4Ms Care Description Worksheet - Hospital Form

Age-Friendly CMS Hospital Measure

Overview

This 4Ms Care Description Worksheet for Inpatient and Hospitals can be used to outline a plan for providing 4Ms care to older adults.

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, nursing homes, and home health care organizations that have committed to practicing 4Ms care. Learn more about the 4Ms and the Age-Friendly Health Systems movement at ihi.org/Age Friendly or email AFHS@ihi.org.

💡 CMS Age-Friendly Hospital Measure

Starting with the 2025 reporting period, hospitals will attest to providing age-friendly care through the CMS Age-Friendly Hospital Measure. The CMS Age Friendly Hospital Measure (CMS Measure) advances the Age-Friendly Health Systems movement's vision to ensure that all older adults receive age-friendly care that is evidence-based and aligns with what matters most to the older adult and their family caregivers. To date, more than 5,000 sites of care have been recognized as Age-Friendly Health Systems — Participants and celebrated by IHI and The John A. Hartford Foundation.

The CMS Measure has five domains that include all four elements of age-friendly care, known as the 4Ms: What Matters, Medication, Mentation, and Mobility. The CMS Measure also includes additional requirements not directly represented in the 4Ms Framework. This Hospital 4Ms Care Description aligns with all five measure domains by addressing the 4Ms and including an optional worksheet for additional areas necessary for the CMS Measure. Hospitals that ensure all five domains are provided for at least 51 percent (a majority) of patients can attest "yes" to the CMS Measure. All CMS Measure-related content in this document is differentiated by a blue text box and a lightbulb icon. **The CMS Measure Worksheet is provided to help hospitals prepare for all CMS Measure domains and is NOT required for recognition as an Age-Friendly Health Systems – Participant.**

Resources related to the CMS Measure are now available on the CMS QualityNet webpage, including the Measure Specifications and an Attestation Guide. The Attestation Guide provides detailed information about all domains and sub-domains. For crosswalks with older adult programs like AFHS and domain tool suggestions, see the tables at the end of the document. IHI will continue to share CMS Measure news and resources when available.

Steps for Recognition as an Age-Friendly Health System Participant

1. **Learn about the 4Ms** by reviewing the [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices](). 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]()

Health System Name:

Hospital or Care Setting (if you are describing how the 4Ms are practiced across multiple practices, please list each practice):

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 (ie.g., Action Community, DIY Pathway, etc)

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.

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Frequency:
Minimum frequency is once per stay and upon significant change of condition.

☐ Once per stay

☐ Upon significant change of condition

☐ Daily

☐ 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

☐ Social Worker

☐ MD/PA/ Nurse Practitioner

☐ Other [   ]

Any further information on What Matters:
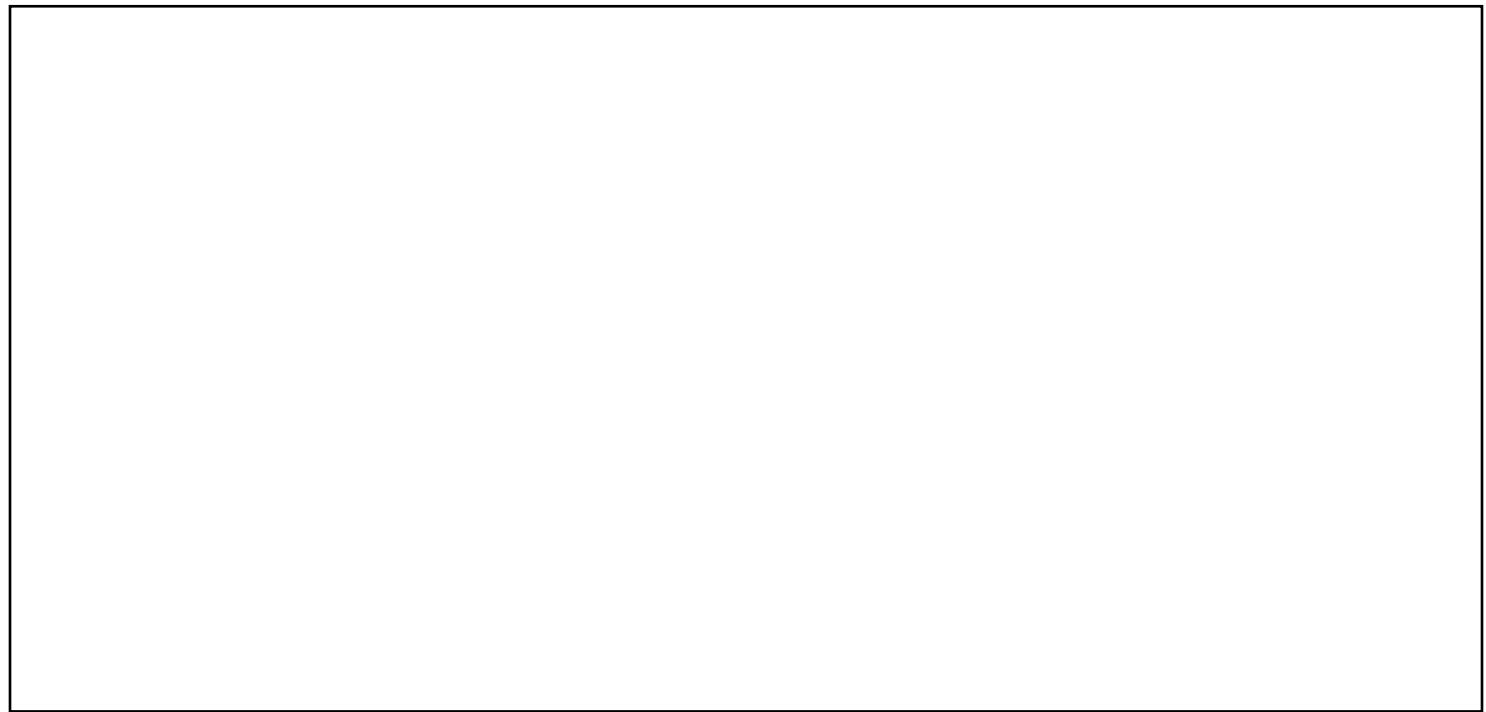
Medication

> 💡 **Medication aligns with CMS Age-Friendly Hospital Measure Domain 2, Attestation Statement A**

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 medication you screen for regularly in all older adults.
Minimum requirement: All first 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 frequency is once per stay and upon significant change of condition or with a change of medication.

- ☐ Once per stay
- ☐ Upon significant change of condition or with a change of medication
- ☐ Daily
- ☐ 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

- ☐ Deprescribe (includes both dose reduction and medication discontinuation)
- ☐ Pharmacy consult
- ☐ Other _____

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

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

Any further information on Medication:
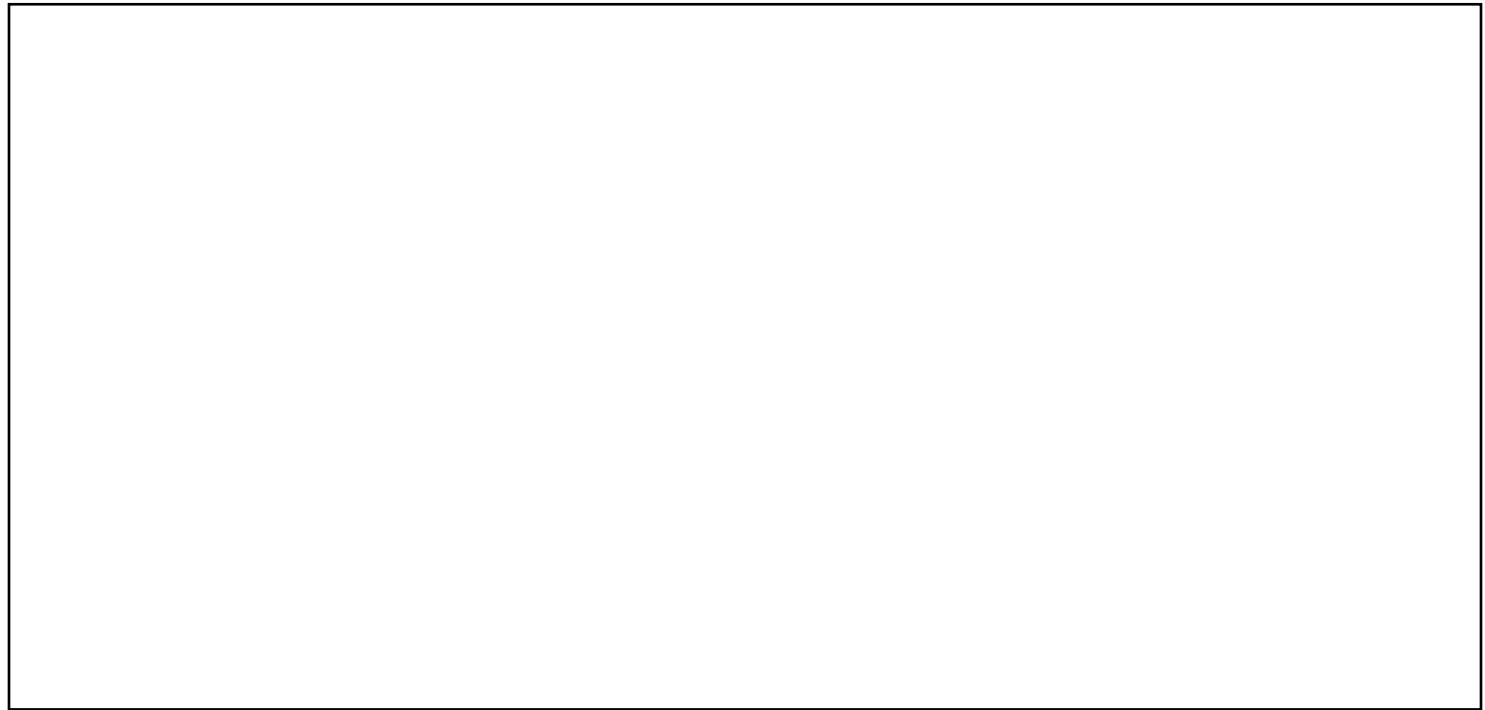
Mentation: Delirium

 Mentation aligns with parts of CMS Age-Friendly Hospital Measure Domain 3, Attestation Statements A and B

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

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

☐ UB-CAM
☐ CAM
☐ 3D-CAM
☐ CAM-ICU
☐ bCAM
☐ Nu-DESC
☐ Other [ ]

Frequency:
Minimum frequency is every 12 hours.

☐ Every 12 hours
☐ 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:
Delirium prevention and management protocol including, but not limited to: Minimum requirement: First five boxes must be checked.

☐ 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

> 💡 **Mobility aligns with parts of CMS Age-Friendly Hospital Measure Domain 3, Attestation Statements A and B**

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 once per stay and upon change of condition.

- ☐ Once per stay
- ☐ Upon change of condition
- ☐ Daily
- ☐ 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.

- ☐ 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 or 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:
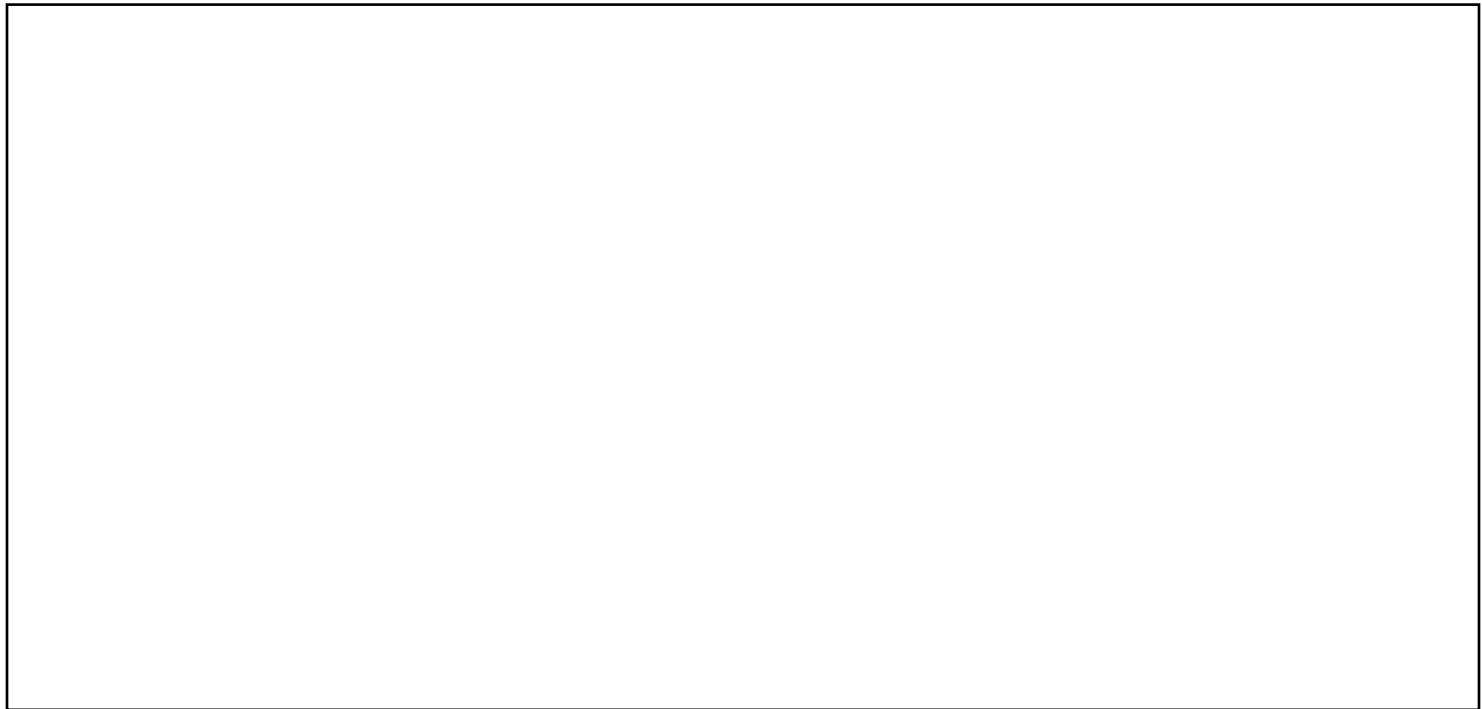
☼ CMS Age-Friendly Hospital Measure Additional Domains Worksheet

The CMS Age-Friendly Hospital Measure includes several attestation statements not directly addressed by the 4Ms Framework. IHI provides this worksheet as a tool for hospitals submitting for Age-Friendly Health Systems — Participant (Level I) Recognition to help prepare for CMS Age-Friendly Hospital Measure attestation. **Completion of this worksheet is not required for Age-Friendly Health Systems recognition.**

Domain 3: Frailty Screening and Intervention

Attestation Statement 3A and 3B: How does your system screen and act on positive screens for malnutrition?

Please see tables at the end of the [Age-Friendly CMS Attestation Guide](#) for tool suggestions.

Attestation Statement 3C: Describe how your hospital collects data on the rate of falls, decubitus ulcers, and 30-day readmissions for patients >65.

Attestation Statement 3C: How does your hospital stratify this data by demographic and/or social factors?

Attestation Statement 3D: What protocols does your hospital have to reduce the risk of emergency department delirium by reducing length of emergency department stay with a goal of transferring a targeted percentage of older patients out of the ED within 8 hours of arrival and/or within 3 hours of the decision to admit?

Domain 4: Social Vulnerability

Attestation Statement 4A: How does your hospital screen older adults for geriatric-specific social vulnerability, including social isolation, economic insecurity, limited access to healthcare, caregiver stress, and elder abuse, to identify those who may benefit from care plan modification?

Please see tables at the end of the [Age-Friendly CMS Attestation Guide](#) for tool suggestions.

The National Collaboratory To Address Elder Mistreatment (NCAEM) offers a free [Elder Mistreatment Emergency Department Toolkit](#) to assess patients for elder abuse.

If your systems needs caregiver burden assessment, consider the [Burden Scale for Family Caregivers (BSFC-s)](#).

Attestation Statement 4A: How does your hospital ensure the social vulnerability screens are performed on admission and again prior to discharge?

Attestation Statement 4B: How does your hospital address through intervention strategies positive screens for social vulnerability (including those that identify patients at risk of mistreatment)?

Attestation Statement 4B: How does your hospital ensure social vulnerability intervention strategies include appropriate referrals and resources for patients upon discharge?

Domain 5: Age-Friendly Care Leadership

Attestation Statement 5A: Who is your hospital's point person and/or interprofessional committee that specifically ensure age friendly care issues are prioritized, including those within this measure?

Attestation Statement 5A: How does this age-friendly leader or committee oversee such things as quality related to older patients, identify opportunities to provide education to staff, and update hospital leadership on need related to providing age-friendly care?

Attestation Statement 5B: How does your hospital compile quality data related to the Age-Friendly Hospital Measure?

Attestation Statement 5B: Is this data stratified by demographic and/or social factors and used to drive improvement cycles?

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 Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices 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 Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices.

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 hospital or practice? (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 August 2020

Month   Older Adult Count

Month   Older Adult Count

Month   Older Adult Count

Thank You!