

4Ms Care Description Worksheet - GSV Hospitals

Overview

This 4Ms Care Description Worksheet for **sites which have achieved Geriatric Surgery Verification** can be used to outline a plan for providing 4Ms care to older adults. To be recognized as an Age-Friendly Health Systems participant, those GSV elements specific to 4Ms care, described below, must be provided to adults who are 65+.

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 [Age-Friendly Health Systems: Guide to Recognition for Geriatric Surgery Verification Hospitals](#). This guide provides information about each initiative (Age-Friendly Health Systems and Geriatric Surgery Verification) and includes a comparison of elements. For additional support, view the comprehensive [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices](#) or 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

4Ms Age-Friendly Care Description Worksheet

Hospitals Which Have Achieved Geriatric Surgery Verification



Health System Name:

Hospital or Care Setting (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:

Hospitals Which Have Achieved Geriatric Surgery Verification

IHI will recognize as Age-Friendly Health Systems the sites which have achieved Geriatric Surgery Verification (GSV) and adopted a plan for practicing the 4Ms for adults 65+. Answering the questions below will enable IHI to understand if, during the work of achieving Geriatric Surgery Verification, you have also adopted the 4Ms.

What Matters:

The following GSV standard(s) are aligned with the What Matters care criteria in Age-Friendly Health Systems. Please indicate if your hospital applies the standard requirements **to include adults 65+ years of age**.

Minimum requirement: at least one box must be checked. If no boxes are checked, please go to the [What Matters](#) section of this form.

GSV Standard 5.1 Treatment and Overall Health Goals

Medication:

The following GSV standard(s) are aligned with the Medication care criteria in Age-Friendly Health Systems. Please indicate if your hospital applies the standard requirements **to include adults 65+ years of age**.

Minimum requirement: at least one box must be checked. If no boxes are checked, please go to the [Medication](#) section of this form.

GSV Standard 5.11 Inpatient Medication Management

GSV Standard 5.12 Opioid-Sparing, Multimodality Pain Management

Mentation:

The following GSV standard(s) are aligned with the Mentation care criteria in Age-Friendly Health Systems. Please indicate if your hospital applies the standard requirements **to include adults 65+ years of age**.

Minimum requirement: at least one box must be checked. If no boxes are checked, please go to the [Mentation](#) section of this form.

GSV Standard 5.6 Geriatric Vulnerability Screens

GSV Standard 5.7 Management Plan for Patients with Positive Geriatric Vulnerability Screens

Mobility:

The following GSV standard(s) are aligned with the Mobility care criteria in Age-Friendly Health Systems. Please indicate if your hospital applies the standard requirements **to include adults 65+ years of age**.

Minimum requirement: at least one box must be checked. If no boxes are checked, please go to the [Mobility](#) section of this form.

GSV Standard 5.6 Geriatric Vulnerability Screens

GSV Standard 5.7 Management Plan for Patients with Positive Geriatric Vulnerability Screens

What Matters

Instructions: Complete this portion if your organization's GSV designation does not include the What Matters related criteria listed on page 3 for adults 65+. If you are not yet asking surgical patients What Matters starting at age 65, please include information about your plans to assess, document, and act on What Matters for adults 65+.

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 surgical procedure and recovery?
- 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.

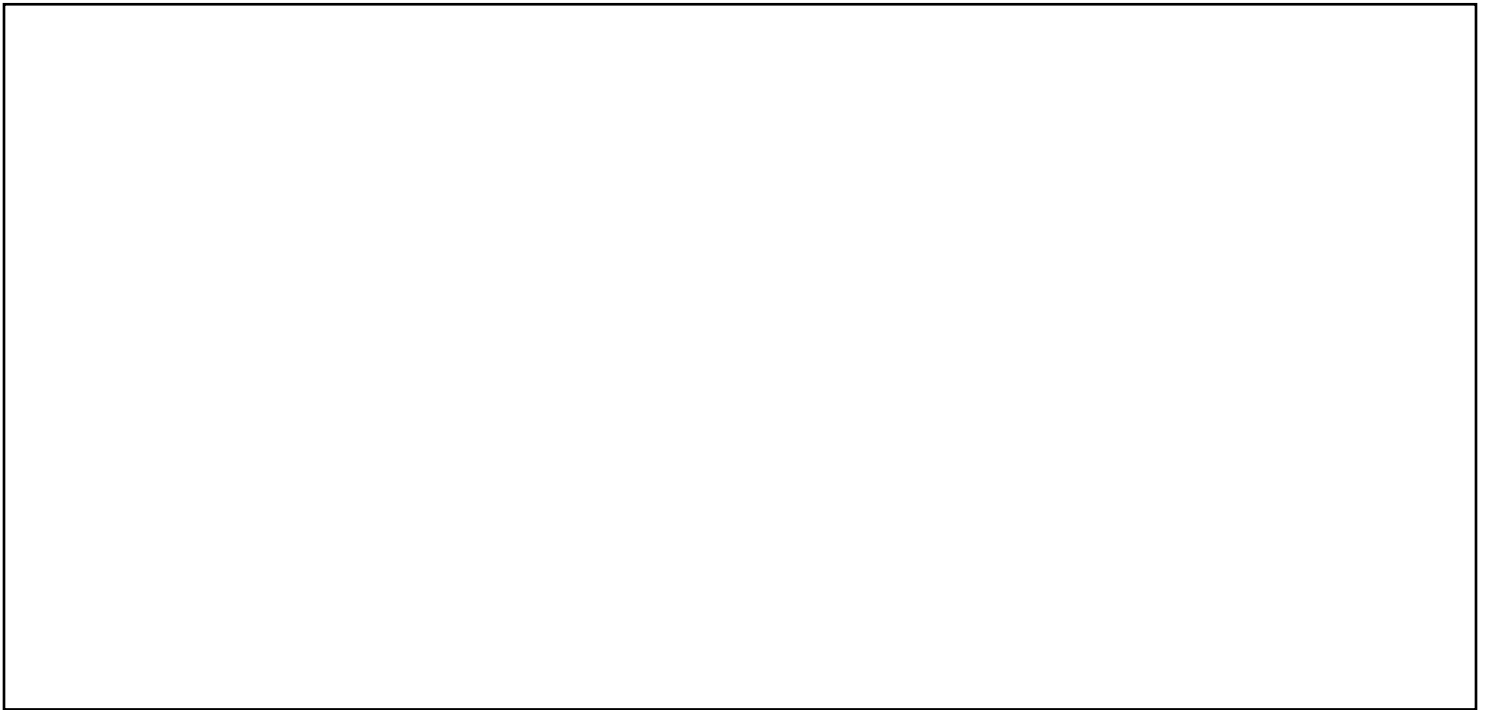
Nurse

Social Worker

MD/PA/ Nurse Practitioner

Other

Any further information on What Matters:

A large, empty rectangular box with a thin black border, intended for providing further information on 'What Matters'.

Medication

Instructions: Complete this portion if your organization's GSV designation does not include the Medication related criteria listed on page 3 for adults 65+. Please include below information about your plans to assess, document, and act on Medications for adults 65+.

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.

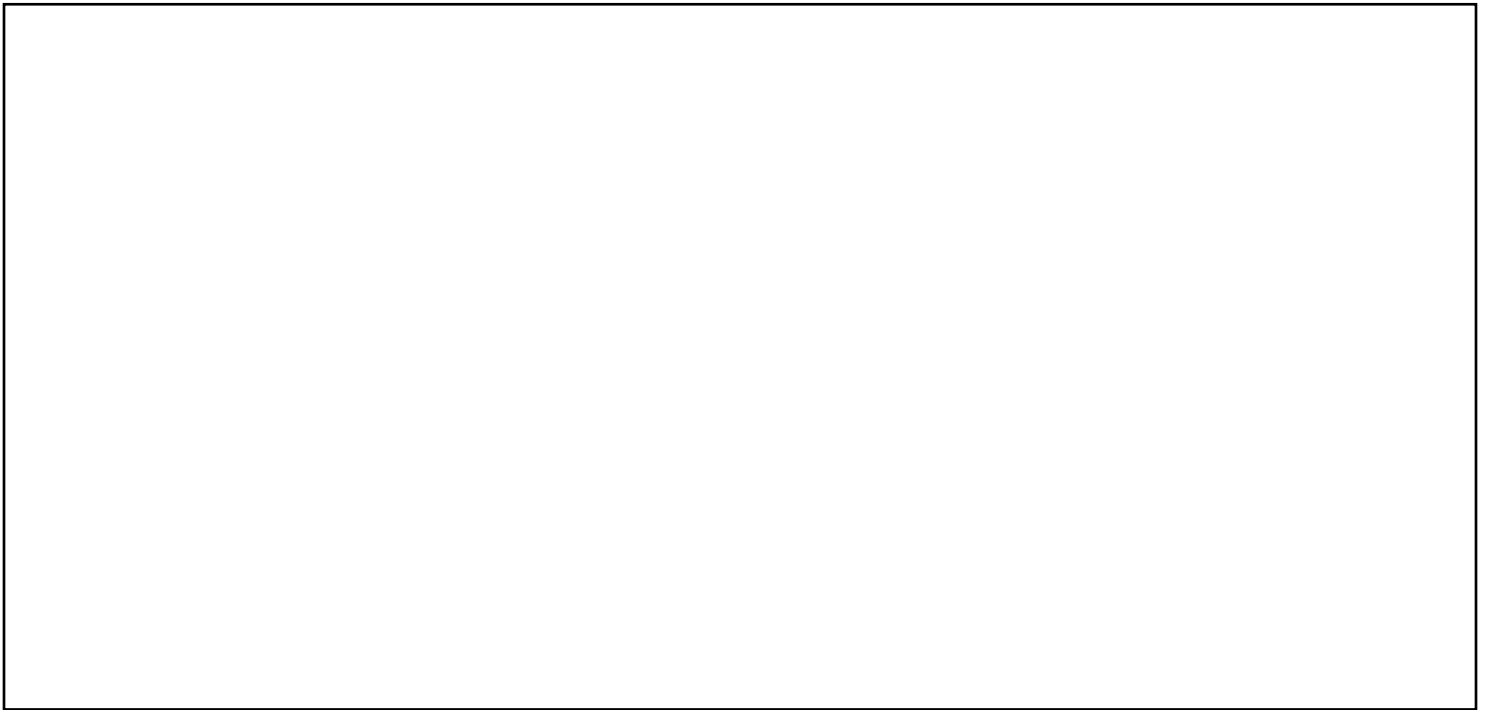
- Deprescribe (includes both dose reduction and medication discontinuation)
- Pharmacy consult
- Other

Primary Responsibility:

Minimum requirement: One role must be selected.

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

Any further information on Medication:

A large, empty rectangular box with a thin black border, intended for providing further information on medication. The box is currently blank.

Mentation (delirium)

Instructions: Complete this portion if your organization's GSV designation does not include the Mentation related criteria listed on page 3 for adults 65+. Please include below information about your plans to assess, document, and act on Mentation for adults 65+.

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

Other

Any further information on Mentation (delirium):

A large, empty rectangular box with a thin black border, intended for providing further information on mentation (delirium). The box is currently blank.

Mobility

Instructions: Complete this portion if your organization's GSV designation does not include the Mobility related criteria listed on page 3 for adults 65+. Please include below information about your plans to assess, document, and act on Mobility for adults 65+.

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.

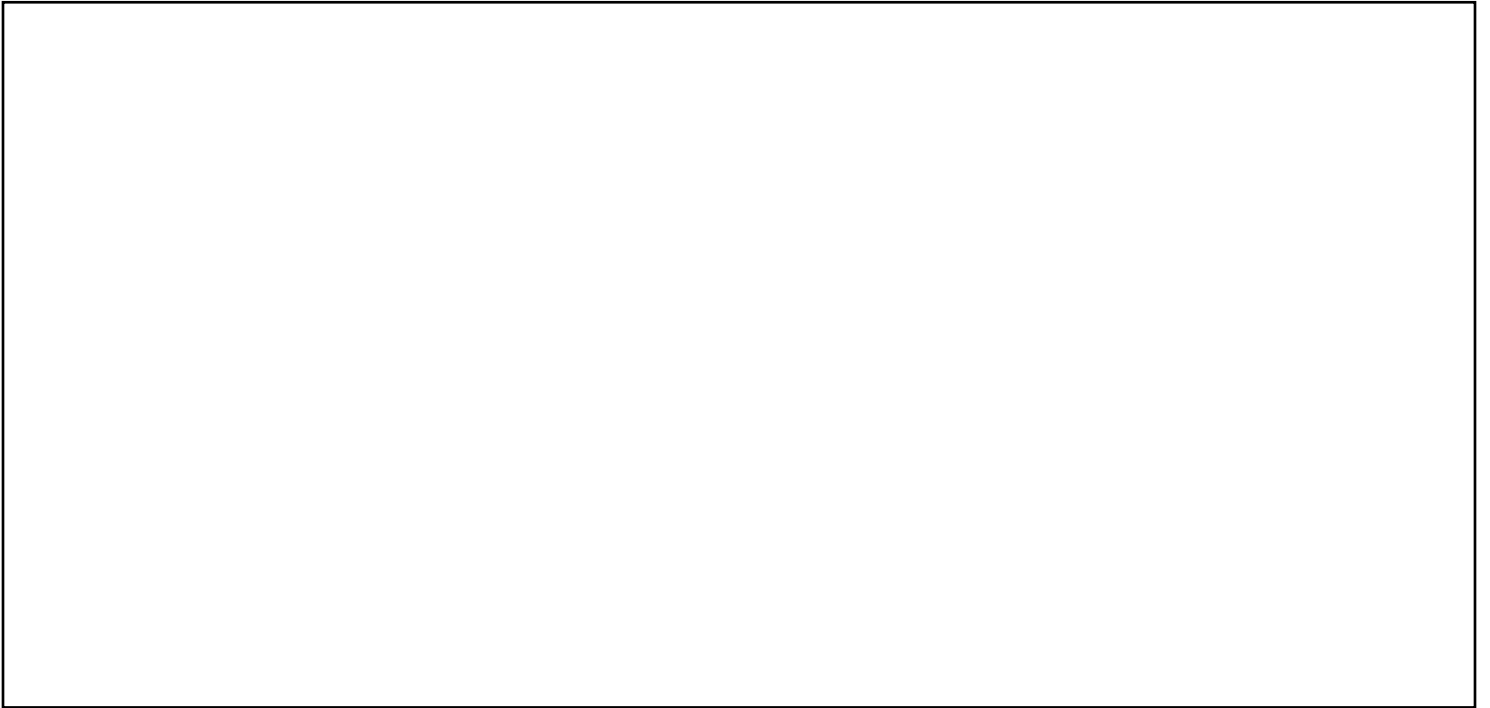
- Mobilize 3 times a day and/or as directed (walking, unless bed or chair-bound or otherwise directed to promote the highest practicable level of mobility)
- Out of bed or leave room for meals
- Physical therapy (PT) intervention (balance, gait, strength, gate training, exercise program)
- Avoid restraints (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 Practitioner
- Physical Therapist / Occupational Therapist
- Other

Any further information on Mobility:

A large, empty rectangular box with a thin black border, intended for providing further information on mobility. The box is currently blank.

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!

Please fill out this section of the form after you receive confirmation from 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 [Age-Friendly Health Systems: Guide to Recognition for Geriatric Surgery Verified Sites](#) 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 [Age-Friendly Health Systems: Guide to Recognition for Geriatric Surgery Verified Sites](#).
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 [Frequently Asked Questions](#) 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	<input type="text"/>	Older Adult Count	<input type="text"/>
Month	<input type="text"/>	Older Adult Count	<input type="text"/>
Month	<input type="text"/>	Older Adult Count	<input type="text"/>

Thank You!