this article is to describe the preparatory strategies of the nursing leadership in medical care unit in implementing the IHI- 4Ms in the unit, and to discuss the impact of the implementation of 4Ms to the multidisciplinary team and patients.

Methodology

To prepare the nurses in action in the implementation of the 4Ms in clinical setting, seven (7) phases have been developed (Figure 2) and initiated:

Phase 1: **(April 2025)** The designated IHI Champion Age-Friendly Care for in-patient had attended series of sessions conducted by the IHI project lead from the United States of America.

Phase 2: **(May 2025)** The IHI Champion Age -Friendly Care had provided education to the unit nurse manager and the clinical resource nurse and conceptualized strategies on how to implement the 4Ms in clinical setting

Phase 3: (June 2025) The unit nursing team had piloted the "What matters most to the patients initiative". A standard script ("*Hi. I am (name of the nurse*), What is something we can do for you today?") is being asked by nurses to every single patient >65 years old during their clinical rounds.

Phase 4: (July 2025) The unit nursing team had commenced nursing delirium screening (NuDEsc). The nursing delirium screening is a validated tool to detect early signs of delirium such as disorientation, inappropriate behavior and communication, illusion or hallucination and psychomotor retardation. It is a five (5) item scale and a score of 2 may indicate that patient has a delirium and must be referred to the team in a timely manner. The nurses screen all patient >65 years on admission and every shift.

Phase 5: (September 2025) the nursing team of the piloted unit had implemented the John Hopkins Highest Mobility Scale (JH-HLM). The JH-HMS records the mobility that a hospitalized patient actually does, not what they are capable of doing. Documentation is based on observation and should reflect the highest level of mobility the patient performed since the last documentation. The assessment must be done by nurses every shift.

Phase 6 :(October 2025) Reinforcement of the Polypharmacy Review by the pharmacist and the physicians during clinical rounds and multidisciplinary team meeting.

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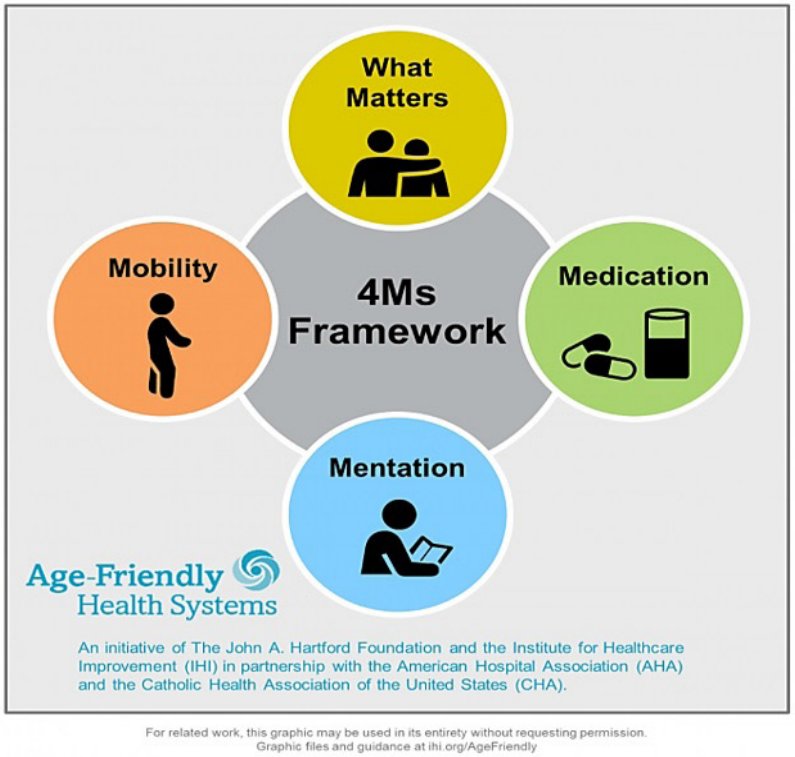


Figure 1: IHI 4M's Framework [1].

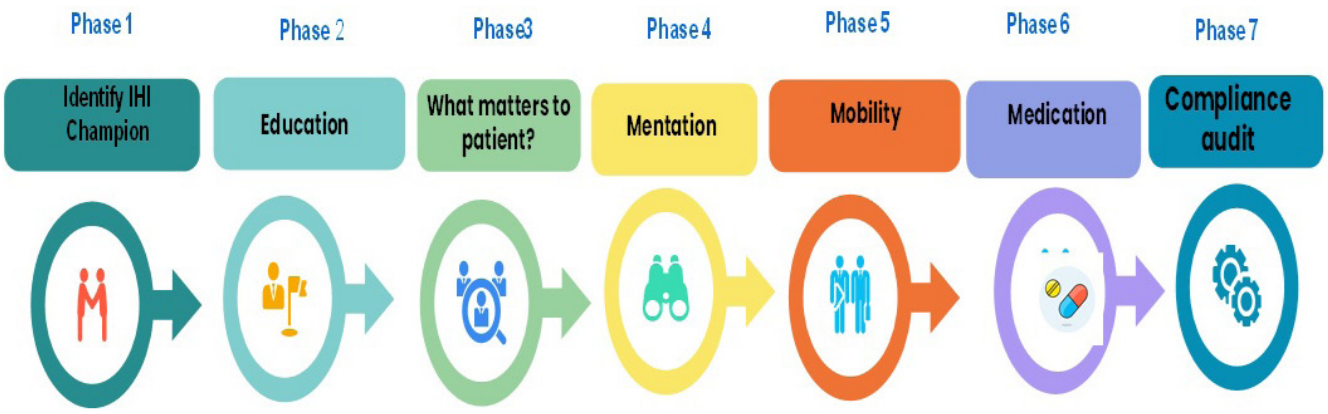


Figure 2: Preparatory phases of the implementation of 4Ms in the unit.

Phase 7: (November to December 2025) Data collection of the process outcome related to nurses' compliance of 4Ms.

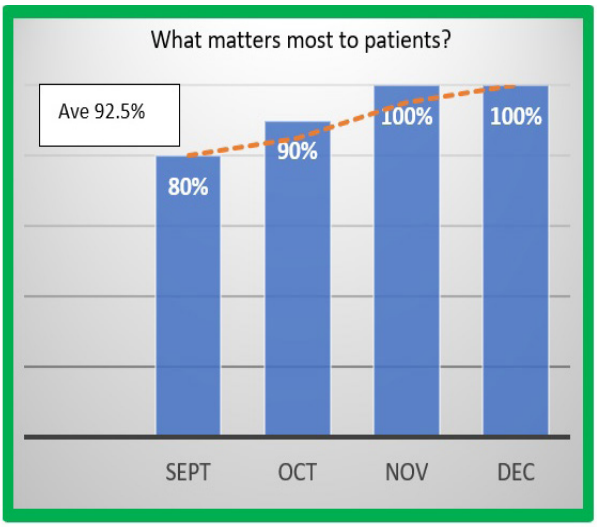
In every phase, education, daily huddle and provision of nursing guidelines had been put in place to guide our nurses in the execution of 4Ms concepts.

Results

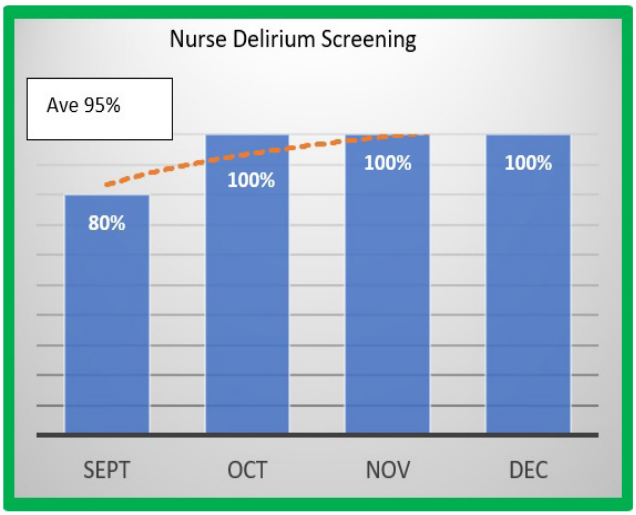
(a) Process outcomes (Figure 3)

From September 2025 to December 2025, retrospective data were collected from the documentation to review the nurses' compliance as to: (a) what matters most to patients, (b) nursing delirium screening within 4 hours of patient admission (c) assessment of patient's John Hopkins Highest mobility. The inclusion criteria include patients age >65 years, admitted in the piloted unit under the geriatric consultant. From this audit, the results emerged that compliance rate of nurses to "What matters most to patients?" were from **80%** to **100%**. A mean of **92.5%** of patients were asked by nurses using standard script for what matters most to the patients. From October to December 2025, **100%** of patients were screened for delirium (**mean: 95%**) and a mean of **95%** were assessed for John Hopkins Highest patient's mobility. The compliance rates of What matters most to patients, mentation and mobility have shown an increased in a monthly basis.

a) Nurse compliance: What matters most to the patients?



b) Nurse compliance: Delirium Screening



(c) Nurse Compliance: John Hopkins Highest Mobility Assessment

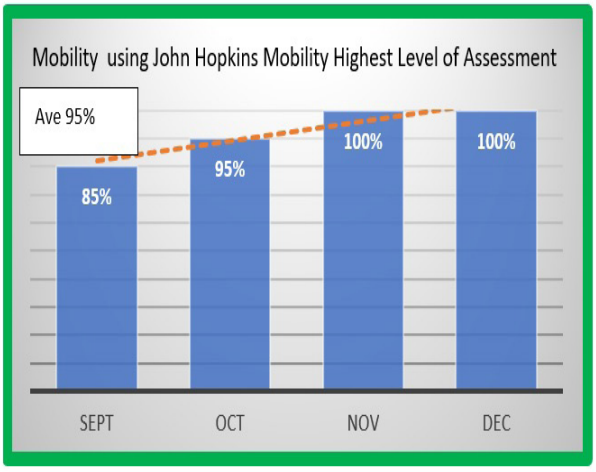


Figure 3: Process outcomes.

(b) Clinical outcomes (Figure 4)

Clinical outcomes had been measured by assessing the incidence of fall and hospital acquired pressure injury in the unit. From June 2025 to December 2025, no incidence of patient falls and hospital acquired pressure injury had been observed this period. Looking at the patient experience data, it shows that the quarter report shows an average of **24 %** increased (**Communication of nurses to patient domain**) from March to December 2025.

Discussion and Recommendation

Age friendly care envisages the integration of evidence-based practices that improve the care of older adult patient population. These evidence-base practices are aligned with What Matters to the older patients. Age-Friendly Health System entails the provision four (4) cardinal elements of high-quality care, known as the "4Ms," to all older adults within the healthcare system. When implemented together, the 4Ms represent a paradigm shift by health care delivery to focus on the needs of older adult population [1].

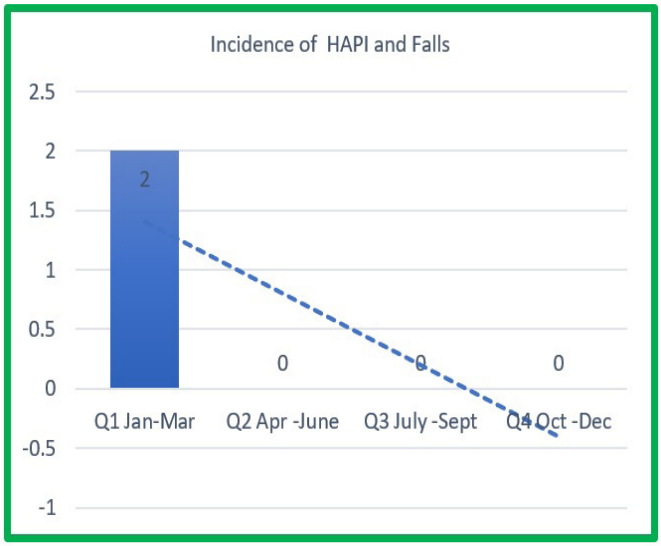
What matters to patients

Our experience in elderly care unit has created a cultural shift in the care for older patients. The nurses are aware that older patients have specific needs and these needs must be addressed in a proactive manner. Establishing a "way of life" that each nurse asks "what can I do for you today?" to every patient shows a genuine concern and demonstrates a commitment to the care of our patients. The finding reveals that **8%** of patients were not asked due to language barriers of new nurses working in the unit. In order to address this, an Arabic translation of "what matters script" has been provided to nurses.

Mentation

Delirium is a cognitive disorder that affects 3% to 29% of hospitalized patients [2]. It is characterized by disorientation, inappropriate behavior and communication, hallucination and psychomotor retardation. Nursing Delirium Screening (NuDesc) is an observational tool to screen patients with any signs of delirium. Appropriate referral to the physician must be done if the score is >2. To equip nurses with knowledge and skill on the use of NuDesc, the

a) Incidence of Hospital Acquired Pressure Injury (HAPI) and Patient Falls



b) Patient Experience Results 2025 under Communication of nurses to patients.

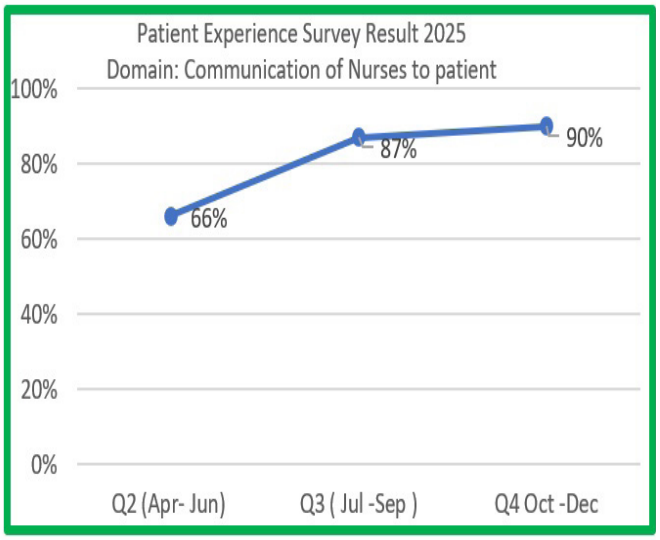


Figure 4: Clinical outcomes.

clinical resource nurse conducted an education to all nurses in the unit and followed through to ensure its implementation. The result poses sustainable strategies to the team in order to maintain the 100% screening of all patients for delirium. Action plans include reinforcement in the daily briefing and re-education. The implementation of NuDesc for older patients enhances care through early identification and management of delirium. More so, it also prevents on the use of restraint to vulnerable patients.

Mobility

Restriction or loss of mobility is a complex multifactorial process, which makes older adults susceptible to falls, injuries, and worsens their quality of life while increasing overall mortality [3]. Patient immobility during hospitalization is linked to numerous sequelae such as increased length of stay, reduced ability to perform activities of daily living (ADL), decreased pulmonary function and strength, increased risk of pressure ulcers and delirium, and the need for post-acute inpatient rehabilitation [4-6]. To prevent this, assessment and setting a goal for patient mobility are key ingredients. The John Hopkins Highest Mobility scale is an 8-point ordinal assessment tool used to measure a patient's actual mobility performance during their hospital stay. It ranges from the lowest level (lying in bed) to the highest level (walking 250 feet or more). In essence, the nurses use this tool on patient admission and must be done every shift. It helps nurses to compare the baseline from the actual mobility status and set a tangible goal to achieve the next level. For instance, if patient scale is 1 on admission, i.e., lying on bed, the next goal is to ensure that patient can turn from side to side independently (scale 2). A specialist referral is made to the rehabilitation therapist if the scale score remains the same within 24 hours.

Medication

Polypharmacy, defined as the regular use of 5 or more medications at the same time, is a concern in older adults [7]. It also includes "unnecessary drug use" and "medication use without indication". Inappropriate polypharmacy is often associated with adverse outcomes and mortality in older patients. Consequently, it is vital that the healthcare providers must put strategies to reduce polypharmacy. In our experience, the use of the multidisciplinary team rounds and weekly meeting with involvement of the pharmacy to review the inappropriate prescribing helps to reduce polypharmacy.

Future Development

The optimization of 4Ms can be replicated in other medical units and eventually to roll out this framework across the three (3) hospitals within MNGHA Central region. Future development is underway to incorporate the screening tools of 4Ms to the Health Information System (HIS) including the management care plan. The nursing services has embeded the 4Ms as core concepts in the existing Specialized Care for Elderly Nursing Workshop.

Conclusion

The integration of 4M's IHI framework has been beneficial to the patient's experience and care in elderly unit. It has a tremendous impact in working together as a team to improve patient's outcome through prevention of fall, sustaining zero incidence of hospital acquired pressure injury, promotion of quality of life, active engagement of patients in ADL, and enhances their experiences during hospitalization. The 4Ms implementation in practice is indeed a commitment of nursing service to deliver highest possible care to our older adult.

Competing Interests

The authors declare that they have no competing interests.

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