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Health Quality Innovation Network

Age-Friendly Hospital Measure

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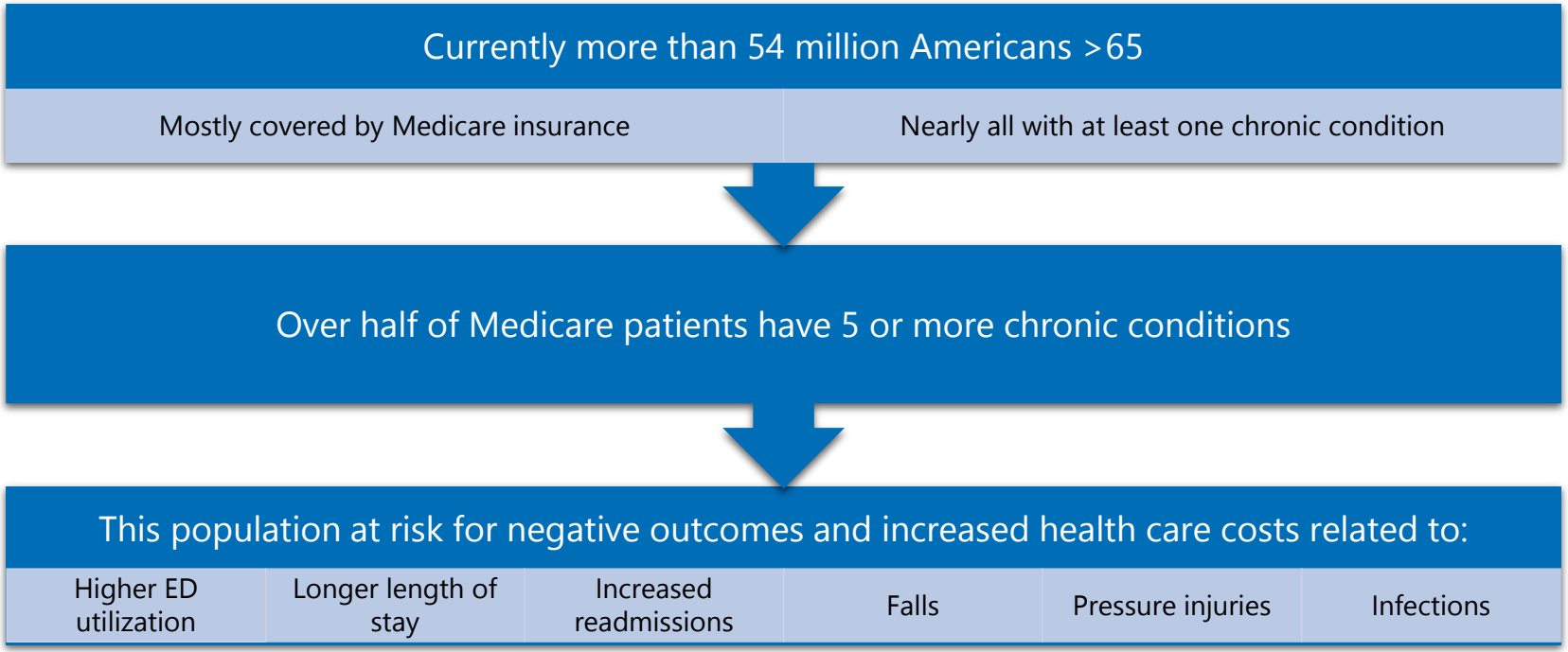
Agenda

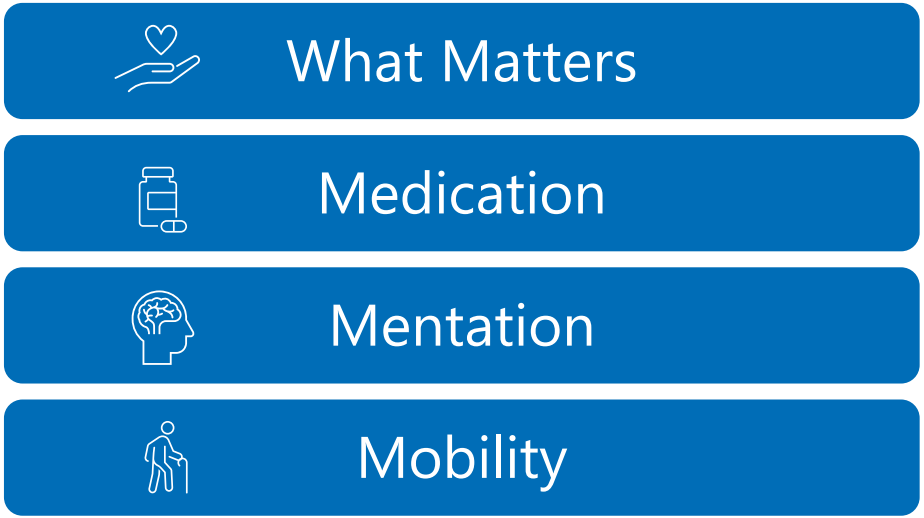
- The Aging Population
- What is the Age-Friendly Hospital Measure?
- How to Report
- Reporting Specifications/Domains
  - Attestation Statements
  - General Guidance/First Steps

The Need for Age-Friendly Care



What is Age-Friendly Care?

- Definition and framework established by John A. Harford Foundation, the Institute of Healthcare Improvement (IHI), the American Hospital Association (AHA), and the Catholic Health Association (CHA)



What is the Age-Friendly Hospital Measure?

- Structural Measure
- IQR Program Requirement
- Part of FY2025 Final Rule
- Attest to activities related to providing age-friendly clinical care

How to Report

Attestation-based Measure

Hospital Quality Reporting (HQR) web-based data collection site

Reporting Specifications/Domains

Domain 1 – Eliciting Patient Healthcare Goals 

Domain 2 – Responsible Medication Management 

Domain 3 – Frailty Screening and Intervention 

Domain 4 – Social Vulnerability 

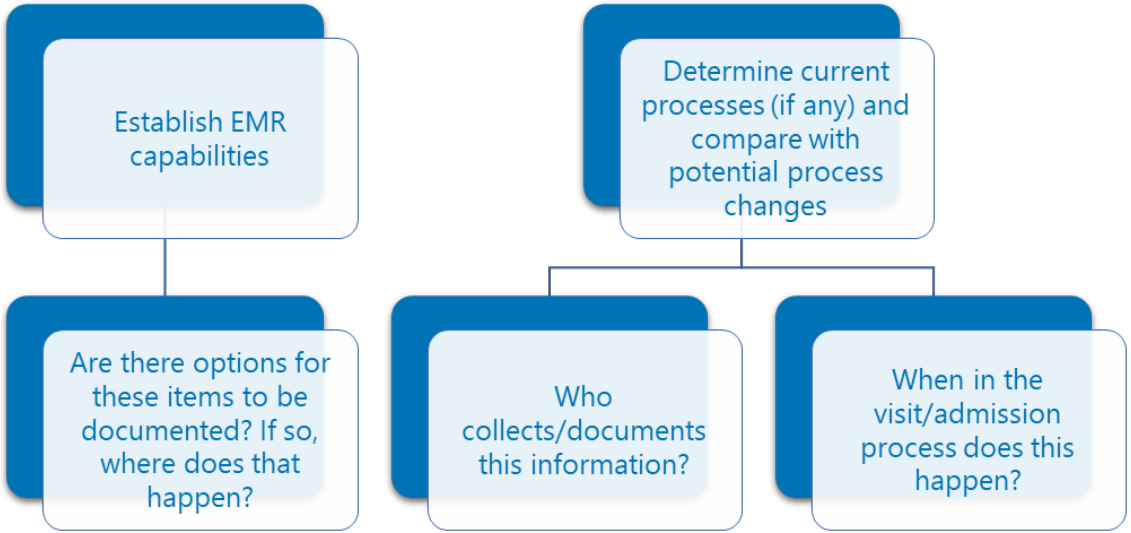
Domain 5 – Age-Friendly Care Leadership 

Domain 1

Eliciting Patient Healthcare Goals

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.

Domain 1: Where to Start

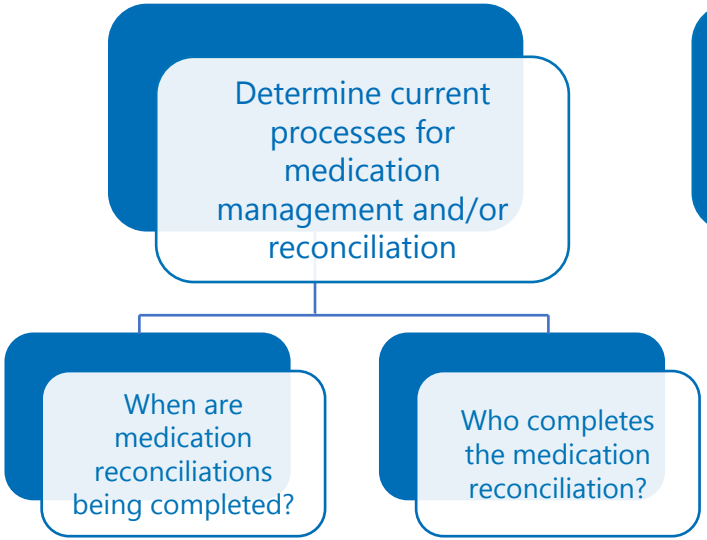


Domain 2

Responsible Medication Management

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 2: Where to Start



At minimum, adjust processes to review medications at admission, before procedures/surgeries, and anytime there is a change in clinical status (mental or physical)

Address process for changing/discontinuing potentially inappropriate medications when discovered

Domain 3

Frailty Screening and Intervention

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.

Domain 3: Where to Start

Screening for Mentation, Mobility, and Malnutrition

- Establish EMR capabilities
  - Are there options for these items to be documented? If so, where does that happen?
- Establish Current Processes
  - Who is/will be completing and documenting these screenings?

Management of Positive Screening Results

- How are management plans initiated?
- What do management plans include?

Domain 3: Where to Start Continued…

Specific Data Collection and Stratification	• Rate of Falls, Decubitus Ulcers, and 30-day Readmissions for patients >65 years of age • Is this data stratified by demographic and/or social status?
Addressing Emergency Department Delirium	• What protocols currently exist? • Is there a transfer time goal?

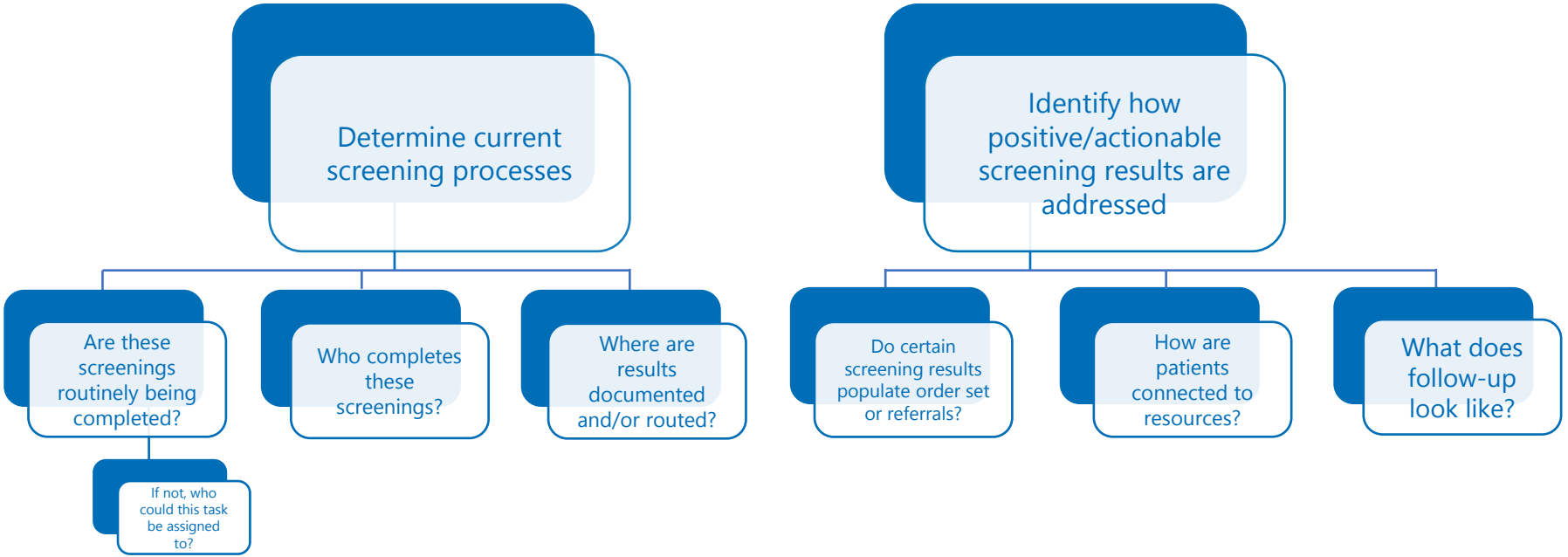
Domain 4

Social Vulnerability

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 4: Where to Start



Domain 5

Age-Friendly Care Leadership

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.

Domain 5: Where to Start

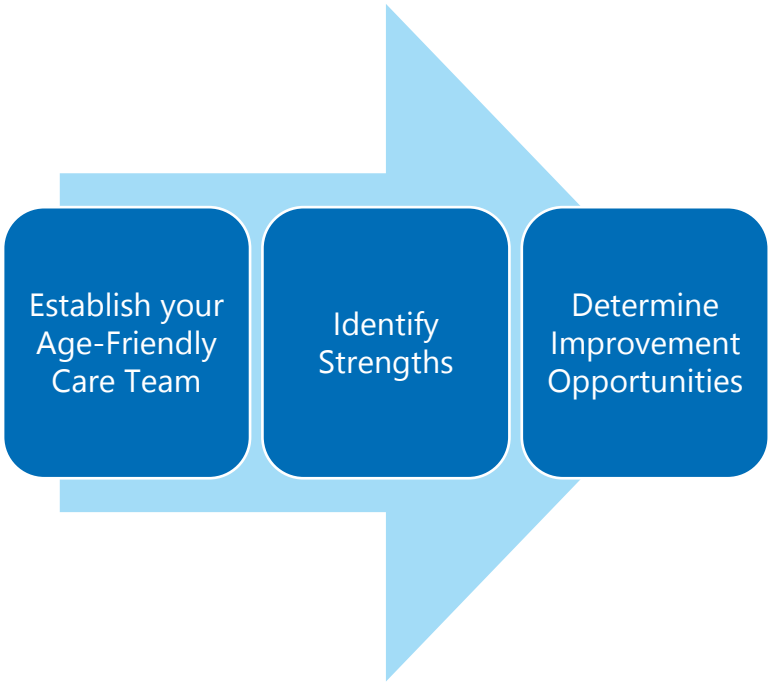
Identify Age-Friendly Champion and/or Committee

- Is there already someone in this role?
- Who would best be suited for this role?
- How is staff provided relevant Age-Friendly Care education?
- How are Age-Friendly care needs identified?

Evaluate Quality Data Being Collected

- What does this data include?
- Is this data stratified?
- What is done with the data?
  - Shared with team?
  - Utilized to drive improvement cycles?

First Steps



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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Helpful Resources

- Age-Friendly Care (johnahartford.org)
- Geriatric Surgery Verification | ACS (facs.org)
- Age-Friendly Health Systems | Center | AHA
- The Need For Geriatrics Measures | Health Affairs
- Age Friendly Health Systems Guide - IHI
- Cognitive Impairment in Older Adults: Screening | United States Preventive Services Taskforce
- Optimizing Health and Function as We Age: Roundtable Report (ahrq.gov)

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