# [AgeFriendlyLogo](http://www.surveymonkey.com/r/7HD3DK5)4Ms Age-Friendly Care Description Worksheet *Ambulatory or Primary 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](mailto: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. The following worksheet is designed to describe the 4Ms in an ambulatory, primary care, or outpatient setting.

**Health System Name:**

**Hospital or Clinic 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: Dementia** | **Mentation: Depression** | **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 dementia across settings of care. | Prevent, identify, treat, and manage depression across settings of care. | Ensure that each older adult moves safely every day to maintain function and do What Matters most. |
| **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:  *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 dementia:  Mini-Cog  SLUMS  MOCA  Other: \_\_\_\_\_\_\_\_\_  *Minimum requirement: At least one of the first three boxes must be checked. If only “Other” is checked, will review.* | Check the tool used to screen for depression:  PHQ-2  PHQ-9  GDS – short form  GDS  Other: \_\_\_\_\_\_\_\_\_  *Minimum requirement: At least one of the first four 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 PT  Other: \_\_\_\_\_\_\_\_\_\_  *Minimum requirement: One box must be checked. If only “Other” is checked, will review.* |
| Optional: Check the tool used for functional assessment:  Barthel Index of ADLs (in EPIC)  Lawton IADLs  Katz ADL  Not Available  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Optional to select.* | | |
| **Frequency** | At least annually  Other: \_\_\_\_\_\_\_\_\_\_  *Minimum frequency is annually.* | At least annually  At change of medication  Other: \_\_\_\_\_\_\_\_\_\_  *Minimum frequency is annually.* | At least annually  Other:\_\_\_\_\_\_\_\_\_\_  *Minimum frequency is annually.* | At least annually  Other:\_\_\_\_\_\_\_\_\_\_  *Minimum frequency is annually.* | At least annually  Other: \_\_\_\_\_\_\_\_\_\_  *Minimum frequency is annually.* |
| **Documentation**  Please check the “EHR“ box (for electronic health record) or fill in the blanks 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 care.* | 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 care.* | 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.* | EHR  Other: \_\_\_\_\_\_\_\_\_\_    *One box must be checked; preferred option is EHR. If “Other,” will review to ensure documentation method can capture mobility status in a way that other care team members* *can use.* |
| **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.* | Educate older adult and family caregivers  Deprescribe (includes both dose reduction and medication discontinuation)  Refer to:\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_  *Minimum requirement: At least one box must be checked.* | Share results with older adult  Provide educational materials to older adult and family caregivers  Refer to community organization for education and/or support  Refer to:\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_  *Minimum requirement: Must check first box and at least one other box.* | Educate older adult and family caregivers  Prescribe anti-depressant  Refer to:\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_  *Minimum requirement: At least one of the first three boxes must be checked.* | Multifactorial fall prevention protocol (e.g., STEADI)  Educate older adult and family caregivers  Manage impairments that reduce mobility (e.g., pain, balance, gait, strength)  Ensure safe home environment for mobility  Identify and set a daily mobility goal with older adult that supports What Matters, and then review and support progress toward the mobility goal  Avoid high-risk medications  Refer to physical therapy  Other:\_\_\_\_\_\_\_\_\_\_\_\_  *Minimum requirement: Must check the first box or at least 3 of the remaining boxes.* |
| **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.* | Nurse  Clinical Assistant  Social Worker  MD  Pharmacist  Other: \_\_\_\_\_\_\_\_\_\_  *Minimum requirement: One role must be selected.* |