Conclusions
Early data suggest decreased time to post-discharge scheduling and increased percentage scheduled within two weeks post-VV implementation, and further improvement post-SmartPhrases. Staff messages did not decrease significantly; we plan to track messaging rates through August to fully assess SmartPhrase impact.

Background
Implementing evidence-based practice requires both quality improvement and implementation science to promote adoption and sustainability.

Objectives
To present a case study of the implementation of The John A. Hartford Foundation and Institute for Healthcare Improvement supported evidence-based Age-Friendly Health Systems (AFHS) 4Ms Framework: What Matters, Medications, Mentation, and Mobility into the 1,100 MinuteClinics located in 33 states and District of Columbia. Quality improvement methods provided the framework for the initiative that was complemented with research to examine strategies that showed promise for sustainability.
Methods The project was directed by the MinuteClinic Quality Department. A one-year planning period to develop a process-flow map, educational materials, practice-based tools, and electronic health record (EPIC) alignment was followed by an 11-month implementation phase starting June 1, 2020, in spite of the COVID-19 Pandemic. Due to opportunities for improved uptake, implementation science methods were used synchronously to improve uptake.

Results To date, the 1-year QI project resulted in the adoption of the 4Ms by 1145 providers (37%) (figure 1). Continual monitoring of the adoption of the 4Ms Framework, qualitative methods to understand barriers and facilitators, and testing of

Abstract 18 Figure 2  Statistical process control chart (XmR) of the adoption of what matters

Abstract 18 Figure 3  Statistical process control chart (XmR) of the adoption of medication

Abstract 18 Figure 4  Statistical process control chart (XmR) of the adoption of mentation
implementation strategies occurred. The project evolved from a local QI project to the study of implementation strategies to understand the mechanism of change strategies. Exploratory analyses using a t-test to examine significant differences in each of the 4Ms in baseline vs. intervention, significant improvements were noted for all 4Ms What Matters (figure 2), Medications (figure 3), Mentation (figure 4), and Mobility (figure 5), p<0.05 when comparing the intervention to baseline time periods. Continued efforts to implement booster strategies are underway to ensure that Age-Friendly care is delivered reliably to older adults.

**Conclusions** Implementation and improvement methods are needed to not only improve the adoption but also to understand implementation strategies to improve uptake and sustainment of the evidence-based Age-Friendly 4Ms Framework.

### Featured Poster (FP) abstracts

**19 IMPROVING UTILIZATION OF PERITONEAL DIALYSIS AMONGST UNDOCUMENTED IMMIGRANTS AT PARKLAND HOSPITAL**

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**Background** Patients with ESRD comprise less than 1% of the Medicare population, however they are responsible for 7% of all Medicare spending. Hemodialysis (HD) and peritoneal dialysis (PD) have equivalent clinical outcomes; however, PD is more cost-effective. Undocumented immigrants, when...