4Ms Care Description Worksheet - GEDA Sites

Overview

This 4Ms Care Description Worksheet for **sites which have achieved Geriatric Emergency Department Accreditation** 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 or email AFHS@ihi.org.

Steps for Recognition as an Age-Friendly Health System Participant

1. **Learn about the 4Ms** by reviewing the Guide to Recognition for Geriatric Emergency Department Accredited Sites. 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**.

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 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

Health System Name:

Emergency Department Name (if you are describing how the 4Ms are practiced across multiple practices, please list each practice):

Location

Street Address

City

State

Zip Code

Country

Key Contact (Name):

Key Contact (E-mail):

Engagement:
Please select how you are engaging with Age-Friendly Health Systems (ie.g., Action Community, DIY Pathway, etc)

EHR Platform:

Sites Which Have Achieved Geriatric Emergency Department Accreditation

IHI will recognize as Age-Friendly Health Systems the sites which have achieved Geriatric Emergency Department Accreditation (GEDA) and adopted a plan for practicing the 4Ms. Answering the questions below will enable IHI to understand if, during the work of achieving Geriatric Emergency Department Accreditation, you have also adopted the 4Ms.

Accreditation:
Please indicate what level accreditation your Geriatric Emergency Department has received:

Level 1

Level 2

Level 3

What Matters:
The following GEDA criteria are aligned with the care in Age-Friendly Health Systems. Please indicate if you achieved the following criteria through your GEDA recognition.
Minimum requirement: at least one box must be checked. If no boxes are checked, please go to the **What Matters** section of this form.

Inclusion of at least one of the exemplar questions as outlined in the "patient priorities" care process.

Medication:
The following GEDA criteria are aligned with the care in Age-Friendly Health Systems. Please indicate if you achieved the following criteria through your GEDA recognition.
Minimum requirement: at least one box must be checked. If no boxes are checked, please go to the **Medication** section of this form.

A guideline to minimize the use of potentially inappropriate medications (Beers' list, or other hospital-specific strategy, access to an ED-based pharmacist)

Development and implementation of at least three order sets for common geriatric ED presentations developed with particular attention to geriatric-appropriate medications and dosing and management plans (e.g., delirium, hip fracture, sepsis, stroke, ACS)

Mentation:
The following GEDA criteria are aligned with the care in Age-Friendly Health Systems. Please indicate if you achieved the following criteria through your GEDA recognition.
Minimum requirement: at least one box must be checked. If no boxes are checked, please go to the **Mentation** section of this form.

A standardized delirium screening guideline (Examples: DTS,CAM, 4AT, other) with appropriate follow-up

Mobility:
The following GEDA criteria are aligned with the care in Age-Friendly Health Systems. Please indicate if you achieved the following criteria through your GEDA recognition.
Minimum requirement: at least one box must be checked. If no boxes are checked, please go to the **Mobility** section of this form.

A guideline for standardized fall assessment guideline (including mobility assessment, e.g.,TUG or other) with appropriate follow-up.

A guideline to promote mobility.

*If no boxes are checked for any of the above criteria, please complete the indicated section of the form.

What Matters

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.

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:

      - For example: What concerns you most when you think about your health and about being in the ED today/ tonight?

      - View further 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 once per stay and upon significant change of condition.

    Once per stay

    Upon significant change of condition

    Daily

    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 hospital stay.

    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

    Social Worker

    MD/PA/ Nurse Practitioner

    Geriatric Nurse (GENIE)

    Other

Any further information on What Matters:

Medication

Instructions: Complete this portion if you GEDA designation does not include the Medication related criteria listed on page 3.

Aim: 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.

Screen / Assess:
Check the medication you screen for regularly in all older adults.
Minimum requirement: All first eight boxes must be checked.

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

Frequency:
Minimum frequency is once per stay and upon significant change of condition or with a change of medication.

- Once per stay
- Upon significant change of condition or with a change of medication
- Daily
- 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 hospital stay.

- EHR
- Other

Act On:
Minimum requirement: First box must be checked.

- Deprescribe (includes both dose reduction and medication discontinuation)
- Pharmacy consult
- Other

Primary Responsibility:
Minimum requirement: One role must be selected.

- Nurse
- MD/PA/ Nurse Practitioner
- Pharmacist
- Geriatric Nurse (GENIE)
- Other

Any further information on Medication:

Mentation: Delirium

Instructions: Complete this portion if you GEDA designation does not include the Mentation related criteria listed on page 3.

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

Screen / Assess:
Check the tool used to screen for delirium for all older adults.
Minimum requirement: At least one box be checked. If only "Other" is checked, will review.

- UB-CAM
- CAM
- 3D-CAM
- CAM-ICU
- bCAM
- Nu-DESC
- Other

Frequency:
Minimum frequency is once per stay and upon change of condition.

- Once per stay
- Upon change of condition
- 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 hospital stay.

- EHR
- Other

Act On:
Delirium prevention and management protocol including, but not limited to:
Minimum requirement: First five boxes must be checked.

- Ensure sufficient oral hydration
- Orient older adult to time, place, and situation on every nursing shift, if appropriate
- 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

Primary Responsibility:
Minimum requirement: One role must be selected.

- Nurse
- MD/PA/ Nurse Practitioner
- Geriatric Nurse (GENIE)
- Other

Any further information on Mentation (delirium)**:**

Mobility

Instructions: Complete this portion if you GEDA designation does not include the Mobility related criteria listed on page 3.

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

Screen / Assess:
Check the tool used to screen for mobility limitations for all older adults.
Minimum requirement: One box must be checked. If screening/assessment is done by physical therapy, please identify the tool used.If only "Other" is checked, will review.

- Timed Up & Go (TUG)
- Johns Hopkins High Level of Mobility (JH-HLM)
- Tinetti Performance Oriented Mobility Assessment (POMA)
- Screening and assessment forms per physical therapy
- Other

Frequency:
Minimum frequency is once per stay and upon change of condition

- Once per stay
- Upon change of condition
- Daily
- 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 hospital stay.

- EHR
- Other

Act On:
Minimum requirement: Must check first box and at least one other box.

- Mobilize 3 times a day and/or as directed (walking, unless bed or chair-bound or otherwise directed to promote the highest practicable level of mobility)
- Out of bed or leave room for meals
- Physical therapy (PT) intervention (balance, gait, strength, gate training, exercise program)
- Avoid restraints (physical or chemical
- Remove catheters and other tethering devices
- Avoid high-risk medications
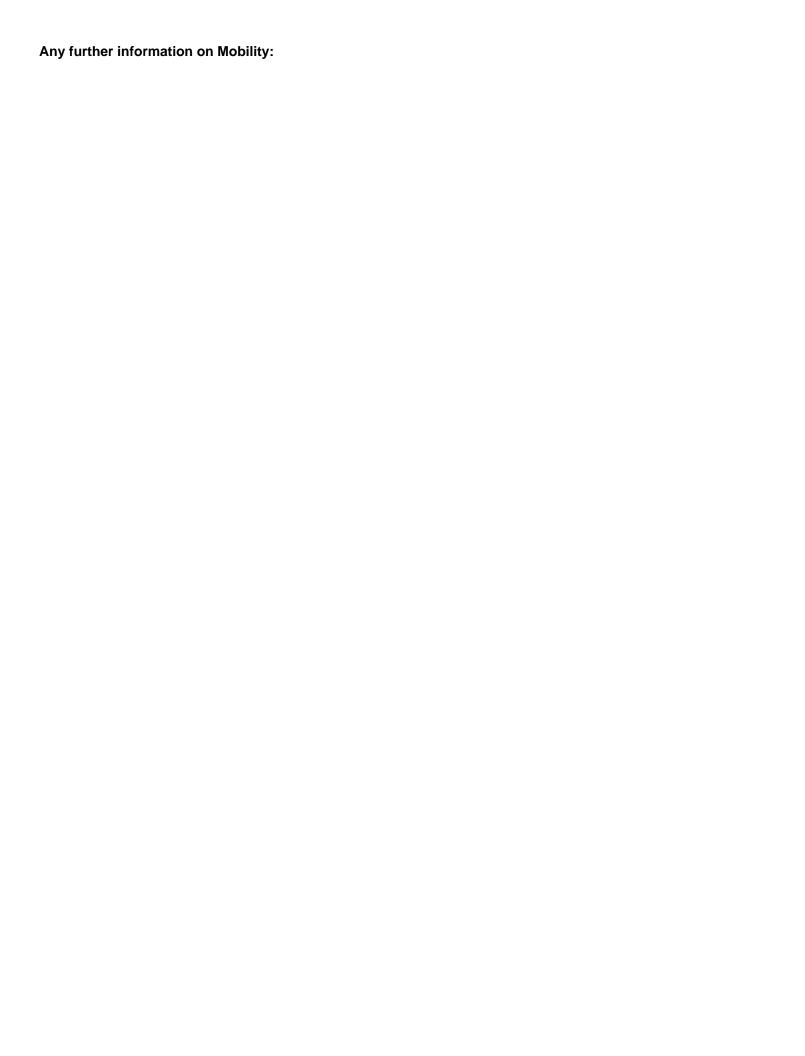- Other

Primary Responsibility:
Minimum requirement: One role must be selected.

- Nurse
- MD / PA / Nurse Practicioner
- Physical Therapist / Occupational Therapist
- Geriatric Nurse (GENIE)
- 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?

How are you addressing inequities in your Age-Friendly Health Systems efforts? For example, how will you ensure that all older adults receive 4Ms care regardless of race/ethnicity, religion, language, gender identity, sexual orientation, or socioeconomic status?

Thank you!

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 <u>Guide to Recognition for Geriatric Emergency Department Accredited Sites</u> 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,** 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 <u>Guide to Recognition for Geriatric Emergency Department Accredited Sites.</u>

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 to celebrate your commitment to better care for older adults.

If you have questions, review the Recognition <u>Frequently Asked Questions</u> page or email 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!