



Age-Friendly Health Systems - 4Ms Care Description

Completing this form is the first step toward recognition as an Age-Friendly Health System. The form will ask you to describe how you plan to adopt the 4Ms in your setting of care. If you would like to learn more about the 4Ms and how to put them into practice, visit the [Guide to Using the 4Ms in the Care of Older Adults](#) (the "Guide"). You can also view a pdf-worksheet version of this survey in **Appendix C** of the Guide. (To be recognized you must submit this form to AFHS@ihi.org).

Please note if your organization has more than one hospital or practice, they may be included in one submission if they are all the same kind of setting (i.e. inpatient or outpatient). The questions will differ depending on whether your site(s) is inpatient or outpatient. Remember that all sites submitted together must also follow the same 4Ms care plan.

There are two levels of recognition.

Level 1: An Age-Friendly Health System Participant is recognized for being on the journey to becoming an Age-Friendly Health System and has submitted a description of how it is working towards putting the 4Ms into practice.

- To be recognized, complete this form in its entirety. You will receive feedback on your form determining if you are being recognized as an Age-Friendly Health Systems Participant.

- IHI will respond to your submissions by the 15th and 30th of every month via AFHS@ihi.org. The response will be sent from AFHS@ihi.org and will include a Participant badge and a communications kit so you can celebrate this recognition in your local community.

Level 2: Age-Friendly Health System - Committed to Care Excellence is a recognition for being an exemplar in the movement based on 4Ms work that is aligned with the Guide AND at least three months' count of older adults reached with evidence-based, 4Ms care.

- To be recognized at this level, review the feedback you received from AFHS@ihi.org when you submitted your 4Ms Description survey to be recognized as an Age-Friendly Health System Participant. The feedback will indicate whether the Description is approved and aligned the Guide.

- Once you have submitted three months of counts, IHI will send you a Committed to Care Excellence badge and a communications kit so you can celebrate this level of recognition in your local community.

Please note that we are currently recognizing PALTC communities using existing practice standards that right now are geared toward inpatient and outpatient practices. Because we value the work of the PALTC community, we are currently developing AFHS criteria specific to PALTC and expect those to be completed by the end of 2020. Once those criteria are finalized, organizations will have the opportunity to be recognized as PALTC Age-Friendly Health Systems. **If you are a PALTC facility**, we encourage you to continue and complete the survey to the best of your ability, selecting "*Post-Acute/Long-Term Care*" on the second page.

4Ms Age-Friendly Care Description Worksheet

Ambulatory or Primary Care 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):

Key Contact (E-mail):

Action Community:

If you are participating in an Action Community, please select you Action Community below

EHR Platform:

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

Engage/Screen/Assess:

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.

Frequency:

Minimum frequency is annually.

At least annually

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

Clinical Assistant

Social Worker

MD

Pharmacist

Other

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

Engage/ Screen / Assess:

Check the medication you screen for regularly

Minimum requirement: At least one of the first seven 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
- Other

Frequency

Minimum frequency is annually

- At least annually
- At change of medication
- 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: At least one box must be checked

- Educate older adults and family caregivers
- Deprescribe (includes both dose reduction and medication discontinuation)
- Refer to:
- Other

Primary Responsibility

Minimum requirement: One role must be selected.

- Nurse
- Clinical Assistant
- Social Worker
- MD
- Pharmacist
- Other

Mentation: Dementia

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

Engage/ Screen / Assess:

Check the tool used for dementia

Minimum requirement: At least one of the three boxes must be checked. If "Other" is checked, will review.

Mini-Cog

SLUMS

MOCA

Other

Optional: Check the tool used for functional assessment:

Optional to select

Barthel Index of ADLs (in EPIC)

Lawton IADLs

Katz ADL

Not Available

Other

Frequency

Minimum frequency is annually

At least annually

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

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

Primary Responsibility

Minimum requirement: One role must be selected.

Nurse

Clinical Assistant

Social Worker

MD

Pharmacist

Other

Mentation: Depression

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

Engage/ Screen / Assess:

Check the tool used for depression

Minimum requirement: At least one of the first four boxes must be checked. If "Other" is checked, will review.

PHQ-2

PHQ-9

GDS - short form

GDS

Other

Frequency

Minimum frequency is annually

At least annually

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: At least one of the first three boxes must be checked.

Educate older adult and family caregivers

Prescribe anti-depressant

Refer to:

Other

Primary Responsibility

Minimum requirement: One role must be selected.

Nurse

Clinical Assistant

Social Worker

MD

Pharmacist

Other

Mobility

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

Engage/ Screen / Assess

Check the tool used to screen for mobility limitations:

Minimum requirement: One box must be checked. If only "Other" is checked, will review.

- Timed Up & Go (TUG)
- JH-HLM
- POMA
- Refer to physical therapy
- Other

Frequency

Minimum frequency is annually

- At least annually
- 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 3 of the remaining boxes

- 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

Primary Responsibility

Minimum requirement: One role must be selected.

- Nurse
- Clinical Assistant
- Social Worker
- MD
- Pharmacist
- Other

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?

Thank you!