Providing Age-Friendly Care to Older Adults in Hospice

Institute for Healthcare Improvement

Introduction

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation (JAHF), the Institute for Healthcare Improvement (IHI), and the American Hospital Association (AHA). Age-friendly care:

- Follows an essential set of evidence-based practices, the 4Ms — What Matters, Medication, Mentation, and Mobility (see Figure 1).
- Causes no harm; and
- Aligns with What Matters to the older adult.

There are two key drivers of age-friendly care: knowing about the 4Ms for each older adult in your care ("assess") and incorporating the 4Ms into care delivery and documentation in the care plan ("act on"). Both must be supported by documentation and communication across settings and disciplines.

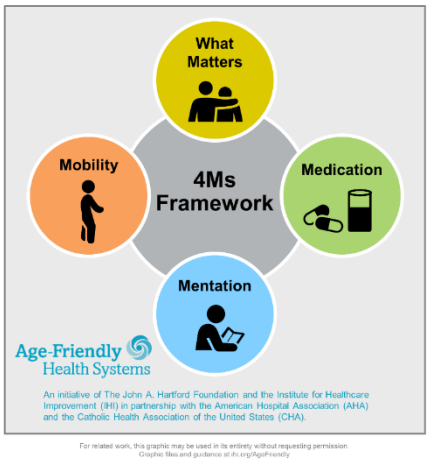

Figure 1. 4Ms Framework of an Age-Friendly Health System

Hospice care, while often provided in the home, is distinct from home health care in terms of how care is provided for each of the 4Ms.

How to use this supplement

This resource illustrates the key features of the 4Ms in hospice care. It explains how, and why, they differ from age-friendly home health care as described in the Guide to Using the 4Ms in the Care of Older Adults in Home Health.

Your team may already provide care aligned with one or more of the 4Ms for many older adults. You can build on this existing foundation to spread age-friendly care equitably and reliably, so that the 4Ms guide every encounter with every older adult.

Use the supplement to:

- Complete your Hospice Care Description;
- Submit for recognition as an Age-Friendly Health System; and
- Guide the provision of age-friendly care to older adults in hospice care.

Story: Slow Down to Center on What Matters

"What mattered most to an older adult we served was to stay in his home. His family requested that he go to a nursing facility for respite/long-term care (LTC). All family members came together with him and the hospice team. They collaborated in a meeting to understand his wishes.

"Respite was stopped and he was able to remain at home with safety measures implemented. He also had control over his own medications, and when he did not want to take them the team and physician supported his decision.

"This patient experience was different because the care team stopped and slowed down to meet the patient on what matters most."

—Advocate Health

What Matters

With 82.4 percent[1] of individuals in hospice dying within the first 6 months, what matters to these older adults takes on even greater urgency. Rather than offering curative care, the hospice team focuses on promptly providing comfort and promoting the quality of life that facilitates the ability of the older adult to indicate and live out what matters most. The emphasis on what matters in hospice care connects deeply with the 4Ms Framework.

Advice from the field:

- Focus on what matters *through the end of life*, separate from goals or plans for death and dying.
- Use What Matters as the lens through which all decisions are made for the other Ms. Adjustments and compromises may need to be made in Medication, Mentation, and Mobility to fully support What Matters.
- Pay special attention to what matters to the patient and to caregivers/family or others who support the older adult, which may not align. When there is misalignment between the patient and caregiver(s), it is good to surface hopes and concerns so that a plan can be developed with an understanding of priorities.

Medication

The team rigorously evaluates the use of medication to determine if it is appropriate and necessary based on what matters to the older adult. To support this, the team often recommends stopping drugs and supplements that do not align with what matters to the older adult at this point in their care. For example, an older adult with high cholesterol might discontinue cholesterol medication when admitted to hospice. Throughout the course of care, the interdisciplinary team meets at least every 2 weeks to ensure that the use of

Examples of What Matters

The length of stay for an older adult entering hospice care can vary from hours to months. In any situation, there is an opportunity to align the care plan with what matters to the older adult. Open and honest communication about the interrelationship of the Ms can help prevent misunderstanding and promote the highest quality of life possible at the end of life.

An individual might share:

- "I want my cat with me."
- "I don't want to be in pain."
- "I don't want my family to be burdened by caring for me."
- "I am hoping to visit my old house one more time."
- "I would like to hear the sound of rushing water again."
- "Even if I am in pain, I want to be able to talk with my family for as long as possible."
- "I am scared about being short of breath."
- "I just want to get home."

Start by listening and acknowledging. Document what the person says, in their own words, somewhere that everyone on the care team can see it. You don't need to have the answers. You can work with others on the care team and in the community to get more information and act on what matters.

[1] Centers for Medicare & Medicaid Services. Hospice Monitoring Report. April 2026. https://www.cms.gov/files/document/hospice-monitoring-report-2026.pdf

medication aligns with what matters as the older adult's health changes. Thoughtful focus on medication is an integral part of hospice care.

Advice from the field:

- Note that priorities for medication practices in hospice, including prescribing and deprescribing, may look very different than in home health. Keep what matters to the older adult at the center of the conversation. Have open and honest conversations about the relationships and potential trade-offs among the Ms when making decisions about medication. For example, strong pain control may impact mentation and mobility.
- Reduce overall pill burden when at all possible.
- Educate caregivers and others who support the older adult about medication, symptoms that they may see, and why decisions are being made.

Mentation

Preserving mentation is an essential part of promoting the ability of the older adult to express what matters. Professional members of the interdisciplinary team (physicians, physician assistants, nurse practitioners, nurses, social workers, etc.) regularly re-evaluate the older adult's ability to express what matters. They use tools that enable the older adult to express choices and support the team to respond with actions that align with those choices. Addressing mentation includes preventing, identifying, treating, and acting on cognitive impairment (dementia or other related disorders), delirium, and depression.

Advice from the field:

- Choose screenings and assessments that are appropriate for the setting and circumstances.
- Be prepared to adjust screening as health declines.
- Engage aides and caregivers in understanding assessment results and care plans.

Mobility

The 4Ms Framework focuses on promoting safe mobility that aligns with what matters to each older adult, not only preventing falls. For example, if the older adult says it is important to do their own bathing, the team will work to enable the older adult to safely self-bathe.

Advice from the field:

- Set appropriate goals. Mobility recovery or restoration is rarely the goal in hospice. In fact, declining mobility (whether fast or slow) is typically the expectation. Connecting back to what matters can serve as the guide when balancing trade-offs.
- Choose the appropriate assessments for your organization while recognizing that regaining strength is not often the goal. Educate caregivers and others who supports older adults and engage them in the care plan.

Conclusion

The 4Ms Framework can provide a powerful and useful grounding in hospice, helping older adults to focus on what matters to them at the end of their lives. Having open and honest conversations with older adults and their caregivers about what matters can provide a foundation for important decision-making and coordination regarding medication, mentation, and mobility.

Acknowledgements

The lessons in this supplement were developed through a prototyping network which included representatives from health systems and standalone hospice care agencies. Participants discussed the nuances of hospice care and refined the Hospice Care Description alongside expert faculty.

We express our deepest gratitude for the contributions, patience, and support from our partners in Advocate Health, Alivia Care Inc, CommonSpirit, Enhabit Home Health and Hospice, Sutter Health, and VNS Health. We also would like to thank the IHI expert faculty, Margherita Labson and Amanda Norton, and the IHI project team members who supported the development of this work, Alex Enxuto, Charlie Goodwin-Smith, Kelly McCutcheon Adams, and Cayla Saret.