# AgeFriendlyLogo4Ms Age-Friendly Care Description Worksheet­

# *Hospital & Post-acute Long-term Care Setting*

# Overview

This document is a Word version of the [“4Ms Care Description” electronic form](https://www.surveymonkey.com/r/Z2SGZNJ). This document is a tool for teams to draft their descriptions before their final submissions in the electronic form. The completion of this survey is required to be recognized by IHI’s Age-Friendly Health Systems Movement.

Age-Friendly Health Systems is a movement of hundreds of hospitals, practices, and post-acute and long-term care (PALTC) communities working to ensure the best possible care for older adults. IHI recognizes organizations that have committed to practicing 4Ms care and have described 4Ms care for their setting. Learn more at ihi.org/AgeFriendly or email AFHS@ihi.org.

The Age-Friendly Health Systems teams at IHI is reviewing practice standards for PALTC communities and will develop a new worksheet for those teams by Winter 2021. For now, a PALTC community may use either worksheet to support their 4Ms work. We recommend the Hospital Setting worksheet for most PALTC communities.

**Health System Name:**

**Hospital or Post-Acute Long-term Care Setting Name:
\*If you are describing how the 4Ms are practiced across multiple practices, please list each practice.**

**Location (City, State):**

**Key Contact (Name, Email):**

**EHR Platform:**

|  | **What Matters** | **Medication** | **Mentation** | **Mobility** |
| --- | --- | --- | --- | --- |
| **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.” | List the question(s) you ask to know and align care with each older adult’s specific outcome goals and care preferences:*Minimum requirement: One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.* | 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 seven 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:[ ] Timed Up & Go (TUG)[ ]  JH-HLM[ ]  POMA[ ]  Refer to physical therapy[ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_*Minimum requirement: One box must be checked. If only “Other” is checked, will review.* |
| **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**Please check the “EHR” (electronic health record) box or fill in the blank for “Other.” | [ ] EHR [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_*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: \_\_\_\_\_\_\_\_\_\_\_\_\_ *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: \_\_\_\_\_\_\_\_\_\_\_\_*One box must be checked; preferred option is EHR. If “Other,” will review to ensure documentation method can capture assessment to trigger appropriate action.*  | [ ] EHR [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_*One box must be checked; preferred option is EHR. If “Other,” will review to ensure documentation method can capture assessment to trigger appropriate action.*  |
| **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[ ]  Physical therapy (PT) intervention (balance, gait, strength, gate training, exercise program)[ ]  Out of bed or leave room for meals[ ]  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.* |
| **Primary Responsibility**Indicate which care team member has primary responsibility for the older adult. | [ ] Nurse[ ] Clinical Assistant[ ] Social Worker[ ] MD[ ] Pharmacist[ ] Other: \_\_\_\_\_\_\_\_\_\_*Minimum requirement: One role must be selected.* |  [ ] Nurse[ ] Clinical Assistant[ ] Social Worker[ ] MD[ ] Pharmacist[ ] Other: \_\_\_\_\_\_\_\_\_\_*Minimum requirement: One role must be selected.* | [ ] Nurse[ ] Clinical Assistant[ ] Social Worker[ ] MD[ ] Pharmacist[ ] Other: \_\_\_\_\_\_\_\_\_\_*Minimum requirement: One role must be selected.* |  [ ] Nurse[ ] Clinical Assistant[ ] Social Worker[ ] MD[ ] Pharmacist[ ] Other: \_\_\_\_\_\_\_\_\_\_*Minimum requirement: One role must be selected.* |