
An Age Friendly Healthcare System is built on decades of geriatric research, focusing on delivering safe, reliable, patient-centered care for older adults through the 4M Framework of What Matters, Medication, Mentation, and Mobility. It is a Centers for Medicare & Medicaid Services (CMS) regulatory requirement to be an Age Friendly Healthcare System.

What is Being Implemented

- What Matters Documentation
- Age Friendly Worklist
- Age Friendly Workflow MPage component
- Dyn Doc Note Age Friendly Health System Smart Template

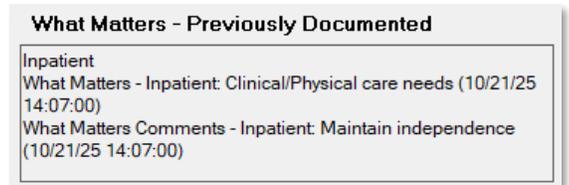
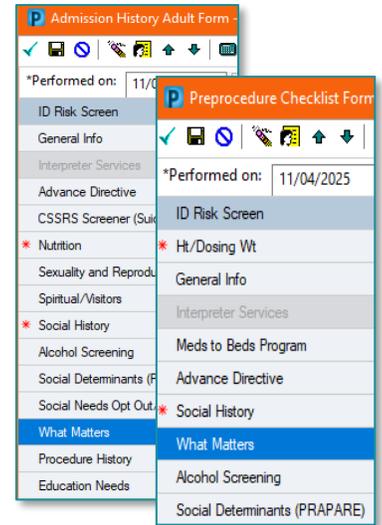
Documenting What Matters

The goal of documenting **What Matters** is to understand and align the care with the older adult's specific health outcome goals and care preferences and gives the patient the opportunity to share their fears and concerns.

- **Why is What Matters documented?**
 - Understanding *what matters* to our patients drives clinically appropriate care; it reduces undertreating, overtreating or delivering care that conflicts with their priorities; increasing the risk for avoidable harm. It builds trust with our patients and makes them feel safe, improving reliability and quality of care.
 - Maine has the oldest population in the nation. Older adults bring experience, complexity, and deeply personal definitions of quality of life.
 - Age Friendly care starts with understanding *what matters* to each patient, then aligning our clinical decisions around that. It is about making medicine personal.
 - **When is What Matters documented?**
 - On **Admission** to the Hospital
 - Prior to **procedures** requiring **general anesthesia** and **moderate sedation anesthesia**
 - Any **significant change in clinical condition**
 - Change to a higher level of care
 - Receives a life changing diagnosis
-

➤ Where is What Matters documented?

- What Matters section in the following PowerForms:
 - Admission History Adult
 - Preprocedure Checklist
- What Matters PowerForm is a standalone form that can be accessed from:
 - Clinical Entry Workspace – Can save it as a favorite for easy access.
 - Age Friendly component drop-down in:
 - Nurse View → Nurse Handoff MPage
 - Provider View
 - AdHoc folders
- What Matters – Previously Documented
 - Pulls in the last three results for What Matters and What Matters Comments.
 - It will populate data from a previous encounter.



NOTE: Documentation of Advance Directives and Advance Care Planning is used in addition to What Matters to document the patient’s treatment preferences.

➤ How do I talk to the patient about What Matters?

There are many ways to bring up the subject of What Matters with the patient. Here are a few example questions that might be used to assist the patient in answering What Matters to them.

- What outcomes do you most want from being in the hospital?
- What would you most like to be able to do as a result of being in the hospital?
- What is the most important thing I should know before we decide how to treat you?
- What should I know about you to take the best care of you?
- What fears and worries do you have about your health?
- What are your most important goals now and as you think about the future with your health?
- What concerns you most when you think about your health, including your cancer and its treatment?
 - The word cancer could be replaced with any condition.
- What are your most important goals if your health situation worsens?

During this visit, What Matters to you?

- Family connections
- Comfort
- Understanding care plans
- Clinical/Physical care needs
- Decline to discuss
- Other

It might be helpful to explain the nature of the question by helping the older adult understand we want to customize our care around the issues most important to the individual during this admission.

NOTE: Be sure to document in the EHR supporting interventions for what matters to the patient, i.e. if it's important for the patient to have family present, document in Family Involvement located in the Quick View bands.

Medication, Mentation, and Mobility Framework

Current documentation processes that meet the CMS requirements for Medication, Mentation, and Mobility.

➤ **Medication**

- Complete Medication History
- Medication Reconciliation by Providers
- Review of High-Risk Medications on the Age Friendly Worklist.

➤ **Mentation**

- bCAM and CAM-ICU for delirium assessment
- OMC (Orientation Memory Concentration) Test Score Indication for Dementia Risk
 - OMC is documented by PT, OT, and in the ICU Liberation iView band.

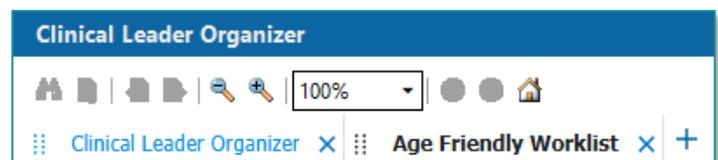
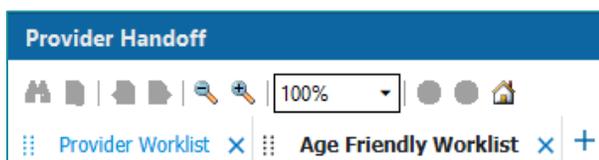
➤ **Mobility**

- Documentation of BMAT
- Morse Fall Risk Assessment

Age Friendly Worklist

The Age Friendly Worklist should be reviewed every shift by the Provider to determine if the patient is on any of the medications considered to be high-risk for the aging patient. Other documentation pertinent for the aging patient is also displayed in the worklist columns.

- The **Age Friendly Worklist** has been added as a tab in the **Provider Handoff** and the **Clinical Leader Organizer** allowing for quick access of this data within the provider and nursing workflows.



- Click [here](#) for full details on using the Age Friendly Worklist.

