4Ms Framework in Long Term Care (LTC)

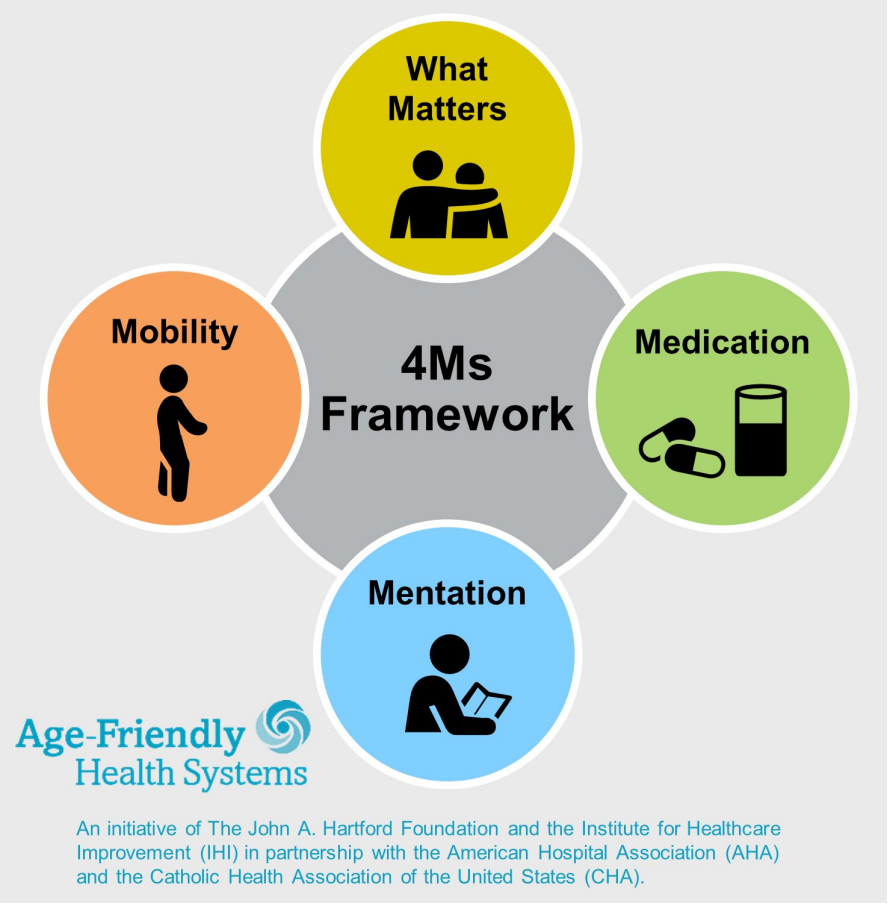
Age-Friendly Health Systems[1]

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI), in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA), that aims to:

- Follow an essential set of evidence-based practices (4Ms)
- Cause no harm
- Align with What Matters to the older adult and their family caregivers

4Ms Framework[2]

- Identifies core issues that should drive decision making in the care of older adults
- Organizes care with focus on older adult's wellness and strengths rather than solely on disease
- Should be implemented together, incorporating 4Ms into existing care



What Matters

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.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adults, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Image courtesy of IHI at https://www.ihi.org/

References: **1**. IHI. Age-Friendly Health Systems. Accessed November 21, 2024. https://www.ihi.org/networks/initiatives/age-friendly-health-systems **2**. IHI. Guide to Using the 4Ms in Care of Older Adults in Hospitals and Ambulatory Care Practices. Accessed November 21, 2024. https://forms.ihi.org/hubfs/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf

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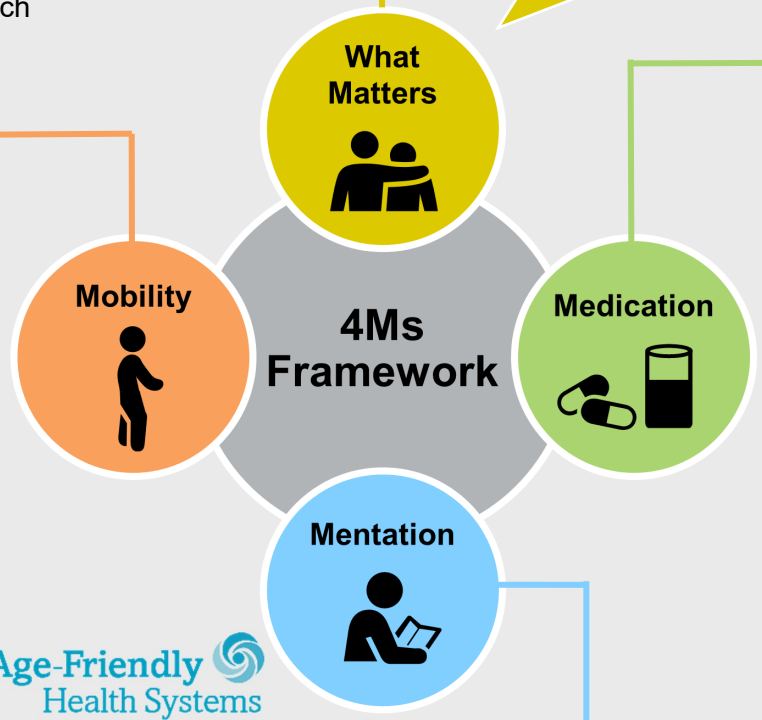
4Ms Age-Friendly Care for Tardive Dyskinesia (TD) in LTC

Ask your residents or care partners What Matters most and consider the impact of TD on:[1-4]

- Social interactions
- Social participation and activities
- Functionality with ADLs
- Standing, moving, or balance
- Eating, swallowing, or speech

What would make tomorrow a really great day for you?[5]

Is anything getting in the way of doing the activities that you would like to do?[6]



Age-Friendly Health Systems

- Ensure residents with "extrapyramidal symptoms" have **definitive movement disorder diagnosis**[12]
- Confirm **structured assessment** (i.e., AIMS) for drug-induced movement disorders is performed at **recommended intervals**[10]
- Assess **mobility** and **risk/history of falls** utilizing interdisciplinary care teams and ensure mobility findings are care planned[7]
- Monitor if ability to **move independently** or **perform ADLs** has worsened; including moving around in bed and from bed to chair [7]

Loneliness and social isolation have been associated with cognitive decline[11]

- Screen for **dementia, cognitive impairment, and depression**[8]
- Discuss impacts of TD: **social stigma, interest in daily activities, quality of life**[2]
- Evaluate medication adverse effect that may be **worsening cognition** (i.e. anticholinergic burden)[9]

- Assess residents for **appropriate TD diagnosis** and medication treatment[6]
- **Review psychotropic medications** to evaluate effectiveness and potential adverse consequences (i.e., TD)[7]
- **Review high-risk and potentially inappropriate medications** (i.e., antipsychotics and anticholinergics such as benztropine)
- **Reduce anticholinergic burden** where appropriate[9]
- Add **VMAT2 inhibitor** if appropriate[10]

Use the MIND-TD Questionnaire to discuss abnormal movements!
Also available at MIND-TD.com

Image courtesy of IHI at https://www.ihi.org/

AIMS, Abnormal Involuntary Movement Scale; LTC, long term care; TD, tardive dyskinesia, VMAT2, vesicular monoamine transporter 2.

References: **1**. Yassa R. Acta Psychiatr Scand. 1989;80(1):64-67. **2**. Citrome L, et al. Neuropsychiatr Dis Treatment. 2021 ;17:3127-3134. **3**. Yassa R, et al. Acta Psychiatr Scand. 1986;73(5):506-510. **4**. McEvoy J, et al. Qua/ Life Res. 2019;28(12)3303-3312. **5**. IHI. Accessed November 21, 2024. https://www.ihi.org/sites/default/files/2023-10/AgeFriendlyHealthSystems_How-to-Have-Conversations-with-Older-Adults-About-What-Matters.pdf **6.** APA. DSM-5-TR. American Psychiatric Publishing; 2022. **7**. CMS. State Operations Manual. Appendix PP - Guidance to Surveyors for Long Term Care Facilities. Accessed November 21, 2024. https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf **8.** IHI. Accessed November 21, 2024. https://forms.ihi.org/hubfs/IHIAgeFriendlyHealthSystems_GuidetoUsing4MsCare.pdf. **9.** Vanegas-Arroyave, N., et al. CNS Drugs 38, 239–254 (2024). **10.** APA. Clinical practice guidelines for treatment of patients with schizophrenia. Accessed on November 21, 2024. https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841. **11**. Lara E, et al. Are loneliness and social isolation associated with cognitive decline?. Int J Geriatr Psychiatry. 2019;34(11):1613-1622. **12**. Dilks S, et al. Nurs Clin North Am. 2019 Dec;54(4):595-608.

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