

4Ms Age-Friendly Care Description Worksheet

Hospital & Post-acute Long-term Care Setting

Overview

This document is a Word version of the “4Ms Care Description” form. This document is a tool for teams to draft their descriptions before their final submissions, [here](#). The completion of this survey is required to be recognized by IHI’s Age-Friendly Health Systems. For any questions, please email AFHS@ihi.org.

Please describe below your description of age-friendly (or 4Ms) care as your team currently operationalizes it. To be considered age-friendly, you must explicitly engage or screen/assess people ages 65 and older for all 4Ms (What Matters, Medication, Mentation, Mobility), document 4Ms information, and act on the 4Ms accordingly.

Date:

Health System Name:

Hospital or Post-Acute Long-term Care Setting Name:

Location (City, State):

Key Contact (Name, Email):

EHR Platform:

	What Matters	Medication	Mentation	Mobility
Please check the "EHR" (electronic health record) box or fill in the blank for "Other."	<input type="checkbox"/> Other: _____ One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method is accessible to other care team members for use during the hospital stay.	<input type="checkbox"/> Other: _____ One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method is accessible to other care team members for use during the hospital stay.	<input type="checkbox"/> Other: _____ One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method can capture assessment to trigger appropriate action.	<input type="checkbox"/> Other: _____ One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method can capture assessment to trigger appropriate action.
Act On Please describe how you use the information obtained from Engage/Screen/Assess to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the "Other" field.	<input type="checkbox"/> Align the care plan with What Matters most <input type="checkbox"/> Other: _____ Minimum requirement: First box must be checked.	<input type="checkbox"/> Deprescribe (includes both dose reduction and medication discontinuation) <input type="checkbox"/> Pharmacy consult <input type="checkbox"/> Other: _____ Minimum requirement: At least one box must be checked.	Delirium prevention and management protocol including, but not limited to: <input type="checkbox"/> Ensure sufficient oral hydration <input type="checkbox"/> Orient older adult to time, place, and situation on every nursing shift <input type="checkbox"/> Ensure older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers) <input type="checkbox"/> Prevent sleep interruptions; use non-pharmacological interventions to support sleep <input type="checkbox"/> Avoid high-risk medications <input type="checkbox"/> Other: _____ Minimum requirement: First five boxes must be checked.	<input type="checkbox"/> Ambulate 3 times a day <input type="checkbox"/> Out of bed or leave room for meals <input type="checkbox"/> PT intervention (balance, gait, strength, gate training, exercise program) <input type="checkbox"/> Avoid restraints <input type="checkbox"/> Remove catheters and other tethering devices <input type="checkbox"/> Avoid high-risk medications <input type="checkbox"/> Other: _____ Minimum requirement: Must check first box and at least one other box.

	What Matters	Medication	Mentation	Mobility
Primary Responsibility Indicate which care team member has primary responsibility for the older adult.	<input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ <i>Minimum requirement: One role must be selected.</i>	<input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ <i>Minimum requirement: One role must be selected.</i>	<input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ <i>Minimum requirement: One role must be selected.</i>	<input type="checkbox"/> Nurse <input type="checkbox"/> Clinical Assistant <input type="checkbox"/> Social Worker <input type="checkbox"/> MD <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other: _____ <i>Minimum requirement: One role must be selected.</i>