

2026 Annual PADONA  
Conference



# Age-Friendly Leadership in Action: Sustaining the 4Ms in Nursing Home Practice



PENNSYLVANIA ASSOCIATION OF  
DIRECTORS OF NURSING ADMINISTRATION



JEWISH  
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Wesley  
Enhanced  
Living

*Your Life. Better.*



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Director of Nursing  
Phase I Partner PA TNHC  
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# Learning Outcomes



1. Describe how integrating the 4Ms of Age-Friendly Health Systems (AFHS) relates to key Quality Measures in nursing homes.



2. Identify Age-Friendly Nursing Home practices within the PA Teaching Nursing Home Collaborative and their benefits for resident care and student nurse learning.

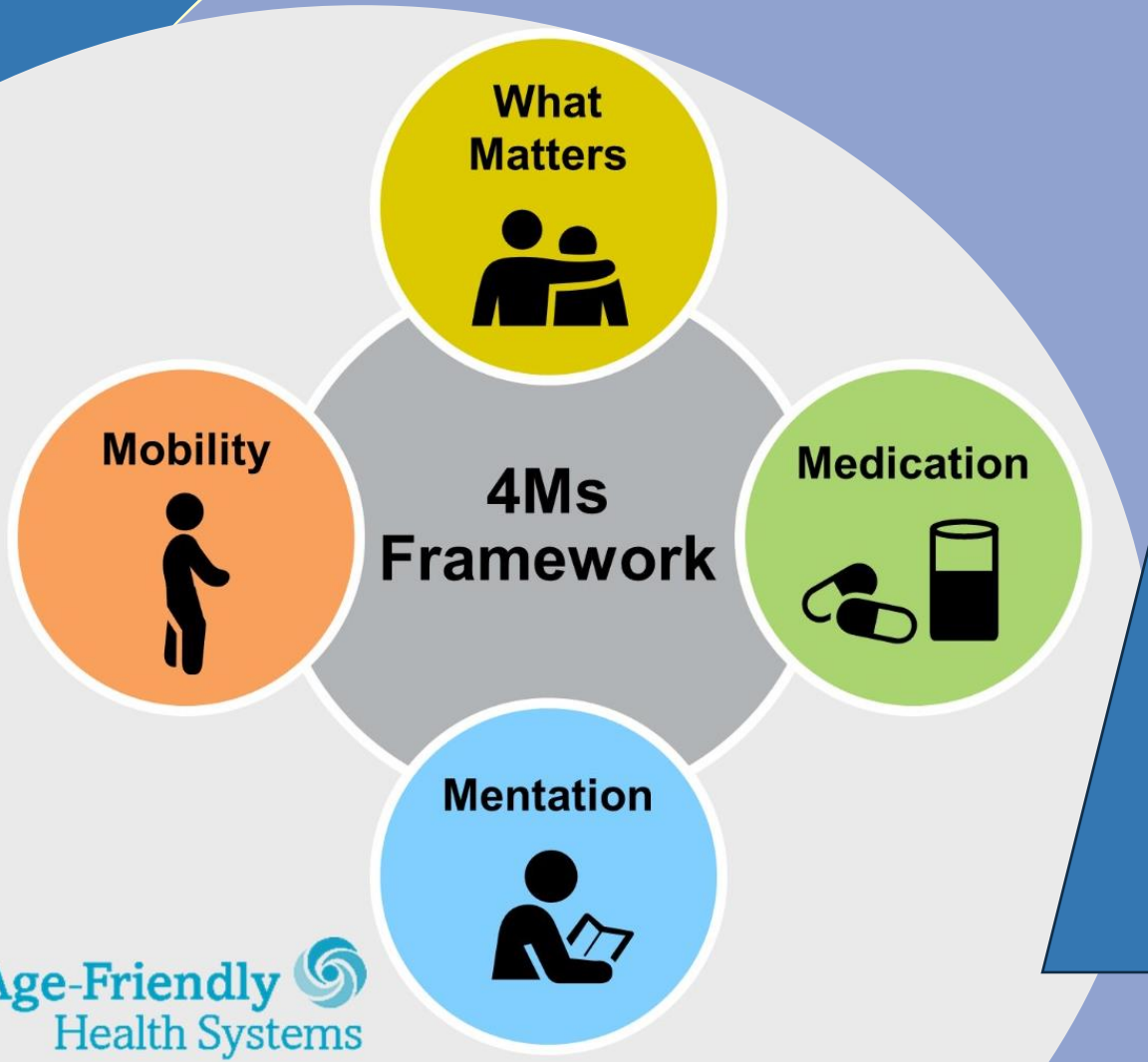


3. Discuss practical strategies for incorporating the 4Ms into everyday care and team workflows.

# Starting with Quality & the 4Ms...

**Maureen Saxon-Gioia, MHA,BSN, RN**  
Nurse Project Manager  
PA Teaching Nursing Home Collaborative  
Jewish Healthcare Foundation





Everything you just raised your hand for lives inside the 4Ms.

# What is Age-Friendly Health Systems? (AFHS)

**Reliable care for  
older adults**

**Organized  
around 4Ms**

**Strengthens care  
processes**



# The 4Ms Framework

## What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care

## Medications

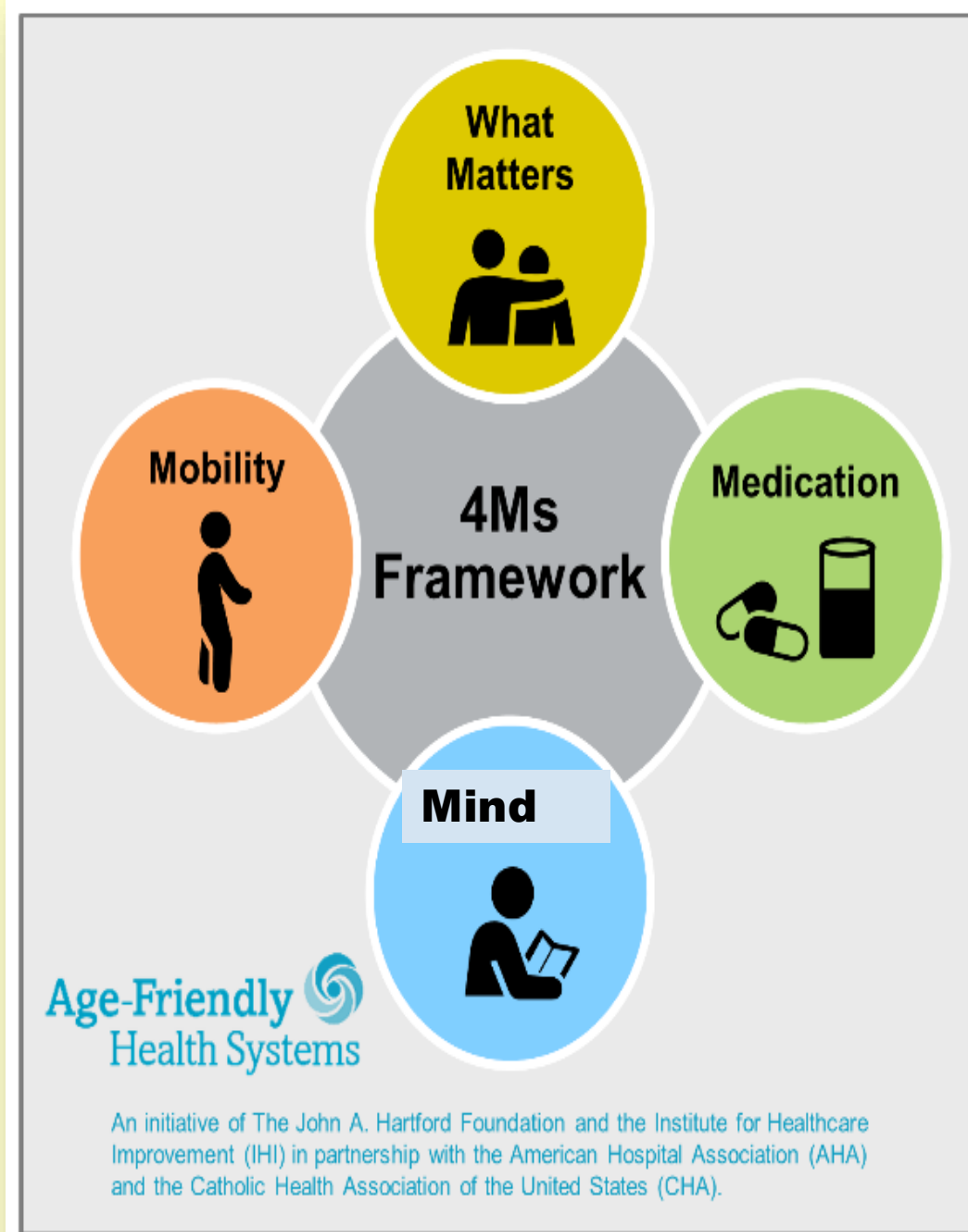
If medications are necessary, use age-friendly medications that do not interfere with What Matters, Mentation or Mobility

## Mentation/Mind

Prevent, identify, treat and manage depression, dementia and delirium across settings of care

## Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters



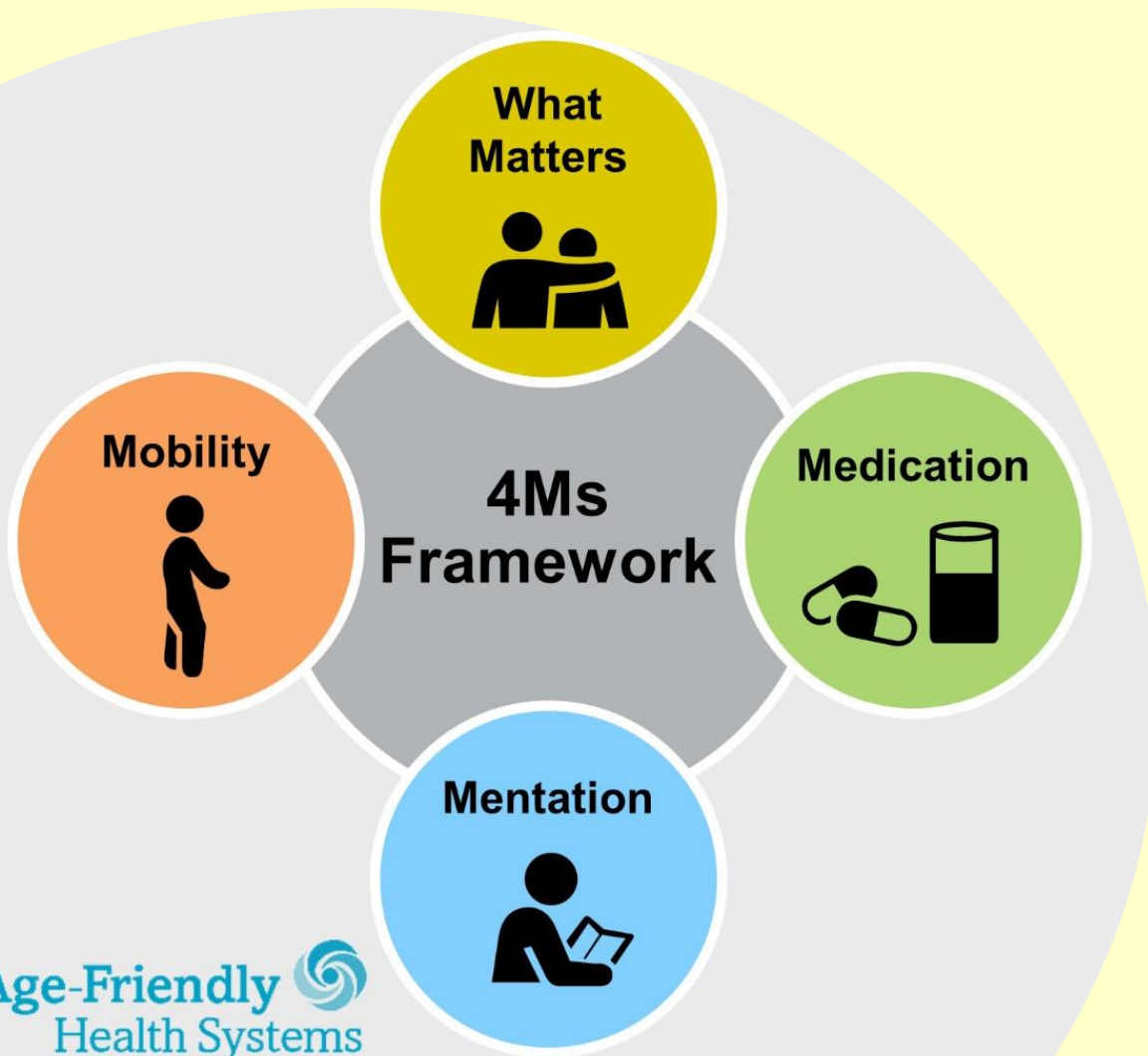
# The 4Ms & Quality Measures



- Care plan alignment
- Medication stewardship
- Behavioral symptom management
- Early change recognition
- Functional maintenance
- Survey readiness

*The 4Ms help organize the work behind these quality areas.*

# The 4Ms as a Leadership Lens



## What Matters

- Align care plans with resident goals

## Medication

- Guide review through pattern recognition

## Mentation

- Standardize early recognition of change
  - Ask “Is this new?”
  - Clarify baseline
  - Elevate CNA observations

## Mobility

- Reinforce movement in daily routines

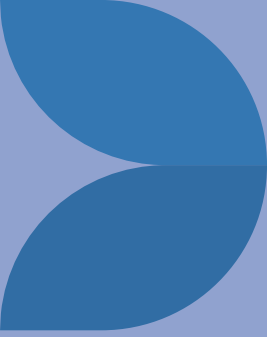


# PA Teaching Nursing Home Collaborative & Age-Friendly Care

- Strengthens leadership and interdisciplinary teamwork
- Provides real care environments for student nurse learning
- Creates shared language for resident-centered care
- Brings structure to the work teams are already doing
- Reinforces consistency that surveyors hear across teams



# How the 4Ms Connect to the Quality Measures We Track



Medication → antipsychotic use, falls, hospitalizations

Mentation → delirium recognition, avoidable decline

Mobility → falls, pressure injuries, function

What Matters → satisfaction, care alignment

*The 4Ms support the same quality measures we're already being held accountable for*



# Quality Begins With What Matters

When goals are unclear:

- Care plans drift
- Medication decisions lose context
  - Behavioral symptoms escalate
  - Teams respond inconsistently

Clear goals create alignment

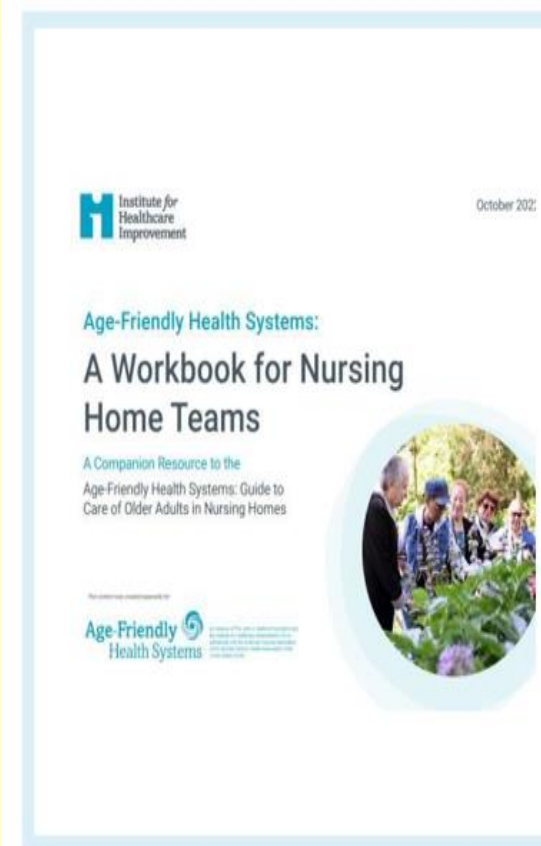


# Workbook to Workflow

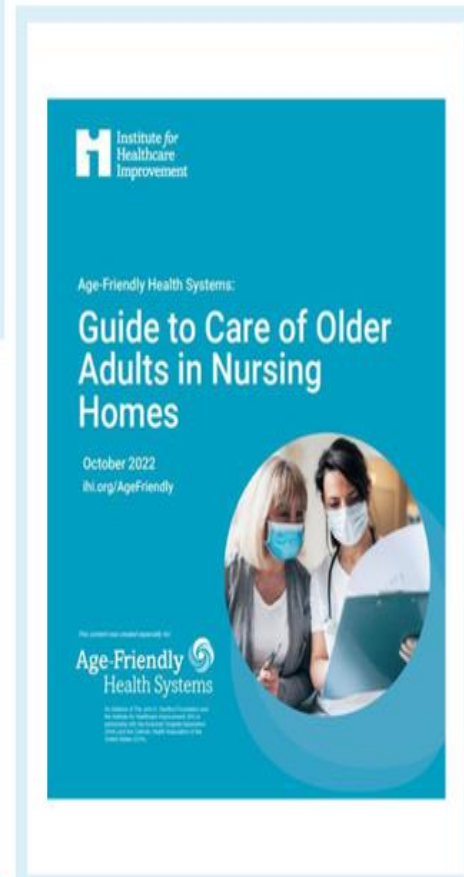
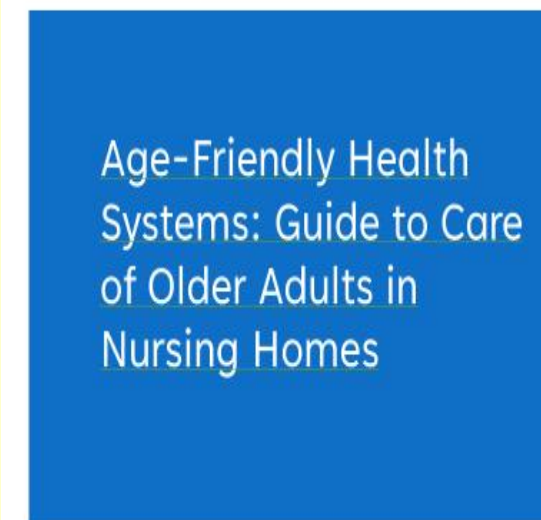
From Conversation → To Consistency

- Clarify resident goals
- Translate into care plan language
- Align team expectations
- Reinforce across shifts

*Quality → Alignment → What Matters → Workflow*



Age-Friendly Health Systems: A Workbook for Nursing Home Teams



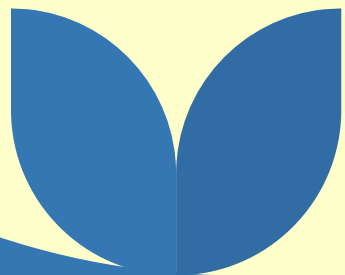
# Connecting What Matters, Careforce Engagement, and Medication

**Kim Ratliff, BSN, RN, CNDLTC**  
Director of Nursing  
Wesley Enhanced Living, Mainline



# What Matters by Role

- Nursing
  - RNAC
- Rehabilitation
- Social Services
  - Dietician
- Enhanced Living (Activities)
  - Chaplain





Health

Purpose

Legacy

Ability or  
Desire to  
Control  
Their  
Situation

Connectivity  
to What  
Matters to  
Them

The team  
reviewed  
questions in  
specific areas of  
value for the  
resident



Your Life. Better.



# REHABILITATION

- How do you learn best?
- What is one thing about your healthcare that you most want to focus on so that you can do something more easily or more often?



# DIETICIAN

- What are your preferences?
  - Likes / Dislikes
- What is your religious background?
  - Kosher Diet
  - No Pork



# SOCIAL WORKER

- Is there someone that should be part of our conversations?
- What would you like us to know about you?
- What do you worry about?
- Have you prepared an advanced directive and if not, would you like information?



# CHAPLAIN

- What does religion or spirituality look like to you?
- How would you like to be involved in the religious programs in the facility?
- How would you like to connect or contribute to the community at WEL or the community at large?



# ENHANCED LIVING (ACTIVITIES)

- What brings you joy?
- What makes life worth living?
- How do you like to spend your free time?
- What would be a great day for you?
- What type of activities are important to you?



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# RNAC

What things about your healthcare do you think aren't helping you?

Do you find anything too bothersome or difficult?



# NURSING

What are your goals while you are here?

What are you goals if your health worsens?



# Acting on What Matters for Residents

Activity Therapist



# Reaching Residents: The 4MsNursing Home Experience



## Impact on Residents

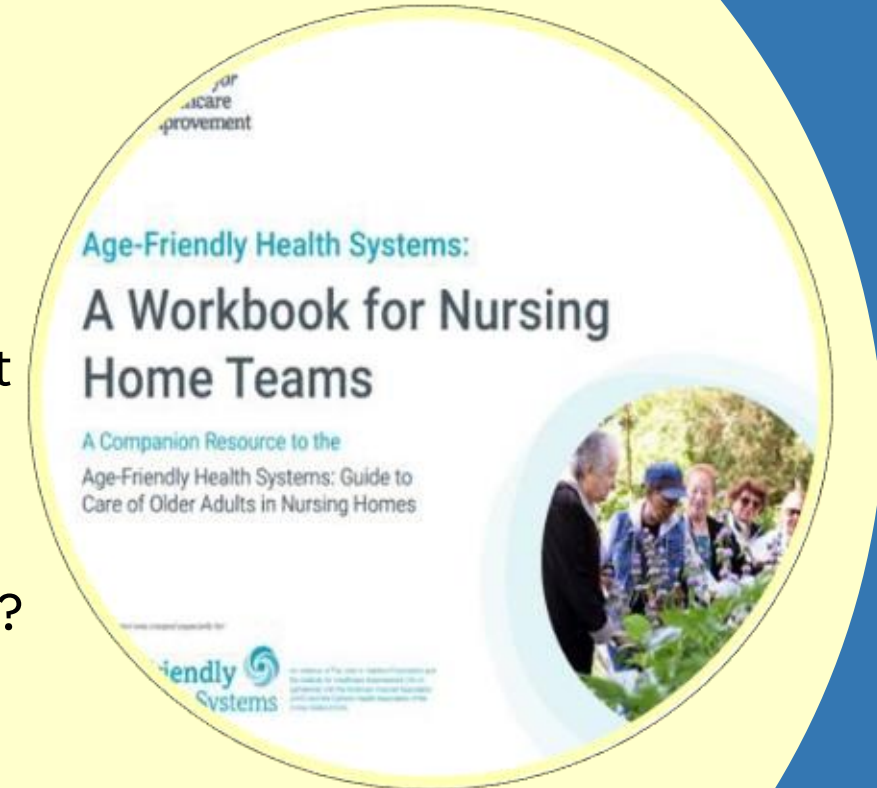
- Asking *What Matters* led to new interventions and activities tailored to residents
- Focusing on individual needs created benefits that extend to all residents
- Renewed emphasis on activities and engagement

## Strengthening Staff Culture & Environment

- Expanding resident and family engagement
- Building partnerships with Schools of Nursing and student experiences

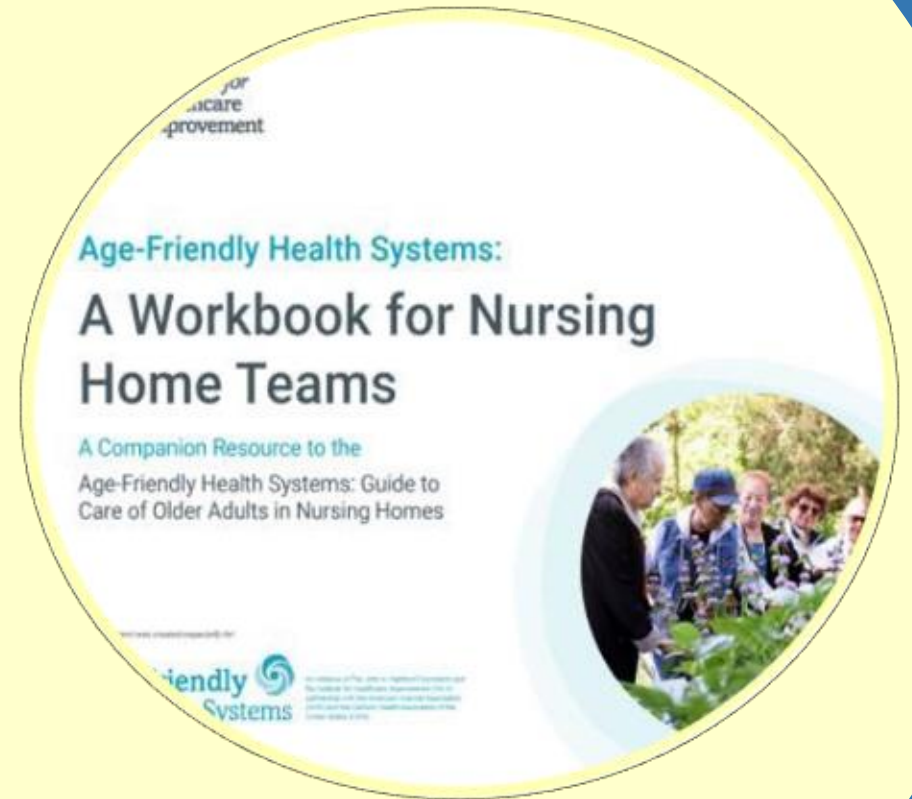
# Questions to Consider From a Resident's Perspective

- Did care team members ask about What Matters to you?
- Are your goals, routines, and preferences being acknowledged and followed?
- Do you have enough information to make decisions about your care and lifestyle choices?
- Do you feel safe?
- Are you moving around if you are able to? If not, why not?
- Do you know the medications that you are taking, and understand what they are for?
- How do you feel about being here?
- What else can staff do that would make your life better?



# From a Staff Member's Perspective

- Are care team members paying attention to residents' concerns?
- Are What Matters, Medication, Mentation, and Mobility (the 4Ms) being considered when putting together the care plan?
- What is going well?
- What is missing?



# CNA Impact

- First to hear preferences
- First to notice change
- Key to consistency



Permanent assignment  
are imperative to  
achieving these goals  
for the resident

We found that our CNA's  
already had this figured  
out and it was already  
being implemented!



# Engaging Our Care Force

## What Changed in the Culture?

- Recognizing and fostering staff in their specialized roles
- Reshaping Resident-Centered Care
- Explaining the “Why” behind the “What”
- Staff use shared language
- QAPI focused on patterns



# Embedding 4Ms In the Careforce

Orientation

Shift report

Care conferences

Permanent assignments

Daily reinforcement



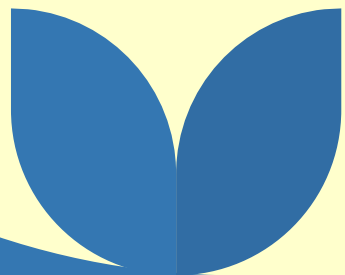
# Medication: Review Thoughtfully, Act Intentionally

*“Outside of the required med review, what usually triggers medication discussions?”*

- Started with review by category
- Look for patterns
- Interdisciplinary discussion
- Medical Director collaboration

## **Quality Connections**

- Antipsychotics
- Falls
- Hospitalizations



# Medications You Screen for Regularly

- Benzodiazepines
- Opioids
- Highly-ordered  
medications
- diphenhydramine
- Muscle relaxants

✓ *A Different  
Approach for  
the 4Ms:  
Medication  
Classification  
Review*

Antidepressants

Antipsychotics

Prescription and over-the-counter  
sleep medications



# Deprescribing Review

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- Review resident medications monthly
- Switching approaches can lead to success
- Do not get discouraged; it is an ongoing project!



# Turning to the Next M: Mentation

Maureen Saxon-Gioia, MHA, BSN, RN



# Mentation:

## Recognize Early, Act Early



### Regular Screening

Screen for depression, dementia, and delirium



### Mentation/Mind Interventions

Use person-centered approaches, cognitive training (puzzles, memory games), and validation/reminiscence therapy to support cognitive health



### Supportive Environment

Clear signage, familiar routines, reduced stimulation



# Mentation in Practice: Partner Experience

**Nicole Cherico, RN**

Assistant Director of Nursing

Phase I Partner, PA Teaching Nursing Home Collaborative

Presbyterian Senior Care

The Willows



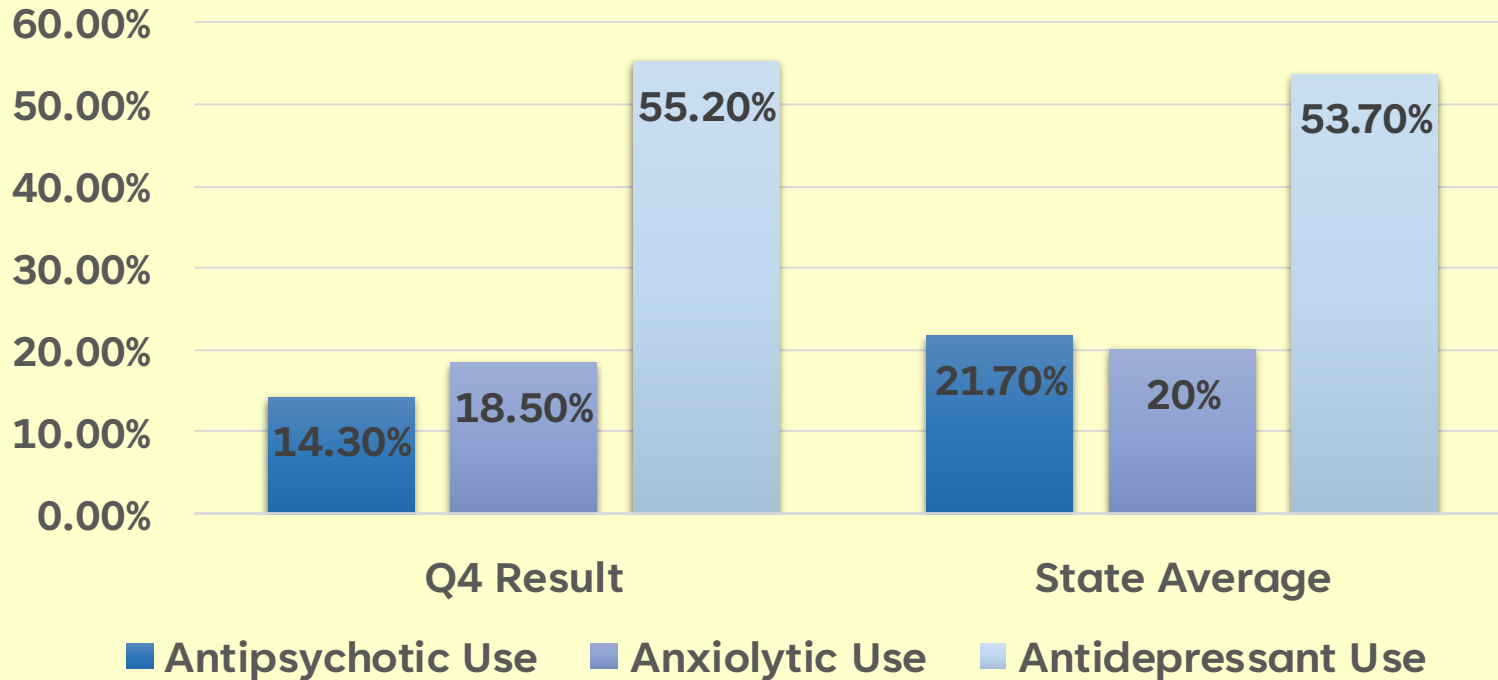
# Quality Practices Supporting Mentation & Medication

- Ongoing MindCare collaboration with routine and as-needed visits
- Psychiatry and Pharmacy participation in interdisciplinary quality review
- Continued monitoring of Gradual Dose Reductions (GDRs) and PRN stop dates
- Use of non-pharmacologic approaches (Embrace program, sensory room) to reduce distressed reactions



# QAPI Trends in Practice

## Q4 2025 Psychotropic Medication Use



*Antipsychotic and anxiolytic use remained below state averages*

**Falls**

↓ Decreasing trend observed throughout Q4



# Delirium

Education provided on UB-2 and CAM upon admission and readmission as well as readministered to monitor improvement or new onset.

Posters created for delirium VS dementia

Education on Age-Friendly interventions related to delirium

Surveys conducted

Live in PCC:

UB2/CAM/Age-Friendly Delirium order set

## 2-ITEM ULTRA-BRIEF (UB-2) DELIRIUM SCREEN Quick Guide ©

**POSITION** Try to sit at eye level  
**SENSORY** Be sure sensory aides (glasses, hearing) are in place  
**WORDING** Please read the script exactly as written

### 1: Please tell me the day of the week

The participant can check anywhere (e.g., white board, newspaper, etc.), but cannot ask anyone else in the room.

### 2: Please tell me the months of the year backward, say December as your first month

**MISSED MONTH** If participant finished reciting months but missed one or more, it is incorrect and no prompting is allowed.

**STUCK** Prompt only with: "what month comes before \_\_\_\_\_ (last month they said)?"  
Prompt up to two times; if after 2 prompts participant is frustrated, confused, or taking a long time, mark it incorrect and offer them an exit such as, "that's a tough one, you're doing well... let's try the next question."

**WRONG TYPE OF ANSWER** If the participant begins at November, starts forward, or begins spelling, assume they don't understand the question and re-read the instructions **once**. If the participant is incorrect again, mark it as incorrect but let them finish.

If incorrect on either question, use an additional screening tool to further assess, such as the CAM or 3D-CAM <https://www.hospitalelderlifeprogram.org/request-access/delirium-instruments/>

Remember to avoid correcting or helping the older adult; Inquiries to: Donna Fick [dmf21@psu.edu](mailto:dmf21@psu.edu).

(Please cite Fick et al, Journal of Hospital Medicine, 2015)

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# Example of Communication with Provider

- We now ask if the patient was assessed for delirium when receiving report from hospital
- When transitioning patient home, we added a nurse to home-health report sheet
- Both methods include any successful interventions to manage delirium

## Delirium ISBAR

**Introduction:** This is \_\_\_\_\_ calling from \_\_\_\_\_

**Situation:**

I am calling about \_\_\_\_\_ (patient).

He/She has had a change in mental status and is scoring positive on the CAM.

(Describe when this change occurred and what has changed such as symptoms, illness, injury, medical condition)

**Background:**

He/She was admitted on \_\_\_\_\_ (date) for \_\_\_\_\_ (history)

His/Her baseline mental status is \_\_\_\_\_

(alert, oriented, calm, cognitive screen score if available such as BIMS or MMSE score)

**Assessment:**

Vital signs: \_\_\_\_\_

Current mental status: (Use CAM to describe): \_\_\_\_\_

Physical assessment findings: \_\_\_\_\_

Nutrition and hydration: \_\_\_\_\_

Recent labs: \_\_\_\_\_

Pain: \_\_\_\_\_

Medication list, recent changes: \_\_\_\_\_

Potential etiologies of delirium: \_\_\_\_\_ (see delirium pathway)

**Recommendation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documentation:**

Completed CAM results: \_\_\_\_\_

Provider notified: \_\_\_\_\_

New orders such as labs/tests medication changes: \_\_\_\_\_

Plan of care implemented \_\_\_\_\_

Vital signs: \_\_\_\_\_

# Delirium Protocol



- Ensure sufficient oral hydration
- Orient older adult to time, place, and situation on every nursing shift, if appropriate
- Ensure older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers)
- Prevent sleep interruptions, use non-pharmacological interventions to support sleep
- Avoid high-risk medications



# Depression

Using the regulatory quarterly assessment PHQ-9 to detect and manage Depression



A resident triggers on PHQ-9 for being depressed



Alert to social services/Lifestyle engagement to perform a 1:1



Refer to psych/talk therapy



Med review



Weekly Quality rounds (IDT)



Reassess mentation and what matters

# Depression interventions

1

Educate older adult  
and, if appropriate,  
caregiver

2

Manage factors  
related to depression  
(non-pharmacological  
approaches)

3

Consider  
recommending anti-  
depressant



# Mobility & Microlearning Sessions with PADONA

Kim Ratliff, BSN, RN, CNDLTC



# Mobility: Where it Lives Daily

*Where does mobility live outside therapy?*

- ADLs
- Dining
- Toileting
- Daily routines
- Reinforced by CNAs

## **Quality Areas**

- Falls
- Pressure injuries
- Functional maintenance



# Assessing Mobility

How often were residents mobilizing before the program?

How comfortable are the staff with mobilizing residents?

What issues prevent residents from being mobilized?

Identify other benefits of mobilization to measure, such as falls, delirium, length of stay

# Mobility Screen

- Ambulate as directed by therapy/clinical team (e.g., three times a day)
- Out of bed or leave room for meals
- Physical therapy (PT) intervention (balance, gait, strength, gate training, exercise program)
- Avoid restraints (physical and chemical)
- Remove catheters and other tethering devices
- Avoid high-risk medications

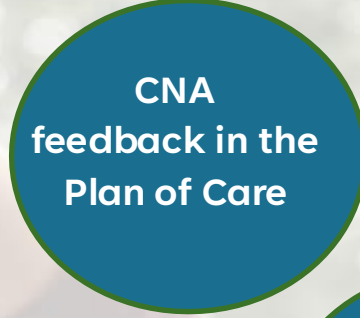




**Looking at  
Restorative  
nursing  
through a new  
lense**



**Regulatory  
Compliance**




**CNA  
feedback in the  
Plan of Care**



**Residents  
enjoy &  
enhanced  
participation**



**Empowered  
staff  
promote  
positive  
change**



**Connect to What  
Matters to Them-  
Show the impact on  
quality of life,  
promote meaningful  
moments**

# PA TNHC Impact on Residents & Students

## Residents

- Care aligned with goals
- Medication decisions clarified
- Early recognition of change
- Non-pharmacologic support prioritized
- Functional ability reinforced



## Student Nurses

- Observe role clarity in action
- Participate in interdisciplinary QAPI
- Practice person-centered conversations
- See non-pharm interventions modeled
- Understand how quality processes guide care



# Where the 4Ms Live Daily

## Orientation

Introduce 4Ms framework  
Clarify role expectations

## Shift Report

“What matters today?”  
“Is this new?”

## Care Conferences

Align goals  
Review medications by pattern

## QAPI

Look at trends across 4Ms  
Reinforce process reliability





PENNSYLVANIA  
TEACHING  
NURSING HOME  
COLLABORATIVE

## The PA Teaching Nursing Home in Action

*Turning Quick Steps into Lasting Care*

*5-10 Minute weekly skill-building videos*

presented by

**Kim Ratliff, DON**

*In partnership with*



[www.patnhc.org](http://www.patnhc.org) | Teaching Nursing Home Collaborative

## Q2 *Microlearning Series*

PADONA will email regular micro-learnings to their membership

- ✓ Each micro-learning gives you easy steps to help you engage and move forward
- ✓ Short segments you can view on your own time
- ✓ Take the next step and begin using these tools in your daily practice



# Episode #9

Coming Soon!  
Introduction to  
AFHS

## Introduction to Age-Friendly Health Systems 4Ms

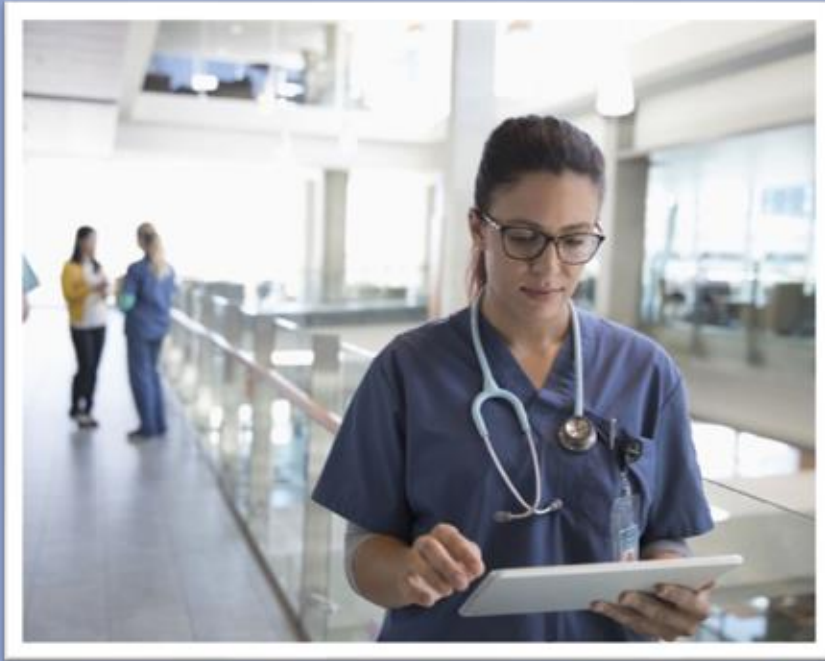


# Wrapping It All Up...

**Maureen Saxon-Gioia, MHA,BSN, RN**



# Organizing What You Already Do



## Daily Leadership Realities:

- Survey readiness
- Care plan alignment
- Medication review
- Early recognition of change
- Functional maintenance



# New to the 4Ms?

## *Age-Friendly Health Systems*

### Exploring

Begin reviewing the comprehensive guide and workbook materials

### Assessing

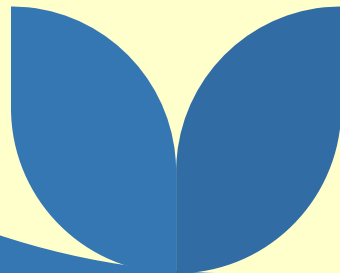
Assessing and reviewing current practices at your facility

### Planning

Taking initial steps toward recognition by applying key concepts from your learning and plan for the 4Ms Description form



# Resources to Get You Started



## Introducing Age-Friendly Health Systems (AFHS) and Its Role in the PA TNHC

Age-Friendly Health Systems (AFHS) is an evidence-based framework developed by the Institute for Healthcare Improvement (IHI) to enhance the quality of care for older adults. By focusing on the 4Ms—What Matters, Medication, Mentation, and Mobility—AFHS ensures that care is tailored to the specific needs and preferences of older patients.



### Why We Use AFHS in the PA Teaching Nursing Home Collaborative (PA TNHC)

In the PA Teaching Nursing Home Collaborative (TNHC), AFHS serves as the foundation for our evidence-based practices. We integrate the AFHS 4Ms framework into our collaborative efforts to transform care in nursing homes through academic-practice partnerships. This approach not only aligns with the latest best practices in age-friendly care but also supports the ongoing education and training of nursing students and staff. To help you understand how AFHS and other related initiatives support our goals, here's a comparison of key programs and resources:

Initiative	1. Age-Friendly Health Systems (AFHS) by IHI	2. Age-Friendly Care PA	3. PA LTC RISE	4. PA Teaching Nursing Home Collaborative (TNHC)
What it is	National framework to deliver age-friendly care using the 4Ms	PA resource hub with tools for NHs and SONs to promote age-friendly care	PA initiative offering guidance for nursing homes to adopt age-friendly practices	Partners NHs and SONs to use AFHS principles in practice and education.
Key Features	Levels: Participating & Committed to Care Excellence  Complete & Submit 4Ms Description Form Resource: Guide and Workbook	Provides online learning modules, 4Ms worksheets, and videos for both NHs and SONs. CEUs available for nurses  Practical tools, tips, and emergency assistance resources are available.	Offers tailored guidance to help Pennsylvania nursing homes implement the Age-Friendly Health Systems model.	Tiers: Planning and Performing  Integrates 4Ms into education and practice. Collaboration between nursing homes and schools of nursing Resources and shared experiences.
Link	<a href="#">AFHS by IHI</a>	<a href="#">Age-Friendly Care PA</a>	<a href="#">PA LTC RISE Program</a>	<a href="#">PA TNHC</a>

# From Understanding to Action



## Start Observing

Analyze your organization's current practices. Identify what works and what needs change



## Assess Status

Review key aspects of care, processes, and culture  
Gather meaningful data and insights



## Engage Others

Share your findings with team members. Build a collaborative approach for progress



## Take Action

Develop a concrete plan based on observations. Set clear goals with specific timelines

# Key Takeaways for Leaders

The 4Ms support both quality and workforce goals

Leadership makes age-friendly care sustainable

PA TNHC shares a practical framework for action

Small, consistent practices create lasting change





# Where Might the 4Ms Make the Biggest Difference in Your Setting?

*What's one thing you could reinforce with your team this week?"*

*"Where could a short microlearning session make things easier?"*



✦ *Shape the Work.  
Strengthen the Practice.  
You can do this!* ✦

**Thank You!**

