

Discussion on the Effectiveness of Promoting the Age-Friendly 4Ms Care Model



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Background

The WHO released the Integrated Caring for Older People (ICOPE) guidelines and put forward four priorities (4Ms) for establishing an age-friendly healthcare system, including consideration of what is important to the elderly (What Matters), Medication, Mentation and Mobility. It suggested that healthcare institutions should establish a systematic promotion method or process to provide appropriate services and follow-up in response to the needs of the elderly.

Purpose

This project aimed to improve the quality of elderly-friendly health care by promoting the 4Ms care model.

Methods

From January to June 2020, the inpatient 4Ms care model was promoted in the internal medicine ward of a regional teaching hospital in northern Taiwan. The 4Ms assessment and care model is infused into the decision support system to improve the implementation rate of medical staff assessment and care consistency. Based on the 4Ms evaluation results, the elderly care team proposed an efficient inter-professional integrated care service model and regularly tracked the implementation results monthly.

Results

The implementation rate of the 4Ms assessment increased significantly from 84.5% during improvement (April-June 2020) to 97.8% after improvement (July-December 2020), and the care completion rate increased substantially from 81.2% to 96.1%. The incidence of falls decreased from 0.08% to 0.05%, while delirium decreased from 5.9% to 2.6%. 100% of 4Ms needs are referred to the elderly care team, improving the effectiveness of the hospital's rehabilitation and multi-services and the transfer of follow-up care resources.

Conclusions and Clinical Applications

By systematically promoting 4Ms care to comprehensively improve the executive ability of medical staff, especially the mental state (Mentation), early detection of high-risk cases of delirium and intervention measures can reduce delirium's incidence. In 2021, the 4Ms care model was extended to other inpatient wards and intensive care units in parallel models to improve the quality of elderly-friendly health care.