

Medical Director Recommendations to Implement Age-Friendly Care in Nursing Homes: A Companion Document to IHI's Guide to Care of Older Adults in Nursing Homes April 2026

These recommendations are designed to identify and describe opportunities for nursing home medical directors to co-lead and support implementation of age-friendly care with other leaders and members of the nursing home team. It builds on the approach described in the [IHI Age-Friendly Health Systems Guide to Care of Older Adults in Nursing Homes](#) and [Workbook for Nursing Home Teams](#). It is intended to be used in conjunction with these tools and other [Age-Friendly Health Systems resources](#).

Benefits of nursing home medical director involvement in implementing age-friendly care:

- **Clinical and interprofessional team leadership**, in partnership with operational execution, contributes significantly to the overall success of providing age-friendly care.
- Age-friendly care in the nursing home helps bridge gaps in **transitions of care** between the hospital and the nursing home, providing a key opportunity for medical directors to positively impact older adult outcomes.
- With the increased focus on the role of the medical director in **Quality Assurance Performance Improvement (QAPI)** as described by the Centers for Medicare and Medicaid Services (CMS), medical directors can use age-friendly care as a framework for QAPI projects.
- Medical directors may communicate the benefits of the age-friendly care 4Ms to other clinicians in the nursing home and may learn from other clinicians as well. Medical directors may serve as role models for **integration in clinical care and workflows**.
- Medical directors are often highly trusted by **family members and caregivers/care partners**. Therefore, they are in a strong position to educate about age-friendly care, its potential benefits, and the role that the 4Ms can play in advancing quality of life and well-being for people living in nursing homes.

Nine recommendations for medical directors to support integration of 4Ms into nursing home care:

Recommendation 1. Facilitate and participate in teaching rounds with nurses, social workers, and others from the direct care team to build and grow a 4Ms approach in daily care and care planning. For example, anyone on the team may ask:

“What are the goals, preferences, and priorities of this resident?” (**What Matters**)

“Has anyone noted any changes following a new medication or the discontinuation of a medication?” (**Medication**)

“Has this resident been less alert or more confused today?” (**Mentation**)

“Has this person been out of bed or out of a chair, if possible?” (**Mobility**)

Each member of the care team can begin to approach all care with the lens of the 4Ms.

Recommendation 2. Work with administration and nursing leadership to identify strategies to engage families and caregivers in 4Ms care. Start by asking What Matters to them and to the older adult.

Recommendation 3. Identify all existing or potential clinical champions within the nursing home team. These could include RNs, LPNs, CNAs, pharmacists, therapists, social workers, life enrichment or activities directors, and other members of the direct care team ([Nursing Home Guide, page 16](#)). If a nursing home is already working towards 4Ms implementation and recognition, engage with the team. Describe and promote specific clinical opportunities for the medical director to further support 4Ms care. If the team is not yet engaged, introduce the Director of Nursing and/or administrator to the IHI’s *Guide to Care of Older Adults in Nursing Homes* and provide them with the link to the full list of [Age-Friendly Health Systems nursing home resources](#).

Recommendation 4. With the nursing home team, review the current roster of older adults served and whether each person has had all 4Ms addressed with their episodes of care ([Nursing Home Guide, Figure 5, page 22](#)). Discuss specific clinical opportunities to address each of the 4Ms. Integrate the 4Ms approach into quarterly case conferences and care plan meetings ([4Ms in Nursing Home Culture](#)). Consider a monthly chart review ([Nursing Home Guide, page 23](#)) with the interprofessional team of a sample of residents to see where 4Ms care is provided and documented, and where there are opportunities or gaps.

Recommendation 5. Identify opportunities to educate the attending clinical staff (physicians, advanced practice nurses, physician associates, and outside consultants) on the importance of age-friendly care and the 4Ms in clinical decision-making. Use case studies, clinical rounds, newsletters, videos, or other shared materials.

Recommendation 6. Create a 4Ms tracking tool as part of documentation. Align new orders with 4Ms care, including how each of the Ms may influence others. For example, documentation to deprescribe a medication may start with what matters to the individual. There may be an impact of this medication on mentation or mobility. Include this information as part of the progress note. If the nursing home uses an electronic health record, ask if 4Ms care is being tracked and reported. Make 4Ms care documentation available to each member of the nursing home interprofessional team who works directly with the resident. Document how each of the 4Ms is being addressed for a given

resident, as well as aggregate 4Ms data reported by each unit ([EHR Implementation Guide with PointClickCare Examples](#)).

Recommendation 8. Do a joint chart review with one of the registered nurses and the consultant pharmacist (or if needed, review consultant pharmacist recommendations together with the RN leader), to identify potentially inappropriate medications for each older adult and actions that may be taken to reduce risk.

Recommendation 9. Medical directors must be involved in the Quality Assurance Performance Improvement (QAPI) process and meetings. Consider co-leading a QAPI project with the team specifically related to age-friendly care using the 4Ms framework (example in [4Ms in Nursing Home Culture](#)).

Medical directors play a pivotal role in advancing age-friendly care in the nursing home setting. Use their clinical knowledge and leadership, in partnership with the full team, to ensure that older adults receive safe, evidence-based, person-centered care using the 4Ms framework.