

Measure Under Consideration (MUC) ID: MUC2023-196

Measure Title: Age Friendly Hospital Measure

Measure Overview

This programmatic measure assesses hospital commitment to improving care for patients ≥ 65 years of age receiving services in the hospital, operating room, or emergency department. The clinical measure consists of 5 domains that each address an essential aspect of clinical care for the older patient. The number of eligible domains (5) serves as the denominator. The verifiable attestation is met when all domain components are met for the majority of patients ≥ 65 . The numerator is the number of domains for which a hospital meets all attestations.

Domain 1: Eliciting Patient Healthcare Goals

Description: This domain focuses on obtaining patient's health related goals and treatment preferences which will inform shared decision making and goal concordant care. Please attest that your hospital engages in the following:

1. Established protocols are in place to ensure patient goals related to healthcare (i.e., health goals, treatment goals, living wills, identification of health care 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 2: Responsible Medication Management

Description: This domain aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased risk of harm. Please attest that your hospital engages in the following.

2. 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 (i.e. Mobility, Mentation, and Malnutrition)

Description: 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. Please attest that your hospital engages in the following.

3. 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.

4. Positive screens result in management plans including but not limited to minimizing delirium risks, encouraging early mobility, and implementing nutrition plans where appropriate. These plans should be included in discharge instructions and communicated to post-discharge facilities.
5. Data are collected on the rate of falls, decubitus ulcers, and 30-day readmission for patients ≥ 65 . These data are stratified by sex/gender, race, age, and ethnicity.
6. 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 4: Social Vulnerability (social isolation, economic insecurity, ageism, limited access to healthcare, caregiver stress, elder abuse)

Description: 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. Please attest that your hospital engages in the following:

7. 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.
8. Positive screens for social vulnerability (including those that identify patients at risk of mistreatment) are addressed through intervention strategies. These strategies should include appropriate referrals and resources for patients upon discharge.

Domain 5: Age Friendly Care Leadership

Description: 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. Please attest that your hospital engages in the following:

9. 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.
10. Our hospital compiles quality data for related to the Age Friendly Hospital measure. These data are stratified by sex/gender, race, age, and ethnicity and should be used to drive improvement cycles.

Numerator Exceptions: N/A

DENOMINATOR:

The denominator for each hospital is 5.

NUMERATOR:

Attestation of all elements in a domain is required for compliance of that domain.

MEASURE CALCULATION:

The measure is calculated as numerator/denominator, specifically the number of domains with attestation of all related elements/ total number of domains. There is no partial credit for any question.

Denominator Exclusions: N/A

Denominator Exceptions: N/A