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The CMS Age-Friendly Hospital Measures and the Geriatric ED

Expert Panel Webinar

Monday, April 7, 2025

3–4 pm EST

Moderated by:



Don Melady, MD, MSc(Ed)

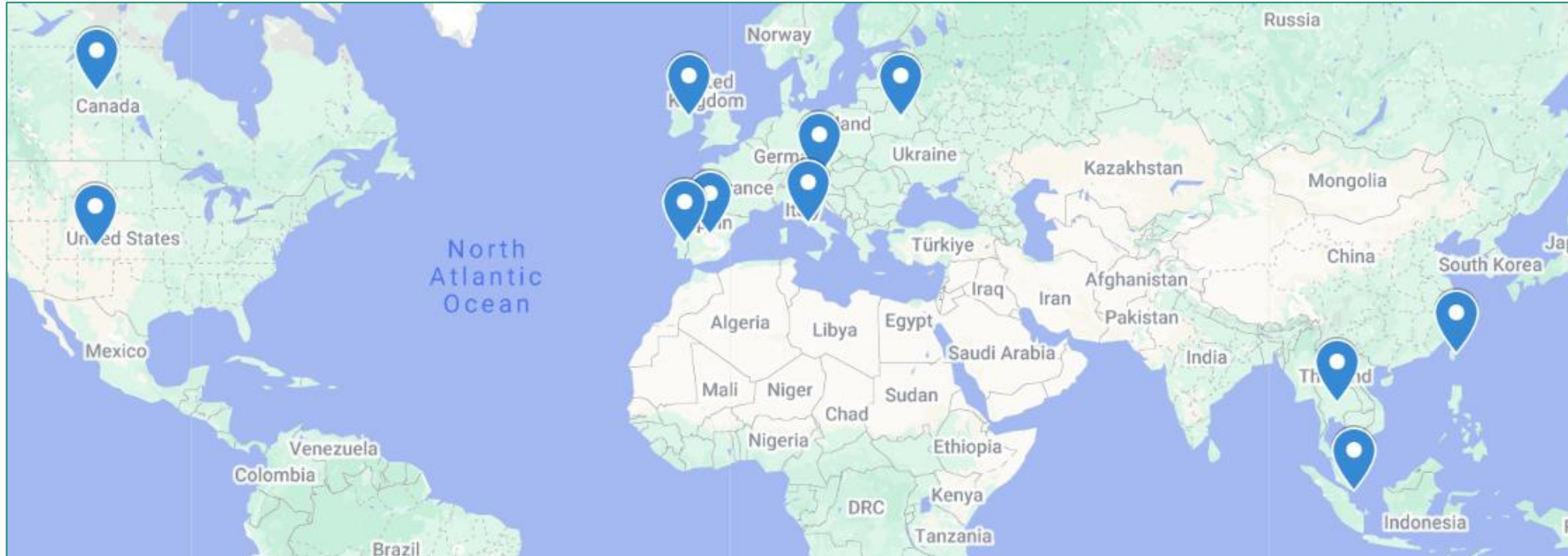
Professor, University of Toronto

Emergency Physician

Mount Sinai Hospital, Toronto, Canada

GEDC Faculty

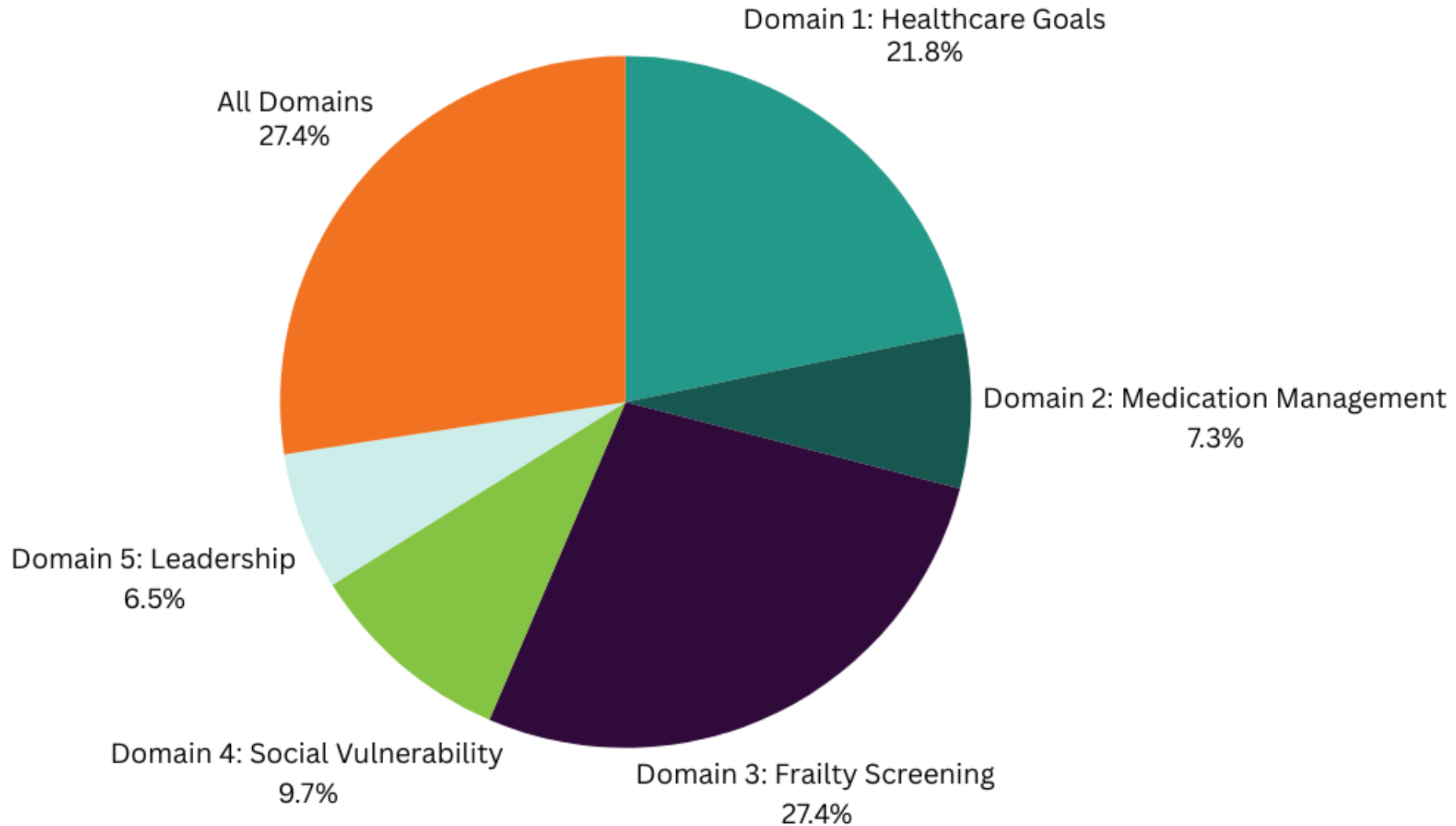
Global attendance joining us today:



1. United States
2. Austria
3. Belarus
4. Canada
5. Germany
6. Spain
7. Ireland
8. Italy
9. Portugal
10. Singapore
11. Thailand
12. Taiwan

440 Registrants across 12 Countries

Of the five domains of the CMS Age Friendly Hospital Measures, which one is most important to you?





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THE GERIATRIC
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Mission & Vision

A world where all emergency departments provide the highest quality of care for older patients.

We transform and evaluate interdisciplinary best practice in geriatric emergency medicine, and then build and distribute practical, evidence-based clinical curriculum and quality improvement tools that support sustainable, quality care for older adults.

<https://gedcollaborative.com/membership/>

Membership

Join the ranks of hospitals that are providing the best possible care to older adults in the ED, while helping to define best practices.

Member Benefits:

- Unlock ED Resources
- Access Tailored Content
- Track your Team's Progress
- Get Individualized Support
- Engage in Consulting Engagements
- Make Global Connections
- Learn about ED Leadership Engagement

Join the GEDC

Meet Your Expert Panel

What questions do you have for our panelists?



Kevin Biese, MD, MAT
Vice-Chair, Academic Affairs Director
Division of Geriatric Emergency Medicine
Clinical Associate Professor
Internal Medicine, Division Of Geriatrics
Chapel Hill, NC



Lauren T. Southerland, MD MPH
Associate Professor
Department of Emergency Medicine
The Ohio State University



Nida Degesys, MD
Director of Age-Friendly Emergency Department
University of California San Francisco



Special Guest:
Rani E. Snyder, MPA
Acting President
The John A. Hartford Foundation

Intro by the John A. Hartford Foundation



Rani E. Snyder, MPA
Acting President



The
John A. Hartford
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Overview of CMS Measure



Lauren Southerland, MD MPH
Associate Professor
Department of Emergency Medicine
The Ohio State University

Five Domains to Prioritize Older Adults' Healthcare Needs

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

FY25 CMS Age-Friendly Hospitals Measure

	Title	Measure
Domain 1	Eliciting Patient Healthcare Goals:	Our hospital has protocols 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.

FY25 CMS Age-Friendly Hospitals Measure

	Title	Measure
Domain 2	Responsible Medication Management:	Our hospital reviews medications for the purpose of identifying potentially inappropriate medications (PIMs) for older adults as defined by standard evidence-based guidelines, criteria, or protocols

FY25 CMS Age-Friendly Hospitals Measure

Title	Measure
Domain 3	<p data-bbox="555 411 963 714">Frailty Screening and Intervention (Mobility, Mentation, and Malnutrition):</p> <ul data-bbox="1075 411 2196 1149" style="list-style-type: none"><li data-bbox="1075 411 1898 471">A. Malnutrition risk screening<li data-bbox="1075 482 2153 621">B. Delirium risk screening and Mobility plans<li data-bbox="1075 635 2196 842">C. Fall risk screening, Decubitus ulcers, and 30 day readmissions for patients 65+<li data-bbox="1075 863 2153 1149">D. Reduce ED delirium by transferring older patients out of the ED within 8 hours of arrival or within 3 hours of admission.

FY25 CMS Age-Friendly Hospitals Measure

	Title	Measure
Domain 4	Social Vulnerability (social isolation, economic insecurity, caregiver stress, elder abuse):	A. Screening for social isolation, economic insecurity, caregiver stress, and elder abuse on admission and again prior to discharge. B. Positive screens have associated interventions

FY25 CMS Age-Friendly Hospitals Measure

	Title	Measure
Domain 5	Age Friendly Care Leadership:	Our hospital designates a point person and/or interprofessional committee to specifically ensure age friendly care issues are prioritized, including those within this measure

Developing electronic health record-based measures of the 4Ms to support implementation and evidence generation for Age-Friendly Health Systems

			Mentation Process Measures (2/Shift; 1/Day; 1/Encounter)	Mobility Process Measures (4/Day; 2/Encounter)	Medication Process Measures (4/Encounter)	What Matters Process Measures (2/Encounter)
Encounter	Day 1 <i>Admit</i>	AM	1 0 1	1 0 1 1		
		PM	1 1 0			
	Day 2	AM	0 1 1	1 1 1 1		
		PM	0 1 0 1			
	Day 3	AM	1 0 1	1 0 1 1		
		PM	1 1 0 0			
	Day 4 <i>Discharge</i>	AM	1 0 1	1 0 1 0 1 0	1 0 1 1	1 1

1) For a given encounter, each black or white cell represents a single care practice measurement opportunity. These opportunities exist at various temporal levels (i.e. - 1x/shift, 1x/day or 1x/encounter).

Sum of Performance ↓ ↓ Count of Opportunities

		Mentation Composite	Mobility Composite	Medication Composite	What Matters Composite
Encounter		14 ÷ 23	13 ÷ 18	3 ÷ 4	2 ÷ 2
		0.61	0.72	0.75	1.00

2) Next, average performance within each M is calculated for the entire encounter to create M-level composites.



4Ms Composite	0.61 + 0.72 + 0.75 + 1.00
	$\frac{\quad}{4}$
	0.77

3) Finally, the average M-level composite performance is calculated to yield the 4Ms composite score for the encounter.

Thrombley RL, Rogers SE, and Adler-Milstein J. J American Geriatrics Society, Volume: 72, Issue: 3, Pages: 882-891., DOI: (10.1111/jgs.18722)



[Home](#) > [Our work](#) > [Indicators, measurement and reporting](#) > Complications

Hospital-acquired complications (HACs)

A hospital-acquired complication (HAC) refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.

All public hospitals report:

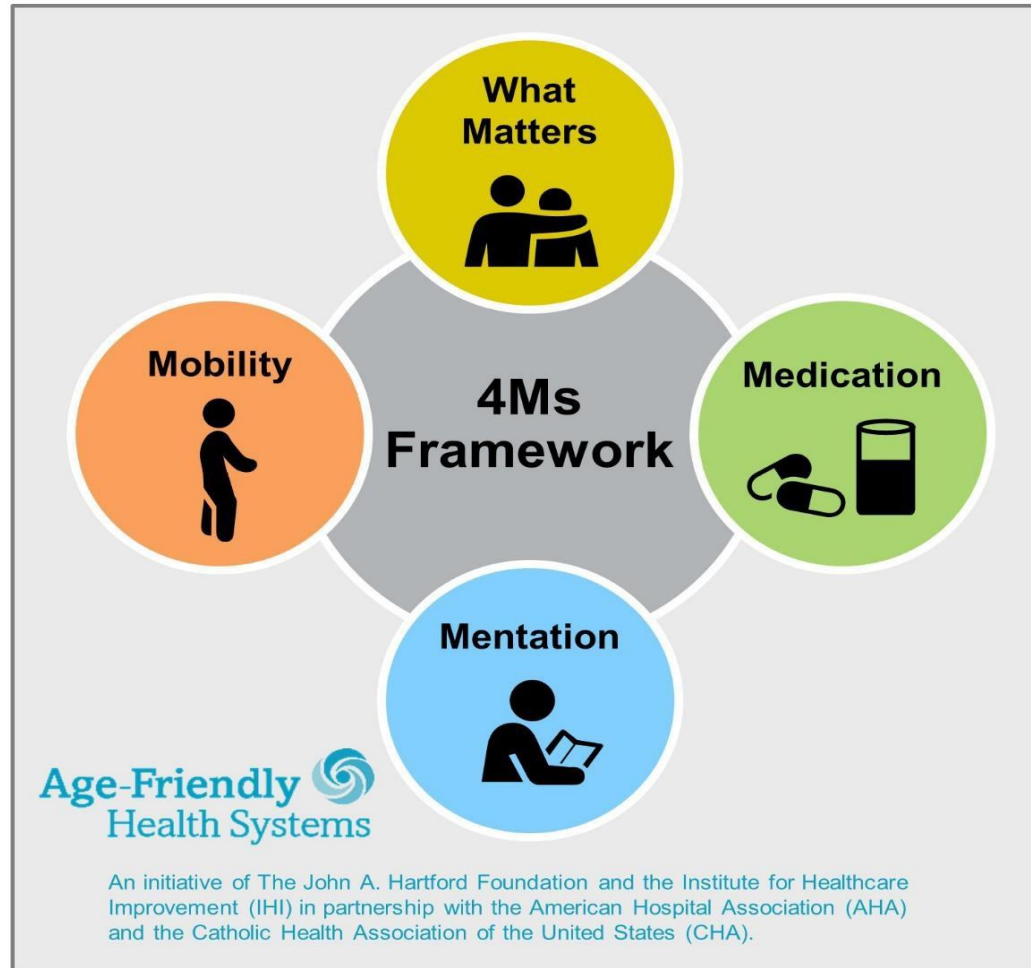
- Falls resulting in injury
- Pressure injuries (all)
- Medication complications (including from psychotropic overuse)
- Delirium
- Malnutrition

Take away points: Lauren Southerland

1. Do some digging first.
2. Work with your ED team and hospital to decide on where to focus.
3. Needs strong IT assistance to pull data on these.
4. Advocate for your team!



The 4Ms of Age-Friendly Care



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

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.

Improved Dementia Care in the ED



Nida Degesys, MD

Director of Age-Friendly Emergency Department
University of California at San Francisco
Age-Friendly ED



Activity Carts

- Reusable vs single use
- Nuts/bolts sorters
- Activity books/aprons/stackers etc



Music

- Music is medicine
 - Play music from teens/20s
- Decreases agitation
- Decreases anxiety (caregivers too!)
- Improves communication
- Cost: \$100-200/box
- Music therapist is more \$

Take away points: Nida Degesys

1. Low-hanging fruit: activity cart, music, remove NPO as the default
2. Reduce restraint use, try the DICE method
3. If you have access to a memory or aging center, work with them to create a referral pathway.

Take away points: Kevin Biese

1. The measure mandates what we advocate for
2. Boarding requirement is key, as is Age Friendly Care Leadership
3. Use the CMS Measure as a tool to Create Change



Q & A

Ask your questions
in the chat!

We will try to get to everyone

CMS Resources

Resources for each of the 5 domains of the CMS measure

CMS Age Friendly Hospital Measure

Resources for Emergency Departments

Share on [f](#) [t](#) [in](#)

On August 1, 2024, the Centers for Medicare & Medicaid Services (CMS) released the [Age-Friendly Hospital Measure](#) that will take effect January 1, 2025. The measure, developed in collaboration with the [American College of Surgeons](#) (ACS), the [Institute for Healthcare Improvement](#) (IHI), and the [American College of Emergency Physicians](#) (ACEP), aims to improve older adult patient care and outcomes.

The Age Friendly Hospital Measure targets five domains to prioritize older adults' healthcare needs:

1. Eliciting patient healthcare goals
2. Responsible medication management
3. Frailty screening and intervention
4. Social vulnerability
5. Age-friendly care leadership

The emergency department (ED) plays an important role in ensuring your hospital meets the Age-Friendly Hospital measure. Below we highlight key resources relevant to each domain from our resource library and our collaborators.

<https://gedcollaborative.com/article/cms-hospital-measure-resources-for-eds/>

GEDC Consulting Services

IMPROVE GERIATRIC CARE AND OUTCOMES

- The GEDC Team will work with your site and health system leaders to reach your ED's goals.

AGE-FRIENDLY GUIDELINES SUPPORT

- The GEDC offers specialized Consulting Services to help your site or system meet its unique needs.
 - Excelling on the CMS Age-friendly Guidelines
 - Your hospital or system's needs, challenges, or goals for geriatric care



<https://gedcollaborative.com/consulting-and-services/>



OUR NEXT GEDC
EXPERT PANEL WEBINAR

Medication Management and the CMS Hospital Measure

Part 2 of the CMS Hospital Measure Webinar Series

July 14, 2025
3pm EST



Register Now

<https://gedcollaborative.com/resource/medication-management-and-the-cms-hospital-measure/>



Brain Health in the ED

Educational Videos by AARP



Dementia in the ED: Providing Better Care for Older ED Patients

A diagnosis of dementia affects every step of the ED process from assessment, treatment, to discharge planning. And what if a diagnosis isn't on the medical record? Watch the video to gain some tips and insights.



Delirium in the ED: Serious, Costly, and Potentially Deadly

Delirium is a frightening experience for patients and caregivers and has serious medical consequences including increased risk of readmission and death. Watch the video to see why it's easy to miss delirium in the ED, and how we can take simple steps to identify delirium, and event prevent it from developing during an ED visit.



<https://gedcollaborative.com/resource/brain-health-in-the-ed/videos/>



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