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:
### Aim

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.

If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Prevent, identify, treat, and manage delirium across settings of care.

Ensure that each older adult moves safely every day to maintain function and do What Matters.

### Engage / Screen / Assess

Please check the boxes to indicate items used in your care or fill in the blanks if you check “Other.”

#### What Matters

List the question(s) you ask to know and align care with each older adult’s specific outcome goals and care preferences:

- One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.

#### Medication

Check the medications you screen for regularly:
- Benzodiazepines
- Opioids
- Highly-anticholinergic medications (e.g., diphenhydramine)
- All prescription and over-the-counter sedatives and sleep medications
- Muscle relaxants
- Tricyclic antidepressants
- Antipsychotics
- Other: ____________

Minimum requirement: At least one of the first six boxes must be checked.

Check the tool used to screen for delirium:
- UB-2
- CAM
- 3D-CAM
- CAM-ICU
- bCAM
- Nu-DESC
- Other: ____________

Minimum requirement: At least one of the first six boxes must be checked. If only “Other” is checked, will review.

Check the tool used to screen for mobility limitations:
- TUG
- Get Up and Go
- JH-HLM
- POMA
- Refer to physical therapy
- Other: ____________

Minimum requirement: One box must be checked. If only “Other” is checked, will review.

#### Mentation

Check the tool used to screen for mobility limitations:
- TUG
- Get Up and Go
- JH-HLM
- POMA
- Refer to physical therapy
- Other: ____________

Minimum requirement: One box must be checked. If only “Other” is checked, will review.

#### Mobility

Ensure that each older adult moves safely every day to maintain function and do What Matters.

### Frequency

- □ Once per stay
- □ Daily
- □ Other: ____________

Minimum frequency is once per stay.

- □ Once per stay
- □ Daily
- □ Other: ____________

Minimum frequency is once per stay.

- □ Every 12 hours
- □ Other: ____________

Minimum frequency is every 12 hours.

- □ Once per stay
- □ Daily
- □ Other: ____________

Minimum frequency is once per stay.

### Documentation

- □ EHR

Minimum frequency is once per day.
<table>
<thead>
<tr>
<th>What Matters</th>
<th>Medication</th>
<th>Mentation</th>
<th>Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please check the “EHR” (electronic health record) box or fill in the blank for “Other.”</td>
<td>☐ Other: ____________</td>
<td>☐ Other: ____________</td>
<td>☐ Other: ____________</td>
</tr>
<tr>
<td>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.</td>
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<td>One box must be checked; preferred option is EHR. If “Other,” will review to ensure documentation method can capture assessment to trigger appropriate action.</td>
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</tr>
</tbody>
</table>

**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.

☐ Align the care plan with What Matters most
☐ Other: ____________

Minimum requirement: First box must be checked.

☐ Deprescribe (includes both dose reduction and medication discontinuation)
☐ Pharmacy consult
☐ Other: ____________

Minimum requirement: At least one box must be checked.

☐ Delirium prevention and management protocol including, but not limited to:
☐ Ensure sufficient oral hydration
☐ Orient older adult to time, place, and situation on every nursing shift
☐ 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
☐ Other: ____________

Minimum requirement: First five boxes must be checked.

☐ Ambulate 3 times a day
☐ Out of bed or leave room for meals
☐ PT intervention (balance, gait, strength, gate training, exercise program)
☐ Avoid restraints
☐ Remove catheters and other tethering devices
☐ Avoid high-risk medications
☐ Other: ____________

Minimum requirement: Must check first box and at least one other box.
<table>
<thead>
<tr>
<th>Primary Responsibility</th>
<th>What Matters</th>
<th>Medication</th>
<th>Mentation</th>
<th>Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicate which care team member has primary responsibility for the older adult.</td>
<td>Nurse</td>
<td>Nurse</td>
<td>Nurse</td>
<td>Nurse</td>
</tr>
<tr>
<td></td>
<td>Clinical Assistant</td>
<td>Clinical Assistant</td>
<td>Clinical Assistant</td>
<td>Clinical Assistant</td>
</tr>
<tr>
<td></td>
<td>Social Worker</td>
<td>Social Worker</td>
<td>Social Worker</td>
<td>Social Worker</td>
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<td></td>
<td>MD</td>
<td>MD</td>
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<td>MD</td>
</tr>
<tr>
<td></td>
<td>Pharmacist</td>
<td>Pharmacist</td>
<td>Pharmacist</td>
<td>Pharmacist</td>
</tr>
<tr>
<td></td>
<td>Other: __________</td>
<td>Other: __________</td>
<td>Other: __________</td>
<td>Other: __________</td>
</tr>
</tbody>
</table>

Minimum requirement: One role must be selected.