

## 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, <u>here</u>. 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  |
|--|---|---|--|---|
| Aim<br>Engage/Screen/<br>Assess<br>Please check the<br>boxes to indicate<br>items used in your<br>care or fill in the<br>blanks if you check<br>"Other." | What MattersKnow and align care with<br>each older adult's specific<br>health outcome goals and<br>care preferences including,<br>but not limited to, end-of-life<br>care, and across settings of<br>careList the question(s) you ask<br>to know and align care with<br>each older adult's specific<br>outcome goals and care<br>preferences: | MedicationIf medication is necessary,use age-friendly medicationthat does not interfere withWhat Matters to the olderadult, Mobility, orMentation across settings ofcareCheck the medications youscreen for regularly:BenzodiazepinesOpioidsHighly-anticholinergicmedications (e.g.,diphenhydramine)All prescription and over-the-counter sedatives andsleep medicationsMuscle relaxantsTricyclic antidepressantsAntipsychoticsOther: | Mentation         Prevent, identify, treat,         and manage delirium         across settings of care         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. | Mobility         Ensure that each older         adult moves safely every         day to maintain function         and do What Matters         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. |
|  | One or more What Matters<br>question(s) must be listed.<br>Question(s) cannot focus only on<br>end-of-life forms.   | Minimum requirement: At least<br>one of the first seven boxes must<br>be checked.   |  |   |
| Frequency  | <ul> <li>Once per stay</li> <li>Daily</li> <li>Other:</li> <li>Minimum frequency is once per stay.</li> </ul>   | <ul> <li>Once per stay</li> <li>Daily</li> <li>Other:</li> <li>Minimum frequency is once per stay.</li> </ul>   | Every 12 hours Other:  | <ul> <li>Once per stay</li> <li>Daily</li> <li>Other:</li> <li>Minimum frequency is once per stay.</li> </ul>   |
| Documentation  |   |   | EHR  |   |

|   | What Matters  | Medication  | Mentation  | Mobility   |
|---|---|---|--|--|
| Please check the<br>"EHR" (electronic   | Other:  | □Other:   | □Other:  | □Other:  |
| health record) box or<br>fill in the blank for<br>"Other."  | One box must be checked;<br>preferred option is EHR. If "Other,"<br>will review to ensure<br>documentation method is<br>accessible to other care team<br>members for use during the<br>hospital stay. | One box must be checked;<br>preferred option is EHR. If<br>"Other," will review to ensure<br>documentation method is<br>accessible to other care team<br>members for use during the<br>hospital stay. | One box must be checked;<br>preferred option is EHR. If<br>"Other," will review to ensure<br>documentation method can<br>capture assessment to trigger<br>appropriate action.  | One box must be checked;<br>preferred option is EHR. If<br>"Other," will review to ensure<br>documentation method can<br>capture assessment to trigger<br>appropriate action.  |
| Act On  | $\Box$ Align the care plan with   | Deprescribe (includes   | Delirium prevention and  | □ Ambulate 3 times a day   |
| Please describe how<br>you use the<br>information obtained<br>from<br>Engage/Screen/Assess<br>to design and provide<br>care. Refer to<br>pathways or<br>procedures that are<br>meaningful to your<br>staff in the "Other"<br>field. | What Matters most   | both dose reduction and<br>medication discontinuation)<br>Pharmacy consult<br>Other:<br>Minimum requirement: At least<br>one box must be checked.   | <pre>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:</pre> | <ul> <li>Out of bed or leave</li> <li>room for meals</li> <li>PT intervention</li> <li>(balance, gait, strength, gate training, exercise</li> <li>program)</li> <li>Avoid restraints</li> <li>Remove catheters and other tethering devices</li> <li>Avoid high-risk</li> <li>medications</li> <li>Other:</li></ul> |

|  | What Matters                                    | Medication                                      | Mentation                                       | Mobility  |
|--|---|---|---|---|
| Primary  | □Nurse  | □Nurse  | □Nurse  | □Nurse  |
| Responsibility   | □ Clinical Assistant                            | □ Clinical Assistant                            | □ Clinical Assistant                            | □ Clinical Assistant                            |
| Indicate which care<br>team member has<br>primary responsibility<br>for the older adult. | □Social Worker<br>□MD<br>□Pharmacist            | □Social Worker<br>□MD<br>□Pharmacist            | □Social Worker<br>□MD<br>□Pharmacist            | □Social Worker<br>□MD<br>□Pharmacist            |
|  | □Other:   | □Other:   | □Other:   | □Other:   |
|  | Minimum requirement: One role must be selected. |