Institute for Healthcare Improvement

Age-Friendly Health Systems:

Guide to Using the 4Ms in the Care of Older Adults in the Convenient Care Clinic

February 2023

ihi.org/AgeFriendly

This content was created especially for:

Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

Acknowledgments

IHI would like to thank our partners, the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), for their leadership and support of the Age-Friendly Health Systems initiative.

Thank you to the five prototype health systems — Anne Arundel Medical System, Ascension, Kaiser Permanente, Providence St. Joseph, and Trinity — for stepping forward to learn what it takes to become an Age-Friendly Health System and to MinuteClinic at CVS for being the first convenient care setting to become an Age-Friendly Health System.

IHI is thankful to the Age-Friendly Health Systems Faculty and Advisory Groups.

The Age-Friendly Health Systems movement comprises more than 3,000 hospitals, ambulatory practices and convenient care settings, and nursing homes working to reliably deliver evidence-based care for older adults. The Institute for Healthcare Improvement and The John A. Hartford Foundation celebrate the participation of organizations that have committed to practicing age-friendly care. Join the movement and show your commitment to better care for older adults.

Learn more at **ihi.org/AgeFriendly**.

Institute for Healthcare Improvement

For more than 30 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better. Learn more at ihi.org.

Contents

Age-Friendly Health Systems Overview

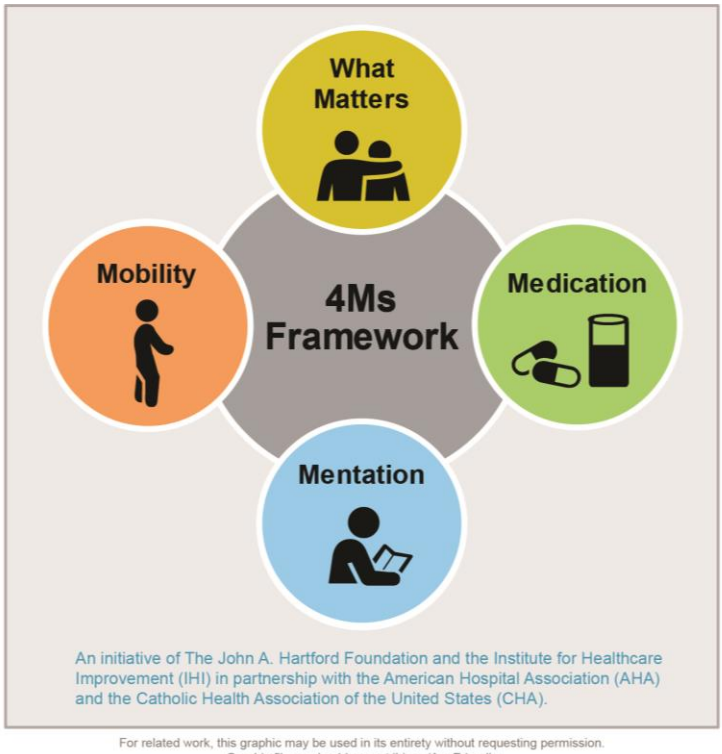
The United States population is aging. The number of older adults, individuals ages 65 years and older, is growing rapidly. As we age, care often becomes more complex. Health systems are frequently unprepared for this complexity, and older adults suffer a disproportionate amount of harm while in the care of the health system.

To address these challenges, in 2017, The John A. Hartford Foundation (JAHF) and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), set a bold vision to build a social movement so that all care with older adults is age-friendly care. According to our definition, age-friendly care:

- Follows an essential set of evidence-based practices;
- Causes no harm; and
- Aligns with What Matters to the older adult and their family or other caregivers.

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the "4Ms," to all older adults in your system. When implemented together, the 4Ms represent a broad shift by health systems to focus on the needs of older adults (see Figure 1).

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



The 4Ms — What Matters, Medication, Mentation, and Mobility — make complex care of older adults more manageable. The 4Ms identify core issues that should drive care and decision-making with older adults. The 4Ms organize care and focus on an older adult's wellness and strengths rather than solely on disease. The 4Ms are relevant regardless of an older adult's individual disease(s). They apply regardless of the number of functional problems an older adult may have, or that person's cultural, ethnic, or religious background.[1]

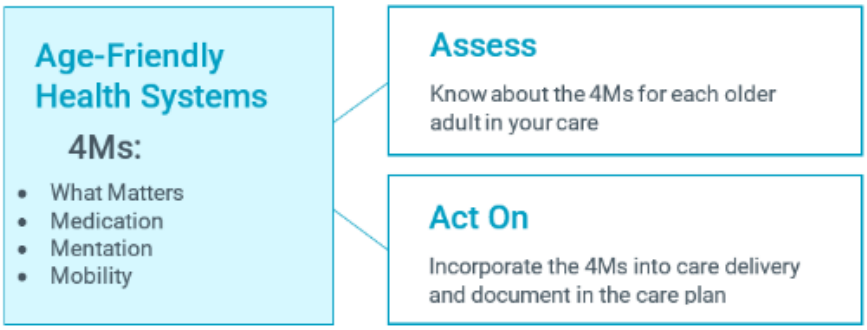
The 4Ms are a framework, not a program, to guide all care of older adults wherever and whenever they encounter or receive your health system's care and services. The intention is to incorporate the 4Ms into existing care, rather than layering them on top, in order to organize the efficient delivery of effective care. This integration is achieved primarily through redeploying existing health system resources. Many health systems have found they already provide care aligned with one or more of the 4Ms for many of their older adult patients. Much of the effort, then, involves incorporating the other elements and organizing care so that all 4Ms as a set guide every encounter with an older adult and their family or other caregivers.

4Ms Framework: Not a Program, But a Shift in Care

- The 4Ms Framework is not a program, but a shift in how we provide care to older adults.
- The 4Ms are implemented together (i.e., all 4Ms as a set of evidence-based elements of high-quality care for older adults).
- Your system probably practices at least a few of the 4Ms in some places, at some times. Engage existing champions for each of the 4Ms. Build on what you already do and spread it consistently across your system.
- The 4Ms must be practiced reliably (i.e., for all older adults, in all settings and across settings, in every interaction).

There are two key drivers of age-friendly care (see Figure 2): 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 2. Two Key Drivers of Age-Friendly Health Systems



Overview of Convenient Care

The convenient care industry in the US began in 1999, when the first clinics opened in Minneapolis–St. Paul, Minnesota, operated by QuickMedx, which later changed its name to MinuteClinic. The first MinuteClinics were staffed by family nurse practitioners, offered a limited number of services such as assessment and treatment of strep throat, bronchitis and ear infections, and did not accept insurance. In 2005, MinuteClinic was acquired by CVS Health, which marked the beginning of similar acquisitions of other convenient care clinics by major retailers and health care systems. Today there are more than 1,100 MinuteClinics operating in pharmacies in 36 states and the District of Columbia, offering access to convenient, cost-effective, high-quality care seven days a week, including evenings and weekends.

High-quality care, decreased use of emergency departments, and decreased cost of care have been demonstrated in convenient care clinics.[2,3,4] MinuteClinic Virtual Care expanded during the COVID-19 pandemic to 49 states. MinuteClinic has been accredited by The Joint Commission since 2006 for meeting Ambulatory Care Standards for quality and patient care safety. In 2019, MinuteClinic was the first convenient care practice to be designated as a Pathway to Excellence Organization by the American Nurses Credentialing Center.

- MinuteClinic provides care for patients ages 18 months and older.
- The percentage of MinuteClinic patients ages 65 and older has increased over the years, reflecting the general increase in the population of older adults across the US.
- In 2018, more than 750,000 patients ages 65 and older sought ambulatory care services at MinuteClinic.
- Throughout the pandemic, MinuteClinic offered convenient COVID-19 testing sites across the country and joined CVS Pharmacy in administering COVID-19 vaccines to patients 65 and older.
- In 2021, more than 20 percent of all patients seen in MinuteClinics nationwide were over age 65, including:
    - More than 809,000 patients ages 65 to 74 (18.8 percent of all patients);
    - More than 129,000 patients ages 75 to 84 years (3 percent of all patients); and
    - More than 10,700 patients ages 85 years and older (0.23 percent of all patients).
- Types of services for which older adults sought care at MinuteClinic in 2021 included, but are not limited to, COVID-19 vaccines and testing along with other minor illnesses such as respiratory and urinary tract infections, dermatitis, impacted cerumen, and chronic conditions such as hypertension and diabetes.

MinuteClinic and Case Western Reserve University France Payne Bolton School of Nursing formed an academic–practice partnership, in collaboration with the Institute for Healthcare Improvement and funded by The John A. Hartford Foundation, to “think big” and use implementation and improvement science to launch the 4Ms Framework of an Age-Friendly Health System on a national scale at MinuteClinic’s more than 1,100 clinics. The academic–practice partnership was formed to enhance the existing quality structure by incorporating

improvement and implementation science methods to ensure that all older adults visiting a MinuteClinic for an eligible visit (excluding visits for vaccines or other express services) would reliably receive age-friendly 4Ms care.

Implementation of the Age-Friendly 4Ms framework required educating MinuteClinic's 3,300 nurse practitioners (NPs) and physician associates (PAs), providing practice-based strategies to increase uptake and an infrastructure to support the improvement. The partnership also involved planning and design work, strategic implementation planning, and orientation, as well as extensive data collection and analysis to monitor the sustainability and effectiveness of the 4Ms implementation.[5,6]

Developed with team members from the Institute for Healthcare Improvement, Case Western Reserve University Frances Payne Bolton School of Nursing, MinuteClinic at CVS, and The John A. Hartford Foundation (see Appendix A), this *Guide to Using the 4Ms in the Care of Older Adults in the Convenient Care Clinic* is designed to help care teams test and implement a specific set of evidence-based, geriatric best practices that correspond to each of the 4Ms in the convenient care setting. This Guide begins by outlining the 4Ms for convenient care settings.

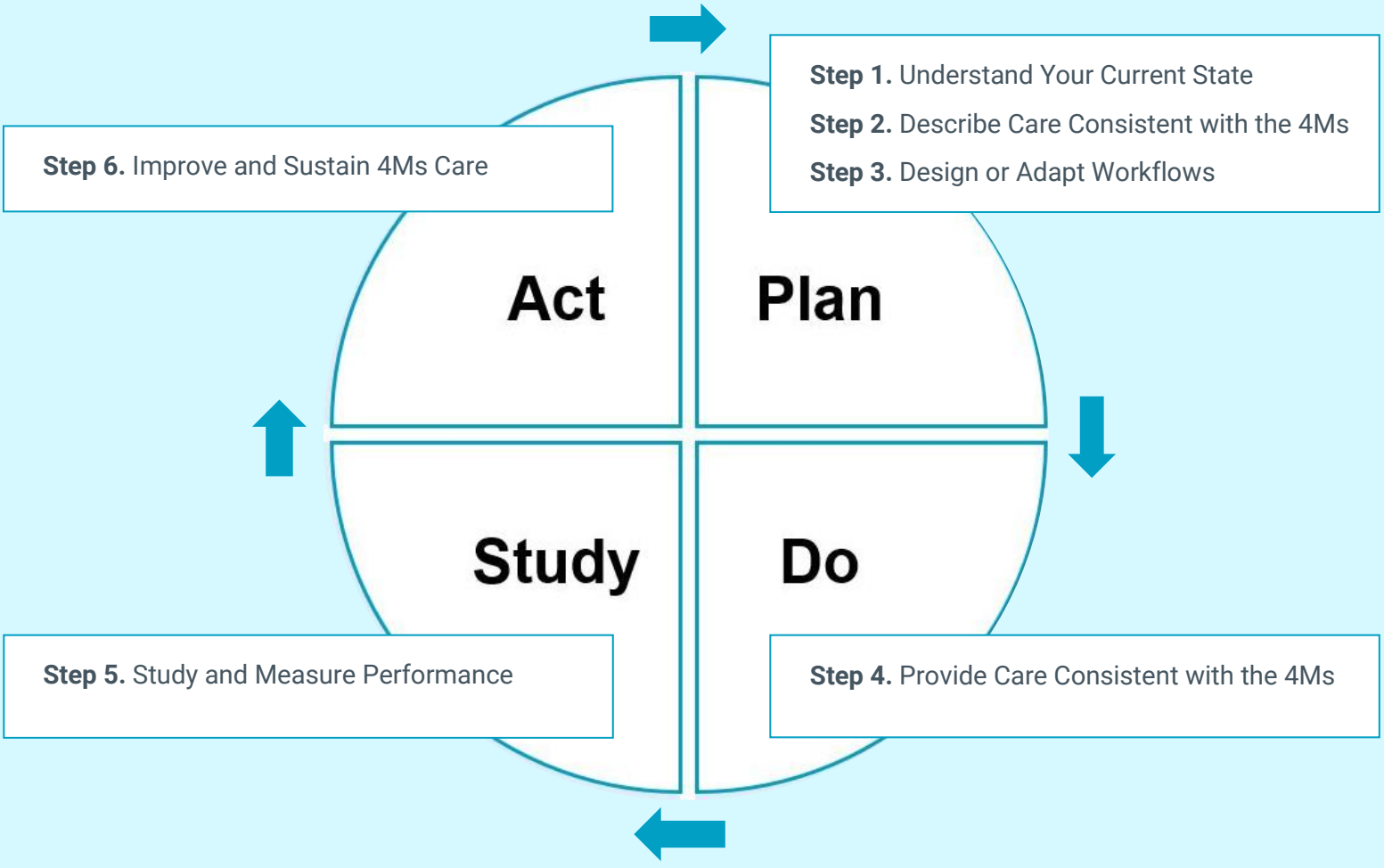
Putting the 4Ms into Practice

A "recipe" for integrating the 4Ms into your standard care has steps and ingredients, just like a recipe. These steps include:

1. Understand Your Current State
2. Describe Care Consistent with the 4Ms
3. Design or Adapt Workflows
4. Provide Care Consistent with the 4Ms
5. Study and Measure Performance
6. Improve and Sustain 4Ms Care

While we present the six steps as a sequence, in practice you can approach Steps 2 through 6 as a loop aligned with Plan-Do-Study-Act cycles[7] (see Figure 3).

Figure 3. Integrating the 4Ms into Care Using PDSA Cycles



Step 1. Understand Your Current State

The aim of an Age-Friendly Health System is to reliably apply the two key drivers of age-friendly care: assess and act on the 4Ms with all older adults. Almost all systems integrate some of the 4Ms into care, some of the time, with some older adults, in some place in their system. With an understanding of your current experience and capacity to engage in 4Ms care, you can build on that good work until the 4Ms are reliably practiced with all older adults.

The following steps help you prepare for your journey to becoming an Age-Friendly Health System by understanding your current state — knowing the older adults and the status of the 4Ms in your health system currently — and then selecting a care setting and establishing a team to begin testing.

Know Older Adults in Your Nursing Home

Estimate the number of adults you served in each age group in the last month (see Table 1).

Table 1. Adults Served in the Last Month (by Age Group)

Age Group	Estimated Number	Percent of Total Patients
18–64 years		
Older Adults:		
65–74 years		
75–84 years		
85+ years		
Total Number of Adults		**100%**

For adult patients ages 65 and older in your care, specify their language, race/ethnicity, religious and cultural preferences (see Table 2), and health literacy levels (see Table 3).

Table 2. Language, Race/Ethnicity, and Religious and Cultural Preferences of Patients 65 Years and Older

Primary or Preferred Language	Percent of Total Patients Ages 65+
Race/Ethnicity	**Percent of Total Patients Ages 65+**
Religious and Cultural Preferences	**Percent of Total Patients Ages 65+**

Table 3. Health Literacy Levels of Patients 65 Years and Older

Health Literacy Level	Percent of Total Patients Ages 65+
Low	
Moderate	
High	

Know the 4Ms in Your Health System

To identify where the 4Ms are in practice in your health system, walk through activities as if you were an older adult or family member or other caregiver. In the convenient care setting, that may include making an appointment for an urgent health issue, registering on site, sitting in the waiting room or examination room, making a follow-up appointment at the same site or with another health care provider, and understanding who on the care team takes responsibility for each of the 4Ms. Look for the 4Ms in action. You will find aspects that make you proud and others that leave you disappointed. Try not to be judgmental. Find bright spots, opportunities, and champions for each of the 4Ms in your system.

Other things to consider prior to testing the 4Ms may include: readiness assessments, stakeholder assessments, environmental scan of how other evidence-based practices are implemented, alignment with the electronic health record (EHR), and the current process for care delivery and where the 4Ms may align. Focus groups with providers on potential strategies, as well as barriers, and facilitators may help gain insight into the process.

Use the form provided in Appendix B to note what you learn.

Begin Testing

Once you know about your older adults and identify where the 4Ms currently exist in your health system, begin testing age-friendly interventions. Some questions to consider prior to testing:

- Is there will to become age-friendly and improve care for older adults? Is there a champion?
- Is this setting relatively stable (i.e., not undergoing major changes already)?
- Is there access to data? (See the "Study Your Performance" section below for more on measurement. Data is useful, though not required.)
- Can one location be a model for the rest of the organization? (Modeling is not necessary, but useful to scale-up efforts.)
- Is there a location where team members have experience with the 4Ms either individually or in combination? Do they already have some processes, tools, and/or resources to support the 4Ms?
- Is there a location where the health literacy levels, language skills, and cultural preferences of patients match the assets of the staff and the resources provided by your health system?
- Consider visits that would not meet eligibility for a 4Ms visit (i.e., a scheduled visit only for an immunization/vaccination).

Set Up a Team

Based on our experience, teams that include certain roles and/or functions are most likely to succeed (see Table 4).

Table 4. Team Member Roles

Team Member	Description
An Older Adult and Care Partner	Patients and families or other caregivers bring critical expertise to any improvement team. They have a different experience with the system than providers and can identify key issues. We highly recommend that each team has at least one older adult, family member, or other caregiver (ideally more than one), or a way to elicit feedback directly from these individuals (e.g., through a Patient and Family Advisory Council). Additional information about appropriately engaging patients and families in improvement efforts can be found on the Valuing Lived Experience: Why Science Is Not Enough and Institute for Patient- and Family-Centered Care website.
Leader/Sponsor	This person champions, authorizes, and supports team activities, as well as engages senior leaders and other groups within the organization to remove barriers and support implementation and scale-up efforts. Although they may not do the "on-the-ground" work, the leader/sponsor is responsible for: • Building a case for change that is based on strategic priorities and the calculated return on investment; • Encouraging the improvement team to set goals at an appropriate level; • Providing the team with needed resources, including staff time and operating funds; • Ensuring that improvement capability and other technical resources, especially those related to information technology (IT) and electronic health records (EHR), are available to the team; and • Developing a plan to scale up successful changes from the improvement team to the rest of the organization.
Administrative Partner or Champion	This person represents the disciplines involved in the 4Ms and works effectively with the clinicians, other technical experts, and leaders within the organization. We recommend placing the manager of the clinicwhere changes are being tested in this role because that individual can likely move nimbly to take necessary action and make the recommended changes in that clinic and is invested in sustaining changes that result in improvement.
Clinicians Representing Disciplines Involved in the 4Ms	**These individuals may include a physician, nurse, nurse practitioner, physician associate, physical therapist, social worker, pharmacist, clinicians providing telehealth/telemedicine services, and/or others who represent the 4Ms in your context. We strongly encourage interprofessional representation on your team and urge you to enlist more than one clinical champion.** These champions should have good working relationships with colleagues and be interested in driving change to achieve an Age-Friendly Health System. Consider professionals who are opinion leaders in the organization, who are sought by others for advice, and who are not afraid to test and implement change.
Others	• Improvement coach • Data analyst/EHR analyst/MDS Coordinator • Finance representative • Education specialists • Quality department specialists

Step 2. Describe Care Consistent with the 4Ms

There are many ways to improve care for older adults. However, there is a finite set of key actions, summarized below, that touch on all 4Ms and dramatically improve care when implemented together (see Table 5). This list of actions is considered the gateway to your journey to becoming an Age-Friendly Health System. In Appendix C you will find a list of these key actions and ways to get started with each one in your setting, as well as additional tips and resources. Be sure to plan how you will document and make visible the 4Ms across the care team and settings.

Table 5. Age-Friendly Health Systems Summary of Key Actions for Convenient Care Settings

Assess	Act On
Know about the 4Ms for each older adult in your care	**Incorporate the 4Ms into care delivery and document in the care plan**
Key Actions (to occur regularly or with change in condition):	
• Ask the older adult What Matters • Document What Matters • Review for high-risk medication use • Screen for cognitive impairment • Screen for depression • Screen for mobility limitations	• Align the care plan with What Matters • Deprescribe and dose-adjust high-risk medications, and avoid their use whenever possible • If cognitive impairment screen is positive, refer for further evaluation and manage manifestations of cognitive impairment • If depression screen is positive, identify and manage factors contributing to depression and initiate, or refer out, for treatment • Ensure safe mobility

Using the 4Ms Care Description Worksheet provided in Appendix D, describe a plan for how your system will provide care consistent with the 4Ms. This worksheet helps you to assess, document, and act on the 4Ms as a set, while customizing the approach to practicing the 4Ms for your context. To be considered an Age-Friendly Health System, your system must engage or assess people ages 65 and older for all 4Ms, document 4Ms information, and act on the 4Ms accordingly. As you test the 4Ms, you may make updates to your 4Ms Care Description Worksheet based on what you learn about the tools and methods that work best in your context.

Questions to consider:

- How does your current state compare to the actions outlined in the 4Ms Care Description Worksheet?

- Which of the 4Ms do you already incorporate? How reliably are they practiced?
    - For example: Do you already ask and document What Matters, review for high-risk medication use, screen for dementia and depression, and screen for mobility for each older adult?
- Where are there gaps in 4Ms? What ideas do you have to fill the gaps? Some ideas for how to get started filling those gaps are provided in Appendix C.

In this step, describe the initial plan for 4Ms care for the older adults you serve.

Set an Aim

Given your current state, set an aim for this initial effort. An aim articulates what you are trying to accomplish — what, how much, by when, for whom. It serves as the focus for your team's work and enables you to measure your progress. Below is an aim statement template that requires you to think about the reach of 4Ms. We suggest starting with what you want to accomplish in the next six months.

Aim Statement Template

By [DATE], [NAME OF ORGANIZATION] will articulate how it operationalizes 4Ms care and will have provided that 4Ms care in [NUMBER] of encounters with patients ages 65 years and older.

Step 3. Design or Adapt Workflows

Many ideas you may have in place already. You can maintain, improve, and expand them where necessary. Other ideas you may still need to test and implement. The key is to ensure that these practices are reliable — happening every time for every older adult you serve (and their caregivers).

Educational initiatives will be needed for team members. Test educational offerings using a Plan-Do-Study-Act approach and integrate them within existing professional developmental offerings and structures.[8] Examples include orientation for all staff and new employees, continuing education sessions or grand rounds, instructions or short videos on how to complete screening tools for 4Ms assessments, as well as links to existing educational resources at ihi.org/agefriendly.

Note: It is not routine to screen for delirium in the ambulatory or convenient care setting as part of the Mentation assessment. However, consider a screen for delirium if a patient is acute and/or an acute change in mental status is present or reported. If a screen for delirium is done and is positive, this may indicate an acute condition and/or medical emergency; treat the underlying cause or refer for further evaluation.

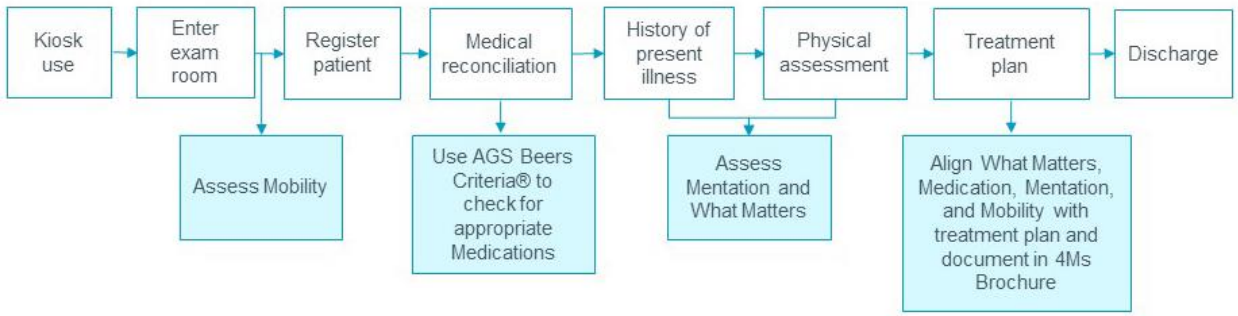
Supporting Actions:

- Use the 4Ms to organize care and focus on the older adult, wellness, and strengths rather than solely on disease or lack of functionality.
- Take the opportunity to teach 4Ms-related health promotion actions.
- Integrate the 4Ms into care or existing workflows.
- Identify which activities you can stop doing to reallocate resources to reliably practice the 4Ms.
- Document all 4Ms and consider grouping the 4Ms together in the medical record.
- Make the 4Ms visible across the care team and locations.
- Form an interdisciplinary care team that reviews the 4Ms in huddles and/or team meetings.
- Educate older adults, caregivers, and the community about the 4Ms.
- Link the 4Ms to community resources and supports to achieve improved health outcomes.

Overall, look for opportunities to combine or redesign activities, processes, and workflows around the 4Ms. In this effort you may find that you can stop certain activities and reallocate resources to support age-friendly care.

If you have process flow diagrams or value-stream maps of your care, edit these views of your workflow to include the key actions above and your description of age-friendly care. You may start with a high-level workflow like the examples shown below (see Figure 4).

Figure 4. Age-Friendly Care Workflow Example for Convenient Care



Once you have developed your high-level workflow, work through the details to show how you will incorporate the 4Ms. Be specific about who will do what, where, when, how, and how it will be documented. An example is included in Appendix E.

Outline what you still need to learn and identify what you will test. For example, if you learn that patients are confused by adding 4Ms care, test the use of an introductory card that simplifies the message to the older adult (see Figure 5) and an Age-Friendly Health Systems brochure focused on the convenient care context (see Figure 6) that supports patient and caregiver understanding of 4Ms within their plan of care and facilitates communication with their primary care provider as needed.

Figure 5. Age-Friendly Care Pocket Card for Convenient Care

To your future health!

If you're 65 years or older,
we're happy to give you a special dose of age-friendly care.

To learn more about your overall health, we'll ask about:

- What matters most to you.
- Your medications to ensure they're right for you.
- Your mood and memory.
- How you move around each day.

At the end of your visit, we'll give you healthy aging tips. Sound good?

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FRANCES PAYNE BOLTON SCHOOL OF NURSING
CASE WESTERN RESERVE UNIVERSITY

Age-Friendly Health Systems

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How you feel can affect your health.

To help us give you the best care possible, please let us know:

Over the last 2 weeks, how often have you been bothered by feeling little interest or pleasure in doing things?

0 = Not at all
1 = Several days
2 = More than 7 days
3 = Nearly every day

Over the last 2 weeks, have you been bothered by feeling down, depressed or hopeless?

0 = Not at all
1 = Several days
2 = More than 7 days
3 = Nearly every day

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Figure 6. Age-Friendly Care Brochure for Convenient Care

4Ms for healthy aging.

MinuteClinic® is adopting the Age-Friendly Health Systems 4Ms care for every patient 65 years or older.

Your age-friendly visits will include questions around:

What Matters	What you care about most.
Medication	What you're taking.
Mentation	Your mood and memory.
Mobility	How you move around each day.

Inside, you'll find healthy aging tips and suggestions for things to talk about with your primary care provider.

About Age-Friendly Health Systems

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About MinuteClinic

- We offer over 125 different services.
- Find us inside select CVS Pharmacy® and Target locations.
- We're open every day, including evenings and weekends.
- No appointment is necessary.
- You can view wait times or schedule an appointment on MinuteClinic.com or in the CVS Pharmacy app.*
- Get a treatment plan anytime, anywhere with Video Visits (available in select states).**

*Restrictions apply. Visit MinuteClinic.com for details.

**Available in select states for select conditions. Other restrictions apply. Adults and children over 2 years old. Scheduled visits take place from 7 AM to 9 PM ET/PT and must be reserved 24 to 48 hours ahead of time. Insurance is currently not accepted for this service. Payment is due at the time of visit.

MinuteClinic® complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-389-2727 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-389-2727 (TTY: 711).

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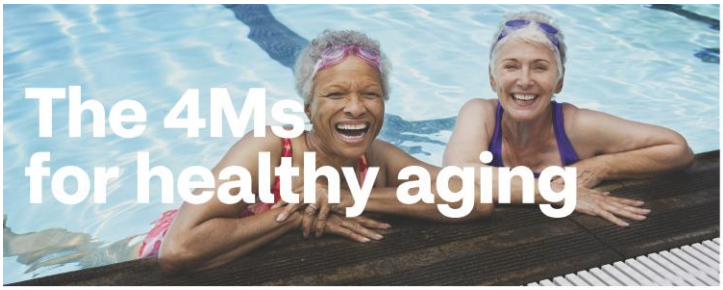
Healthy aging

To your future health!

If you're 65 years or older, we're happy to give you a special dose of age-friendly care.

minute clinic®

Age-Friendly Health Systems



What Matters?

It's important for you to share your concerns, goals, wishes, needs and experiences with all of your health care providers.

This builds trust and open communication. And it also will help your providers match your treatment with what matters to you.

Mobility

Staying active helps you maintain your health and independence.

Make sure you're able to move safely by:

- Letting your provider know if your balance is changing.
- Wearing safe shoes.
- Reducing clutter and installing grab bars if needed.
- Using assistive devices as prescribed.

If you fall, contact 911 or other emergency services if needed. Let your provider know, too.

My daily mobility plan is:

Recommendations to share with my primary care provider:

Medication

Staying on top of what you take is important to your wellbeing.

- Keep a list of all your medications with you. Make sure to bring it to your next primary care appointment.
- Know what medications you're taking, why you're taking them, and how and when to take them.
- Organize your medications so you remember to take them as prescribed. A pill box can help.

Recommendations to share with my primary care provider:

Mood and Memory

You may notice changes in your mood and memory as you age.

Activities that may be good for your mood and memory include:

- Spending time with others.
- Trying new activities, like volunteering.

Be sure to share things like this with your provider:

- No longer enjoying activities you used to enjoy.
- More difficulty doing things that used to be easier.
- Changes in appetite or sleep.

Recommendations to share with my primary care provider:

Step 4. Provide Care Consistent with the 4Ms

Your team will continue to learn as you move toward implementing workflows to provide reliable 4Ms care. Begin to test the key actions with one older adult and their family or other caregivers as soon as you have notes for Step 2, Describe Care Consistent with the 4Ms, and Step 3, Design or Adapt Workflows. Do not wait to have your forms or EHR screens finalized before you test with one older adult. Use the Plan-Do-Study-Act Worksheet to plan your tests and learn more from them. Then, consider how to scale up your tests to more older adults. For example:

- Apply your draft standard procedure and workflow first with one patient. Can your team follow the procedure and workflow in your work environment?
- If necessary, modify your procedure. Then, apply it with five patients. What lessons do you learn from applying 4Ms care with these patients? What impact does learning about all 4Ms have on care plans?
- If necessary, modify your procedure. Then, apply with 25 patients and keep going. Are you getting close to being able to use your procedure for every patient? Are you getting good results?

An example of a PDSA cycle that may help with testing and workflow can be found in Appendix F.

Step 5. Study and Measure Performance

How reliable is your 4Ms care? What impact does 4Ms care have on clinical or other outcomes? Below basic approaches to measure and study performance are described.

Observe and Seek to Understand

Observe: Start with direct observation of your draft 4Ms Age-Friendly Care Description in action.

- Can your team follow the 4Ms Age-Friendly Care Description and successfully assess and act on the 4Ms with the older adults in your care?
- Do your care plans reflect 4Ms care?

In the first month, do this for at least one patient each week. Then, for the next six months, observe 4Ms care for at least five patients each month. In the first week, observe one patient per day. Then for the next four weeks, continue to observe at least two patients per week.

Ask Your Team: At least once per week for the five weeks of your efforts, ask your team two open-ended questions and reflect on the answers:

- What are we doing well to assess, act on, and document the 4Ms?
- What do we need to change to translate the 4Ms into more effective care?

Ideas generated by the second question are ingredients for PDSA tests.

Plan with your team how and when you will continue to reflect together using open-ended questions on an ongoing basis.

Ask Older Adults and Care Partners: At least once in the first week of your effort, ask an older adult and family or other caregiver two open-ended questions and reflect on the answers:

- What went well in your care today?
- What could we do better to understand what age-friendly care means to you?

Then try the questions with five additional older adults in the second week. Plan with your team how and when you will continue to talk with older adults using open-ended questions on an ongoing basis. Consider engaging an older adult as a member of the team that is working to adopt the 4Ms.

Measure How Many Older Adults Receive 4Ms Care

There are three options to start measuring older adult encounters that include 4Ms care. We recommend starting with Option 1 because it directs close attention to the 4Ms work and it is easier to collect the data than Options 2 and 3 (conducting retrospective chart audits and building a specific EHR report).

Option 1: Real-Time Observation (Recommended)

Use real-time observation and staff reporting of the work to tally your 4Ms counts on a whiteboard or on paper. An example might look like the chart in Figure 7.

Figure 7. Example of Real-Time Observation in a Convenient Care Location

Date	*4Ms Care according to our site description*						
	All 4Ms	**What Matters**	**Medications**	**Dementia**	**Depression**	**Delirium**	**Mobility**
Pt ID	if N, check details						
101	Y N	Y N	Y N	Y N	Y N	Y N	Y N
102	Y N	Y N	Y N	Y N	Y N	Y N	Y N
103	Y N	Y N	Y N	Y N	Y N	Y N	Y N
104	Y N	Y N	Y N	Y N	Y N	Y N	Y N
105	Y N	Y N	Y N	Y N	Y N	Y N	Y N
106	Y N	Y N	Y N	Y N	Y N	Y N	Y N
107	Y N	Y N	Y N	Y N	Y N	Y N	Y N
108	Y N	Y N	Y N	Y N	Y N	Y N	Y N
109	Y N	Y N	Y N	Y N	Y N	Y N	Y N
110	Y N	Y N	Y N	Y N	Y N	Y N	Y N
111	Y N	Y N	Y N	Y N	Y N	Y N	Y N
112	Y N	Y N	Y N	Y N	Y N	Y N	Y N
113	Y N	Y N	Y N	Y N	Y N	Y N	Y N
114	Y N	Y N	Y N	Y N	Y N	Y N	Y N
115	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Option 2: Chart Review

If real-time observation is not feasible, consider a sampling strategy using chart review. Using a tally sheet like the example discussed in Option 1, review charts for evidence of 4Ms care. At the start of your work to test implementing the 4Ms:

- Review charts of older adults with whom you have tested (i.e., intended to provide) 4Ms care in a particular time period to confirm proper documentation of 4Ms care. To estimate the number of older adults receiving 4Ms care in that particular time period (e.g., monthly), randomly sample 20 charts.
- In the 20 sample charts, observe how many older adults received your described 4Ms care (noted as "C" in the calculation below). Example: 100 older adults seen on the clinic were eligible to receive 4Ms care this month. Of those 100 older adults, we reviewed 20 charts, and 10 received 4Ms care according to our description. So (10/20) x 100 = 50 older adults received 4Ms care this month (estimated).
- Calculate the approximate number of older adults receiving 4Ms care in the time period as follows:

Estimated number of older adults receiving 4Ms care =

(C ÷ 20) x Total number of older adults eligible for 4Ms care

Option 3: EHR Report

You may be able to run EHR reports, especially on assessment of the 4Ms, to estimate the number of patient encounters that include 4Ms care in a particular time period. It may take a lot of effort to create a suitable report, so we do not recommend this option as your first choice. However, for ongoing process control, organizations typically will develop reports that show 4Ms performance; you can request report development from your IT service while starting with Option 1 or 2.

Routine Counting of Older Adults Receiving 4Ms Care

Once your site provides 4Ms care with high reliability (see Appendix G), then the estimate of the number of patient encounters that include 4Ms care is simple: Report the volume of patients receiving care from your site during the measurement period.

Table 6 below provides additional guidance for counting the number of older adults receiving 4Ms age-friendly care.

Table 6. Additional Measurement Guidance and Recommendations

4Ms Measurement Guidance for Convenient Care Site of Care	
Measure Name	Number of Patients Who Receive Age-Friendly (4Ms) Care
Measure Description	Number of patients ages 65+ who receive 4Ms care as described by the measuring unit
Site	Convenient Care
Population Measured	Adults patients ages 65+
Measurement Period	Each visit (may adapt to implementation at organization)
Count	Inclusion: All patients ages 65+ in the population considered to be patients of the convenient care practice (e.g., patient assigned to a care team panel and seen by the practice within the past three years) who have a convenient care health or telemedicine visit with the practice during the measurement period and who receive 4Ms care as described by the site. Exclusions: Determined by the convenient care organization (e.g., immunization/vaccination visit)
Measure Notes	• The measure may be applied to locations/regions within a system as well as the entire system. • See the 4Ms Care Description Worksheet to describe 4Ms care for your locations/regions. To be considered age-friendly (4Ms) care, you must engage or screen all patients ages 65+ for all 4Ms, document the results, and act on them as appropriate. • If a total count is not possible, you can sample (e.g., audit 20 patient charts) and estimate the total as the number of patients receiving 4Ms care divided by 20, then multiplied by the total number of patients cared for in the measurement period. If you are sampling, please note that when sharing data. • Once you have established 4Ms care as the standard of care at your location/region, validated by regular observation and process review, you can estimate the number of patients receiving 4Ms care as the number of patients cared for by the location/region. • You do not need to filter the number of patients by unique medical record number.

See Appendix H for additional recommendations on measuring the impact of 4Ms care. Please refer to an article by Dolansky and colleagues for more information about the use and evaluation of improvement and implementation science methods of age-friendly 4Ms care in the convenient care setting.[9]

Step 6. Improve and Sustain 4Ms Care

For more information about how to sustain 4Ms care, please see the IHI White Paper, *Sustaining Improvement*.[10]

Reminder: Integrating the 4Ms as a Cycle
While we present the steps as a sequence, in practice Steps 2 through 6 are a cycle aligned with the Plan-Do-Study-Act method. As you establish your age-friendly care, you may cycle through these steps many times over the course of several months in order to achieve reliability and then turn your efforts to sustainability and monitoring (quality control) over time.

Appendix A: Age-Friendly Health Systems Convenient Care Advisors and Faculty

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Appendix B: Process Walk-Through: Know the 4Ms in Your Health System

There are two key drivers to age-friendly care: knowing about the 4Ms for each older adult in your care ("assess") and incorporating the 4Ms into the plan of care ("act on"). The aim in an Age-Friendly Health System is to reliably assess and act on the 4Ms with all older adults. Just about all systems have integrated some of the 4Ms into care, some of the time, with some older adults, in some places in their systems. The work now is to understand where that is happening and build on that good work so that all 4Ms occur reliably for all older adults in all care settings.

How do you already assess and act on each of the 4Ms in your setting? One way to find out is to spend time in your unit, your practice, or your hospital observing the care. As you do, note your observations to the questions below as you learn more about how the 4Ms are already in practice in your system.

- What are current activities and services related to each of the 4Ms? What processes, tools, and resources to support the 4Ms do we already have in place here or elsewhere in the system?
- Where is the prompt or documentation available in the EHR or elsewhere for all clinicians and the care team? Is there a place to see the 4Ms (individually or together) accessible to all team members? Across settings?
- What experience do your team members have with the 4Ms? What assets do you already have on the team? What challenges have they faced? How have they overcome them?
- What internal or community-based resources do you commonly refer to, and for which of the 4Ms? For which of the 4Ms do you need additional internal and/or community-based resources?
- Do your current 4Ms activities and services appear to be having a positive impact on older adults and/or family or other caregivers? Do you have a way to hear about the older adults' experience?
- Do your current 4Ms activities and services appear to be having a positive impact on the clinicians and staff?
- Which languages do the older adults and their family or other caregivers speak? Read?
- Do the health literacy levels, language skills, and cultural preferences of your patients match the assets of your team and the resources provided by your health system?
- What works well?
- What could be improved?

4Ms in Nursing Homes	Specifically, Look for How Do We…	Current Practices and Observations
What Matters Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, advance care planning, and across settings of care	• Ask the older adult What Matters most, document it, and share What Matters across the care team. • Align the care plan with What Matters most.	
Medication 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	• Review for high-risk medication use and document it. • Deprescribe and dose-adjust high-risk medications, and avoid their use whenever possible.	
Mentation Prevent, identify, treat, and manage dementia and depression across settings of care	• Screen for depression and document the results. • If depression screen is positive, identify and manage factors contributing to depression, and initiate, or refer out for, treatment. • Screen for cognitive impairment and document the results. • If cognitive impairment screen is positive, refer for further evaluation and manage manifestations of cognitive impairment. Note: It is not routine to screen for delirium in the ambulatory or convenient care setting as part of the mentation assessment. However, consider a screen for delirium if a patient is acute and/or an acute change in mental status is present or reported. If a screen for delirium is done and is positive, this may indicate an acute condition and/or medical emergency; treat the underlying cause or refer for further evaluation.	

4Ms in Nursing Homes	Specifically, Look for How Do We…	Current Practices and Observations
Mobility Ensure that each older adult moves optimally every day to maintain function and do What Matters	• Screen for mobility limitations and document the results. • Ensure early, frequent, and safe mobility.	

Appendix C: Key Actions and Getting Started with Age-Friendly Care — Convenient Care

Assess: Know about the 4Ms for Each Older Adult in Your Care		
Key Actions	**Getting Started**	**Tips and Resources**
What Matters Ask the older adult What Matters	If you do not have existing questions to start this conversation, try the following, and adapt as needed: *"What do you most want to focus on while you are here for_____ (fill in health problem) so that you can do_____ (fill in desired activity) more often or more easily?"* [11,12,13] For older adults with advanced or serious illness, consider: *"What are your most important goals if your health situation worsens?"*[14]	**Tips** • This action focuses clinical encounters, decision making, and care planning on What Matters most to the older adults. • Consider segmenting your population by healthy older adults, those with chronic conditions, those with serious illness, and individuals at the end of life. How you ask What Matters of each segment may differ. • Consider starting these conversations with *who* matters to the person. Then ask them what their plans are related to life milestones, travel plans, birthdays, and so on in the next six months to emphasize, "I matter, too." Once "who matters" and "I matter, too" are discussed, then *what* matters becomes easier to discuss. The What Matters Most letter template (Stanford Letter Project) can guide this discussion. • Responsibility for asking What Matters can rest with any member of the care team; however, one person needs to be identified as responsible to ensure it is reliably done. • You may decide to include family or care partners in a discussion about What Matters; however, it is important to also ask the older adult individually. • Ask people with dementia What Matters. • Integrate asking What Matters into the Welcome to Medicare and Medicare Annual Wellness Visit. • You may include What Matters questions in pre-visit paperwork and verify the answers during the visit. **Additional Resources** • "What Matters" to Older Adults?: A Toolkit for Health Systems to Design Better Care with Older Adults • How to Have Conversations with Older Adults About "What Matters": A Guide for Getting Started

Assess: Know about the 4Ms for Each Older Adult in Your Care		
Key Actions	**Getting Started**	**Tips and Resources**
		• The Conversation Project and "Conversation Ready" • Patient Priorities Care • Serious Illness Conversation Guide • Stanford Letter Project • "What Matters to You?" Instructional Video and A Guide to Having Conversations about What Matters (BC Patient Safety & Quality Council) • End-of-Life Care Conversations: Medicare Reimbursement FAQs
What Matters Document What Matters	Documentation can be on paper, on a whiteboard (following privacy guidelines), or in the electronic health record (EHR) where it may be accessible to the whole care team across settings.[15]	**Tips** • Identify where health and health care goals and priorities can be captured in your EHR and available across care teams and settings. • Consider documentation of What Matters to the older adult on paper that they can bring to appointments and other sites of care. • Invite older adults to enter What Matters to them on your patient portal. **Additional Resources (also see resources in the section above)** • MY STORY© • Community Library for your EHR • "What Matters to You?" Instructional Video and A Guide to Having Conversations about What Matters (BC Patient Safety & Quality Council)
Medication Review for high-risk medication use	Specifically, look for: • Benzodiazepines, anxiolytics • Opioids • Highly-anticholinergic medications (e.g., diphenhydramine) • All prescription and over-the-counter sedatives and sleep medications • Muscle relaxants • Tricyclic and other antidepressants	**Tips** • Consider this review a medication risk assessment and be sure to include over-the-counter medications at least annually. • Engage the older adult and family member or other caregiver in providing all medications (including over-the-counter medicines) for review. • Medicare beneficiaries may be eligible for an annual comprehensive medication review. • Medication reconciliation, part of the Medicare Annual Wellness Visit, may be an important step in identifying high-risk medications. **Additional Resources** • American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults • AGS 2019 Beers Criteria Pocketcard

Assess: Know about the 4Ms for Each Older Adult in Your Care		
Key Actions	**Getting Started**	**Tips and Resources**
	• Antipsychotics[16,17,18]	• Reducing Inappropriate Medication Use by Implementing Deprescribing Guidelines • Medicare Interactive, Annual Wellness Visit • CDC Medication Personal Action Plan • CDC Personal Medicines List
Mentation Screen for dementia / cognitive impairment	If you do not have an existing tool, try using the Mini-Cog©[19]	**Tips** • Normalize cognitive screening for patients. For example, say "I'm going to assess your cognitive health like we check your blood pressure, or your heart and lungs." • Emphasize an older adult's strengths when screening and document it so that all providers have a baseline cognitive screen. • If they have a sudden change (day, weeks) in cognition, consider and rule out delirium. • Screening for cognitive impairment is part of Welcome to Medicare and the Medicare Annual Wellness Visit. **Additional Resources** • Saint Louis University Mental Status (SLUMS) Exam • Montreal Cognitive Assessment (MoCA) • Confusion Assessment Method (CAM) and its variations • 2-Item Ultra-Brief (UB-2) Delirium Screen[20]
Mentation Screen for depression	If you do not have an existing tool, try using the Patient Health Questionnaire – 2 (PHQ-2).[21]	**Tips** • Screen if there is concern for depression. • Screening for depression is part of Welcome to Medicare and the Medicare Annual Wellness Visit. **Additional Resources** • Patient Health Questionnaire – 9 (PHQ-9) • Geriatric Depression Scale (GDS) and GDS: Short Form to assess for depression in individuals who are living with dementia or other cognitive challenges

Assess: Know about the 4Ms for Each Older Adult in Your Care		
Key Actions	**Getting Started**	**Tips and Resources**

Mobility
Screen for mobility limitations
	If you do not have an existing tool, try using the Timed Up & Go (TUG).[22,23]	**Tips**
		• Recognize that older adults may be embarrassed or worried about having their mobility screened.
		• Underscore that a mobility screen allows the care team to know the strengths of the older adult.
		• Screening for mobility is part of Welcome to Medicare and the Medicare Annual Wellness Visit.
		• Considering engaging the full care team in assessing mobility. Does the person walk into the waiting room? Are they able to stand up from the waiting room chair when called? Can they walk to the exam room?
		• Consider also conducting a functional assessment. Common tools include:
		  ○ Barthel Index of ADLs (in Epic)
		  ○ The Lawton Instrumental Activities of Daily Living (IADL) Scale
		  ○ Katz Index of Independence in Activities of Daily Living (ADL)
		
		Additional Resources
		• Johns Hopkins – Highest Level of Mobility (JH-HLM) Scale
		• Performance-Oriented Mobility Assessment (POMA)[24]

Act On: Incorporate the 4Ms into the Plan of Care		
Key Actions	**Getting Started**	**Tips and Resources**
What Matters Align the care plan with What Matters	Incorporate What Matters into the goal-oriented plan of care and align the care plan with the older adult's goals and preferences[25,26,27] (i.e., What Matters).	**Tips** • Health outcome goals are the activities that matter most to an individual, such as babysitting a grandchild, walking with friends in the morning, or continuing to work as a teacher. Health care preferences include the medications, health care visits, testing, and self-management tasks that an individual is able and willing to do.

Act On: Incorporate the 4Ms into the Plan of Care		
Key Actions	**Getting Started**	**Tips and Resources**
		• When you focus on the patient's priorities, Medication, Mentation (cognition and depression), and Mobility usually come up so the patient can do more of What Matters. • Use What Matters to develop the care plan and navigate trade-offs. For example, you may say, "There are several things we could do, but knowing what matters most to you, I suggest we…" • Consider the patient's priorities (not just diseases) in communicating, decision making, and assessing benefits. • Use collaborative negotiations; agree there is no best answer and brainstorm alternatives together. For example, you may say, "I know you don't like the CPAP mask, but are you willing to try it for two weeks to see if it helps you be less tired, so you can get back to volunteering, which you said was most important to you?" • Care options likely involve input from many disciplines (e.g., physical therapy, social work, community organizations, and so on). **Additional Resources** • "What Matters" to Older Adults?: A Toolkit for Health Systems to Design Better Care with Older Adults • Patient Priorities Care • Serious Illness Conversation Guide • "What Matters to You?" Instructional Video and A Guide to Having Conversations about What Matters (BC Patient Safety & Quality Council)
Medication Deprescribe or do not prescribe high-risk medications**	Consider avoiding or deprescribing the high-risk medications listed below. • Benzodiazepines or other anxiolytics • Opioids • High-anticholinergic medications (e.g., diphenhydramine)	**Tips** • These medications, individually and in combination, may interfere with What Matters, Mentation, and safe Mobility of older adults because they may increase the risk of confusion, delirium, unsteadiness, and falls.[33] • Deprescribing includes both dose reduction and medication discontinuation. • Deprescribing is a positive, person-centered approach, requiring informed consent, shared decision making, close monitoring, and compassionate support. • Deprescribing includes both dose reduction and medication discontinuation. • Deprescribing is a positive, patient-centered approach, requiring informed patient consent, shared decision making, close monitoring, and compassionate support.

Act On: Incorporate the 4Ms into the Plan of Care		
Key Actions	**Getting Started**	**Tips and Resources**

	• All prescription and over-the-counter sedatives and sleep medications
	• Muscle relaxants
	• Tricyclic antidepressants
	• Mood stabilizers
	• Antipsychotics[28,29,30,31]
	
	If the older adult takes one or more of these medications, discuss any concerns the person may have, assess for adverse effects or interactions, and discuss deprescribing with the older adult.[32]
		• When possible, avoid prescribing these high-risk medications (prevention). Consider changing order sets in the EHR to change prescribing patterns (e.g., adjust/reduce doses or change medications available).
		• Provide ongoing patient/caregiver education about potentially high-risk medications through all care settings (e.g., outpatient pharmacy) to help improve safe medication use and informed decision making.
		• Consider community resources to support pain management with nonpharmacological interventions, including referral to community-based resources.
		• Communicate changes in medications across clinicians and settings of care, and with the primary pharmacy working with the older adult.
		• When instituting an age-friendly approach to medications:
		  ○ Identify who on your team is going to be the champion of this "M." The champion may not be a pharmacist, but it is vital to have a pharmacist or physician, as well as a patient, work on the plan.
		  ○ Review your setting or system's data, if possible, to identify medications that may be high-risk (e.g., anticoagulants, insulin, opioids) or potentially inappropriate (e.g., anticholinergics)
		  ○ Determine your goal(s) with respect to your medication(s) identified in the previous step.
		  ○ Conduct a series of PDSA cycles to achieve your goal(s).
		
		Additional Resources
		
		• deprescribing.org
		• Reducing Inappropriate Medication Use by Implementing Deprescribing Guidelines
		• Alternative Medications for Medications Included in the Use of High-Risk Medications in the Elderly and Potentially Harmful Drug–Disease Interactions in the Elderly Quality Measures
		• HealthinAging.org provides expert health information for older adults and caregivers about critical issues we all face as we age
		• Crosswalk: Evidence-Based Leadership Council Programs and the 4Ms

Mentation — Dementia Consider further evaluation and manage manifestations of dementia, or refer to geriatrics, psychiatry, or neurology	Share test and evaluation results with the older adult and caregiver. Assess for modifiable contributors to cognitive challenges.	**Tips** • Know about and refer older adults and their caregivers to local community-based organizations and resources to support them with education and/or support. • Include family caregivers. They provide a source of information and support. To identify these individuals, ask the older adult, "Who would you go to for help?" and recommend they bring that person to the next visit.

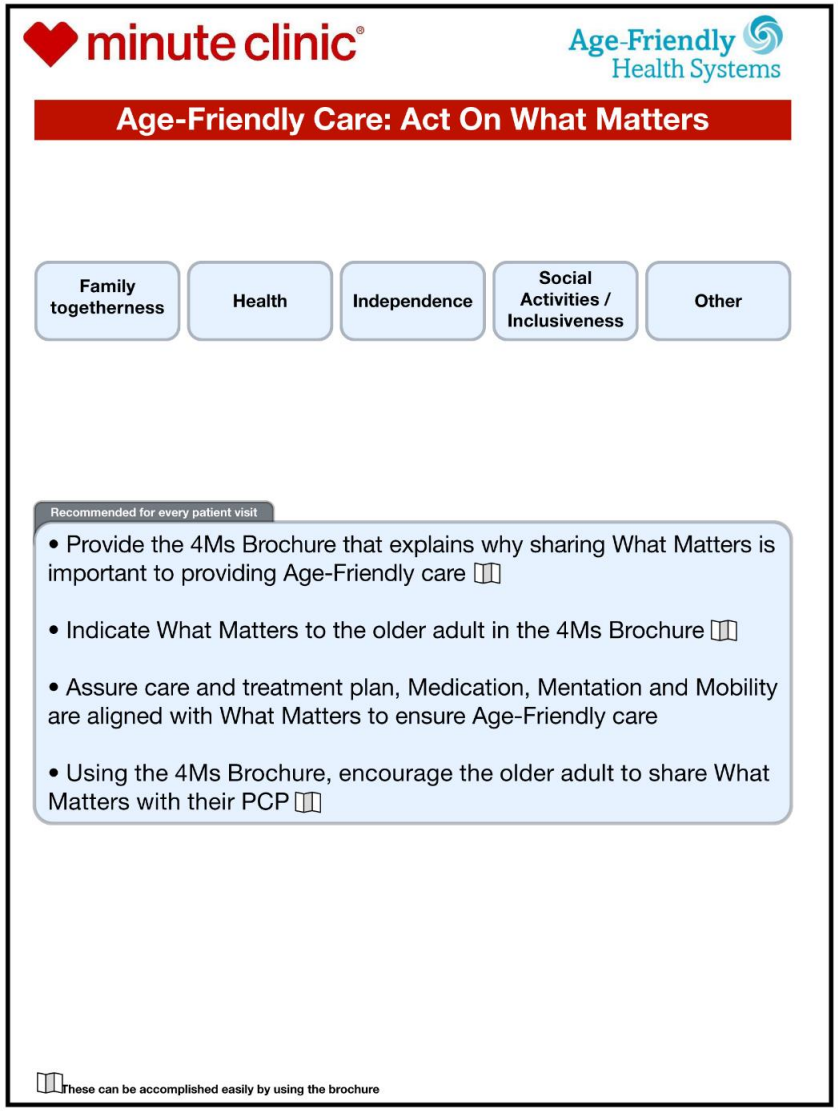
Act On: Incorporate the 4Ms into the Plan of Care		
Key Actions	**Getting Started**	**Tips and Resources**
	Consider further diagnostic evaluation if appropriate. Follow current guidelines for management of dementia and related behavioral manifestations of distress. Provide educational materials to the older adult and family/care partners. Consider referring the older adult, family/care partners to supportive resources, such as the Alzheimer's Association.[34]	• Consider also assessing and managing caregiver burden. • Ensure follow-through on any referrals. • If a memory disturbance is found, avoid medications that will make cognitive health worse. • If there is a diagnosis of dementia, include it on the problem list. If not, include cognitive impairment. • Do not prescribe medications that can exacerbate cognitive impairment, such as benzodiazepines and anticholinergics. • Older adults with dementia will be at high risk of delirium, especially if hospitalized, so educate family or other caregivers and providers on delirium prevention. **Additional Resources** • Local Area Agency on Aging • Community Resource Finder • Zarit Burden Interview (for caregivers)
Mentation — Depression Identify and manage factors contributing to depression	Identify and manage factors that contribute to depressive symptoms, including sensory limitations (vision, hearing), social isolation, losses associated with aging (job, income, societal roles), bereavement, and medications. Consider the need for counseling and/or pharmacological treatment of depression, or refer to a mental health provider if appropriate.	**Tips** • Educate the patient and caregiver about depression in older adults. • Recognize social isolation as a risk factor for depression and identify community-based resources that support social connections. **Additional Resources** • Local Area Agency on Aging • Crosswalk: Evidence-Based Leadership Council Programs and the 4Ms

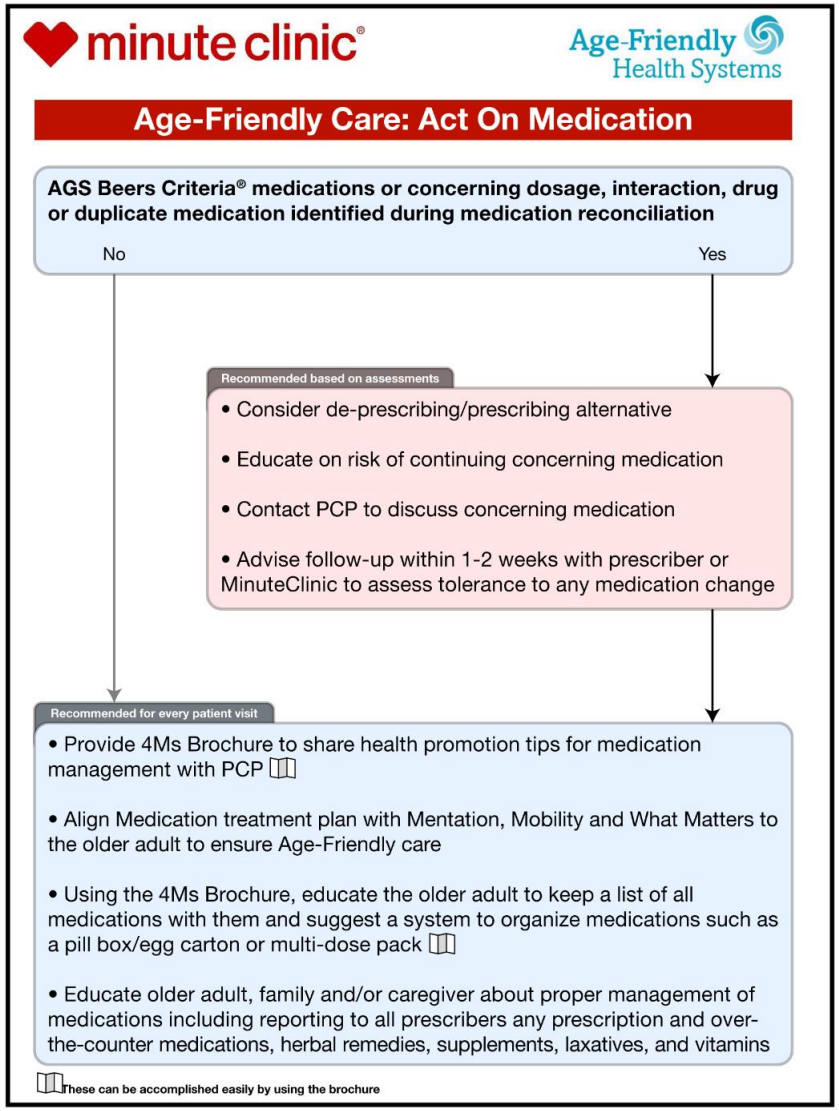
Mobility
 	
Ensure safe mobility**[35,36,37]
	Assess and manage impairments that reduce mobility; such as:
	
	• Pain
	• Impairments in strength, balance, or gait
		Tips
		
		• Have a multifactorial falls prevention protocol (e.g., STEADI) that includes:
		  ○ Educating the patient/family/other caregivers
		  ○ Managing impairments that reduce mobility (e.g., pain, balance, gait, strength)
		  ○ Ensuring a safe home environment for mobility

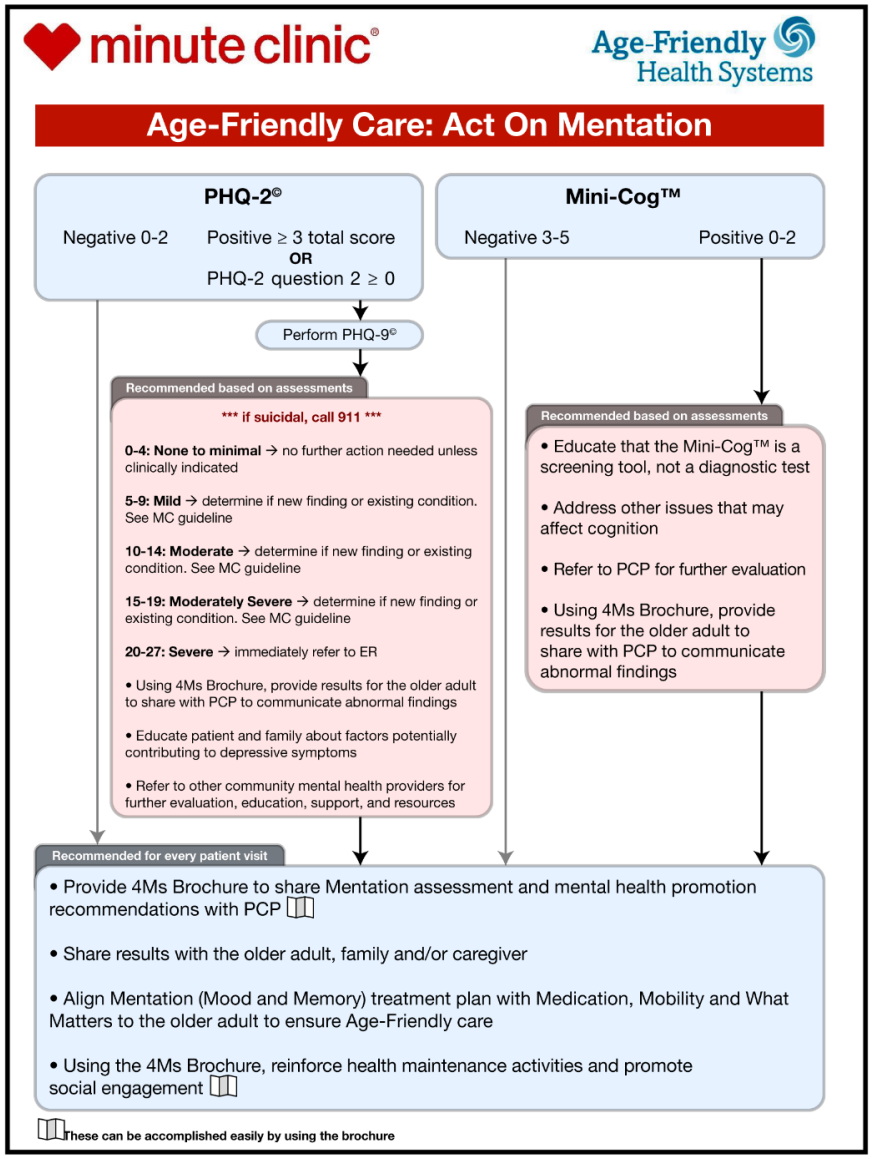
Act On: Incorporate the 4Ms into the Plan of Care		
Key Actions	**Getting Started**	**Tips and Resources**
	• Hazards in home (e.g., stairs, loose carpet or rugs, loose or broken handrails) • High-risk medications Refer to physical therapy. Support older adults, families, and other caregivers to create a home environment that is safe for mobility.[38] Support older adults to identify and set a daily mobility goal that supports What Matters. Review and support progress toward the mobility goal in subsequent interactions.	○ Identifying and setting a daily mobility goal with the patient that supports What Matters, and then review and support progress toward the mobility goal ○ Avoiding high-risk medications ○ Referring to physical therapy **Additional Resources** • Stopping Elderly Accidents, Deaths & Injuries (STEADI) • CDC My Mobility Plan

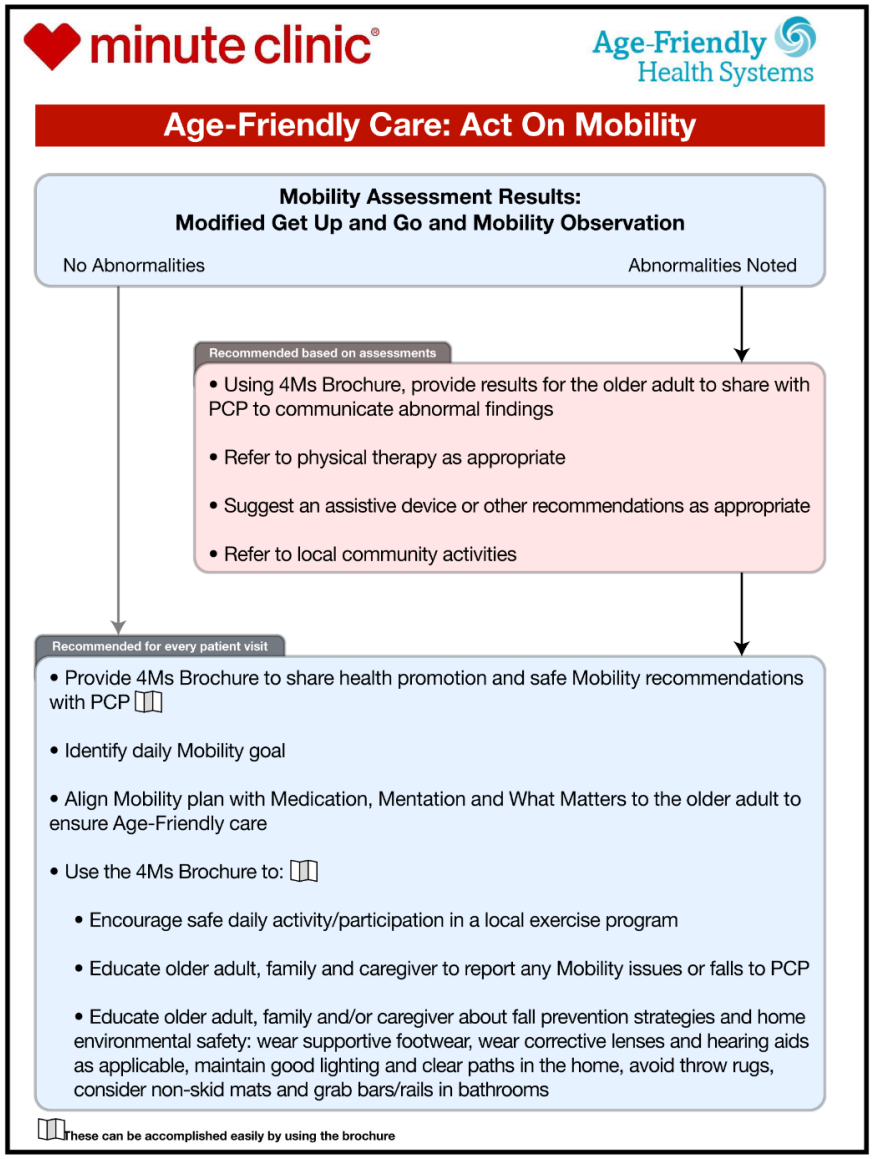
**These activities are also key to preventing and managing delirium and falls.

The document depicted on the following pages includes ”act on” decision trees created to assist MinuteClinic providers with the action steps following the assessment of the 4Ms. Each sheet includes one of the 4Ms and the “act on” actions for normal and abnormal findings.






minute clinic
Age-Friendly Health Systems
Age-Friendly Care: Act On Mentation
PHQ-2©
Negative 0-2
Positive ≥ 3 total score
OR
PHQ-2 question 2 ≥ 0
Mini-Cog™
Negative 3-5
Positive 0-2
Perform PHQ-9©
Recommended based on assessments
*** if suicidal, call 911 ***
0-4: None to minimal → no further action needed unless clinically indicated
5-9: Mild → determine if new finding or existing condition. See MC guideline
10-14: Moderate → determine if new finding or existing condition. See MC guideline
15-19: Moderately Severe → determine if new finding or existing condition. See MC guideline
20-27: Severe → immediately refer to ER
• Using 4Ms Brochure, provide results for the older adult to share with PCP to communicate abnormal findings
• Educate patient and family about factors potentially contributing to depressive symptoms
• Refer to other community mental health providers for further evaluation, education, support, and resources
Recommended based on assessments
• Educate that the Mini-Cog™ is a screening tool, not a diagnostic test
• Address other issues that may affect cognition
• Refer to PCP for further evaluation
• Using 4Ms Brochure, provide results for the older adult to share with PCP to communicate abnormal findings
Recommended for every patient visit
• Provide 4Ms Brochure to share Mentation assessment and mental health promotion recommendations with PCP
• Share results with the older adult, family and/or caregiver
• Align Mentation (Mood and Memory) treatment plan with Medication, Mobility and What Matters to the older adult to ensure Age-Friendly care
• Using the 4Ms Brochure, reinforce health maintenance activities and promote social engagement
These can be accomplished easily by using the brochure


minute clinic
Age-Friendly Health Systems
Age-Friendly Care: Act On Mobility
Mobility Assessment Results:
Modified Get Up and Go and Mobility Observation
No Abnormalities
Abnormalities Noted
Recommended based on assessments
• Using 4Ms Brochure, provide results for the older adult to share with PCP to communicate abnormal findings
• Refer to physical therapy as appropriate
• Suggest an assistive device or other recommendations as appropriate
• Refer to local community activities
Recommended for every patient visit
• Provide 4Ms Brochure to share health promotion and safe Mobility recommendations with PCP
• Identify daily Mobility goal
• Align Mobility plan with Medication, Mentation and What Matters to the older adult to ensure Age-Friendly care
• Use the 4Ms Brochure to:
• Encourage safe daily activity/participation in a local exercise program
• Educate older adult, family and caregiver to report any Mobility issues or falls to PCP
• Educate older adult, family and/or caregiver about fall prevention strategies and home environmental safety: wear supportive footwear, wear corrective lenses and hearing aids as applicable, maintain good lighting and clear paths in the home, avoid throw rugs, consider non-skid mats and grab bars/rails in bathrooms
These can be accomplished easily by using the brochure

Appendix D: 4Ms Age-Friendly Care Description Worksheet — Convenient Care

Age-Friendly Health Systems is a movement of hundreds of hospitals, ambulatory practices and convenient care settings, and post-acute and long-term care (PALTC) communities working to ensure the best possible care for older adults. IHI recognizes organizations that have committed to practicing 4Ms care and have described 4Ms care for their setting. Learn more at ihi.org/AgeFriendly or email AFHS@ihi.org.

This worksheet is a template that may be used in the convenient care setting.

Sample blank worksheet	What Matters	Medication	Mentation: Dementia	Mentation: Depression	Mobility
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.	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.	Prevent, identify, treat, and manage dementia across settings of care.	Prevent, identify, treat, and manage depression across settings of care.	Ensure that each older adult moves safely every day to maintain function and do What Matters most.
Engage / Screen / Assess Please check the boxes to indicate items used in your care or fill in the blanks if you check "Other."	List the question(s) you ask to know and align care with each older adult's specific outcome goals and care preferences:	Check the medications you screen for regularly: ☐ Benzodiazepines ☐ Opioids ☐ Highly-anticholinergic medications (e.g., diphenhydramine)	Check the tool you use to screen for dementia: ☐ Mini-Cog ☐ SLUMS ☐ MOCA ☐ Other: _____	Check the tool you use to screen for depression: ☐ PHQ-2 ☐ PHQ-9 ☐ GDS – short form ☐ GDS ☐ Other: _____	Check the tool you use to screen for mobility limitations: ☐ Timed Up & Go Test (TUG) ☐ JH-HLM ☐ POMA

Sample blank worksheet	What Matters	Medication	Mentation: Dementia	Mentation: Depression	Mobility
		☐ All prescription and over-the-counter sedatives and sleep medications ☐ Muscle relaxants ☐ Tricyclic antidepressants ☐ Antipsychotics ☐ Other: _____	*Minimum requirement: At least one of the first three boxes must be checked. If only "Other" is checked, will review.*		☐ Refer to physical therapy (PT) ☐ Other: _____
			Optional: Check the tool used for functional assessment: ☐ Barthel Index of ADLs (in EPIC) ☐ Lawton IADLs ☐ Katz ADL ☐ Not Available ☐ Other: _____		
Frequency	☐ At least annually ☐ Other: _____	☐ At least annually ☐ At change of medication ☐ Other: _____	☐ At least annually ☐ Other: _____	☐ At least annually ☐ Other: _____	☐ At least annually ☐ Other: _____

Sample blank worksheet	What Matters	Medication	Mentation: Dementia	Mentation: Depression	Mobility
Documentation Please check the "EHR" box (electronic health record) or fill in the blank for "Other."	☐ EHR ☐ Other: _____	☐ EHR ☐ Other: _____	☐ EHR ☐ Other: _____ *One box must be checked; preferred option is "EHR." If "Other," will review to ensure documentation method can capture assessment to trigger appropriate action.*	☐ EHR ☐ Other: _____ *One box must be checked; preferred option is "EHR." If "Other," will review to ensure documentation method can capture assessment to trigger appropriate action.*	☐ EHR ☐ Other: _____ *One box must be checked; preferred option is "EHR." If "Other," will review to ensure documentation method can capture mobility status in a way that other care team members can use.*
Act On Please describe how you use the information obtained from Engage/Screen/Assess to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the "Other" field.	☐ Align the care plan with What Matters most ☐ Other: _____	☐ Educate older adult and family or other caregivers ☐ Deprescribe (includes both dose reduction and medication discontinuation) ☐ Refer to: _____ ☐ Other: _____	☐ Share results with older adult ☐ Provide educational materials to older adult and family or other caregivers ☐ Refer to community organization for education and/or support ☐ Refer to: _____ ☐ Other: _____ *Minimum requirement: Must check first box*	☐ Educate older adult and family or other caregivers ☐ Prescribe anti-depressant ☐Refer to: _____ ☐ Other: _____ *Minimum requirement: At least one of the first three boxes must be checked.*	☐ Multifactorial fall prevention protocol (e.g., STEADI) ☐ Educate older adult and family or other 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

Sample blank worksheet	What Matters	Medication	Mentation: Dementia	Mentation: Depression	Mobility
			and at least one other box.		with older adult that supports What Matters; review and support progress toward the goal ☐ Avoid high-risk medications ☐ Refer to PT ☐ Other: __________
Primary Responsibility Indicate which care team member has primary responsibility for the older adult.	☐ Nurse ☐ Clinical Assistant ☐ Social Worker ☐ MD ☐ Pharmacist ☐ Other: __________	☐ Nurse ☐ Clinical Assistant ☐ Social Worker ☐ MD ☐ Pharmacist ☐ Other: __________	☐ Nurse ☐ Clinical Assistant ☐ Social Worker ☐ MD ☐ Pharmacist ☐ Other: _________	☐ Nurse ☐ Clinical Assistant ☐ Social Worker ☐ MD ☐ Pharmacist ☐ Other: __________	☐ Nurse ☐ Clinical Assistant ☐ Social Worker ☐ MD ☐ Pharmacist ☐ Other: __________

MinuteClinic Example: 4Ms Age-Friendly Care Description Worksheet

Below is an example of how MinuteClinic described the 4Ms in their health system.

Please describe below your definition of Age-Friendly or 4Ms care as your team currently defines it. To be considered Age-Friendly, you must explicitly define how you will engage/screen/assess people ages 65 and older for all 4Ms, document 4Ms information, and act on the 4Ms.

Example from MinuteClinic	What Matters	Medication	Mentation: Dementia	Mentation: Depression	Mobility
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.	If medications are necessary, use Age-Friendly medications that do not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.	Prevent, identify, and refer older adults for treatment and management of dementia across settings of care.	Prevent, identify, and refer older adults for treatment and management of depression across settings of care.	Ensure that each older adult moves safely every day to maintain function and do What Matters most.
Engage / Screen / Assess *Please check the boxes to indicate items used in your care or fill in the blank if you check "Other"*	List the question(s) you ask to know and align care with each older adult's specific outcome goals and care preferences: During the history: "Tell me about what matters most to you, such as family togetherness, social activities/ inclusiveness/ health/independence."	Check the meds you screen for regularly ☒Benzodiazepines ☒Opioids ☒Highly-anticholinergic medications, especially diphenhydramine ☒All prescription and over-the-counter sedatives and sleep medications	Check the tool used to screen for dementia ☒Mini-Cog ☐SLUMS ☐MOCA ☐MMSE ☐Other: Click or tap here to enter text.	Check the tool used to screen for depression ☒PHQ-2 ☒PHQ-9 if PHQ-2 positive ☐GDS – short form ☐GDS ☐Other: Click or tap here to enter text.	Check the tool used to screen for mobility ☐TUG ☐STEADI ☒Other: Modified TUG- not timed. Assess getting up, walking, turning around and sitting and/or observing ambulation in and of itself.

	During treatment planning: "We would like to align your treatment plan with what matters to you. Please share with us what is most important to you."	☒Muscle relaxants ☒Tricyclic antidepressants ☒Antipsychotics ☐Other: Click or tap here to enter text.			Abnormal if any of the following observed: *abnormal gait *unsteady gait *lack of balance *use of arms to get up *incorrect use of assistive device *pain with mobility *poor flexibility/ROM
Frequency	☐Annually ☒ Other: Each visit (excluding vaccine visits and express lane visits)	☐Annually ☐At the change of medication ☒ Other: Each visit (excluding vaccine visits and express lane visits)	☐Annually ☒ Other: Each visit (excluding vaccine visits and express lane visits)	☐Annually ☒ Other: Each visit (excluding vaccine visits and express lane visits)	☐Annually ☒ Other: Each visit (excluding vaccine visits and express lane visits)
Documentation *Please check the "EHR" box or fill in the blank for "Other"*	☒EHR ☐Other: Click or tap here to enter text.	☒EHR ☐Other: Click or tap here to enter text.	☒EHR ☐Other: Click or tap here to enter text.	☒EHR ☐Other: Click or tap here to enter text.	☒EHR ☐Other: Click or tap here to enter text.
Please describe how you use the information obtained from the engagement/screen to design and provide care.	☒Align the care plan with What Matters most ☒Other: 4Ms Brochure reviewed with patient, including explanation of	☒Educate patient/family ☒De-prescribe ☒Refer to PCP or prescribing provider for	☒Share results with patient ☒Provide educational materials to older adult and family caregiver	☒Educate patient/family on factors contributing to depressive symptoms ☐Prescribe anti-depressant	☒Educate patient/family on a home environment that is safe for mobility

Refer to pathways or procedures that are meaningful to your staff in the "Other" field.	why asking patients what matters is important to providing 4Ms age-friendly care	further evaluation of risks and de-prescribing or change in prescription as indicated ☒Other: Suggest use of a pill box ☒Other: 4Ms Brochure is given to share health promotion tips for medication management. The 4Ms Brochure also provides a way to communicate any abnormal findings. This will facilitate communication between the patient and primary care provider.	☒Refer to a community organization for education and/or support ☒Refer to provider(s) if follow up needed such as PCP, psychiatric-mental health specialist, psychologist ☒Other: 4Ms Brochure is given to share tips for healthy aging and to provide a way to communicate any abnormal findings. This will facilitate communication between the patient and primary care provider.	☒Refer to PCP or other community mental health providers/resources for further evaluation, treatment, CBT, etc. ☒Other: 4Ms Brochure is given to share tips for healthy aging and to provide a way to communicate any abnormal findings. This will facilitate communication between the patient and primary care provider.	☒Refer to primary care physician, therapy, local community activities ☒Other: 4Ms Brochure is given to share tips for safe mobility, to identify a mobility goal, and to provide a way to communicate any abnormal findings. This will facilitate communication between the patient and primary care provider.
Primary Responsibility	☐Nurse ☒Other: Advanced Practice Provider (NP/PA)	☐Nurse ☒Other: Advanced Practice Provider(NP/PA)	☐Nurse ☒Other: Advanced Practice Provider (NP/PA)	☐Nurse ☒Other: Advanced Practice Provider (NP/PA)	☐Nurse ☒Other: Advanced Practice Provider (NP/PA)

Note: It is not routine to screen for delirium in the ambulatory or convenient care setting as part of the mentation assessment. However, consider a screen for delirium if a patient is acute and/or an acute change in mental status is present or reported. Screens for delirium may include the 2-Item Ultra-Brief (UB-2) Delirium Screen or Confusion Assessment Method (CAM). If a screen for delirium is done and is positive, this may indicate an acute condition and/or medical emergency; treat the underlying cause or refer for further evaluation.

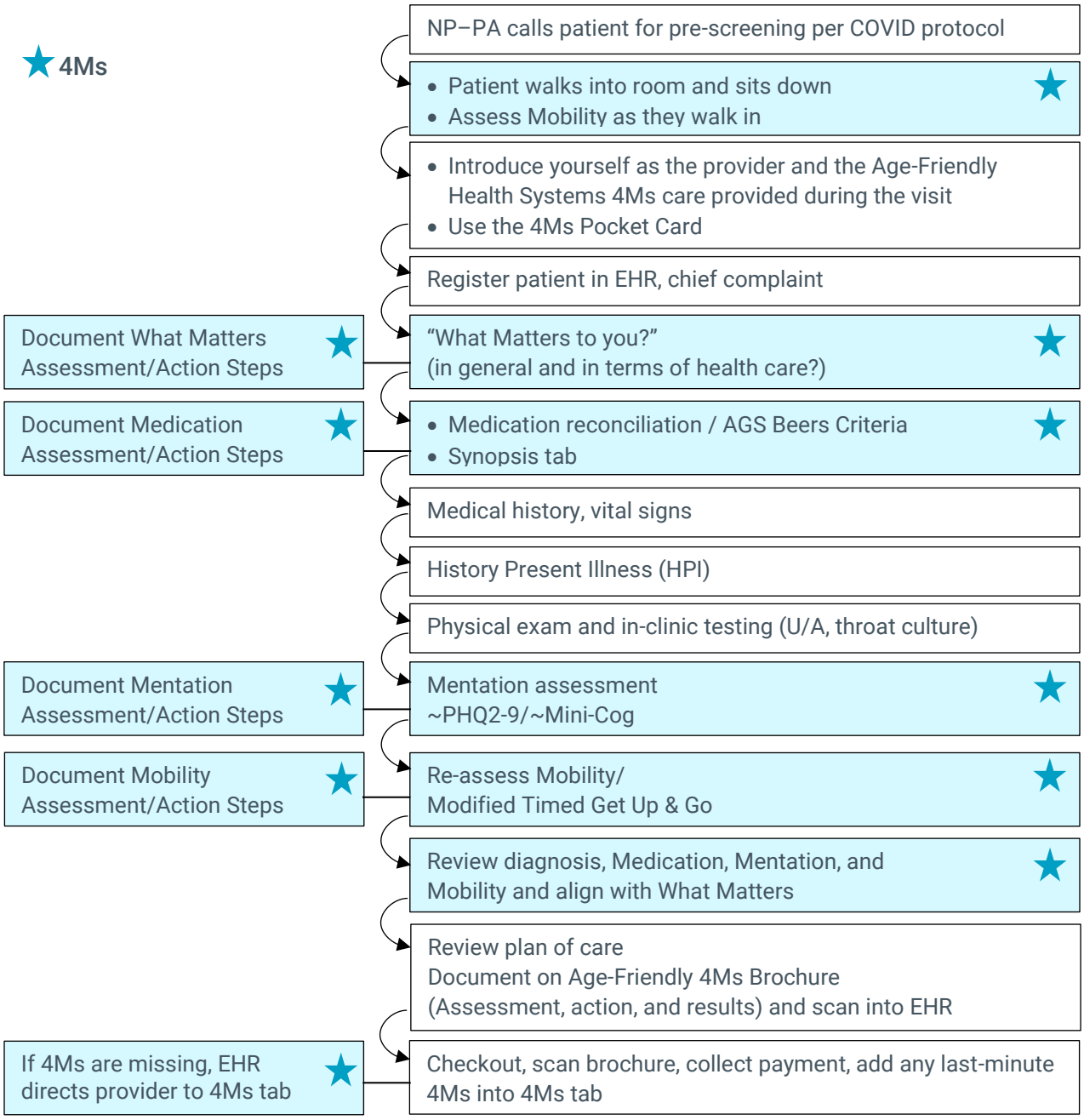
MinuteClinic Example: Number of Patients Receiving 4Ms Care According to Your Definition

Month(s)	N=Numerator	D=Denominator	Method of Counting	Describe Method if "Sampling" or "Other"
September—November 2020	Number of patients >=65 years getting full 100% 4Ms care by your site in September, October, November	Number patients >=65 years cared for by your site in September, October, November	Method of Counting: Please check the appropriate box: ☒ Complete Count ☐ Sampling ☒ Other: Each visit (excluding vaccine visits and express lane visits)	

Appendix E: Age-Friendly Care Workflow Example — Convenient Care

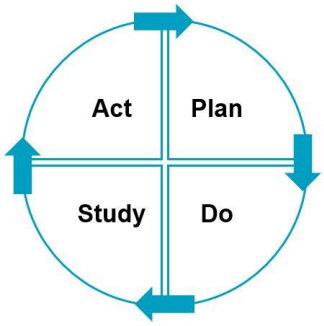
Core Functions for Eligible Visits

4Ms Visit Flow: Assessment and Action Steps for integrating the 4Ms during an acute or chronic visit for patients ages 65 and older



Appendix F: Examples of PDSA Cycles for Age-Friendly Care

Example PDSA Worksheet Template: Testing a 4Ms Screening for Older Adults in Convenient Care

Plan-Do-Study-Act Record	**NAME OF HEALTH SYSTEM:** Name **NAME OF PERSON COMPLETING FORM:** Name **DATE:** Date
	**Change Idea to ____develop or _X__ test or ____ implement**

	Description:
	Cycle 1: Test a 4Ms "screening set" with one older adult patient in your care.
	• What Matters:
	  ○ Ask, "What makes life worth living?"; "What would make tomorrow a really great day for you?"; "What concerns you most when you think about your health and health care in the future?"
	  ○ Confirm the presence of a health care proxy (proxy's name, contact information)
	• Medication:
	  ○ Identify use of high-risk medications
	• Mentation:
	  ○ Administer the Mini-Cog
	  ○ Administer the PHQ-2 or PHQ-9
	• Mobility:
	  ○ Conduct the TUG or other mobility Test

PLAN:

Questions: What do we want to know? [Add or edit questions below, as needed.]

1. Can we practice all 4Ms items (above) on intake for one older adult patient?
2. How long does it take?
3. How does it feel for the staff conducting the assessment? (e.g., What went well? What could be improved?)
4. How does it feel for the patient/family receiving the assessment? (e.g., What went well? What could be improved?)
5. What are we learning from conducting this 4Ms screening set? Did we learn anything about this patient that will improve our care, service, and/or processes?

Predictions: What do we think will happen? [Edit draft answers below, as needed.]

1. Yes
2. 10 minutes
3. Staff will give at least two ideas/identify two issues with the 4Ms screening set.
4. Patient/family will give at least one idea/issue with the screening set use.
5. Staff will get at least one insight/"aha" regarding care for the patient from the screening set.

Plan for the change or test: Who, What, When, Where. What are we going to do to make our test happen?
[Edit the draft tasks below, as needed.]

List the tasks necessary to complete this test (what)	Person responsible	When	Where
1. Select an older adult patient with whom we are likely to be able to conduct this test in the next 3 days. Identify a patient who we might "easily" engage on all items of the 4Ms screening set.			
2. Select a staff person who will conduct the test, and brief her/him.			
3. Decide on what you will say to invite the patient/family to participate in testing the 4Ms screening set. For example, "We are testing ways to know our patients better to develop the right care plan. Would you be willing to test a set of questions today and give your opinion about this experience?"			

Plan for data collection: Who, What, When, Where. How will we compare predictions to actual?
[Adapt or edit the sample data collection form below, as needed.]

Fill in data collection plan (Who, What, When, Where) [example below]:

4Ms Screening Set Test: NAME OF HEALTH SYSTEM												
4Ms Screening Set Test: NAME OF CONTACT PERSON		Patient 1		Patient 2		Patient 3		Patient 4		Patient 5		Patient 6	
Date													
What Matters	Asked: What makes life worth living? (yes/no)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	Asked: What would make tomorrow a really great day for you? (yes/no)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	Asked: What concerns you most when you think about your health and health care in the future? (yes/no)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	Has health care agent? (yes/no/didn't review)	Y	N DR	Y	N DR	Y	N DR	Y	N DR	Y	N DR	Y	N DR
Medication	Identified use of high-risk medication (yes/no/didn't review)	Y	N DR	Y	N DR	Y	N DR	Y	N DR	Y	N DR	Y	N DR
Mentation	Administered the Mini-Cog (yes/no)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
	Administered the PHQ-2 (yes/no)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Mobility	Conducted TUG Test (yes/no)	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Amount of time to complete													
Staff feedback													
Patient/family feedback													
Other notes and/or questions that came up from this test													

DO: Carry out the change or test; collect data and begin analysis; describe the test/what happened.
Fill in during or after conducting the test
STUDY: Complete analysis of data; summarize what was learned; compare what happened to predictions above.
Fill in after conducting the test
ACT: Are we ready to make a change? Plan for the next cycle.
Fill in after conducting the study. Will you adopt, adapt, abandon, or run the test again? For example, PDSA cycle 2: Conduct test again with 5 patients making the following adjustments…

Appendix G: Implementing Reliable 4Ms Age-Friendly Care

A key goal is to reliably integrate the 4Ms into the way you provide care for every older adult, in every setting, every time.

How will you know that 4Ms care, as described by your site, is reliably in place?

The best way is to observe the work directly, using the 4Ms Age-Friendly Care Description Worksheet (see Appendix D) as an observation guide. Another way is to review patient records to confirm completeness of 4Ms documentation and alignment of care team actions with information obtained in assessment. Note that you only need a handful of patient records to tell you that your 4Ms performance is not at a high level (say, 95 percent or higher).[39] For example, if you see three instances of incomplete 4Ms care in a random sample of 10 records, you have strong evidence that your system is not performing in a way that 95 percent or more of your patients are experiencing 4Ms care.

If IHI visited your care setting, we also would look for several kinds of evidence that your site has the foundation for reliable 4Ms care, including the following::

- If we ask five staff members, they use the same explanation for WHY your site does the 4Ms work.
- If we ask five staff members, they use the same explanation for HOW your site does the 4Ms work.
- Staff at your site will have documentation for the 4Ms work; they can access your 4Ms Care Description and additional standard supporting operating procedures, flowcharts, and/or checklists.
- Training/orientation introduces new staff to the 4Ms work.
- Job description(s) outline elements of the 4Ms work as appropriate to the role.
- Performance evaluation refers to the 4Ms work.

IHI would also expect to learn about regular observation of 4Ms work by site supervisors and leaders who seek to understand and work with staff to remove barriers to reliable 4Ms care.

Appendix H: Measuring the Impact of 4Ms Age-Friendly Care

We highly recommend that you create and monitor an age-friendly measurement dashboard to understand the impact of your efforts. This can be accomplished in two ways:

- Segment an existing dashboard by age and monitor performance for older adults (ages 65 years and older); or
- Focus on a small set of basic outcome measures for older adults.

The tables below lists examples of outcome measures that IHI identified to help health systems understand the impact of 4Ms age-friendly care. These measures are not designed to compare or rank health systems in "age-friendliness." We seek to outline measures that are "good enough" to establish baseline performance and are sensitive to improvements, while paying attention to the feasibility of collecting, analyzing, and acting on the results of these data for health systems with a range of skills and capacity in measurement. See the Age-Friendly Health Systems: Measures Guide for additional details on these measures, as well as suggested process and balancing measures.

Outcome Measures for Convenient Care Site	
Return visits to convenient care	X
Patient experience	X
Clinician satisfaction	X

Additional Stratification: Race and Ethnicity

We recognize the persistence of important differences in treatment and health outcomes associated with race, ethnicity, and other social factors. Health equity requires that health systems stratify key performance measures by these factors to reveal disparities and provoke action to eliminate them. For Age-Friendly Health Systems, we encourage stratifying outcome measures for older adults using the Office of Management and Budget core race and ethnicity factors to identify disparities in patient care and experience.

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Additional Resources

Age-Friendly Health Systems: Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Practices. Institute for Healthcare Improvement; 2020. https://241684.fs1.hubspotusercontent-na1.net/hubfs/241684/AgeFriendlyHealthSystems_GuidetoUsing4MsCare_FINAL_July2020.pdf

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