

# #1

**COMPLETE**

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## Page 2: Contact Information

### Q1

Health System [i.e. If your practice is part of a larger health network and/or hospital, please include the name(s) here.]:

**AGS** University Health

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### Q2

Hospital, Primary Care Practice, or Clinic Name [i.e. Please list the specific name of your local care setting here]. If you have multiple Primary Care Practices, please list each practice.

Sanford Geriatrics Specialty Care

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### Q3

Location

City **Reno**  
State **NV**

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### Q4

Key Contact

Name (First and Last Name) **Patti Swager**  
Email Address (please use your organization e-mail, if possible) **pswager@unr.edu**

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### Q5

4Ms Care Description

**First time submitting description or description is revised from previous month**

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## Page 3: Team Site of Care

### Q6

**Outpatient**

Is your site of care inpatient or outpatient?

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**Q7**

What is your EHR platform?

GE Centricity

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**Q8**

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

**American Geriatrics Society GWEP-CC Action Community (January - December 2020)**

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Page 4: What Matters - Inpatient

**Q9**

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

**Respondent skipped this question**

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**Q10**

Frequency \*Minimum frequency is once per stay.

**Respondent skipped this question**

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**Q11**

Documentation Please check the EHR box or fill in the blank for the Other \*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.

**Respondent skipped this question**

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**Q12**

Act On Please describe how you use the information obtained from the engagement/screen/ assessment to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the Other field. \*Minimum requirement: First box must be checked.

**Respondent skipped this question**

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**Q13**

Primary Responsibility Choose from dropdown list \*Minimum requirement: One role must be selected.

**Respondent skipped this question**

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Page 5: Medication - Inpatient

**Q14**

Respondent skipped this question

Engage/Screen/Assess Check the medications you screen for regularly\*Minimum requirement: At least one of the first seven boxes must be checked.

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**Q15**

Respondent skipped this question

Frequency\*Minimum frequency is once per stay.

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**Q16**

Respondent skipped this question

Documentation Please check the EHR box or fill in the blank for the Other\*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.

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**Q17**

Respondent skipped this question

Act On Please describe how you use the information obtained from the engagement/screen/ assessment to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the Other field.\*Minimum requirement: At least one box must be checked.

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**Q18**

Respondent skipped this question

Primary Responsibility Indicate which care team member has primary responsibility for the older adult. Choose from dropdown list\*Minimum requirement: One role must be selected.

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Page 6: Mentation - Inpatient

**Q19**

Respondent skipped this question

Engage/Screen/Assess Check the tool used to screen for delirium\*Minimum requirement: At least one of the first six boxes must be checked. If only "Other" is checked, will review.

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**Q20**

Respondent skipped this question

Frequency\*Minimum frequency is every 12 hours.

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**Q21**

Respondent skipped this question

DocumentationPlease check the EHR box or fill in the blank for the 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.

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**Q22**

Respondent skipped this question

Act OnPlease describe how you use the information obtained from the engagement/screen/ assessment to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the Other field.Delirium prevention and management protocol including, but not limited to:\*Minimum requirement: First five boxes must be checked.

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**Q23**

Respondent skipped this question

Primary ResponsibilityIndicate which care team member has primary responsibility for the older adult. Choose from dropdown list\*Minimum requirement: One role must be selected.

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Page 7: Mobility - Inpatient

**Q24**

Respondent skipped this question

Engage/Screen/AssessCheck the tool used to screen for mobility\*Minimum requirement: One box must be checked. If only “Other” is checked, will review.

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**Q25**

Respondent skipped this question

Frequency\*Minimum frequency is once per stay.

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**Q26**

Respondent skipped this question

DocumentationPlease check the EHR box or fill in the blank for the 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.

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**Q27**

Respondent skipped this question

Act OnPlease describe how you use the information obtained from the engagement/screen/ assessment to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the Other field.\*Minimum requirement: Must check first box and at least one other box.

**Q28**

Respondent skipped this question

Primary ResponsibilityIndicate which care team member has primary responsibility for the older adult. Choose from dropdown list\*Minimum requirement: One role must be selected.

Page 8: What Matters - Outpatient

**Q29**

Engage/Screen/AssessList the question(s) you ask to know and align care with each older adult’s specific outcome goals and care preferences:\*One or more What Matters question(s) must be listed. Question(s) cannot focus only on end-of-life forms.

1) What's important in your life right now? 2) What gives meaning to your life? 3) What are your goals and aspirations?

**Q30**

Frequency\*Minimum frequency is annually.

**At least annually,**

Other (please specify):

Initial and 3, 6 or 12 months follow up

**Q31**

**EHR**

DocumentationPlease check the “EHR“ box (for electronic health record) or fill in the blanks for “Other“. \*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 care.

**Q32**

**Align the care plan with What Matters most**

Act OnPlease 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.\*Minimum requirement: First box must be checked.

**Q33**

**Social Worker**

Primary Responsibility Indicate which care team member has primary responsibility for the older adult. Choose from dropdown list\*Minimum requirement: One role must be selected.

Page 9: Medication - Outpatient

**Q34**

Engage/Screen/Assess Please check the boxes to indicate items used in your care or fill in the blanks if you check "Other."\*Minimum requirement: At least one of the first seven boxes must be checked.

**Benzodiazepines,**  
**Opioids,**  
**Highly-anticholinergic medications, especially diphenhydramine**  
 ,  
**All prescription and over-the-counter sedatives and sleep medications**  
 ,  
**Muscle relaxants,**  
**Tricyclic antidepressants,**  
**Antipsychotics,**  
 Other (please specify):  
 All OTC products and nutritional supplements

**Q35**

Frequency\*Minimum frequency is annually.

**At least annually,**  
 Other (please specify):  
 Initial and 3, 6 or 12 month follow up

**Q36**

Documentation Please check the "EHR" box (for electronic health record) or fill in the blanks for "Other."\*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 care.

**EHR**

**Q37**

Act On Please describe how you use the information obtained from the engagement/screen/ assessment to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the Other field.\*Minimum requirement: At least one box must be checked.

**Educate older adult and family caregivers,**  
 Other (please specify):  
 Recommendations to prescribers

**Q38**

**Pharmacist**

Primary Responsibility Indicate which care team member has primary responsibility for the older adult. Choose from dropdown list\*Minimum requirement: One role must be selected.

Page 10: Mentation : Dementia - Outpatient

**Q39**

**Mini-Cog,**

Engage/Screen/Assess Check the tool used to screen for dementia\*Minimum requirement: At least one of the first three boxes must be checked. If only "Other" is checked, will review.

**MOCA**

**Q40**

**Katz ADL**

Engage/Screen/Assess Optional: Check the tool used for functional assessment:\*Optional to select.

**Q41**

**At least annually,**

Frequency\*Minimum frequency is annually.

Other (please specify):

Initial and 3, 6 or 12 month follow up

**Q42**

**EHR**

Documentation Please check the EHR box or fill in the blank for the 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.

**Q43**

**Share results with older adult,**

Act On Please describe how you use the information obtained from the engagement/screen/ assessment to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the Other field.\*Minimum requirement: Must check first box and at least one other box.

**Provide educational materials to older adult and family caregivers**

,

**Refer to community organization for education and/or support**

,

**Refer to \_\_\_\_\_ (please describe who you refer to in "Other" field)**

,

Other (please specify):

PT/OT to assess, treat and home safety evals

**Q44**

**MD**

Primary Responsibility Indicate which care team member has primary responsibility for the older adult. Choose from dropdown list\*Minimum requirement: One role must be selected.

Page 11: Mentation : Depression - Outpatient

**Q45**

**PHQ-2,**

Engage/Screen/Assess Check the tool used to screen for depression\*Minimum requirement: At least one of the first four boxes must be checked. If only "Other" is checked, will review.

**PHQ-9**

**Q46**

**Katz ADL**

Engage/Screen/Assess Optional: Check the tool used for functional assessment:\*Optional to select.

**Q47**

**At least annually,**

Frequency\*Minimum frequency is annually.

Other (please specify):

Initial and 3, 6 or 12 month follow up

**Q48**

**EHR**

Documentation Please check the EHR box or fill in the blank for the 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.

**Q49**

**Educate older adult and family caregivers,**

Act On Please describe how you use the information obtained from the engagement/screen/ assessment to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the Other field.\*Minimum requirement: At least one of the first three boxes must be checked.

Other (please specify):

Recommendations to PCP for meds, imaging and neuropsych.

**Q50**

**MD**

Primary Responsibility Indicate which care team member has primary responsibility for the older adult. Choose from dropdown list\*Minimum requirement: One role must be selected.

Page 12: Mobility - Outpatient

**Q51**

Engage/Screen/Assess Please check the boxes to indicate items used in your care or fill in the blanks if you check "Other." Check the tool used to screen for mobility limitations. \*Minimum requirement: One box must be checked. If only "Other" is checked, will review.

Other (please specify):

Get Up and Go, Timed Sit to Stand

**Q52**

Engage/Screen/Assess Optional: Check the tool used for functional assessment.\*Optional to select.

**Katz ADL**

**Q53**

Frequency\*Minimum frequency is annually.

**At least annually,**

Other (please specify):

Initial and 3, 6 or 12 month follow up

**Q54**

Documentation Please check the EHR box or fill in the blank for the 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.

**EHR**

**Q55**

Act On Please describe how you use the information obtained from the engagement/screen/ assessment to design and provide care. Refer to pathways or procedures that are meaningful to your staff in the Other field.\*Minimum requirement: Must check the first box or at least 3 of the remaining boxes.

**Educate older adult and family caregivers,**

**Identify and set a daily mobility goal with patient that supports What Matters, and then review and support progress toward the mobility goal**

**Avoid high-risk medications,**

**Refer to Physical Therapy**

**Q56**

Primary Responsibility Indicate which care team member has primary responsibility for the older adult. Choose from dropdown list\*Minimum requirement: One role must be selected.

**MD**

Page 13: Thank you!

**Q57**

What activities or action(s) you took this past month did you find most affirming, helpful, and/or surprising?

Continued refinement of our assessment model in Zoom platform.

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**Q58**

What, if anything, did you find challenging or confusing this past month in your age-friendly health systems efforts?

To engage older adults to see value of and participation in the comprehensive geriatrics assessment

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**Q59**

What advice would you give new health systems embarking on the 4Ms journey?

Continued and repeated communication with clients and care partners is vital to successful participation.

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**Q60**

How can IHI (or your Action Community leads such as AGS, AHA, or HANYS) better support you and/or help you work through the challenges you are experiencing?

Continued education regarding value and need for telehealth services during pandemic.

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Page 14: Qualitative Learnings and Count of Older Adults

**Q61**

Respondent skipped this question

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

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**Q62**

Respondent skipped this question

What activities or action(s) you took this past month did you find most affirming, helpful, and/or surprising?

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**Q63**

Respondent skipped this question

What, if anything, did you find challenging or confusing this past month in your age-friendly health systems efforts?

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**Q64**

Respondent skipped this question

What advice would you give to new health systems embarking on the 4Ms journey?

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**Q65**

Respondent skipped this question

How can IHI (or your Action Community leads such as AGS, AHA, or HANYS) better support you and/or help you work through the challenges you are experiencing?

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**Q66**

Respondent skipped this question

In the previous month, how many older adults have received 4Ms care at your hospital or practice? (Please note, if you have multiple primary care practices, please fill out this survey for each practice). Example answer: 42 older adults reached with 4Ms care in August

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