

## 4Ms Care Description Worksheet- Home Health Care

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### 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 clinician. Hospice is also a covered service under the Part A Medicare Benefit that provides a comprehensive, holistic program of care and support for terminally ill patients and their families. 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 and homemaker services, Medical social services, Spiritual care, counseling, therapies, bereavement care, short term inpatient pain/symptom management and respite care, 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 care agencies and hospices that have committed to practicing 4Ms care. Learn more about the 4Ms and the Age-Friendly Health Systems movement at [ihi.org/AgeFriendly](http://ihi.org/AgeFriendly) or email [AFHS@ihi.org](mailto:AFHS@ihi.org).

### 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 Home Health Care \(coming soon\)](#). This guide should be used to help understand the 4Ms framework, not to be adapted to home health. Email [AFHS@ihi.org](mailto:AFHS@ihi.org) if you'd like to review or contribute to the development of this Implementation Guide. 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](mailto: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](http://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](mailto:AFHS@ihi.org)

# 4Ms Age-Friendly Care Description Worksheet

Home Health Care



**Home Health Organization Name (Health System or Agency):**

**Office, CCN, or Territory (Geographic Region)** (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 or Common Record
- Updated Medication List in Home
- Other

**Act On:**

Minimum requirement: At least three boxes 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
- Functional Assessment Staging Tool (FAST)
- Other

**Asses:**

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: Delirium

**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: First box must be checked. If only "Other" is checked, will review.

Confusion Assessment Method (CAM)

Other

**Frequency:**

Minimum requirement: All four boxes must be checked.

Start of Care (SOC)

Resumption of Care (ROC)

Upon significant change in condition (SCIC)

Discharge from Agency

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: If screen is positive, complete below. Must check three boxes.

Share results with older adult and caregivers

Share results with prescriber

Provide Educational materials to older adult with caregivers

Implement non-pharmacological interventions (Such as ensuring safe home environment, sleep, hygiene, adequate hydration, etc.)

Other

**Primary Responsibility:**

Minimum requirement: One role must be selected.

Registered Nurse

Speech Therapist

Physical Therapist/Occupational Therapist

Licensed Clinical Social Worker (LICSW) or Medical Social Worker (MSW)

MD/PA/Nurse Practitioner/Physician

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 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
- Share results with prescriber
- Discuss use/prior use of anti-depressant with provider for the older adult
- Refer to:
- Other

**Primary Responsibility:**

Minimum requirement: One role must be selected.

- Registered Nurse
- Speech Therapist
- Physical Therapist/ Occupational Therapist
- Licensed Clinical Social Worker (LICSW) or Medical Social Worker (MSW)
- 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.

- View accepted [Mobility Assessment Tools](#)

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: First four boxes must be checked.

Start of Care (SOC)

Upon discharge from Organization

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/occupational 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)

Partner with older adult and/or caregivers to promote a safe home environment

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

Licensed Clinical Social Worker (LICSW)/Medical Social Worker (MSW)

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 CHAP 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](mailto: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 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](mailto: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](http://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](mailto: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!