## What Does It Mean to Be Age-Friendly at Home in the Home Setting?

### THE 4Ms are Practiced as a Set Practice*  

<table>
<thead>
<tr>
<th>WHAT MATTERS</th>
<th>PRACTICE*</th>
</tr>
</thead>
</table>
| Know and align care with each older adult’s specific health outcome goals and care preferences, including but not limited to, supportive care services, advance care planning, 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  
› If the older adult’s health care decisions are made by a family member, caregiver, or surrogate decision maker/DPOA ask what Matters most for the older adult  
› Align the plan of care with What Matters most |

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>PRACTICE*</th>
</tr>
</thead>
</table>
| 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 any potentially high-risk medication and, where applicable, appropriate and up-to-date medication use, document it and communicate it to the prescriber(s), and family/caregiver/surrogate decision maker/DPOA, and the care team  
› Deprescribe or avoid any high-risk medication and, where applicable, appropriate and up-to-date medication use and document and communicate changes to the prescriber(s), and family/caregiver/surrogate decision maker/DPOA, and the care team  
• Medications for consideration include benzodiazepines, opioids, highly anticholinergic medications, all prescription and over-the-counter sedatives and sleep medications, muscle relaxants, tricyclic antidepressants, antipsychotic |

<table>
<thead>
<tr>
<th>MENTATION</th>
<th>PRACTICE*</th>
</tr>
</thead>
</table>
| Prevent, identify, treat and manage depression and dementia across settings of care. | › Screen for depression and document results and communicate the results to the family/caregiver/surrogate decision maker/DPOA, and the care team  
› Screen for cognitive changes, document and communicate the results to the family/caregiver/surrogate decision maker/DPOA, and the care team  
› Identify and manage factors contributing to depression and/or refer out  
› Consider further evaluation and manage manifestations of cognitive changes, educate older adults and caregivers and/or refer out  
› Consider employing, where applicable, delirium prevention strategies in the home |

<table>
<thead>
<tr>
<th>MOBILITY</th>
<th>PRACTICE*</th>
</tr>
</thead>
</table>
| Ensure that each older adult moves safely every day to maintain function and do What Matters. | › Ensure older adults have their personal adaptive equipment and know how to use it safely  
› Screen for mobility risks and limitations, document and communicate the results  
› Screen for environmental hazards, document and communicate the results of home safety assessment  
› Ensure consistent and routine mobility in the home setting |

*How the 4Ms are practiced and translated to the home setting of care*
Age-Friendly Health Systems Summary of 4Ms Key Actions for Care at Home Providers

<table>
<thead>
<tr>
<th>ASSESS</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know about the 4Ms for each older adult in your care</td>
<td>Incorporate the 4Ms into care delivery and document in the patient’s plan of care</td>
</tr>
</tbody>
</table>

### Key Actions to Occur Regularly with Each Visit or with Change in Condition

- Ask the older adult What Matters to them, including their health outcome goals and care preferences.
- Document What Matters and ensure that all team members are aware of What Matters for this older adult.
- Review for high-risk medication use, polypharmacy, adverse drug events, medication near misses, drug contraindications, effective monitoring.
- Review for the use of alcohol, marijuana and illegal drug use.
- Screen for depression on admission; and with change in condition throughout the episode of care.
- Screen for cognitive changes on admission; and with change in condition.
- Screen for mobility risk and limitations.
- Screen for environmental hazards.
- Align the plan of care/service plan with What Matters to the patient.
- Deprescribe or do not prescribe potentially high risk medications or those that interfere with What Matters.
- Identify concurrent use of alcohol, marijuana/CBD and recreational/illegal drug.
- Optimize all other medications.
- Promote sufficient oral hydration.
- Promote sufficient nutritional intake.
- Employ, where applicable, delirium prevention strategies in the home.
- Identify and manage factors contributing to depression, consider further evaluation and/or referral.
- Identify and manage factors and/or behaviors related to cognitive changes; consider further evaluation and/or referral.
- Ensure that older adults have their personal adaptive equipment, and they know how to use it safely.
- Identify and promote mitigation of environmental hazards.
- Promote frequent and safe mobility.