4Ms Care Description Worksheet- Home Health Care Form

Overview

This 4Ms Care Description Worksheet for Home Health Care can be used to outline a plan for providing 4Ms care to older adults. Home health is a covered service under the Part A Medicare benefit. It consists of part-time, medically necessary, skilled care (nursing, physical therapy, occupational therapy, and speech-language therapy) that is ordered by a physician.

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 movementat 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 Home Health Care. For additional support, join an Age-Friendly Health System Action Community.

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

4Ms Age-Friendly Care Description Worksheet

Care at Home Setting

Age-Friendly Health Systems

Health System Name:

Care at Home 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

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.

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 forms.

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

- ☐ Start of Care (SOC)
- ☐ Recertification (REC)
- ☐ Resumption of Care (ROC)
- ☐ Upon significant change in condition (SCIC)
- ☐ Other

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

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

Act On:
Minimum requirement: One box must be checked.

- ☐ Align the Plan of Care with What Matters most
- ☐ Identify and document family in the home, caregiver, surrogate decision-maker, and/or document if no such individual exists
- ☐ Other

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

- ☐ Registered Nurse
- ☐ Speech Therapist
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ MD/PA/Nurse Practitioner/Physician
- ☐ 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 regularly in all older adults.
Minimum requirement: All eight 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
- ☐ Mood stabilizers
- ☐ Other

Frequency:
Minimum requirement: All five boxes must be checked.

- ☐ Start of Care (SOC)
- ☐ Recertification (REC)
- ☐ Resumption of Care (ROC)
- ☐ Upon significant change in condition (SCIC)
- ☐ Upon discharge of care
- ☐ Other

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

- ☐ EHR
- ☐ Updated Medication List in Home
- ☐ Other

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

- ☐ Educate older adults and caregivers
- ☐ Deprescribe (includes both dose reduction and medication discontinuation)
- ☐ Medication Reconciliation and comprehensive medication review completed
- ☐ Updated/current medication list is provided to patient and/or caregiver
- ☐ Refer to:
- ☐ Other

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

- ☐ Registered Nurse
- ☐ Speech Therapist
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ MD/PA/Nurse Practitioner/Physician
- ☐ Other

Any further information on Medication:

Mentation: Cognitive Impairment (dementia or other related disorders)

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

Screen:
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)
- ☐ Short Portable Mental Status Questionnaire
- ☐ Other

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

- ☐ SLUMS
- ☐ MOCA
- ☐ Other

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

- ☐ Start of Care (SOC)
- ☐ Recertification (REC)
- ☐ Resumption of Care (ROC)
- ☐ Upon significant change in condition (SCIC)
- ☐ Other

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

- ☐ 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 caregivers
- ☐ Share results with prescriber
- ☐ Refer to community organization for education and/or support
- ☐ Refer to:
- ☐ Other

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

- ☐ Registered Nurse
- ☐ Speech Therapist
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ MD/PA/Nurse Practitioner/Physician
- ☐ Other

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

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 five boxes must be checked. If "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)
- ☐ Hamilton Depression Scale
- ☐ Other

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

- ☐ Start of Care (SOC)
- ☐ Recertification (REC)
- ☐ Resumption of Care (ROC)
- ☐ Significant Change in Condition
- ☐ Other

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

- ☐ EHR
- ☐ Other

Act On:
Minimum requirement: At least one of the first two boxes must be checked.

- ☐ Educate older adult and caregivers
- ☐ Considering recommending anti-depressant
- ☐ Report to the prescriber
- ☐ Refer to:
- ☐ Other

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

- ☐ Registered Nurse
- ☐ Speech Therapist
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ MD/PA/Nurse Practitioner/Physician
- ☐ Other

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

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)
- ☐ OASIS or CMS regulatory screening tools
- ☐ Screening and assessment forms per physical therapy: _____
- ☐ Other _____

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

- ☐ Start of Care (SOC)
- ☐ Recertification (REC)
- ☐ Resumption of Care (ROC)
- ☐ Upon significant change in condition (SCIC)
- ☐ Other _____

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

- ☐ EHR
- ☐ Other _____

Act On:
Minimum requirement: Must check first box or at least 3 of the remaining boxes

- ☐ Report to prescriber and confer next steps, including physical therapy
- ☐ Screen for environmental hazards via home safety assessment
- ☐ Confirm older adult has personal adaptive equipment and knows how to use it safely
- ☐ Multifactorial fall prevention protocol (e.g., STEADI)
- ☐ Educate older adult and 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.

- ☐ Registered Nurse
- ☐ MD/PA/Nurse Practitioner/Physician
- ☐ Speech Therapist
- ☐ 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 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 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 home health care 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!