

# Hospital Inpatient Quality Reporting Program

## Age Friendly Hospital Structural Measure

**Please Note:** A data collection tool available within the Hospital Quality Reporting system via the Hospital Quality Reporting Secure Portal allows hospitals to complete and submit their Age Friendly Hospital Structural Measure. This document is a representation of the text contained in the Age Friendly Hospital Structural Measure data form and is for reference purposes only.

### AFH Age-Friendly Hospital

\* Indicates required field

#### Hospitals must attest to all sub-elements under a domain to receive a point

This measure includes five attestation-based questions, one for each domain used to access a hospital's commitment to age-friendly care.

- To receive a point, hospitals or health systems must attest "yes" to all sub-elements that make up the domain.
- Hospitals may not receive partial credit for a domain.

[Visit QualityNet for more information on this measure.](#)

#### CMS Certification Number:

123456

#### Submission period:

MM/DD/YYYY – MM/DD/YYYY

#### With respect to reporting period:

MM/DD/YYYY – MM/DD/YYYY

#### Last updated:

MM/DD/YYYY HH:MM AM/PM

#### Domain 1: Eliciting patient healthcare goals

**This domain focuses on obtaining patient's health related goals and treatment preferences which will inform shared decision making and goal concordant care**

At our hospital:

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. \*

- Yes  
 No

#### Domain 2: Responsible medication management

**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.**

At our hospital:

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. \*

- Yes  
 No

#### Domain 3: Facility 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.**

At our hospital:

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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. \*

- Yes
- No

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. \*

- Yes
- No

Data are collected on the rate of falls, decubitus ulcers, and 30-day readmission for patients > 65. These data are stratified by demographic and/or social factors. \*

- Yes
- No

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. \*

- Yes
- No
- N/A

### Domain 4: 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.**

At our hospital:

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. \*

- Yes
- No

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. \*

- Yes
- No

### Domain 5: 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.**

At our hospital:

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

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provide education to staff, and updates hospital leadership on needs related to providing age friendly care. \*

- Yes
- No

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. \*

- Yes
- No

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