System-Wide Spread of the 4Ms at Bassett Healthcare Network

Background

Through their work in the Age-Friendly System-wide Spread Collaborative, Bassett Healthcare Network (Bassett) has achieved impressive reach of age-friendly care across their system. Age-friendly care, as defined when the movement was established in 2017, aims to:

- Follows an essential set of evidence-based practices: the 4Ms — What Matters, Medication, Mentation, and Mobility;
- Causes no harm; and
- Aligns with What Matters to the older adult and their family or other caregivers. (Figure 1)

Bassett serves a large older adult population across hospitals, outpatient practices, and long-term care settings in Central New York. In 2025, older adults accounted for approximately 59,000 inpatient admissions, or 72.6 percent of the system's inpatient population, making age-friendly care a strategic priority.

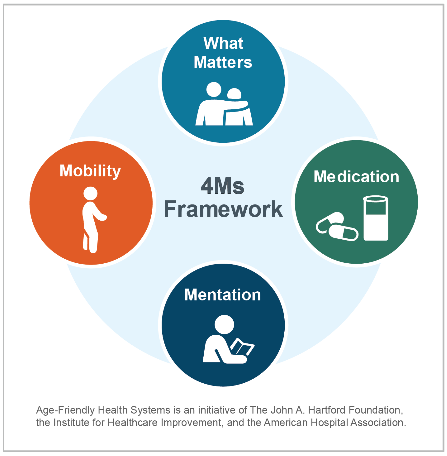
Bassett Medical Center, a teaching hospital, embarked on its age-friendly journey in 2019 by implementing the 4Ms Framework, achieving improvements such as reduced hospital-acquired pressure injuries and falls.

The work expanded system-wide in 2021 through a New York State collaborative led by the Healthcare Association of New York State (HANYS), with all five hospitals earning Committed to Care Excellence status by 2023. In 2024, Bassett joined the Age-Friendly System-wide Spread Collaborative, supporting continued implementation across hospitals and expansion into additional settings, including Fox Nursing Home and outpatient clinics.

Approach

Bassett's strategy for spreading age-friendly care centered on testing changes in specific locations, learning from those tests, and spreading successful practices to other hospitals, units, clinics, and long-term care settings with adaptations for each. Their efforts also focused on ensuring leadership alignment, staff education, and data collection and analysis to make adjustments as needed and track progress over time.

Figure 1. 4Ms Framework of an Age-Friendly Health System



What Matters

Addressing What Matters has been both one of the most meaningful and one of the most challenging components of the work. Bassett made updates to the electronic health record (EHR), Epic, to include specific language prompts that help staff better elicit what matters to patients and caregivers. These prompts were designed to make conversations easier

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation, the Institute for Healthcare Improvement, and the American Hospital Association.

and more consistent, and especially to support staff to initiate conversations.

Bassett also began building IT reports to capture data about What Matters and reduce the need for manual sampling. The organization engaged primary care teams to gain commitment and begin piloting use of My Health Checklist, a guide to prepare older adults for conversations about the 4Ms. In the nursing home setting, room cards were used to capture 4Ms information in resident rooms, helping staff see and act on what matters to each resident in daily care.

The work on what matters highlighted the importance of both conversation quality and documentation design. Staff needed support in how to ask meaningful questions, listen actively, document responses, and incorporate what they heard into the care plan.

Medication

Bassett created a pharmacist work queue that includes daily review of medications for patients age 65 and older. Pharmacists identify potentially inappropriate medications using the AGS Beers Criteria and document interventions. This workflow helps reduce medication-related risk and supports alignment of medication decisions with all 4Ms.

Mentation

To support identification of delirium as a component of Mentation efforts, Bassett implemented Confusion Assessment Method (CAM) screening. Reliable screening helps teams identify changes in cognition early and respond appropriately. Mentation work also supports safer medication use, fall prevention, discharge planning, and communication with patients and caregivers.

Implementation included education and workflow support so that staff understood not only how to complete screening, but why it matters.

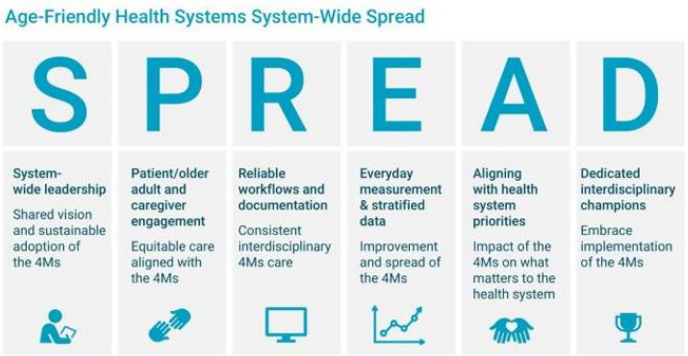
Mobility

For a more consistent approach to evaluation, Bassett changed its falls risk assessment and mobility tool to the Veterans Administration Mobility Screening and Solutions Tool (VA MSST). The mobility work contributed directly to the health system's early improvements in health outcomes, including reductions in falls with harm. Mobility became part of broader care planning, rather than a separate task. This helped teams connect mobility with function, discharge readiness, patient goals, and harm prevention.

System-wide Spread: Key Drivers

The Age-Friendly System-wide Spread theory of change includes six drivers of reliable, equitable spread across settings of care (Figure 2). Health systems participating in the Collaborative helped to test and refine the theory to develop a guide to Spreading Age-Friendly Care. Teams used a System-wide Spread Self-Assessment four times over the course of the 18 months to track and reflect on progress. Average assessments for all related drivers improved over time, increasing the degree of belief in the importance of the drivers identified.

Figure 2. Age-Friendly Health Systems System-wide Spread



Examples of Drivers in Practice

Like other participating health systems, Bassett had already made progress on several drivers prior to the launch of the Collaborative. While the team worked across all drivers, they prioritized two drivers as most impactful for their system: *System-wide Leadership* and *Everyday Measurement and Stratified Data*.

System-wide Leadership

Leadership alignment, in coordination with the Bassett Healthcare Network system-wide Steering Committee, helped establish age-friendly care as a system priority. Health system priorities and initiatives advanced by the 4Ms were clearly articulated, helping staff and leaders understand how the work connected to broader goals. Bassett Healthcare Network's Director of Quality was identified as health system lead, supporting system-wide adoption and reliable practice of the 4Ms.

Communication occurred throughout the health system, including executive leadership, hospital leadership, clinical teams, boards, and frontline staff. This multi-level communication helped maintain visibility and accountability. Health system-level measures related to 4Ms care were reviewed and acted on routinely, reinforcing that age-friendly care was part of ongoing quality management.

Everyday Measurement and Stratified Data

Recurring measurement of 4Ms process and outcome data was a key driver of spread. Bassett developed the ability to collect data electronically and analyze performance at the system, hospital, and unit levels. This allowed teams to identify variation, track progress, and target support where needed.

The organization developed scorecards and dashboards to capture data and support improvement. These tools helped translate age-friendly care from an abstract concept into measurable practice. As data capabilities matured, Bassett continued working to capture more meaningful and relevant information, including narrative content related to what matters to patients.

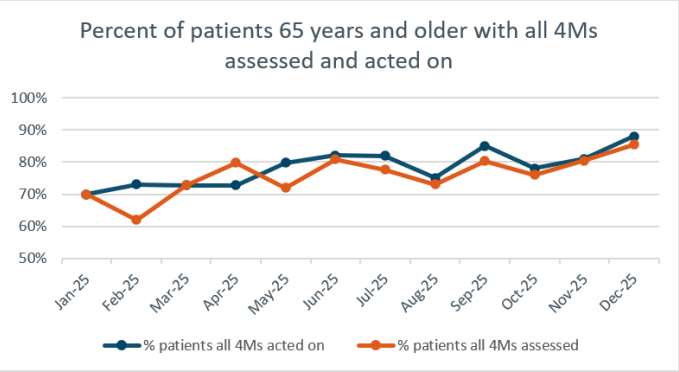
Equity is integral to age-friendly care in order to reliably meet the needs of all older adults. Bassett prioritized equitable 4Ms care and began stratifying data by race, ethnicity, and language (REAL), sexual orientation and gender identity (SOGI), and social drivers of health across all 4Ms. This approach supports identification of variation to address inequities in care delivery.

Stratified data can help systems understand whether all groups are receiving the same level of access to 4Ms care and what additional strategies are needed to close gaps.

Outcomes

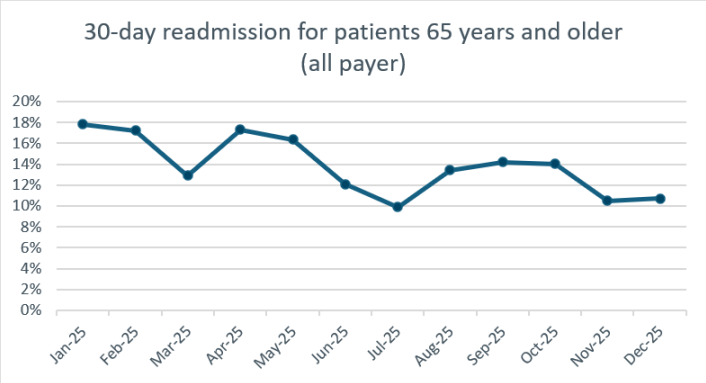
Despite being a smaller health system serving a largely rural population and working with limited resources, Bassett has achieved remarkable reliability in providing 4Ms care across their health system.

Figure 3. Rate of Assessing and Acting on the 4Ms



Early signs indicate that 4Ms care may be contributing to a reduction in older adult readmissions.

Figure 4. Health System 30-Day Readmission Rates



Lessons Learned

Bassett's experience highlights several important strategies for organizations seeking to implement and spread age-friendly care across multiple settings:

Support for staff to ask about what matters: Asking what matters may sound simple, but meaningful conversations require skill, confidence, and support. Staff need education, coaching, and examples of how to engage patients and caregivers in ways that produce useful information for care planning.

EHR design: Documentation is essential to reliability and measurement. Prompts can make it easier for staff to ask the right questions and capture information consistently. However, EHRs can also become barriers when key data points are not captured discretely or when different care settings use different systems. Successful spread requires close partnership among clinical, operational, quality, and IT teams.

Shared accountability and problem solving: Bassett's steering committee and workgroups helped maintain oversight, coordinate learning, celebrate successes, and support continued spread.

Local adaptation: While the 4Ms Framework provides a consistent, evidence-based approach, each care setting has different workflows, patient populations, staffing models, documentation systems, and operational constraints. Testing changes before spread allowed Bassett teams to learn what worked and adjust implementation strategies accordingly.

Intentional embedding of equity: Stratifying 4Ms data by REAL, SOGI, and social drivers of health supports a deeper understanding of how to reliably reaching all older adults equitably with age-friendly care.

Next Steps

Looking ahead, Bassett Healthcare Network is focused on further improving reliability of 4Ms care, strengthening data systems, expanding EHR capabilities, supporting staff education, and improving cross-setting communication.

Acknowledgements

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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.

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