4Ms Care Description Worksheet - Nursing Homes

Overview

This 4Ms Care Description Worksheet for Nursing Homes can be used to outline a plan for providing 4Ms care to older adults in a nursing home setting. This may include Nursing Homes that provide Skilled Nursing Facility (SNF) / Post-Acute Care only, Nursing Facility / Long-Term Care only, or a combination of both (NF and SNF).

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 Care of Older Adults in Nursing Homes and A Workbook for Nursing Home Teams. For additional support, join an Age-Friendly Health System Action Community.

2. Use this **4Ms Care Description Worksheet for Nursing Homes** to outline a plan for providing 4Ms care to older adults in your nursing home setting. Build on what your nursing home 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 nursing home(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 nursing home 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

Age-Friendly Health Systems

Name of Nursing Home Organization (if applicable):

Nursing Home Name (if you are describing how the 4Ms are practiced across multiple nursing homes, please complete a form for each nursing home individually):

Please select Nursing Home type:

Nursing Facility (NF) / Long-Term Care / Inpatient Rehabilitation Facility

Skilled Nursing Facility (SNF) / Post-Acute Care

Nursing Facility (NF) AND Skilled Nursing Facility (SNF)

Location of Nursing Home:

Street Address

City

State

Zip Code

Country

Key Contact at Nursing Home (Name):

Key Contact at Nursing Home (E-mail):

Electronic Health Record Platform (if applicable)**:**

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 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:
      - 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.

Frequency for Nursing Facility (NF):
Minimum frequency is upon admission and change of condition.

    At admission

    Upon change of condition

    Other

Frequency for Skilled Nursing Facility (SNF):
Minimum frequency is upon admission, change of condition, and daily for the first 14 days.

    At admission

    Upon change of condition

    Daily for first 14 days

    Other

Documentation:
Minimum requirement: Must check Care Plan.

    EHR

    Care Plan

    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:

Medication

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 medications you screen for in all older adults.
Minimum requirement: All eight boxes must be checked.

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

Frequency:
Minimum frequency is upon admission and upon change of condition.

- At admission
- Upon change of condition
- Other

Documentation:
Minimum requirement: Must check Care Plan.

- EHR
- Care Plan
- Other

Act On:
Minimum requirement: At least one box must be checked.

- Deprescribe (includes both dose reduction and medication discontinuation)
- Monitor prescribing and reduce dose of high risk medication
- 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, treat, and manage cognitive impairment across settings of care.

Screen:
Check the tool used to screen for Cognitive Impairment for all older adults.
Minimum requirement: At least first box must be checked. If only "Other" is checked, will review.

- Mini-Cog
- BIMS (included in MDS)
- Other

Assess:
Check the tool used to assess for Cognitive Impairment.
Minimum requirement: If screen is positive, conduct assessment. If only "Other" is checked, will review.

- SLUMS
- MOCA
- Other

Frequency:
Minimum frequency is upon admission and upon change of condition.

- At admission
- Upon change of condition
- Other

Documentation:
Minimum requirement: Must check Care Plan.

- EHR
- Care Plan
- Other

Act On:
Minimum requirement: Must check first two boxes.

- Share results with older adult and, if appropriate, with caregiver
- Manage behaviors related to cognitive impairment (non-pharmacological approaches) : Describe below
- Provide educational materials to older adult and care partner
- Other

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

- Nurse
- Social Worker
- MD/PA/ Nurse Practitioner
- Pharmacist
- Mental or Behavioral Health Provider
- Other

Any further information on Mentation (dementia or related disorders)**:**

Mentation: Depression

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

Screen / Assess:
Check the tool used to screen for depression for all older adults.
Minimum requirement: At least one of the first four boxes must be checked. If only "Other" is checked, will review

- Patient Health Questionnaire (PHQ)-2
- Patient Health Questionnaire (PHQ)-9
- Geriatric Depression Scale (GDS) - short form
- Geriatric Depression Scale (GDS)
- Other

Frequency:
Minimum frequency is upon admission and upon change of condition.

- At admission
- Upon change of condition
- Other

Documentation:
Minimum requirement: Must check Care Plan.

- EHR
- Care Plan
- Other

Act On:
Minimum requirement: Must check first two boxes.

- Educate older adult and, if appropriate, caregiver
- Manage factors related to depression (non-pharmacological approaches)
- Consider recommending anti-depressant
- Refer to:
- 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 Mentation (depression)**:**

Mentation: Delirium

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

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

    UB-CAM

    CAM (Included in MDS)

    Other

Frequency for Nursing Facility (NF):
Minimum frequency: First two boxes must
be checked. If "other" is checked, will review.

    At admission

    Upon change of condition

    Other

Frequency for Skilled Nursing Facility (SNF):
Minimum frequency: First three boxes must be
checked. If "other" is checked, will review.

    At admission

    Every 24 hours

    Upon change of condition

    Other

Documentation:
Minimum requirement: Must check Care Plan.

    EHR

    Care Plan

    Other

Act On:
Delirium prevention and management protocol including, but not limited to:
Minimum requirement: Must check first five boxes.

    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)**:**

Mobility

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 upon admission and change of condition.

- At admission
- Upon change of condition
- Other

Documentation:
Minimum requirement: Must check Care Plan.

- EHR
- Care Plan
- 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 and 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:

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? For guidance on incorporating equity, review the Guide to incorporate equity into the 4Ms framework.

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 Guide to Care of Older Adults in Nursing Homes includes guidance on counting via 3 options on page 15: 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 Guide to Care of Older Adults in Nursing Homes.

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 nursing home? (Please note, if you have multiple nursing homes, please attach a spreadsheet with counts for each nursing home). Example answer: 42 older adults reached with 4Ms care in August 2020

Month	Count of Older Adults
Month	Count of Older Adults
Month	Count of Older Adults

Thank You!