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 inyour 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 allteam members? Across settings?
- ☐ What experience do your team members have with the 4Ms? What assets do you already haveon 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 the4Ms? 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 matchthe assets of your team and the resources provided by your health system?
- ☐ What works well?
- ☐ What could be improved?

4Ms	Specifically, Look for How Do We…	Current Practice 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, end-of-life care, 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, depression, and delirium across settings of care.	**Hospital:** • Screen for delirium at least every 12 hours and document the results. • Ensure sufficient oral hydration. • Orient to time, place, and situation. • Ensure that older adults have their personal adaptive equipment. • Prevent sleep interruptions; use nonpharmacological interventions to support sleep. **Ambulatory:** • Screen for cognitive impairment and document the results. • If cognitive impairment screen is positive, refer for further evaluation and manage manifestations of cognitive impairment. • 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.	
Mobility: Ensure that each older adult moves safely every day to maintain function and do What Matters.	• Screen for mobility limitations and document the results. • Ensure early, frequent, and safe mobility.	