

Questions:

- **Do orthopedic ADMITS include same day joints?**

No, we do not include same-day joint patients because they are not considered inpatient.

- **Would you pls expand more on the recent announcement of CMS approval on Age Friendly Measure? Thanks!**

On August 1, 2024, the Centers for Medicare & Medicaid Services (CMS) approved a new quality measure for hospitals that will assess their commitment to providing age-friendly care for patients 65 and older. The measure will be included in the FY2025 Inpatient Prospective Payment Systems final rule and will require hospitals that participate in Medicare's Hospital Inpatient Quality Reporting (IQR) Program to publicly report on five areas/domains:

1. Elicit patient healthcare goals
2. Responsibly manage medications
3. Implement frailty screening and intervention
4. Assess social vulnerability, and
5. Designate age-friendly leadership.

- **What was the med/surg delirium screening tool?**

(Showed delirium screen on ppt slide)

We use the NuDESC (Nursing Delirium Screen Scale) on Med/Surg

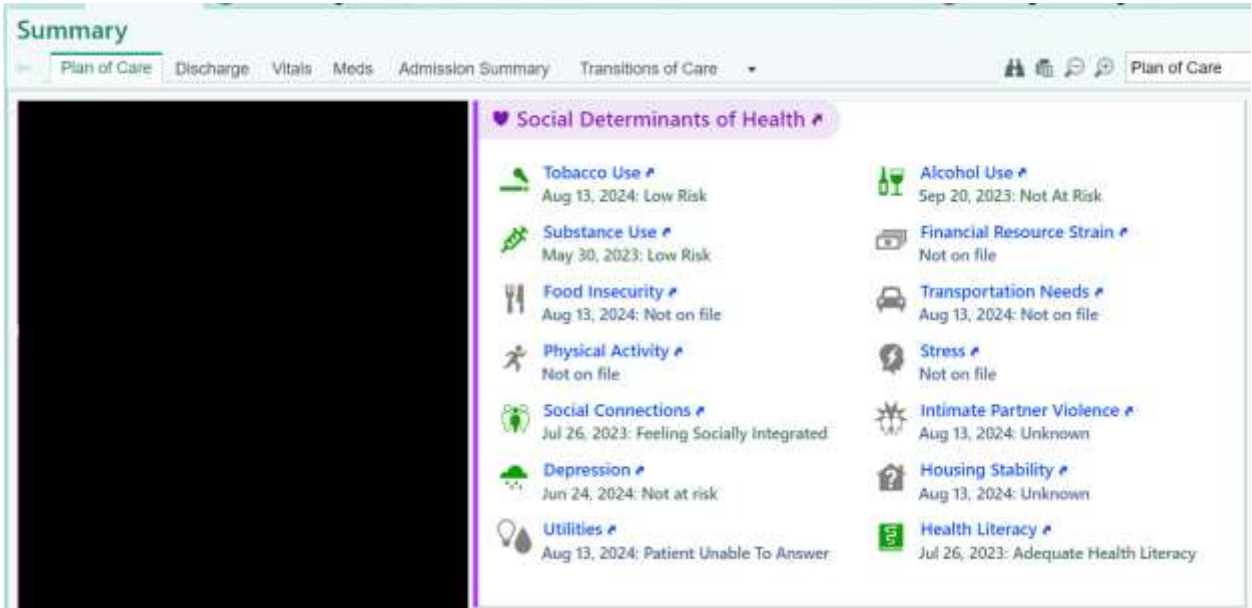
The screenshot shows a software interface for a 'NuDESC Assessment'. The interface includes a menu bar with options like 'File', 'Add Rows', 'LDA Avatar', 'Add Col', 'Insert Col', 'Device Data', 'Last Filed', 'Req Doc', 'Macro Manager', and 'Go to Date'. Below the menu, there are tabs for 'Complex Assessment', 'Simple Vitals', 'Simple Assessment', 'I/O', 'Lines/Drains/Airways', 'Screenings', and 'NuDesc Assessment'. The 'NuDesc Assessment' tab is active, showing a form with a search bar, a date field set to '8/16/2024', and a time field set to '0944'. The form is titled 'NuDESC Stand Alone Assessment' and lists several categories: 'Disorientation', 'Inappropriate Communication', 'Psychomotor Retardation', 'Inappropriate Behavior', 'Illusions / Hallucinations', and 'NuDESC Delirium Score'. Each category has a corresponding input field for data entry.

- **Is there any tool used for Data Collections? If so, can you share it? Thanks**

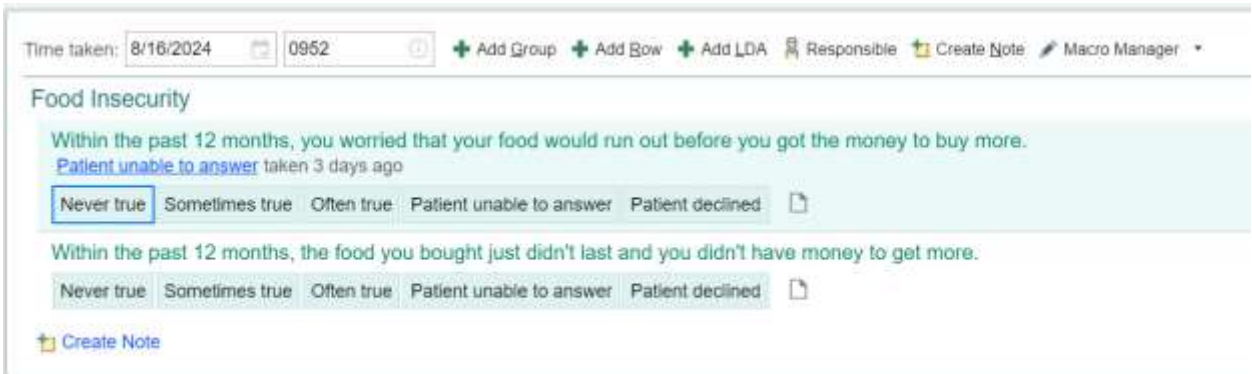
Our IT Liaison created a report that flows from EPIC. From that report, he has an EXCEL spreadsheet in which he then does manual chart audits to collect the data that we are tracking. So, this is a manual process.

In terms of addressing the 5 domains to measure our hospital's commitment to improving care for patients ≥ 65 years and older, the information is embedded within our EPIC documentation. Patient goals related to their healthcare such as personal health goals, advance directives,

treatment goals, etc. are documented in the medical record. With regard to responsible medication management, during medication reconciliation, our system uses the Beers List to flag medications that may be considered inappropriate in older adults and provides the provider with alternative medications as indicated. The physician has the opportunity to then consider discontinuation of the medication and/or dose adjustment. Frailty screen and intervention is identified through the Care Management assessment of social determinants of health done at admission. Screen shots of this tool are provided.



Under the social determinants of health, case management also identifies social vulnerabilities such as social isolation, food security, access to healthcare, etc.). An example of the screening for food insecurity is provided from our EPIC platform.



When we started our journey towards our Age-Friendly Health System designation, a steering committee was formed and continues to meet to ensure age-friendly care issues are prioritized. The committee includes a quality representative, educator, and patient safety to discuss and oversee quality issues related to older patients, identify education opportunities for staff and any safety issues in our endeavor to provide age-friendly care.

- **Is everything captured in EPIC?**
Yes
- **Do you use a specific EPIC module?**
Our facility uses EPIC Care for inpatient documentation
- **is the CAM the only screening you use for mentation?**
The CAM is used in ICU. This was the screenshot used in the webinar presentation . In Med/Surg, we use the NuDESC (Nursing Delirium Screening Scale)
- **Where in epic is the What Matters Most documented?**
What Matters was tracked using the Case Managers (CM) Discharge Planning where CM learn about the patient’s wishes of where they would like to be discharged to, what their plan will be and the needs for that plan as well as learning of their support systems. Sticky notes are sometimes also used to place visible notes to the care team about the patient. This may include notes about upcoming special events for the patient or something noteworthy that would allow the care team to engage the patient on a personal level.

DC Plan Flowsheet

Patient wishes to be discharged to	Home or self-care	Support Systems	Spouse/significant other
Who will patient reside with?	Spouse/significant other		

Progress Notes by [Redacted] [Redacted] Signed

Patient Goals:
What matters to you while you are hospitalized? Being more awake and able to do more
What matters to you when you leave here? Walking better

Progress Notes by [Redacted] [Redacted]

Patient Goals:
What matters to you while you are hospitalized? To get stronger
What matters to you when you leave here? To get his own place vs staying with step dtr; plan was only to live there temporarily

OBJECTIVE

- **For Christine, now that CMS has finalized the measure do you plan to accelerate your implementation at your other facilities**

Really good question. We are not yet sure if this plan will be accelerated as all of our hospitals are engaged in Survey and Stroke recertification this fall. It may be more realistic to plan for early 2025 to orient at least 2 of our other hospitals to the 4 Ms and guide them in their process.

- **It sounds like Epic is embracing incorporating the 4Ms into care, any information on Cerner's involvement with streamlining 4M care?**

We are not familiar with the Cerner platform to be able to compare to EPIC.

- **IS there a percentage of 65+ patients that need to be treated / documented with 4Ms to qualify for the level 2 designation? Is one unit and 1 patient population sufficient?**

When working toward our Level 2 designation, our committee concentrated our data collection on our orthopedic patient population 65 years and older. We only counted those orthopedic patients who had all 4 Ms documented.

- **What social vulnerability tools do you use?**

The specific tool is embedded in EPIC – called Social Determinants of Health

- **Were there aspects of the 4Ms that were more difficult for the staff to measure/enter etc.? And what challenges or hurdles did you have to overcome? TY**

Medication was the most difficult to measure. This was related to the BEERS List and medication management and whether the physician/hospitalist would choose to substitute medication already prescribed with the suggested alternative. We were committed to measuring What Matters? And this took some time to determine where best to capture this data and then to make sure all members of the care team could see it.

- **did you have a frailty scale you utilized**

No, we do not have a frailty scale