

Age-Friendly Health Systems: Evidence-Based Care for All Older Adults

August 2026

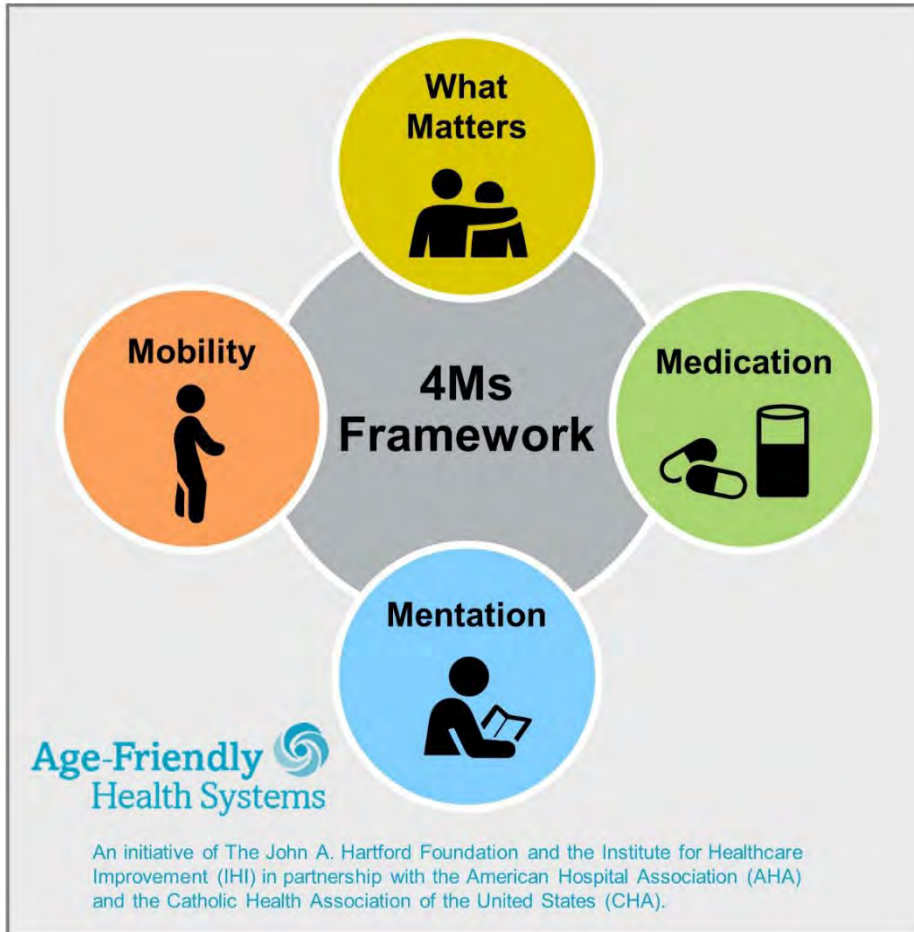
Our Mission

Build a movement so **all** care with older adults is **age-friendly care**:

- Guided by an essential set of evidence-based practices (4Ms);
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.



The 4Ms of Age-Friendly 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 adult, 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.

For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

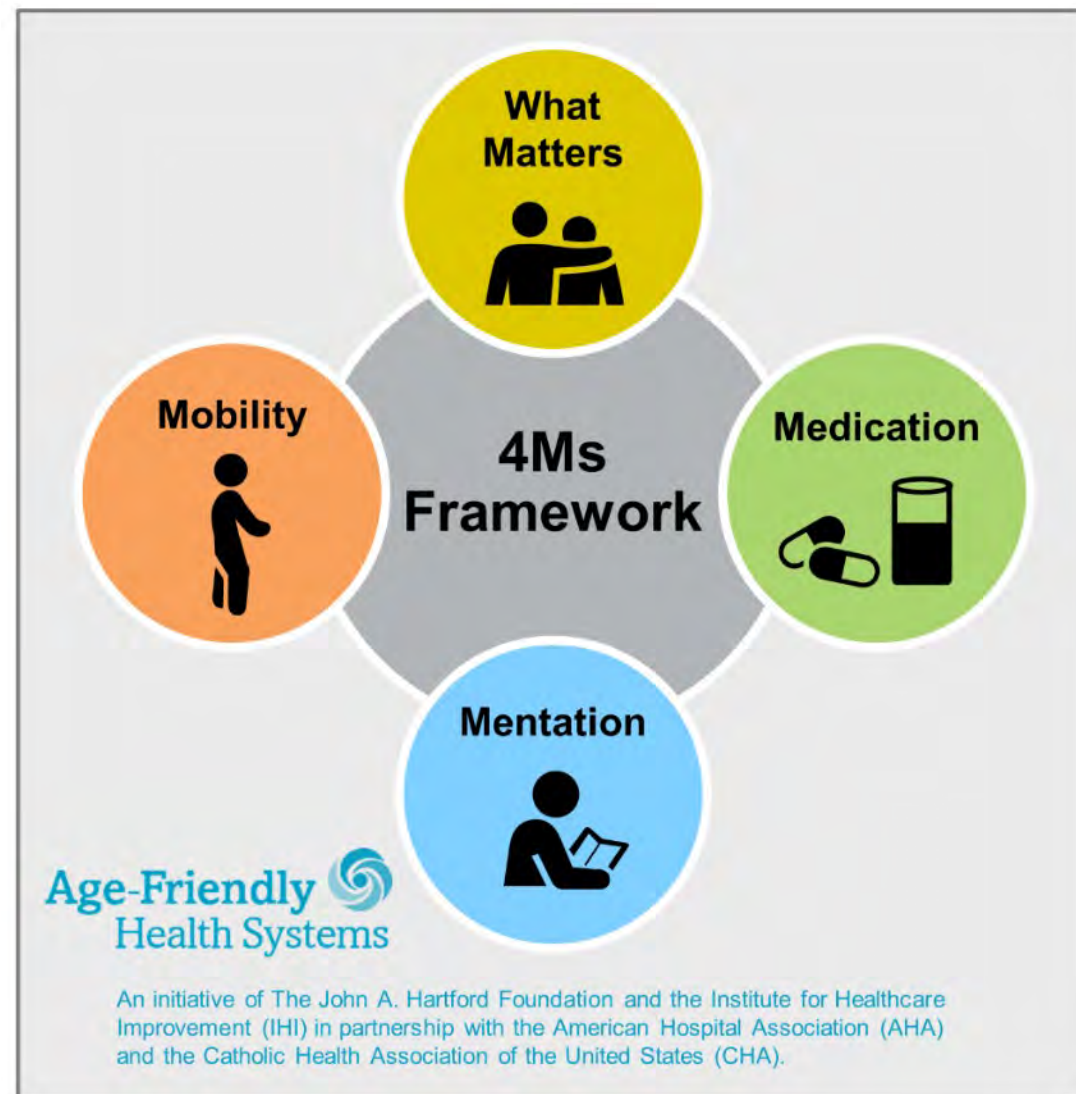
Why the 4Ms?

Represents core health issues for older adults

Builds on strong evidence base

Simplifies and reduces implementation and measurement burden on systems while increasing effect

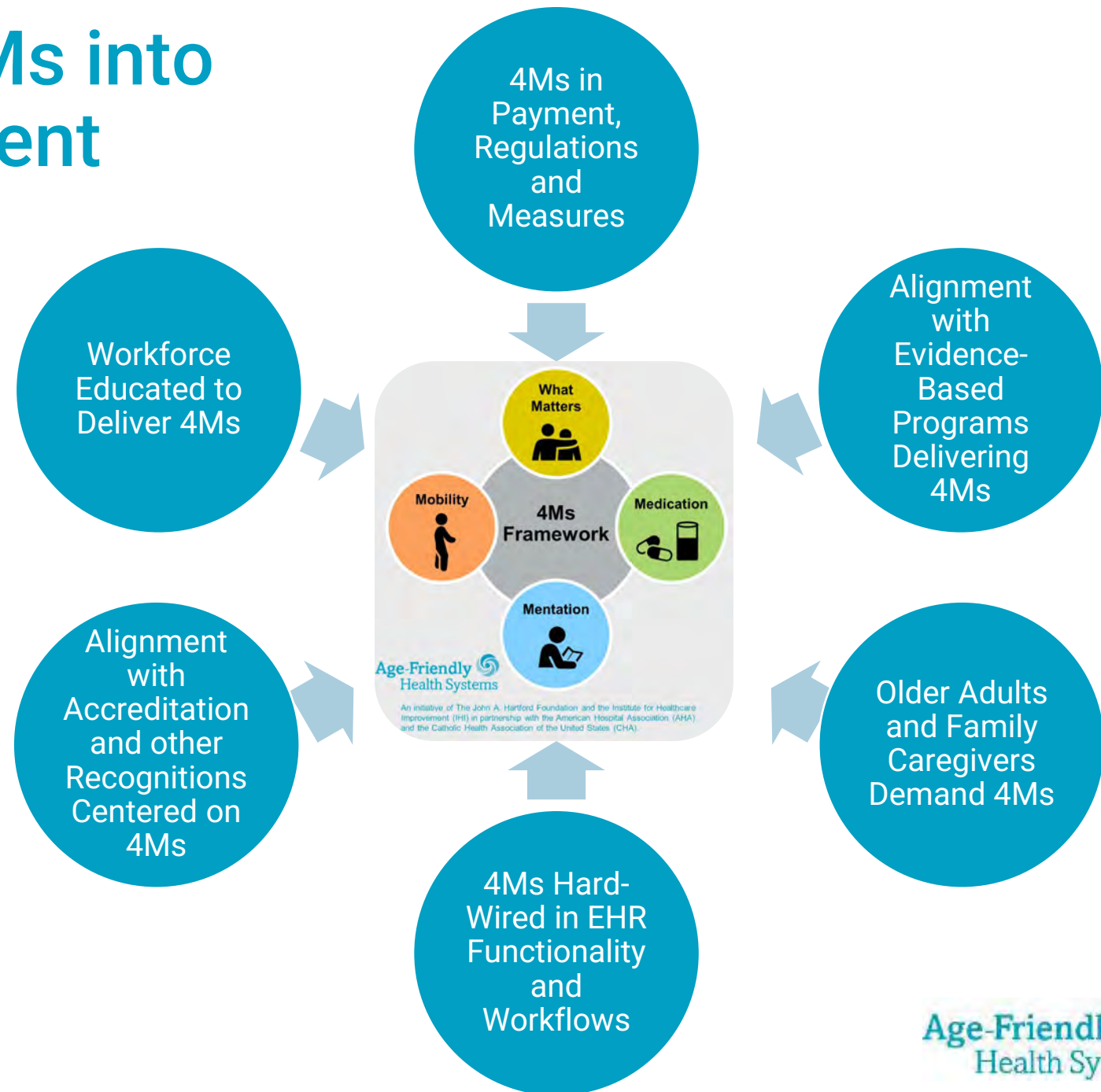
Components are synergistic and reinforce one another



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Graphic files and guidance at ihi.org/AgeFriendly

IHI Integrates 4Ms into Macro Environment

Aim is for 4Ms to become standard of care provided across the health care system and demanded by older adults and family caregivers



Download Guidance for Your Care Setting



Age-Friendly Health Systems:

Guide to Using the 4Ms in the Care of Adults in Hospitals

2026
ihi.org/AgeFriendly

Age-Friendly
Health Systems



Age-Friendly Health Systems:

Guide to Using the 4Ms in the Care of Older Adults in Ambulatory Practices

2026
ihi.org/AgeFriendly

Age-Friendly
Health Systems



Age-Friendly Health Systems:

Guide to Recognition of Geriatric Surgery Verification Hospitals

June 2022
ihi.org/AgeFriendly

Age-Friendly
Health Systems



Age-Friendly Health Systems:

Guide to Care of Older Adults in Nursing Homes

Spring 2024
ihi.org/AgeFriendly

Age-Friendly
Health Systems



Age-Friendly Health Systems:

Guide to Using the 4Ms in the Care of Older Adults in the Convenient Care Clinic

February 2023
ihi.org/AgeFriendly

Age-Friendly
Health Systems



Age-Friendly Health Systems:

Guide to Recognition for Geriatric Emergency Department Accredited Sites

July 2024
ihi.org/AgeFriendly

Age-Friendly
Health Systems



Age-Friendly Health Systems:

Guide to Care of Older Adults in Home Health Care

January 2025
ihi.org/AgeFriendly

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Health Systems



Two Levels of Recognition

Participant (Level 1)

Teams have completed a 4Ms Care Description to afhs@ihi.org to outline how they will assess, document, and act on all 4Ms.

Committed to Care Excellence (Level 2)

Teams have achieved level 1 and have submitted at least three months of counts of the number of older adults that received care that included all 4Ms.

[Recognition overview video](#)

[Find your setting-specific Care Description](#)



Two Levels of Recognition from IHI



6974

Hospitals, practices, convenient care clinics, nursing homes, home health care organizations, and hospice organizations have described how they are putting the 4Ms into practices



3444*

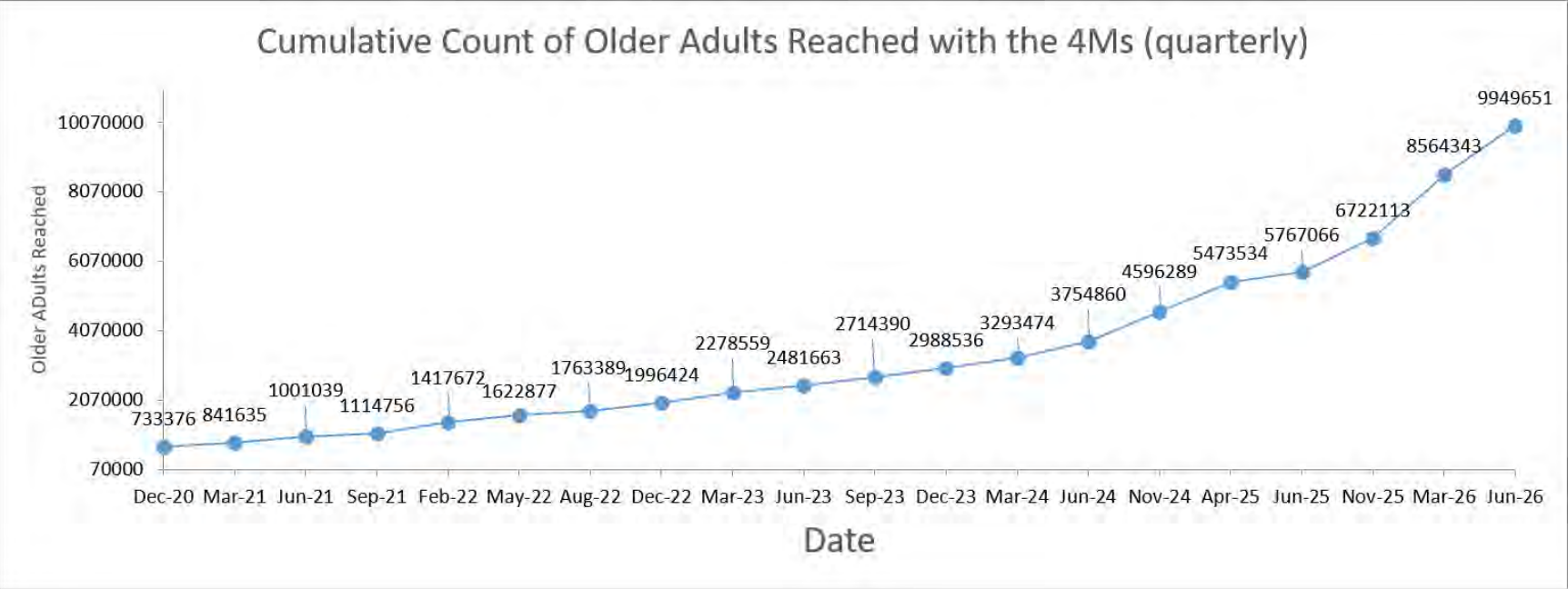
Hospitals, practices, convenient care clinics, nursing homes, home health care organizations, and hospice organizations shared the count of older adults reached with 4Ms care for at least three months

**Age-Friendly Health System-Participants count is inclusive of hospitals and practices that went on to be recognized as Age-Friendly Health Systems-Committed to Care Excellence*

Updated as of August 1, 2026

As of June 2026:

More than 9,945,000 older adults have been reached with 4Ms care.



Global Reach of Age-Friendly Health Systems

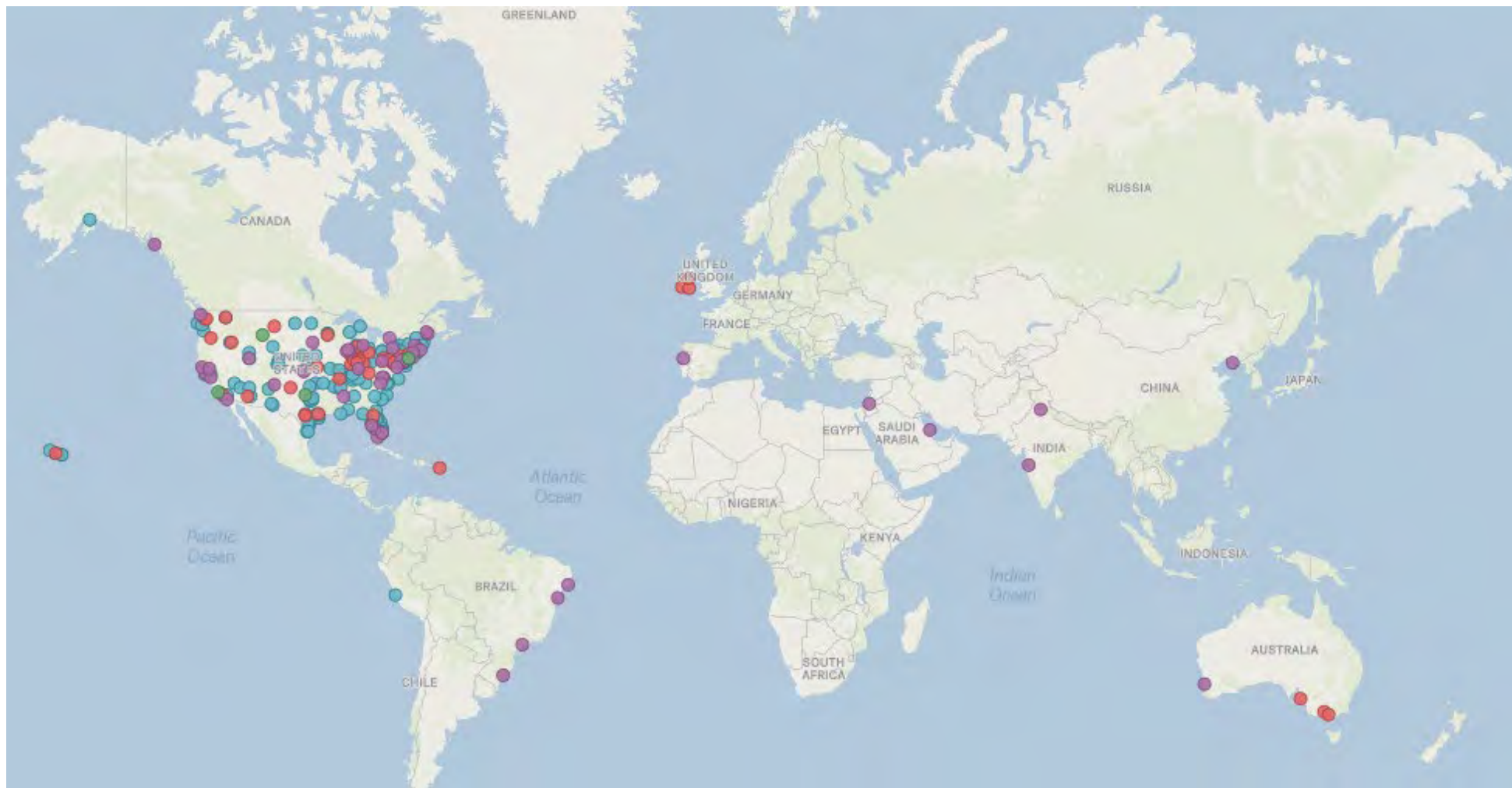
IHI is connecting teams around the world to engage in global age-friendly health and care. Email

DBehrhorst@ihi.org and ask to stay informed about the latest global news and the [Global Healthy Aging Initiative](#).

Learners from **60 countries** have taken IHI's Age-Friendly Health Systems Open School course

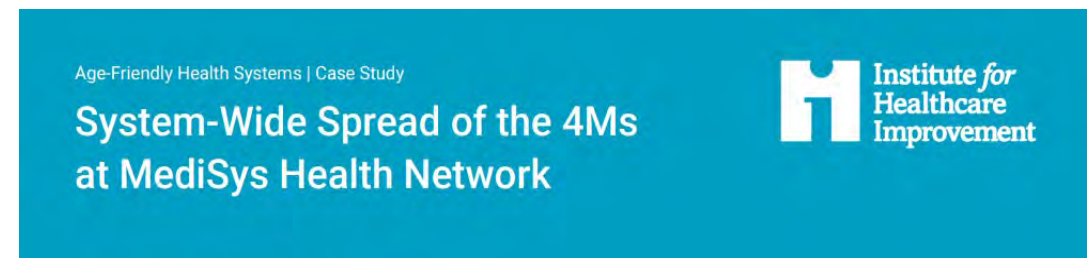
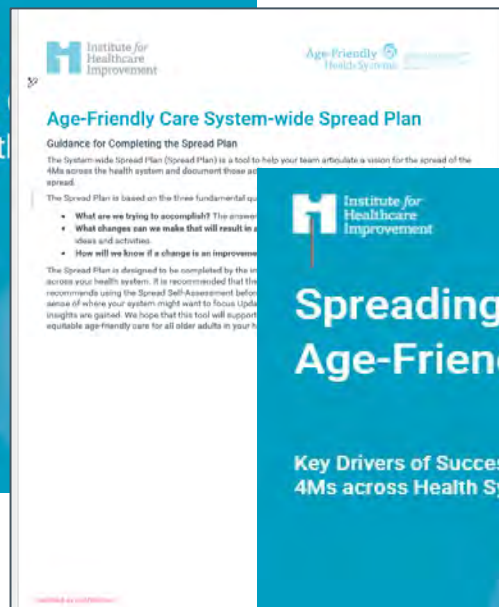
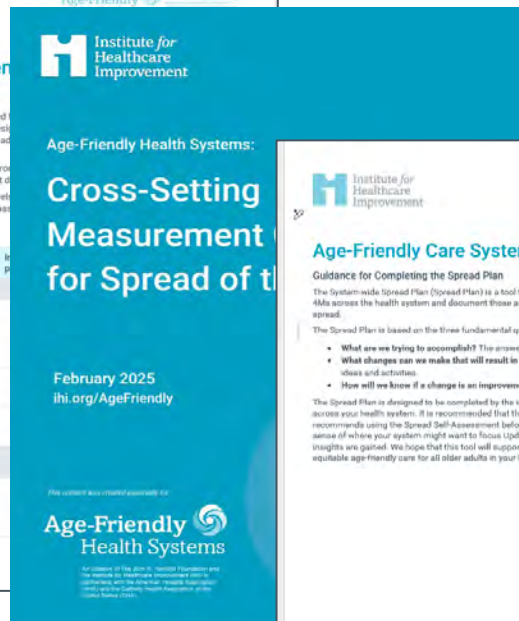
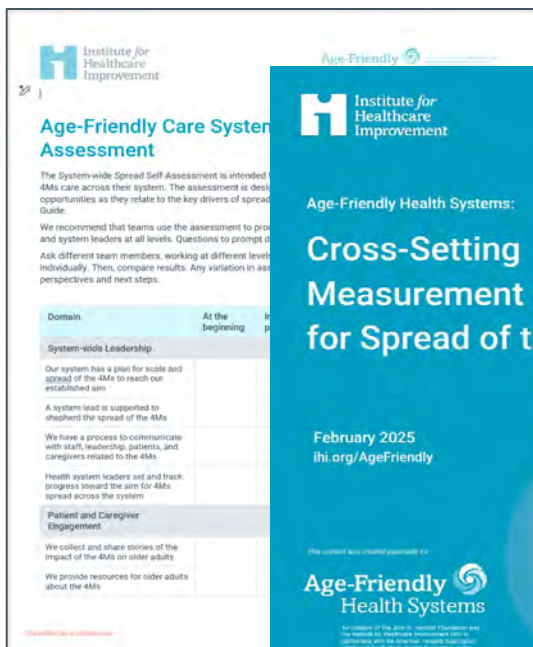


Interactive Map of Recognized Age-Friendly Health Systems



[View Map](#)

Age-Friendly System-wide Spread Resources



[Available at \[ihi.org\]\(https://ihi.org\) to support spread of the 4Ms in your system!](https://ihi.org)

Age-Friendly Health Systems System-Wide Spread

Tested Theory of Change

S

System-wide leadership

Shared vision and sustainable adoption of the 4Ms



P

Patient/older adult and caregiver engagement

Equitable care aligned with the 4Ms



R

Reliable workflows and documentation

Consistent interdisciplinary 4Ms care



E

Everyday measurement & stratified data

Improvement and spread of the 4Ms



A

Aligning with health system priorities

Impact of the 4Ms on what matters to the health system



D

Dedicated interdisciplinary champions

Embrace implementation of the 4Ms



CMS Age-Friendly Hospital Measure – Built on the 4Ms of Age-Friendly Care

- FY2025 attestation window has closed
- Participating hospitals required to report on:
 - Eliciting Patient Healthcare Goals (What **Matters**)
 - Managing **Medication**
 - Implementing Frailty Screening (**Mentation** & **Mobility**)
 - Assess Patient Vulnerability
 - Designating Age-Friendly Care Leaders
- [CMS QualityNet](#) resources include [Specifications](#) document, [Attestation Guide](#)
- Data will be public on Medicare Care Compare
- More resources available at ihi.org/agefriendly



bit.ly/CMSGuide_AgeFriendlyMeasure

An Example!

Houston Methodist Age-Friendly Journey

Kathryn Agarwal, MD

History of HM Delirium/Age-Friendly Programs



- In 2012, The Center of Medicare and Medicaid Services grant to develop a delirium mitigation program with interdisciplinary team.
- **Safe Prescribing Focus**
- **Delirium Screening Implemented**
- **Volunteer teams for patient**

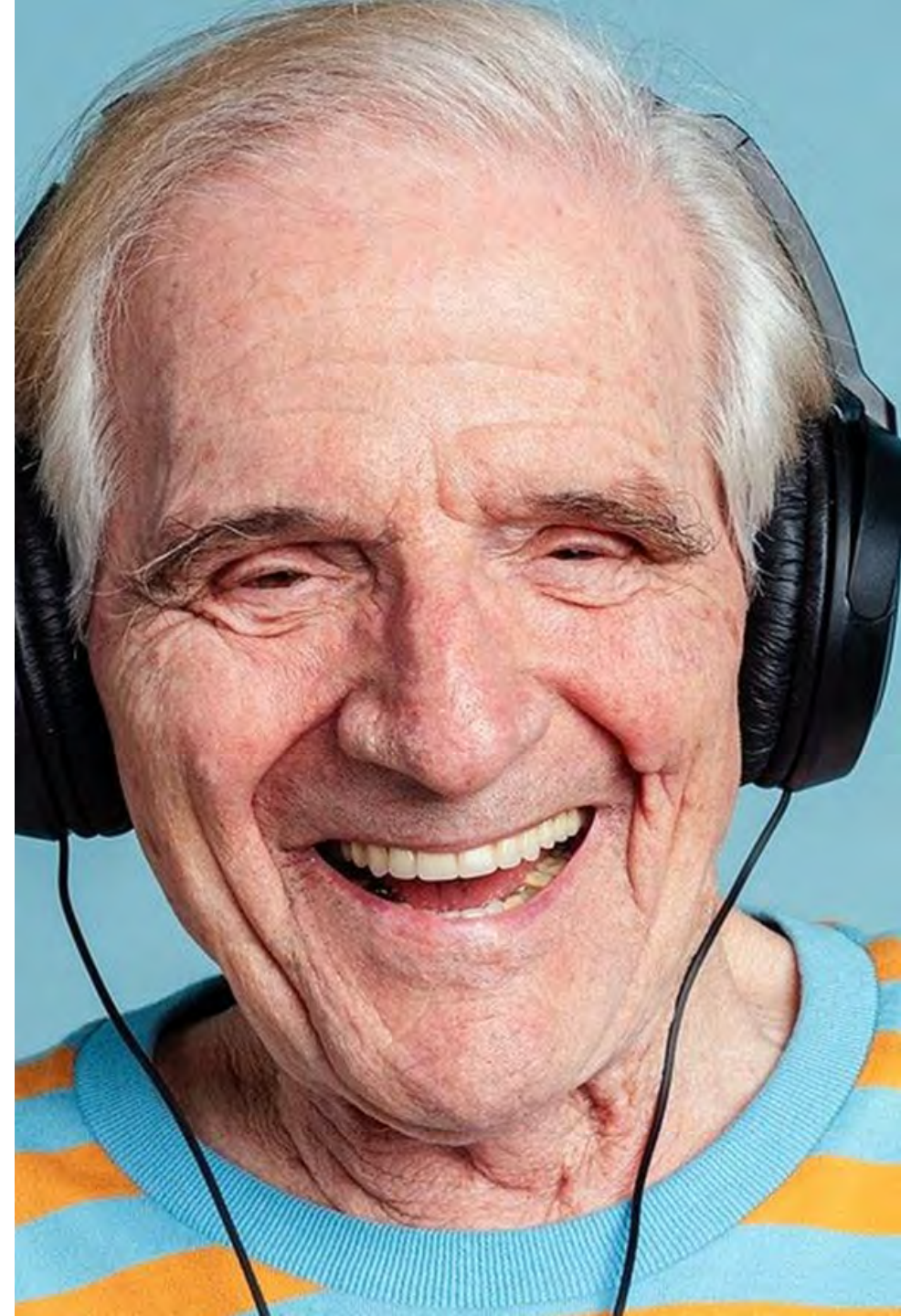
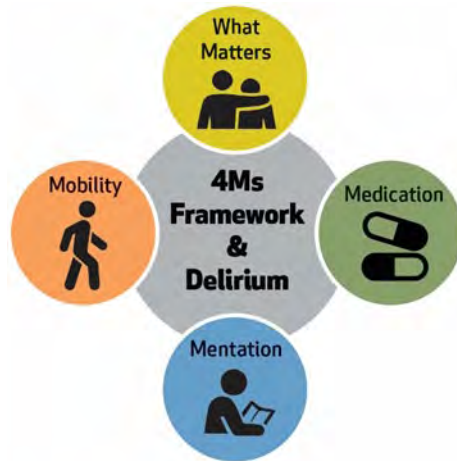
- The Delirium Program branches out
- **Each hospital with Inter-disciplinary Delirium Committee**
- **Moved to 4AT Delirium Screen**
- **Synergy with Fall Prevention**
- **Expanded Pharmacy Efforts**
- **Three hospitals - volunteer programs**

- In 2019, all Houston Methodist Hospitals adopt **Age-Friendly Health System model**.
- In 2020, HMH, HMSL and HMWB awarded the **Committed to Care Excellence** designation; the five remaining hospitals obtain this designation by 2024.

Recognition

As Of 2024, all Houston Methodist Hospitals are recognized as an **Age-Friendly Healthcare System** and practice the **4M'S of Care**.

*HM Cypress, our newest hospital, in progress



How did we get from Delirium Focus to the 4M's?

THE 4M'S TO THE RESCUE

BE A SUPER HERO FOR YOUR PATIENTS
AND USE THE 4M'S TO DEFEAT DELIRIUM!



WHAT MATTERS

- Ask for preferred name, language and spiritual care needs
- Ask what is most important for your patient each shift
- Hourly rounding – ensure the four Ps addressed
- Assist with family or caregiver communication
- Obtain hearing amplifier for hard of hearing or offer reading glasses

MEDICATIONS

- Caution with sleep aids, muscle relaxants, analgesics and anxiolytics
- Avoid diuretics and laxatives at night
- Call provider if medications cause drowsiness or confusion
- Consider pharmacy consult to assist patients with polypharmacy

MOBILITY

- Assist patients out of bed to chair or walking
- Confused patients need high-risk falls interventions
- Encourage exercises in bed or chair while awake
- Offer assistance to bathroom with hourly rounding when awake

MENTATION

- Use the 4AT or CAM-ICU to screen for delirium each shift
- Lights on and/or windows open during the day
- Engage with puzzles, music with Amazon Echo or white noise
- Reduce lights and noise before sleeping; use sleep kits
- Bundle care to avoid awakenings

HOUSTON **Methodist**
LEADING MEDICINE

Age-Friendly
Health Systems
Committed to
Care Excellence
for Older Adults



- Delirium is a clinical syndrome
 - Multiple risk factors / mitigators
 - Management & Prevention Requires Interdisciplinary 4Ms Approach

4Ms Care Evolution at HM

Quantifiable care that is provided consistently and reliably for all older adults

Medication	Mentation	Mobility	What Matters
- CPOE & Ordersets - Therapeutic interchanges - Alerts to Pharmacists			
	4AT - CAM-ICU		
	- Delirium Pathway & BPA to Nurses - Hearing amplifiers		
		- Fall risk Tool - BMAT – Mobility Assess - Mobility documentation - Create Mobility Dashboard	
			Matters Most initiative

- Joined Action Community in 2019 to learn about Age-Friendly
- Inventory of Interventions
- Highlighted Areas needed Improvement in 2020 to improve care and to be recognized as Age-Friendly

Overview – Mobility Initiatives

Goals

Encourage early & safe mobility to maintain independence, promote discharge to home, reduce LOS, prevent delirium, VTE & pressure injuries.

Prevent Falls.



Multi-layer interventions



Delirium Awareness & Huddle Education



Mobility Collaborative



Documentation optimization



Tableau dashboard



Volunteer Fall Prevention Programs

Mobility Initiatives

Delirium Awareness

Houston Methodist
Delirium Awareness Day
2022

MARCH AGAINST DELIRIUM

HOUSTON **Methodist** LEADING MEDICINE Age-Friendly Health Systems

DELIRIUM: MOVE MUSCLES AND IMPROVE BRAINS
Sponsored by Houston Methodist System Quality and Patient Safety



FEATURED SPEAKERS:
Christine M. Waszynski, DNP, APRN, GNP-BC and Christiane Perre, PT, CCS, FCCM

JOIN US FOR A PRE-RECORDED, ONLINE CLASS
Visit bit.ly/3Bn35DE for more information, and to register.

Course Director: Kathryn Agarwal, MD

ACCREDITATION STATEMENTS

PHYSICIANS:
Houston Methodist is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
Houston Methodist designates the following material for 1 CME credit.
Category 1 Credit™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES:
Houston Methodist is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.
Houston Methodist will provide 1.0 contact hours for this activity.
Participants must attend the activity in its entirety and complete the evaluation tool.

HOUSTON **Methodist** LEADING MEDICINE

Documentation Optimization

Current Activity

Select Multiple Options: (F5)

- Chair Position in Bed
- Sat at Edge of Bed
- Stood at Bedside
- Up to Chair/Wheelchair
- Up to Bedside Commode
- Positioned in CAD Chair
- Ambulated to Bathroom
- Ambulated in Room
- Ambulated in Hall
- Other (Comment)

Comment (F6)

Mobility

Current Activity

Level of Assistance

Assistive Device

Positioning

Positioning Frequency

Head of Bed Elevated

Upper Extremities Elevated

Lower Extremities Elevated

Range of Motion

Mobility

Current Activity

Level of Assistance

Assistive Device

Distance Ambulated (ft)

Ambulation Response

Positioning

Positioning Frequency

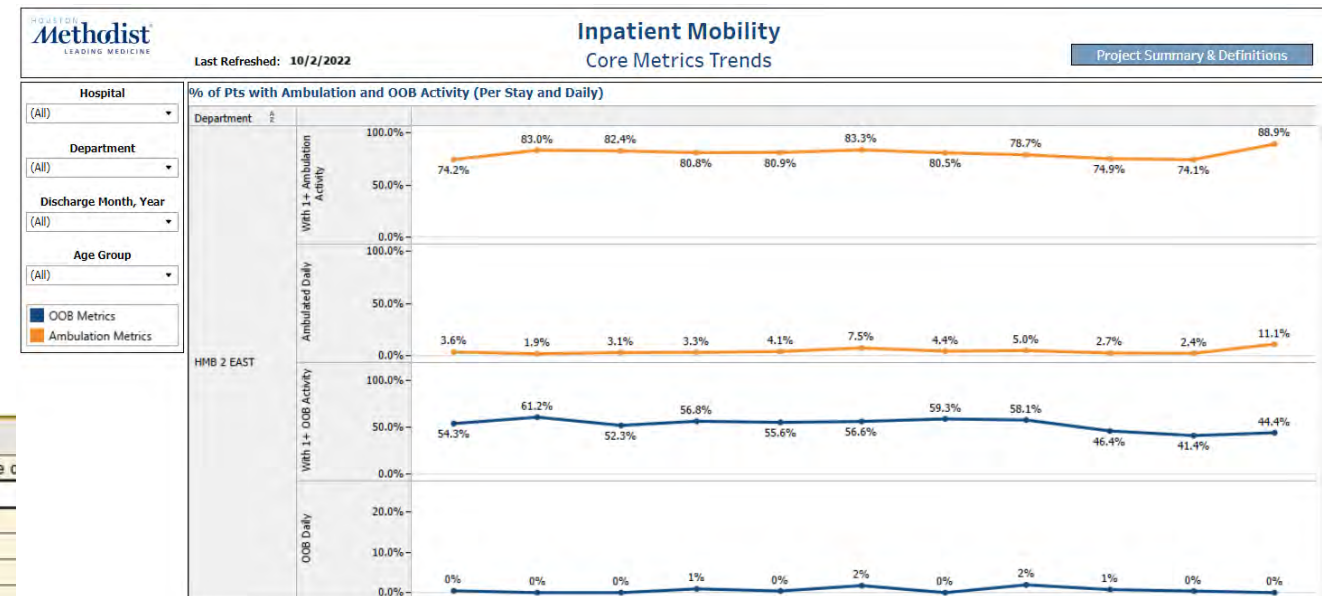
Head of Bed Elevated

Upper Extremities Elevated

Lower Extremities Elevated

Range of Motion

Data Collection & Trending - Dashboard



Nguyen L, Agarwal KS, Wilson KT, et al.
Empowering Mobility in Age-Friendly Health Systems: Development and Impact of a Mobility Dashboard. J Gerontol Nurs. 2026;52(2):17-21.

Overview – Matters Most

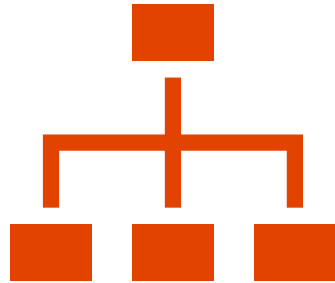
Goals

- Ask patients what is most important to them during this stay/this day
- Align the care plan with patient goals/wishes
- Matters Most should anchor the care plan for all patients

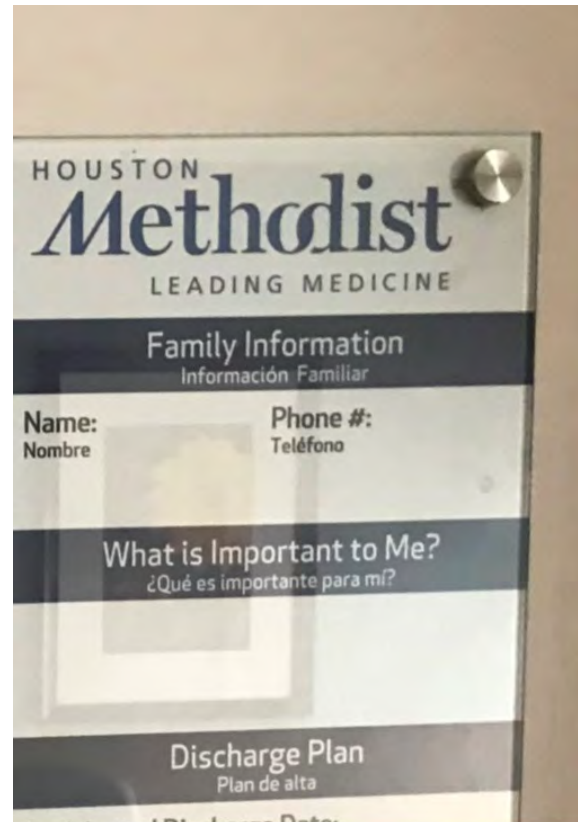
1 acute
care pilot
unit



From Pilot to Scale



Adoption as Magnet initiative



Incorporation of whiteboard

What Matters Most to You? Let's Find Out

We strive to understand what matters most to you during your stay, since our patients have different needs, worries and goals.

What we'll ask you
Early in your stay, we want to know your **preferred name** and **what matters most to you** during this hospital visit. Then every day, we will ask, "What is most important for you?" or "What is the most important thing that I can do to help you today?" Here are some examples of actual responses that Houston Methodist nurses have received:

- Bible in room**
Water to relieve constipation
Sugar-free vanilla ice cream
Dry shampoo
Shower cap
- Blare movement - IPT**
Get more strength
Sleep (not freely) talking
Help me walk
- Play church music**
Sit in chair/look out window
Stop my chemotherapy
Dressing hand (lase tray)
Catheter/bag/drain
VBH
- Don't interrupt sleep**
Pain management
Stay safe
- Trust**
Talk to me in Spanish/Spanish on iPad
Physician communication
Talk loud (hard of hearing)
Plan of care communication
Explain to my family

Thank you for sharing your time and thoughts with us.
We hope that we can be partners in your health care journey.

HOUSTON
Methodist
LEADING MEDICINE

MAGNET
RECOGNIZED

08/2021

Admission packet education 24

Overview – Mentation Initiatives

Goals

Identify delirium early to avoid falls and long-term consequences.

Support prevention, management & mitigation of delirium.



Multi-layer interventions



Delirium Screening (4AT & CAM-ICU)



Monitoring of Compliance
Monitoring of Rates



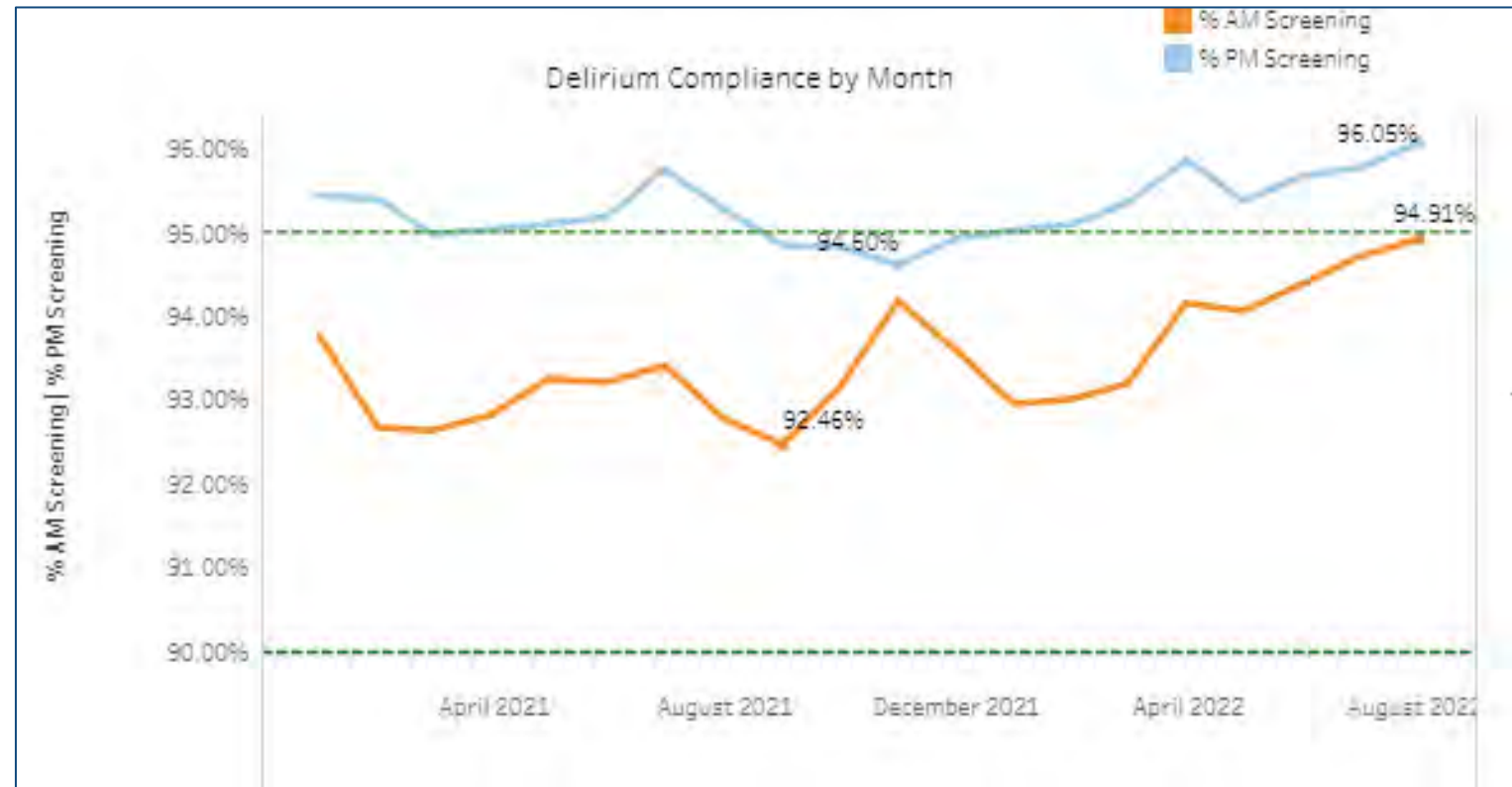
Delirium & Fall Prevention Pathways



Addressing Hearing Impairment

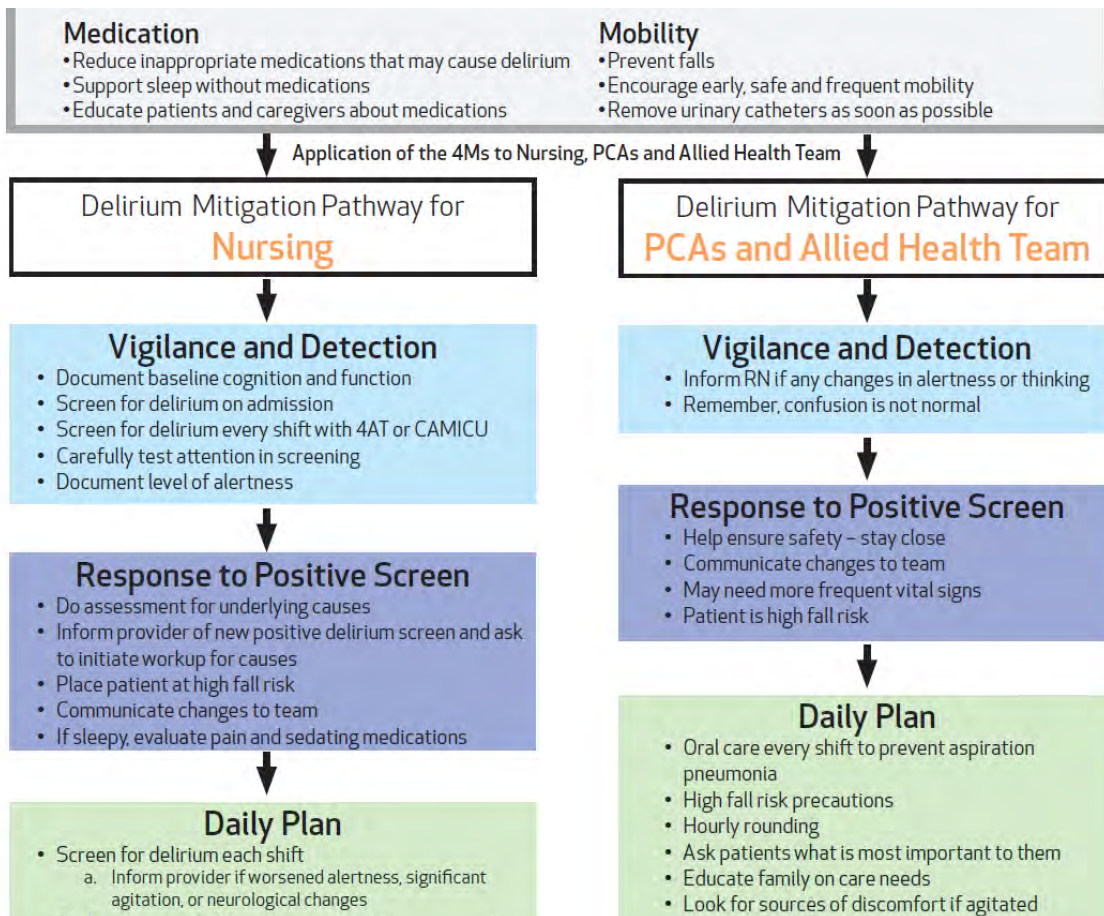
System 4AT compliance graphs

	% AM Screening	% PM Screening	% AM Mismatched	% PM Mismatched
2019	93.80%	96.04%	2.14%	2.25%
2020	93.61%	94.85%	2.18%	2.19%
2021	93.17%	95.10%	2.00%	2.09%
2022	93.92%	95.51%	2.45%	2.51%

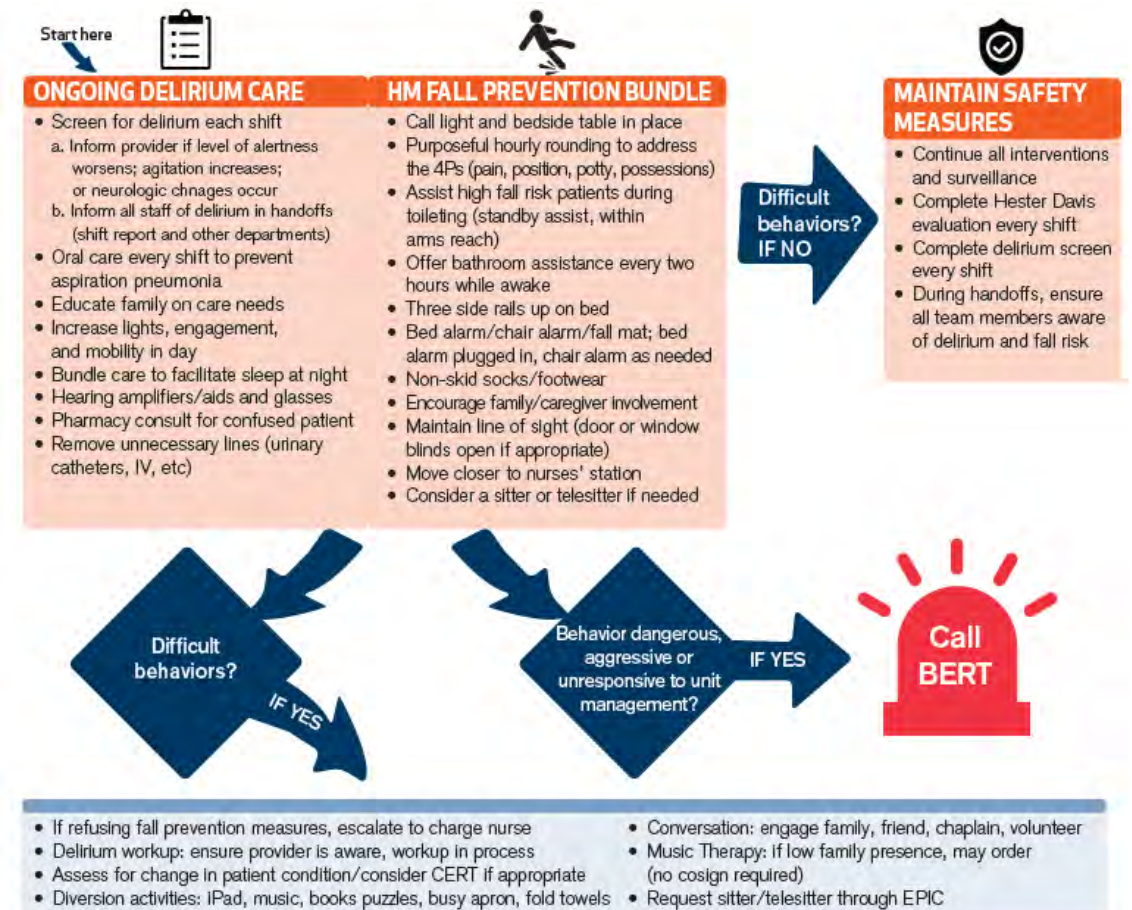


Education Pathways

Delirium Prevention



Safety & Fall Prevention



Overview – Medication Initiatives

Goal

Reduce inappropriate medication usage rates & support provider medication decision making to reduce burden of delirium.



Multi-layer interventions



Geriatric context interventions to medication orders in Epic



Warnings to pharmacists if inappropriate medications ordered



Warnings to providers if PIMs re-ordered at discharge



Order set changes; Age-dependent pain management orders

Geriatric Context Warnings

Warnings Report

New Warnings (1)

**Geriatric Warning: ALPRAZolam**
Precaution (Alprazolam)
[Details](#)
Override reason 

ALPRAZolam (XANAX) tablet 0.25 mg
 Hospital medication. New. [Remove](#)

Low

2 mg 0.25 mg 0.5 mg

 **ALPRAZolam** [Details](#)
↑ Single dose of **2 mg** exceeds recommended maximum of **1 mg** by **100%** [Use 1 mg](#)
Override Reason/Comment: [Benefit outweighs risk](#) [Dose appropriate](#) [Low risk](#) [Override Reason...](#) 

Calculated dose: 4

- Warning at order entry
- Suggested doses and frequencies visible
- Provider may order other doses if typed in

ALPRAZolam (XANAX) tablet 0.25 mg [Accept](#) [Cancel](#)

Order Instructions: **POTENTIALLY INAPPROPRIATE MEDICATION USE IN OLDER ADULTS. PLEASE CONSIDER AN ALTERNATIVE PRODUCT OR USE LOWEST DOSE POSSIBLE.**

Reference Links: [Lexi-Comp](#) [HM Med Info](#)

Dose: 0.25 mg **0.25 mg** 0.5 mg
Calculated dose: 1 tablet

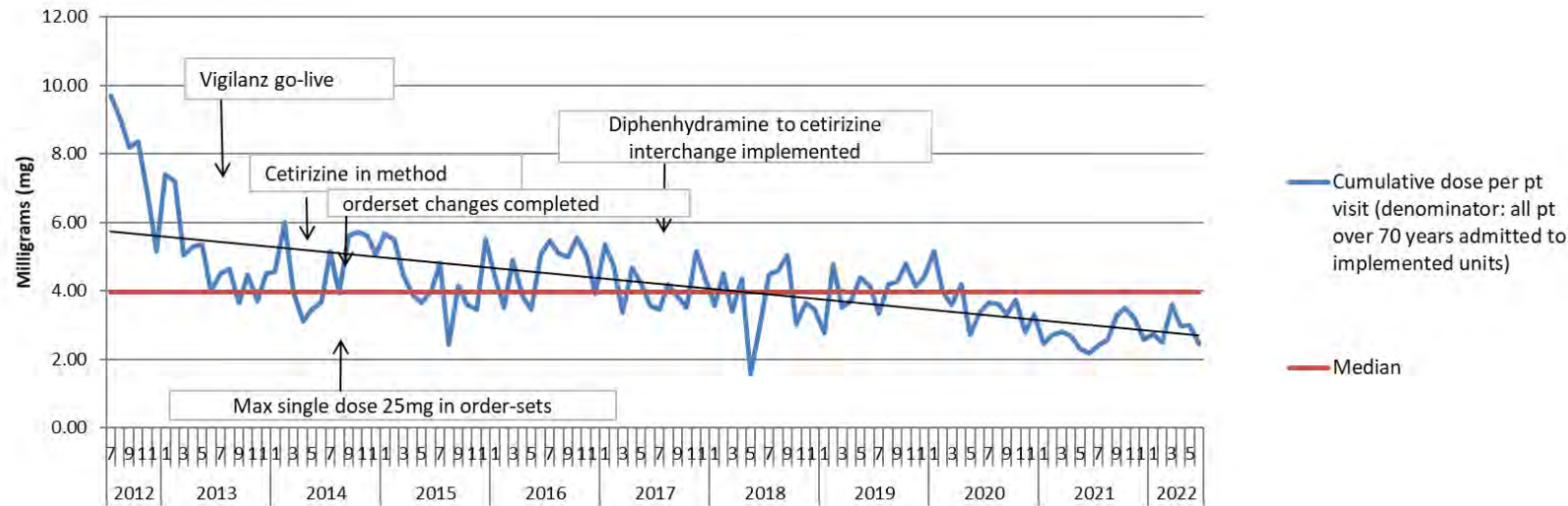
Route: oral **oral**

Frequency: nightly PRN **Nightly PRN** BID PRN TID PRN

Results

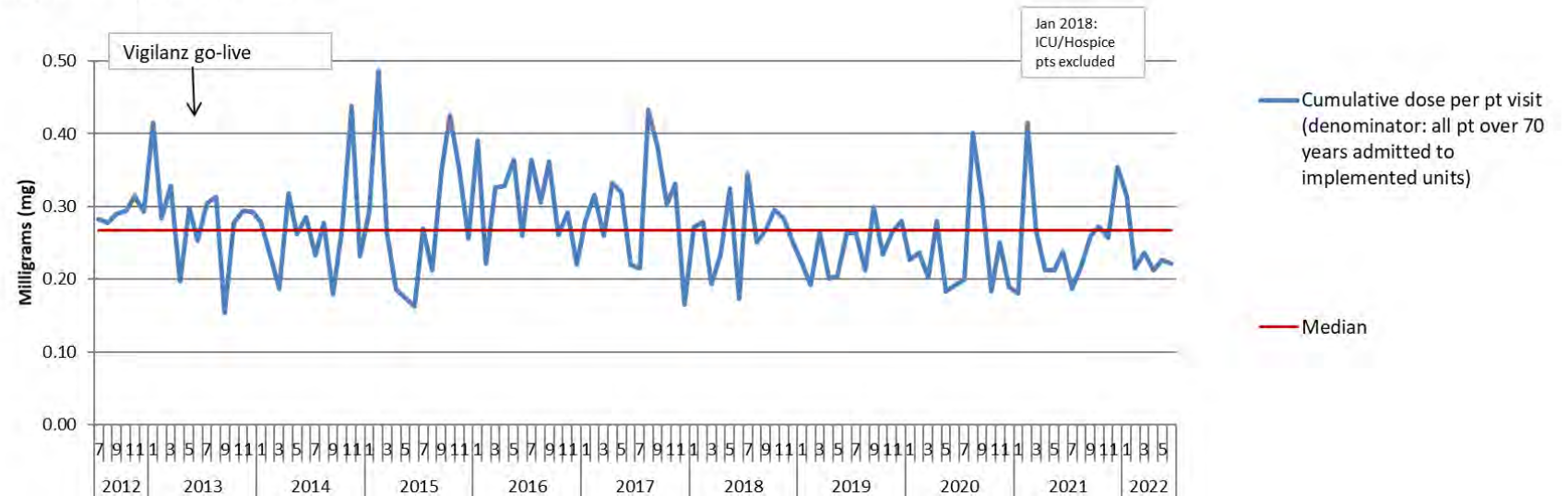
Houston Methodist Hospital

Diphenhydramine drug use trends



Some meds with great reductions in usage like diphenhydramine & zolpidem

Lorazepam drug use trends



Some like lorazepam
– smaller reductions

Does 4Ms Care Really Matter?

Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum

Kedar Mate ¹, Terry Fulmer ², Leslie Pelton ¹, Amy Berman ², Alice Bonner ¹, Wendy Huang ³, Jinghan Zhang ³

Affiliations + expand
PMID: 33555233 DOI: 10.1177/0898264321991658

Free article

Age-Friendly Health Systems—Original Research

Effect of Age-Friendly Care on Days at Home Post-Hospital Discharge for Traditional Medicare Patients: A Cross-Sectional Study

Kathleen Drago, MD¹ , Bryanna De Lima, MPH¹ , Sophie Rasmussen, MBA²,
Alaina Ena, RN, MN¹, Elizabeth Eckstrom, MD, MPH¹ ,
and Ella Bowman, MD, PhD¹ 

Patients receiving at least 3Ms spent significantly fewer days in a facility within 30 days of hospital discharge

DOI: 10.1111/jgs.19083

MODELS OF GERIATRIC CARE, QUALITY IMPROVEMENT, AND PROGRAM DISSEMINATION

Journal of the
American Geriatrics Society

Early clinical and quality impacts of the Age-Friendly Health System in a Veterans Affairs skilled nursing facility

Sarah E. King MD^{1,2}  | Marcus D. Ruopp MD^{1,3} | Chi T. Mac PharmD¹ |
Kelly A. O'Malley PhD^{1,3,4} | Jordana L. Meyerson MD, MSc^{1,3} |
Lindsay Lefers PT, DPT¹ | Jonathan F. Bean MD, MPH^{4,5,6} |
Jane A. Driver MD, MPH^{1,3,7} | Andrea Wershof Schwartz MD, MPH, AGSF^{1,3,4,7,8} 

Short Stay (Rehab)	Long Term Care
↓48% ED utilization	↓73% ED utilization
↓30% rehospitalization (30d)	↓64% hospitalizations
↑19% discharge to community	

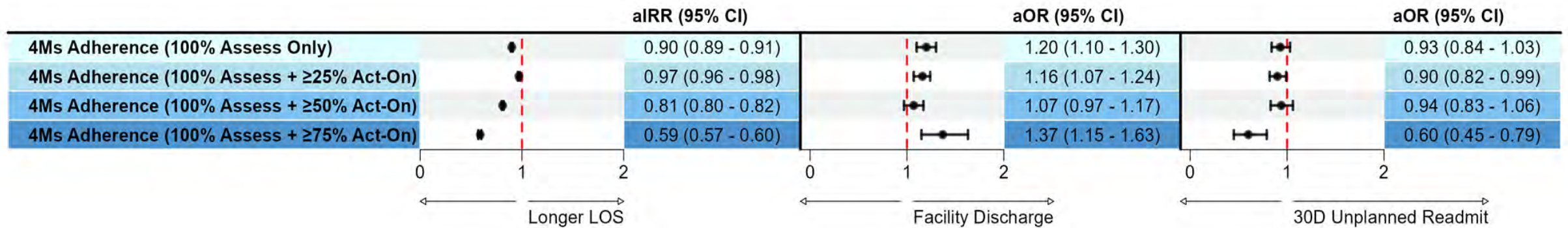
HM Research on Outcomes with 4Ms Care

Key Findings – Review of 1 year System-wide care in patients age 70 and older

Higher 4Ms adherence was associated with reduced readmissions and shorter hospital length of stay (LOS),

Higher levels of Assess + Act-On adherence were associated with progressively better outcomes, suggesting that reliable delivery of Age-Friendly care may provide additional benefit beyond assessment alone.

Provisionally Accepted to NEJM Catalyst Innovations Journal

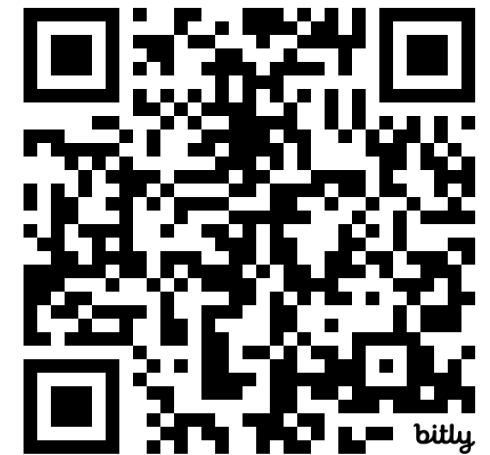


Age-Friendly Hospital Measure – Built on the 4Ms of Age-Friendly Care



The
John A. Hartford
Foundation

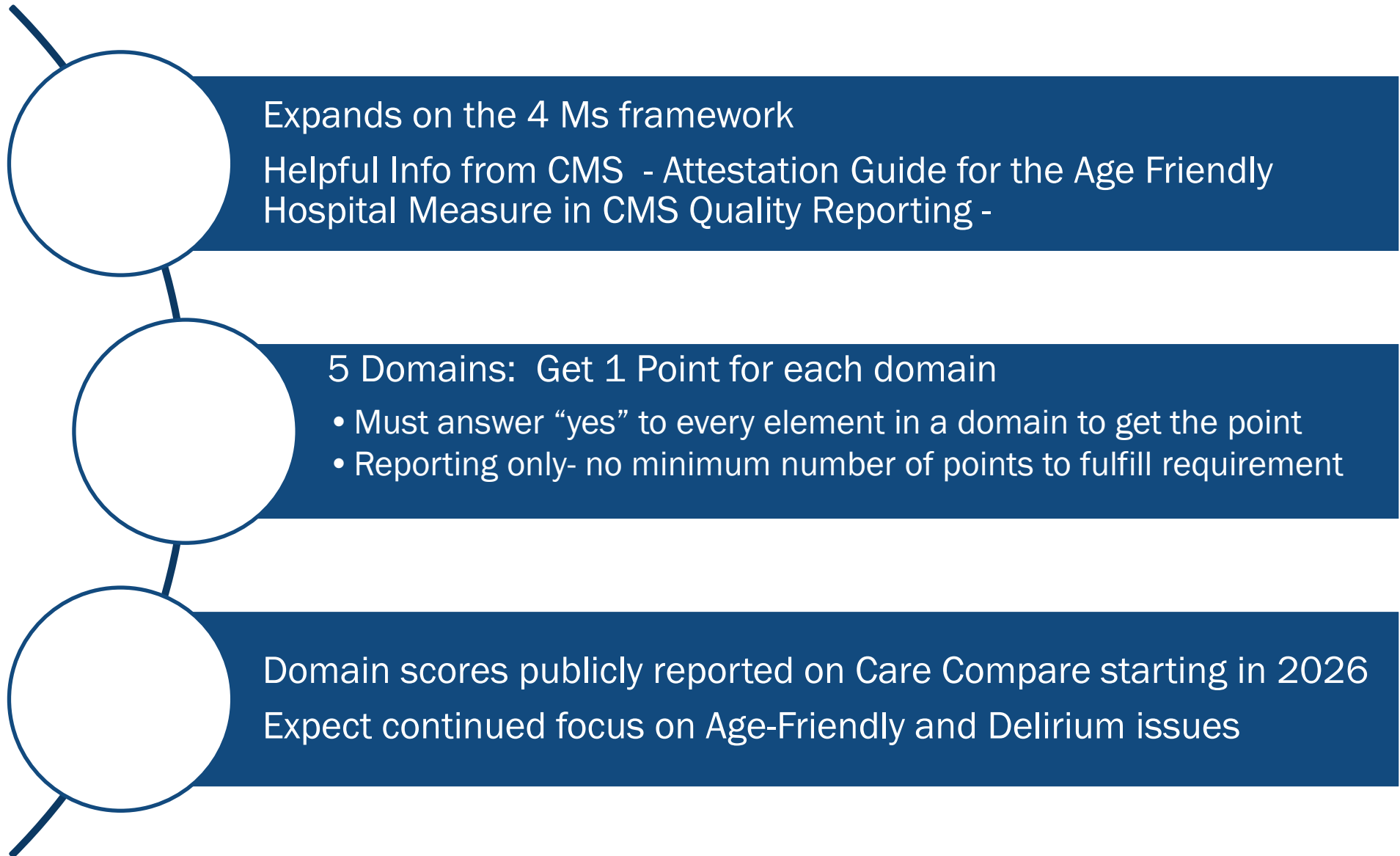
- FY2025 Hospital Inpatient Quality Reporting Program (pay-for-reporting)
- All participating hospitals required to report on all elements within 5 domains:
 - Elicit Patient Healthcare Goals (what **Matters**)
 - Manage **Medication**
 - Implement Frailty Screening (**Mentation** and **Mobility**)
 - Assess Social Vulnerability
 - Designate Age-Friendly Care Leaders
- Data collected will be publicly available on Medicare Care Compare
- Age-Friendly Health Systems and related initiatives can help hospitals meet measure



bit.ly/CMS_AFMeasure



Overview: CMS Age-Friendly Care Measure for IQR



CMS Measure Domain	Crosswalk to the 4Ms
Eliciting patient healthcare goals: This domain focuses on obtaining patients' health-related goals and treatment preferences, which will inform shared decision-making and goal-concordant care. Includes Matters Most – Personal Health Goals	What Matters
Responsible medication management: This domain aims to optimize medication management by monitoring the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm.	Medication
Frailty screening and intervention: This domain aims to screen patients for geriatric issues related to frailty, including cognitive impairment/delirium, physical function/mobility, and malnutrition, for the purpose of early detection and intervention where appropriate. Includes ED LOS and Screening for Delirium	Mentation, Mobility, and Medication
Social vulnerability: This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan.	What Matters, Mentation Plus Burden Scale for Family Caregivers; Rush University Caring for Caregivers Program
Age-friendly care leadership: This domain seeks to ensure consistent quality of care for older adults through the identification of an age-friendly champion and/or interprofessional committee tasked with ensuring compliance with all components of this measure.	All 4Ms, including measuring the 4Ms and sustaining 4Ms care

HM Current Efforts

Moving from AFHS Recognition to CMS Attestation

- **Social Vulnerability** – new SDOH requirements –
 - IT build to modify admission SDOH questions in progress
- **ED LOS and Delirium** –
 - Monitoring ED LOS > 65 yrs
 - Working toward screening high risk patients for delirium
 - Active Monitoring % of pts age 65 and older with LOS > 8 hrs in ED
- **Matters Most** – personal health goals
 - Workgroups in place
 - Efforts to move with digital white boards

Thank you



- Questions?
 - ksagarwal@houstonmethodist.org

Join the Movement, Recognition, and Providing 4Ms Care

On-Ramps to Join the Movement

Action Communities for teams to learn about and practice the 4Ms with the support of expert faculty and a community of peers. Action Communities are facilitated by IHI, AHA, and other movement partners.

DIY Pathway for teams to learn about and test the 4Ms on their own using Age-Friendly Health Systems resources.



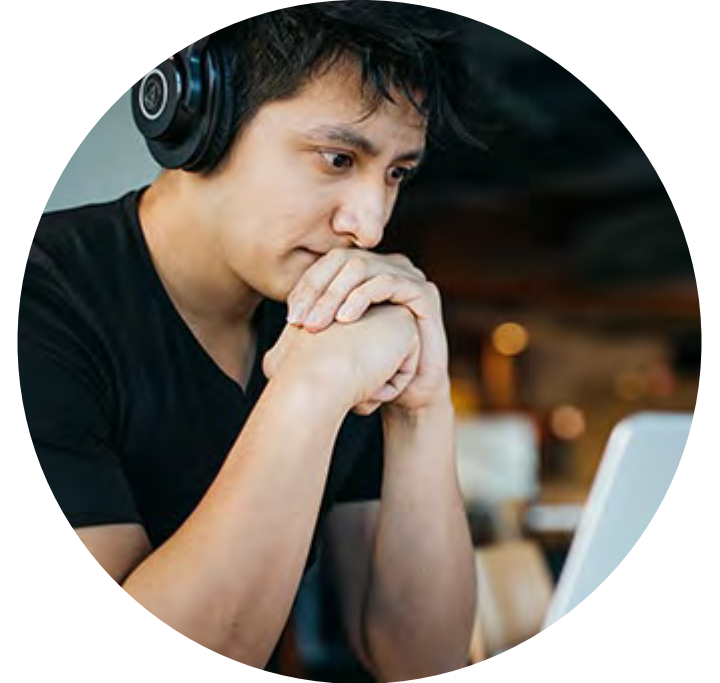
Providing Age-Friendly Care to Older Adults Open School Course

The Open School course is completely **free**. It is available [here](#) (PFC 203) and through IHI's main page under "New Education Platform." For details, please refer to our [user guide](#).

The course outlines:

- Age-friendly care
- 4Ms Age-Friendly Health Systems Framework
- Assessment of and action on the 4Ms

Learners from **45 countries** have taken the course.



Recognition Sprint

The Recognition Sprint is a three-month learning and improvement program designed to accelerate the adoption of the 4Ms Framework, open to paired teams of nursing homes and their pharmacy partners.



The Sprint combines structured learning, practical testing, peer exchange, and coaching support within a condensed timeline. **Participating nursing homes and pharmacies enroll as partner teams**, working side-by-side to strengthen age-friendly care delivery while pursuing separate, setting-specific recognition pathways through IHI and the American Society of Consultant Pharmacists (ASCP).

[Learn more and express interest by August 31, 2026.](#)

CMS Attestation Experiences

[CMS Age Friendly Hospital Measure: Preparing for Successful Attestation.](#) In this video, Caitlin Gillooley, Director, Behavioral Health and Quality Policy at the American Hospital Association, provides an overview of CMS Age-Friendly Hospital Measure attestation.

[CMS Age-Friendly Hospital Measure Attestation: Banner Health Perspective.](#) Mark Patton, Quality Director at Banner Health, provides an overview of CMS Age-Friendly Hospital Measure attestation efforts within their system.

Age-Friendly Health Systems Online Course with Coaching



- Live virtual coaching calls and asynchronous learning
- Designed for individuals and teams:
 - Advice for championing age-friendly care in your organization
 - Building the business case
 - Developing leadership buy-in
- Scholarships available — apply by September 23, 2026

Begins September 23, 2026



Certified Professional in Age-Friendly Health Care

Recognizes excellence in older adult care, grounded in the evidence-based 4Ms Framework (What Matters, Medication, Mentation, and Mobility) and affirms your ability to deliver safe, person-centered care across settings.

Each year, a limited number of need-based scholarships are awarded to support professionals committed to improving care for older adults. Thanks to support from the John A. Hartford Foundation, additional scholarships are available for 2026.



Upcoming Review Course Live Webinars

- September 17-18, 2026
- February 17-18, 2027



How to Stay Connected

- Sign up for the [Friends of Age-Friendly newsletter](#)
- View [recordings](#) of Friends of Age-Friendly webinars
- Explore different pathways to [join the movement](#) or deepen your involvement



Thank You