



## 4Ms Care Description Worksheet - Convenient Care Clinic

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### Overview

This 4Ms Care Description Worksheet for Convenient Care Clinic can be used to outline a plan for providing 4Ms care to older adults.

Age-Friendly Health Systems is a movement of thousands of health care facilities committed to ensuring that all older adults receive evidence-based care. IHI recognizes hospitals, practices, convenient care clinics and nursing homes that have committed to practicing 4Ms care. Learn more about the 4Ms and the Age-Friendly Health Systems movement at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly) or email [AFHS@ihi.org](mailto:AFHS@ihi.org).

### Steps for Recognition as an Age-Friendly Health System Participant

1. **Learn about the 4Ms** by reviewing the [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices](#). For additional support, join an [Age-Friendly Health System Action Community](#).
2. Use this **4Ms Care Description Worksheet** to outline a plan for providing 4Ms care to older adults in your setting of care. Build on what your setting of care already does to assess and act on each of the 4Ms and decide what you will test to fill in any gaps.
3. **Email this completed worksheet to [AFHS@ihi.org](mailto:AFHS@ihi.org).**
4. If the submission is complete, you will be notified by email that your care setting(s) has been recognized as an Age-Friendly Health Systems - Participant within 2 to 3 weeks. The email will include suggestions for improving your 4Ms Care Description, if applicable, and next steps for achieving the next level of recognition, Age-Friendly Health Systems - Committed to Care Excellence. You will also receive a Participant badge and communications kit so you can celebrate this recognition in your local community. The name of your setting of care will be added to [www.ihi.org/agefriendly](http://www.ihi.org/agefriendly) to celebrate your commitment to better care for older adults.

If you have questions, review the Recognition [Frequently Asked Questions](#) page or email [AFHS@ihi.org](mailto:AFHS@ihi.org)

**Name of Convenient Care Organization** (if applicable):

**Convenient Care Clinic** (please list all of the agencies if you are a part of a health system that will be using the same 4Ms Care Description):

**Location of Convenient Care Clinic:**

**Street Address**

**City**

**State**

**Zip Code**

**Country**

**Key Contact (Name):**

**Key Contact Email (E-mail):**

**Electronic Health Record Platform:**

**Engagement:**

Please select how you are engaging with Age-Friendly Health Systems (i.e., Action Community, DIY Pathway, etc)

# What Matters

**Aim:** Know and align care with each older adult's specific health outcome goals and care preferences.

**Assess:** Ask What Matters

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

- View guiding questions from [What Matters Toolkit](#)

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

**Frequency:**

Minimum frequency is at each visit.

At each visit

Other

**Documentation:**

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 home health episode of care.

EHR

Other

**Act On:**

Minimum requirement: First box must be checked.

Align the care plan with What Matters most

Other

**Primary Responsibility:**

Minimum requirement: One role must be selected.

Nurse

MD / PA / Nurse Practitioner

Social Worker

Other

**Any further information on What Matters:**

# Medication

**Aim:** If medication is necessary, use age-friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation.

**Screen / Assess:**

Check the medications you screen for in all older adults.

Minimum requirement: All eight boxes must be checked.

- Benzodiazepines
- Opioids
- Highly-anticholinergic medications (e.g., diphenhydramine)
- All prescription and over-the-counter sedatives and/or sleep medications
- Muscle relaxants
- Tricyclic antidepressants
- Antipsychotics
- Mood Stabilizers
- Other

**Frequency:**

Minimum frequency is each visit.

- At each visit
- Other

**Documentation:**

One box must be checked.

- EHR
- Other

**Act On:**

Minimum requirement: At least one box must be checked.

- Deprescribe (includes both dose reduction and medication discontinuation)
- Educate patient/family
- Refer to primary care provider or prescribing provider for further evaluation of risks and de-prescribing or change in prescription as indicated
- Other

**Primary Responsibility:**

Minimum requirement: One role must be selected.

- Nurse
- MD / PA / Nurse Practitioner
- Pharmacist
- Other

**Any further information on Medication:**

# Mentation: Cognitive Impairment (dementia or related disorders)

**Aim:** Prevent, identify, and refer older adults for treatment and management of dementia.

**Screen:**

Check the tool used to screen for dementia

Minimum requirement: At least one of the first box must be checked. If only "Other" is checked, will review.

Mini-Cog

Other

**Assess:**

Check the tool used to assess for dementia in all older adults.

Minimum requirement: If screen is positive, conduct assessment. If only "Other" is checked, will review.

Saint Louis University Mental Status (SLUMS)

Montreal Cognitive Assessment (MOCA)

Other

**Frequency:**

Minimum frequency is each visit.

At each visit

Other

**Documentation:**

One box must be checked.

EHR

Other

**Act On:**

Minimum requirement: At least one box must be checked.

Share results with older adult

Provide educational materials to older adult and caregivers

Refer to a community organization for education and/or support

Refer to provider(s) if follow up needed such as a primary care provider, psychiatric-mental health specialist, psychologist

Other

**Primary Responsibility:**

Minimum requirement: One role must be selected.

Nurse

MD / PA / Nurse Practitioner

Social Worker

Mental or Behavioral Health Provider

Pharmacist

Other

**Any further information on Dementia:**



# Mentation: Depression

**Aim:** Prevent, identify, and refer older adults for treatment and management of depression.

**Screen / Assess:**

Check the tool used to screen for depression for all older adults.

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

PHQ-2

PHQ-9 if PHQ-2 positive

GDS - long or short form

Other

**Frequency:**

Minimum frequency is at each visit.

At each visit

Other

**Documentation:**

One box must be checked.

EHR

Other

**Act On:**

Minimum requirement: At least one box must be checked.

Educate older adult and family caregivers on factors contributing to depressive symptoms

Prescribe anti-depressant

Refer to primary care provider or other community mental health providers/resources for further evaluation, treatment, CBT, etc.

Other

**Primary Responsibility:**

Minimum requirement: One role must be selected.

Nurse

Social Worker

MD / PA / Nurse Practitioner

Mental or Behavioral Health Provider

Other

**Any further information on Depression:**

# Mobility

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

**Screen / Assess:**

Check the tool used to screen for mobility limitations:

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

Timed Up & Go (TUG)

STEADI

Other

**Frequency:**

Minimum frequency is each visit.

At each visit

Other

**Documentation:**

One box must be checked.

EHR

Other

**Act On:**

Minimum requirement: At least one box must be checked.

Educate patient/family on a home environment that is safe for mobility

Refer to primary care provider - therapy-local community activities

Other

**Primary Responsibility:**

Minimum requirement: One role must be selected.

Nurse

MD / PA / Nurse Practitioner

Physical Therapist / Occupational Therapist

Other

**Any further information on Mobility:**

# Qualitative Learnings

What activities or action(s) you took this past month did you find most affirming, helpful, and/or surprising?

What, if anything, did you find challenging or confusing this past month in your Age-Friendly Health Systems efforts?

What advice would you give to new health systems embarking on the 4Ms journey?

How can IHI (or your Action Community leads such as AGS, AHA, or HANYS) better support you and/or help you work through the challenges you are experiencing?

**Thank you!**

Please fill out this section of the form after you receive confirmation from [AFHS@ihi.org](mailto:AFHS@ihi.org) that your 4Ms Care Description is aligned with the [Guide to Using the 4Ms in the Care of Older Adults](#).

## Steps for Recognition as an Age-Friendly Health System – Committed to Care Excellence (Level 2)

1. **Count the number of older adults that received care that included all 4Ms**, as outlined in your 4Ms Care Description, over the past month.
  - The [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices](#) includes guidance on counting via 3 options: real-time observation, chart review, and EHR report.
  - Initially, while sites of care are still testing, the number of older adults may be small but will increase over time as you work towards reliably delivering 4Ms care to all older adults, all the time.
2. **Email this completed worksheet to [AFHS@ihi.org](mailto:AFHS@ihi.org)**, with data on the number of older adults that received 4Ms care. To be recognized as Committed to Care Excellence, counts should begin on or after the month your 4Ms Care Description was approved for alignment with the [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices](#).
3. You will be notified by email that your care setting(s) has been recognized as an Age-Friendly Health Systems – Committed to Care Excellence, you will receive a Committed to Care Excellence badge and a formal letter of recognition. The name of your setting of care will be added to [www.ihi.org/agefriendly](http://www.ihi.org/agefriendly) to celebrate your commitment to better care for older adults.

If you have questions, review the Recognition [Frequently Asked Questions](#) page or email [AFHS@ihi.org](mailto:AFHS@ihi.org)

# Qualitative Learnings and Count of Older Adults

What activities or action(s) you took this past month did you find most affirming, helpful, and/or surprising?

What, if anything, did you find challenging or confusing this past month in your Age-Friendly Health Systems efforts?

What advice would you give to new health systems embarking on the 4Ms journey?

How can IHI (or your Action Community leads such as AGS, AHA, or HANYS) better support you and/or help you work through the challenges you are experiencing?

In the previous month, how many older adults have received 4Ms care at your hospital or practice? (Please note, if you have multiple care settings, please attach a spreadsheet with counts for each care setting). Example answer: 42 older adults reached with 4Ms care in August 2020

Month	Older Adult Count
Month	Older Adult Count
Month	Older Adult Count

## Thank You!