

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

THE 4MS ARE PRACTICED AS A SET	PRACTICE*
<p>WHAT MATTERS</p> <p>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.</p>	<ul style="list-style-type: none"> ➤ 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.
<p>MEDICATION</p> <p>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.</p>	<ul style="list-style-type: none"> ➤ Review for any potentially high-risk medication and, where applicable, appropriate and up-to-date medication use. <ul style="list-style-type: none"> • Document and communicate it to the prescriber(s), and family/caregiver/surrogate decision maker/DPOA, and the care team. • Homecare providers only authorized to assist with medications normally self-administered work with families/caregivers to ensure an authorized professional is overseeing the medications used by the adult. Homecare staff recognize and report to designated individuals any unusual behaviors that occur following medication use. ➤ Authorized professionals 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. <ul style="list-style-type: none"> • Medications for consideration include benzodiazepines, opioids, highly anticholinergic medications, all prescription and over-the-counter sedatives and sleep medications, muscle relaxants, tricyclic, antidepressants, antipsychotic.
<p>MENTATION</p> <p>Prevent, identify, treat and manage depression and dementia across settings of care.</p>	<ul style="list-style-type: none"> ➤ Monitor for depression and document results and communicate the results to the family/caregiver/ surrogate decision maker/DPOA, and the care team. ➤ Monitor for cognitive changes, document and communicate the results to the family/caregiver/surrogate decision maker/DPOA, and the care team, home care providers adhere to principles of safe care in the home and if they "see something they report it to the designated individual" who is authorized to follow up. ➤ Identify and manage factors contributing to depression and/or refer out. ➤ Homecare providers help manage these challenges by co-creating safe daily activity routines and engaging in meaningful conversation. ➤ Consider employing, where applicable, delirium prevention strategies in the home.

**How the 4Ms are practiced and translated to the home setting of care*

What Does It Mean to Be Age-Friendly at Home in the Home Care Setting? (continued)

THE 4MS ARE PRACTICED AS A SET	PRACTICE*
MOBILITY Ensure that each older adult moves safely every day to maintain function and do What Matters.	<ul style="list-style-type: none"> ➤ 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.

Age-Friendly Health Systems Summary of 4Ms Key Actions for Care at Home Providers

ASSESS	ACTION
Know about the 4Ms for each older adult in your care.	Incorporate the 4Ms into care/service delivery and document in the older adult's plan of care/service.

KEY ACTIONS TO OCCUR REGULARLY WITH EACH VISIT OR WITH CHANGE IN CONDITION	
<ul style="list-style-type: none"> ➤ 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. ➤ Remain alert and aware of any changes in cognition and report them to the designated individual. ➤ Screen for mobility risk and limitations. ➤ Screen for environmental hazards. 	<ul style="list-style-type: none"> ➤ Align the plan of care/service plan with What Matters to the older adult. ➤ Deprescribe or do not prescribe potentially high risk medications or those that interfere with What Matters. ➤ Safely assist older adult with medications normally self-administered. ➤ 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. ➤ Safely assist the older adult with use of personal adaptive equipment as necessary. ➤ Identify and promote mitigation of environmental hazards. ➤ Promote frequent and safe mobility.