Advancing Hospital at Home Age-Friendly Care: A National Survey of 4Ms Implementation and Opportunities

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Background

- The Age-Friendly Health Systems (AFHS) initiative, led by the Institute for Healthcare Improvement and the John A. Hartford Foundation, promotes the evidence-based 4Ms framework (What Matters, Medication, Mentation, and Mobility) to improve the quality of care for older adults across healthcare settings.
- Hospital at Home (HaH) programs share similar goals by providing hospital-level care in patients' homes while reducing complications associated with traditional hospitalization. Despite these complementary approaches, little is known about the extent to which AFHS principles have been incorporated into routine HaH practice.

Objective

To evaluate beliefs and current practices related to the Age-Friendly Health Systems 4Ms framework among members of the Hospital-at-Home Users Group.

Specifically, this study aimed to:

- Assess the perceived importance of evaluating each 4M domain for HaH patients
- Describe whether What Matters, Medication, Mentation, and Mobility are routinely assessed in HaH programs
- Identify who performs these assessments, how often they occur, and how programs act on assessment results
- Characterize perceived barriers to implementing evidence-based 4Ms tools and practices in HaH

Methods

1. **Study Design & Setting:** A voluntary, cross-sectional survey of the Hospital at Home Users Group member programs across the United States and Canada. The survey was administered electronically using Research Electronic Data Capture (REDCap®) between September and October 2025.
2. **Sampling & Representation:** Invitations were distributed to primary contacts representing 83 health systems encompassing 185 Hospital at Home hospitals/sites. Respondents completed the survey on behalf of either a single Hospital at Home site or multiple sites within their program.
3. **Survey Information:** The survey collected information on program characteristics, familiarity with the AFHS initiative, routine implementation of the 4Ms framework, personnel responsible for assessments, assessment frequency, assessment tools, and perceived barriers to implementation.
4. **Statistical Analysis:** Responses were summarized using descriptive statistics. Categorical variables were summarized using frequencies and percentages, continuous variables using means, standard deviations, medians, and ranges, and item-specific denominators were used to account for survey branching and incomplete responses.

Key Finding

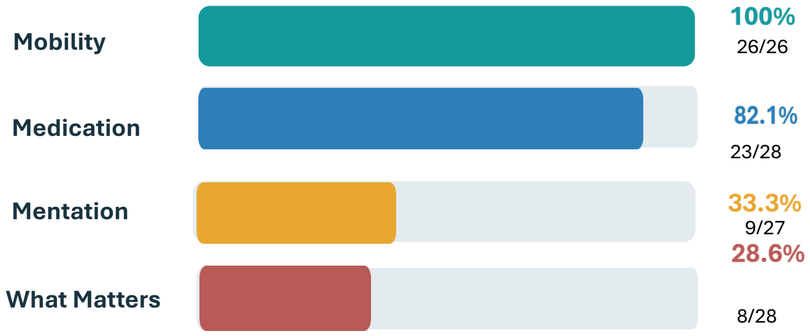
4Ms implementation varied substantially by domain Mobility and Medication were common; Mentation and What matters lagged

Survey Reach & Response

Response Category	Invited	Responded/Represented	Response rate
Health systems/ Program representative	83	34	41.0%
Individual HaH hospitals/sites	185	57	30.8%
Survey completion	34 started	26 Completed	76.5 %

34 respondents represented 57 HaH hospitals/sites; 26 completed the survey.

Routine 4Ms Assessment



Routine assessment reported by respondents answering each domain item.

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Routine Patient assessments	18/34	52.9%
Pharmacy alerts/Pharmacy review	13/34	38.2%
PT/OT protocols	13/34	38.2%
Delirium prevention protocols	5/34	14.7%

Program characteristics

- **60.7%** AFHS Familiarity
- **93.3%** CMS waiver care
- **80.0%** > half of patients age 65+
- **37** teaching hospital sites

Results

1. Thirty-four program representatives responded, representing 57 HaH hospitals/sites. Twenty-six respondents completed the survey (76.5%), and 60.7% reported familiarity with the AFHS initiative.
2. Implementation differed across the 4Ms: Mobility (100%) and Medication (82.1%) were commonly reported as routine practice, while Mentation (33.3%) and What Matters (28.6%) were less frequently implemented.
3. Routine patient assessments were the most commonly incorporated AFHS element (52.9%); delirium prevention protocols were least commonly reported (14.7%).

Implementation Barriers

50.0% Reported Mentation barriers

41.1% Reported What Matters barriers

Commonly Reported Challenges

1. Uncertainty regarding implementations – both Ms
2. Lower perceived relevance- Mentation
3. Time Constraints- what matters

Conclusion

4Ms implementation varies across participating HaH Users Group programs.

Mobility and Medication are commonly incorporated; Mentation and What Matters remain key opportunities for strengthening Age-Friendly HaH care.

Results may inform future quality-improvement initiatives, educational efforts, and broader implementation of Age-Friendly care practices.

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