4Ms Care Description Worksheet- Hospice Care Form

Overview

This 4Ms Care Description Worksheet for Hospice Care can be used to outline a plan for providing 4Ms care to older adults. According to the Centers for Medicare & Medicaid Services (CMS), hospice care is defined as a "comprehensive, holistic program of care and support" for individuals (and their families) who are terminally ill, meaning they have a life expectancy of six months or less if the illness runs its normal course. Hospice is also a covered service under the Part A Medicare Benefit. The benefit covers items and services to reduce pain and manage the terminal illness, including: services from a hospice-employed physician, nurse practitioner, or other physician chosen by the patient; nursing care; hospice aide services; medical social services; spiritual care; counseling; therapies; bereavement care; short term inpatient pain/symptom management and respite care; and medical equipment and supplies related to the terminal illness.

Age-Friendly Health Systems is a movement of thousands of health care facilities and organizations committed to ensuring that all older adults receive evidence-based care. IHI recognizes hospitals, practices, convenient care clinics, nursing homes, home health care organizations, and hospices that have committed to practicing 4Ms care. Learn more about the 4Ms and the Age-Friendly Health Systems movement ihi.org/agefriendly or email AFHS@ihi.org.

Steps for Recognition as an Age-Friendly Health System Participant

1. Age-friendly care for hospice builds on existing work with home health care. **Learn about the 4Ms** in Home Health Care by reviewing the Guide to Care of Older Adults in Home Health Care. Then, for additional implementation guidance specific to hospice, review the Hospice Care Supplement to the guide.

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

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4. If the submission is complete, you will be notified by email within 3 weeks whether your care setting(s) has been recognized as an Age-Friendly Health System Participant. 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 System — 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 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

Hospice Care

July 2026

Organization Name:

Hospice Setting (if you are describing how the 4Ms are practiced across multiple practices or organizations, please list each practice/organization):

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 (i.e., Action Community, DIY Pathway, etc.)

Select Engagement

Electronic Health Record (EHR) Platform:

What Matters

Aim: Know and align care with each older adult's specific health outcome goals and care preferences, including day-to-day needs as well as end of-life planning, 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 the 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 requirement: First four boxes must be checked.

- ☐ Upon admission to service
- ☐ Upon significant change of condition
- ☐ During recertifications
- ☐ On Symptom Follow-up Visit (SFV) or Interdisciplinary Team (IDT) meetings
- ☐ During Hospice Update Visit (HUV)
- ☐ Other

Documentation:

Minimum Requirement: One box must be checked. If "Other," will review.

- ☐ EHR
- ☐ Patient Stated Goals in Plan of Care
- ☐ Other

Act On:

Minimum requirement: First two boxes must be checked. If "Other," will review.

- ☐ Align the plan of care/care plan with What Matters most and advocate for the older adult's wishes
- ☐ Identify and document surrogate decision-maker, as appropriate
- ☐ Other

Primary Responsibility:

Minimum requirement: One role must be selected.

- ☐ Nurse Practitioner/Physician Assistant
- ☐ Registered Nurse
- ☐ Social Worker
- ☐ Physician/MD
- ☐ Other

Any further information on What Matters:

Medication

Aim: If medication is necessary, use medication that aligns with What Matters to the older adult. Try, when possible, to minimize impact on mobility and mentation. It is a critical time to assess the medication regimen and ideally to deprescribe medications that are no longer indicated[1]. Consideration of the pill burden (amount and difficulty of pills taken) for older adults in hospice care is also encouraged.

Screen / Assess:
Check your processes for screening medication in older adults.
Minimum requirement: Top two boxes must be checked.

- ☐ Assess for alignment of medications and supplements with What Matters
- ☐ Assess for potential deprescribing opportunities where medications and supplements are not in alignment with What Matters
- ☐ Other screenings/assessments:

We encourage focused attention on the appropriateness of the following categories of medication and supplements, based on what matters to the older adult:

- Benzodiazepines
- Opioids
- Antihypertensives
- Diabetes medications
- Prescription and over-the-counter sedatives (e.g., ketamine, zolpidem, diphenhydramine)
- Tricyclic antidepressants
- Antipsychotics
- Mood stabilizers and anticonvulsants
- Anticoagulants (e.g., apixaban, warfarin) and antiplatelets (e.g., clopidogrel, aspirin)
- Diuretics
- Cholesterol medications (e.g., statins)
- Vitamins, minerals, and herbal supplements (consider the number of pills being taken per day)

Frequency:
Minimum requirement: First four boxes must be checked.

- ☐ Upon admission
- ☐ Upon significant change of condition
- ☐ Upon recertification
- ☐ On SFV or IDT meeting
- ☐ During HUV
- ☐ Other

[1] Curtin D, Gallagher P, O'Mahony D. Deprescribing in older people approaching end-of-life: development and validation of STOPPFrail version 2. Age Ageing. 2021;50(2):465-471. doi:10.1093/ageing/afaa159

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 period of care.

- ☐ EHR
- ☐ Other

Act On:

Minimum requirement: At least top three boxes must be checked.

- ☐ Admission: Confer with prescriber about the use of medications in alignment with What Matters
- ☐ Admission: Confer with prescriber about potentially deprescribing medications not in alignment with What Matters
- ☐ Monitor and adjust medications dosage/frequency to meet What Matters
- ☐ Collaborate and educate older adult and family/caregivers as to medications that interfere with What Matters
- ☐ Other

Primary Responsibility:

Minimum requirement: One role must be selected.

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

Any further information on Medication:

Mentation: Cognitive Impairment (dementia or other related disorders)

Aim: Identify, mitigate, and manage symptoms of dementia across settings of care.

Screen/Assess:
Check the tool used to screen for cognitive impairment for all older adults.
Minimum requirement: At least one box must be checked. If only "Other" is checked, will review.

- ☐ Mini-Cog
- ☐ Brief Interview for Mental Status (BIMS)
- ☐ Palliative Performance Scale (PPS)
- ☐ Short Portable Mental Status Questionnaire
- ☐ St Louis University Mental Status (SLUMS)
- ☐ Montreal Cognitive Assessment (MOCA)
- ☐ Other

Frequency:
Minimum requirement: First four boxes must be checked.

- ☐ Upon admission to services
- ☐ Upon any significant change of condition
- ☐ During Recertification
- ☐ On SFV or IDT meeting
- ☐ During HUVs
- ☐ Other

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

- ☐ EHR
- ☐ Other

Act On:

Please note: Screening is not a diagnostic tool.

Minimum requirement: Must check first three boxes and at least one other box.

- ☐ If a screen is positive, assess whether referral to a provider is appropriate and aligned with What Matters to the older adult, their preferences, and hospice goals. Further assessment may not be pursued for all hospice patients.
- ☐ Share results with older adult and family/caregivers
- ☐ Understand behavior as a form of communication. Consider medication side effects, pain, fear, sense of loss of control, environment, medical conditions, need to urinate, and others.
- ☐ Referral to social worker or chaplain
- ☐ Offer education and/or supportive materials to older adults and/or family caregivers
- ☐ Refer to Mental Health counselor
- ☐ Revise hospice aide, RN, and psychosocial plans of care to align with older adult's mentation needs
- ☐ Review/revise as necessary medication use to ensure avoiding the use of medications interfering with mentation
- ☐ Other

Primary Responsibility:

Minimum requirement: One role must be selected.

- ☐ Nurse
- ☐ Social Worker
- ☐ MD/PA/Nurse Practitioner
- ☐ Other

Any further information on Mentation (cognitive impairment)**:**

Mentation: Delirium

Aim: Identify, treat, and manage symptoms of delirium across settings of care. Management of delirium in hospice is goal-driven and depends on patient preferences (e.g. lucidity/comfort) and, above all, What Matters to the older adult.

Screen / Assess:
Check the tool used to screen for delirium for all older adults. Consider appropriate use of tool depending on patient preferences, stage of progress, and What Matters.
Minimum requirement: At least one must be checked. If "other" is checked, will review.

- ☐ Confusion Assessment Method (CAM)
- ☐ Ultra-Brief Confusion Assessment Method (UB-CAM)
- ☐ Arousal, Attention, Abbreviated Mental Test – 4, Acute change (4AT)
- ☐ Nursing Delirium Screening Scale (NuDESC)
- ☐ Delirium Observation Screening Scale (DOSS) or Delirium Observation Scale (DOS)
- ☐ Other

Frequency:
Minimum requirement: First four boxes must be checked. If "other" is checked, will review.

- ☐ Upon admission to services
- ☐ Upon any significant change of condition
- ☐ During Recertification
- ☐ On SFV or IDT meeting
- ☐ During HUVs
- ☐ Other

Documentation:
Minimum requirement: One box must be checked. If “Other,” will review.

- ☐ EHR
- ☐ Other

Act On:

Please note: Screening is not a diagnostic tool.
Minimum requirement: Must check first seven boxes.

- ☐ If a screen is positive, assess whether referral to a provider is appropriate for assessment of causes of delirium and is also aligned with What Matters to the older adult, their preferences, and hospice goals. Further assessment may not be pursued for all hospice patients.
- ☐ Ensure sufficient oral hydration
- ☐ Understand behavior as a form of communication . Consider medication side effects, pain, fear, sense of loss of control, environment, medical conditions, need to urinate, and others.
- ☐ Orient older adult to time, place, and situation on every visit, if appropriate
- ☐ Ensure older adult has their personal adaptive equipment (e.g., glasses, hearing aids, dentures, walkers)
- ☐ Prevent sleep interruptions
- ☐ Revisit medications list in context of patient preferences (e.g. lucidity vs comfort, and goals of care) and what matters
- ☐ Other

Primary Responsibility:

Minimum requirement: One role must be selected.

- ☐ Nurse
- ☐ Social Worker
- ☐ MD/PA/ Nurse Practitioner
- ☐ Other

Any further information on Mentation (delirium)**:**

Mentation: Depression

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

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

- ☐ Patient Health Questionnaire 2 (PHQ-2)
- ☐ Patient Health Questionnaire 9 (PHQ-9)
- ☐ Geriatric Depression Scale (GDS) - short form
- ☐ Geriatric Depression Scale (GDS)
- ☐ Columbia Suicide Severity Rating Scale (C-SSRS)
- ☐ Yesavage Geriatric Depression Scale
- ☐ Other

Frequency:
Minimum requirement: First three boxes must be checked.

- ☐ Upon admission to services
- ☐ Upon any significant change of condition
- ☐ On SFV or IDT meeting
- ☐ During HUVs
- ☐ Other

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

- ☐ EHR
- ☐ Other

Act On:

Please note: Screening is not a diagnostic tool.
Minimum requirement: First four boxes must be checked.

- ☐ If a screen is positive, assess whether referral to a provider is appropriate and aligned with What Matters to the older adult, their preferences, and hospice goals. Further assessment may not be pursued for all hospice patients.
- ☐ Educate older adult and family/caregivers and enact safety plan when risk factors are identified
- ☐ Discuss in IDT and consider the provision of mental health counselor/spiritual counselor; consider additional support with music therapy, art therapy, or pet therapy
- ☐ Discuss in IDT and consider potential use of appropriate anti-depressant
- ☐ Refer to:
- ☐ Review/revise hospice care aide plan to ensure activities are appropriate if signs are present
- ☐ Other

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

- ☐ Nurse
- ☐ Social Worker
- ☐ MD/PA/Nurse Practitioner
- ☐ Other

Any further information on Mentation (depression)**:**

Mobility

Aim: Ensure that each older adult moves safely every day in accordance with What Matters.

Screen / Assess:
Check the tool used to screen/assess 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.

- ☐ The Bedside Mobility Assessment Tool (BMAT)
- ☐ Comprehensive Mobility Evaluation Tool (CMET)
- ☐ Elderly Mobility Scale (EMT)
- ☐ GG0170 Mobility Assessment Tool in OASIS e.2v
- ☐ Karnofsky Performance Status Scale (KPS)
- ☐ Missouri Alliance for Home Care 10 (MAHC10)
- ☐ Other

Frequency:
Minimum requirement: First four boxes must be checked.

- ☐ Upon admission to services
- ☐ Upon any significant change of condition
- ☐ On SFV or IDT meeting
- ☐ During HUVs
- ☐ Other

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

- ☐ EHR
- ☐ Other

Act On:
Minimum requirement: First four boxes must be checked.

- ☐ Educate older adult and family/caregivers
- ☐ Monitor and adjust medications dosage/frequency to meet What Matters and needs
- ☐ Manage impairments that reduce mobility (e.g., pain, balance, gait, strength)
- ☐ Identify a mobility goal with older adult that supports What Matters, and then support progress toward the mobility goal
- ☐ Use multifactorial fall prevention protocol (e.g., STEADI)
- ☐ Review/revise hospice aide/RN/psychosocial plans of care to promote safe mobility during personal care activities
- ☐ Other

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

- ☐ Nurse
- ☐ MD/PA/Nurse Practitioner
- ☐ 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, if any, would you give to new health systems embarking on the 4Ms journey?

How can IHI or our partners 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 Guide to Care of Older Adults in Home Health Care 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 Guide to Care of Older Adults in Home Health Care.

3. You will be notified by email that your care setting(s) has been recognized as an Age-Friendly Health System – 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 or AHA) 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 hospice organization? (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 March 2025.

Month		Older Adult Count	
Month		Older Adult Count	
Month		Older Adult Count	

Thank You!