

# 4Ms Age-Friendly Care Description Worksheet

*Ambulatory or Primary Care Setting*



**Health System Name:**

**Hospital or Post-Acute Long-term Care Setting Name** (if you are describing how the 4Ms are practiced across multiple practices, please list each practice):

**Location** (City, State):

**Key Contact** (Name):

**Key Contact** (E-mail):

**Action Community:**

If you are participating in an Action Community, please select your Action Community below

**EHR Platform:**

# What Matters

**Aim:** Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care

**Engage/Screen/Assess:**

List the question(s) you ask to know and align care with each older adult's specific outcome goals and care preferences:

Minimum requirement: One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.

**Frequency:**

Minimum frequency is annually.

At least annually

Other

**Documentation:**

One box must be checked; preferred option is EHR. If "Other," will review to ensure documentation method is accessible to other care team members for use during the hospital stay.

EHR

Other

**Act On:**

Minimum requirement: First box must be checked

Align the care plan with What Matters most

Other

**Primary Responsibility**

Minimum requirement: One role must be selected.

Nurse

Clinical Assistant

Social Worker

MD

Pharmacist

Other