

# Quick Start Guide: Age-Friendly Hospital Measure

As part of the FY2025 rule, CMS is requiring hospitals participating in the Hospital Inpatient Quality Reporting (IQR) program to report on the Age-Friendly Hospital Measure annually.

**Why?** Structural measures provide a way for hospitals to address a topic for which no outcome measure exists. CMS expects that by attesting to these measures, hospitals will develop evidence-based programs and processes to support improvements in high impact areas.

As the U.S. population ages and lives longer, we continue to see increasing morbidity and healthcare costs. Patients are more complex and often live with multiple chronic conditions. To assist in addressing delivery of care to the aging population, CMS reports that “multiple organizations, including American College of Surgeons (ACS), the Institute for Healthcare Improvement (IHI), and the American College of Emergency Physicians, collaborated to identify and establish age-friendly initiatives based on evidence-based best practice that provide goal centered, clinical effective care for older patients.”

**What?** Hospitals must attest to activities within five domains deemed essential to providing clinical care to over 65 years old: eliciting patient healthcare goals, responsible medication management, frailty screening and intervention, social vulnerability, and age-friendly care leadership. Hospitals and health systems will evaluate and determine whether they engage in activities that meet the elements of the attestation statement(s). Each domain is worth one point, for a total of five (5) points. The hospital must meet each element within a domain to receive a point. CMS will not give partial credit within the domain.

**How?** Additional details and specifications for this measure are not available from CMS yet. This Quick Start Guide outlines the five domains and provides resources to assist hospitals as they evaluate activities and processes against each domain.

## Domain 1: Eliciting Patient Healthcare Goals

Patient’s health-related goals and treatment preferences should be obtained and utilized to inform shared decision-making and goal concordant care.

### Attestation Statement

- A. Established protocols are in place to ensure patient goals related to healthcare (health goals, treatment goals, living wills, identification of healthcare proxies, advance care planning) are obtained/reviewed and documented in the medical record. These goals are updated before major procedures and upon significant changes in clinical status.

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## Domain 2: Responsible Medication Management

Medication management can be optimized through the monitoring of the pharmacologic record for drugs that may be considered inappropriate in older adults due to increased risk of harm.

### Attestation Statement

- A. Medications are reviewed for the purpose of identifying potentially inappropriate medications (PIMs) for older adults as defined by standard evidence-based guidelines, criteria, or protocols. Review should be undertaken upon admission, before major procedures, and/or upon significant changes in clinical status. Once identified, PIMS should be considered for discontinuation, and/or dose adjustment as indicated.

## Domain 3: Frailty Screening and Intervention

Screening patients for geriatric issues related to frailty (including cognitive impairment/delirium, physical function/mobility, and malnutrition) allows for early detection and early and appropriate intervention.

### Attestation Statements

- A. Patients are screened for risks regarding mentation, mobility, and malnutrition using validated instruments (ideally upon admission, before major procedures, and/or upon significant changes in clinical status).
- B. Positive screens result in management plans including but not limited to minimizing delirium risks, encouraging early mobility, and implementing nutrition plans where appropriate. The plans should be included in discharge instructions and communicated to post-discharge facilities.
- C. Data are collected on the rate of falls, decubitus ulcers, and 30-day readmissions for patients >65. These data are stratified by demographic and/or social factors.
- D. Protocols exist to reduce the risk of emergency department delirium by reducing length of emergency department stay with a goal of transferring a targeted percentage of older patients out of the emergency department within 8 hours of arrival and/or within 3 hours of the decision to admit.

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## Domain 4: Social Vulnerability

Social vulnerability screening is a key way to identify social issues, which can then drive systems in place to address these as part of the patient's care plan.

### Attestation Statements

- A. Older adults are screened for geriatric specific social vulnerability including social isolation, economic insecurity, limited access to healthcare, caregiver stress, and elder abuse to identify those who may benefit from care plan modification. The assessments are performed on admission and again prior to discharge.
- B. Positive screens for social vulnerability (including those that identify patients at risk of mistreatment) are addressed through intervention strategies. These strategies include appropriate referrals and resources for patients upon discharge.

## Domain 5: Age-Friendly Care Leadership

The identification of an age-friendly champion and/or committee can ensure consistent quality of care for older adults by working to ensure compliance with various components of the Age Friendly Hospital measure.

### Attestation Statements

- A. Our hospital designates a point person and/or interprofessional committee to specifically ensure age friendly care issues are prioritized, including those within this measure. This individual or committee oversees such things as quality related to older patients, identifies opportunities to provide education to staff, and updates hospital leadership on needs related to providing age friendly care.
- B. Our hospital compiles quality data related to the Age-Friendly Hospital measure. These data are stratified by demographic and/or social factors and should be used to drive improvement cycles.

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## Resources

Disclaimer: Any of the recognitions or accreditations below cannot be used in lieu of completing the CMS attestation, nor do they ensure that all domains are met.

- [Geriatric Emergency Department Accreditation | American College of Emergency Physicians](#)
- [Geriatric Surgery Verification | American College of Surgeons](#)
- [Age-Friendly Health Systems | American Hospital Association](#)
- [Medicare Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes | Federal Register](#)
- [The Need For Geriatrics Measures; April 2023 | Health Affairs](#)
- [Guide to Using the 4Ms in the Care of Older Adults in Hospitals and Ambulatory Care Practices | IHI](#)
- [Age-Friendly Health Systems Recognition | IHI](#)
- [Age-Friendly Care | The John Hartford Foundation](#)
- [Cognitive Impairment in Older Adults: Screening | United States Preventive Services Taskforce](#)