**Process Walk-Through**

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| **4M** | **Specifically, look for how do we …** | **Current Practice and Observations** |
| **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, and across settings of care. | * Ask the older adult What Matters most and document it. * Align the care plan with What Matters most to the older adult. |  |
| **Medication:**  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 high-risk medications and document them. * Avoid, adjust or unprescribe high-risk medications, and document and communicate changes. |  |
| **Mentation:**  Prevent, identify, treat, and manage dementia, depression, and delirium across care settings of care. | Hospital:   * Screen for delirium at least every 12 hours and document the results. * Ensure sufficient oral hydration. * Orient older adults to time, place and situation. * Ensure older adults have their personal sensory adaptive equipment. * Support non-pharmacological sleep.   Ambulatory:   * Screen for dementia and cognitive impairment. * Screen for depression. * Consider further evaluation and manage manifestations of dementia; educate older adults and caregivers, and/or refer to appropriate personnel or resources. * Identify and manage factors contributing to depression. |  |
| **Mobility:**  Ensure that older adults move safely every day in order to maintain function and do What Matters | * Screen for mobility and document the results. * Ensure early and safe mobility. |  |