



**2026 ANNUAL
CONFERENCE & EXPO**
Celebrating 60 Years
Then. Now. Next.

HOPE-Fueled Excellence
Transforming Patient Experience with Age-Friendly Care

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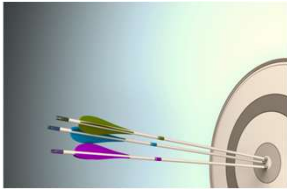
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Objectives

- Explain how Age-Friendly Care elevates patient outcomes.
- Describe how CAHPS® Hospice and HOPE are connected to HQR.
- Name two ways CAHPS® Hospice box scoring affects quality.
- List three action items that you can implement in your organization to improve patient outcomes.



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Age-Friendly Care

What It Is and Why It Matters

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Let's Hear From You

How familiar are you with Age-Friendly Care?

A. I have never heard of AFC.
 B. I have heard of AFC but never practiced it.
 C. Our organization has discussed implementing AFC.
 D. AFC is part of our organizations practice.

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The History of Age-Friendly Care (AFC)

VISUAL TIMELINE OF AGE-FRIENDLY CARE

YEAR	MILESTONE
2008	WHO launches Age-Friendly Cities initiative
2017	AFHS initiative launched by John A. Hartford Foundation & IHI
2017	Development of the 4Ms Framework: What Matters, Medication, Mentation, Mobility
2025	Over 5,300 healthcare organizations adopt the 4Ms Framework


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What are the Aims?


Age-Friendly Health Systems aim to:



Follow an essential set of evidence-based practices



Cause no Harm

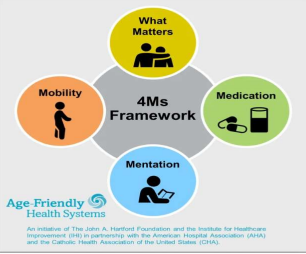


Align with What Matters to the older adult and their family caregivers

National Alliance for Care at Home
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4Ms Framework of an Age-Friendly Health System



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.

As a member of The Joint Commission and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the California Health Association of the United States (CHAS)

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AFC—HOPE—CAHPS® Hospice Triad

Your Guide to 5 Stars

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AGE-Friendly Care: An Integrated Framework

- Make care of older adults, which can be complex, more manageable.
- Identify the core issues that should drive all decisions making in the care of older adults.
- Organize care and focus on the older adult's wellness and strengths rather than solely on disease.
- Relevant regardless of an older adult's individual disease(s).

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HQRP Quality Measure Summary

- HOPE Comprehensive Assessment Measure at Admission (CBE #3235)** • The proportion of patients for who the hospice performed all seven care processes as applicable.
- HVLDL (CBE #3645) (Claims-Based)** • The proportion of patients who have received in-person visits from a registered nurse or a medical social worker on at least two out of the final three days of life.
- HCI (Claims-based-CMIT #328)** • A single measure comprising ten indicators calculated from Medicare claims.
- CAHPS® Hospice Survey (CBE #2651)** • All eight of the CAHPS® Hospice Survey measures are endorsed under CBE #2651.

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Comprehensive Assessment at Admission

- Preferences
- Beliefs/Values Addressed if Desired by the Patient
- Pain Screening
- Pain Assessment
- Dyspnea Screening
- Dyspnea Treatment
- Patients Treated with an Opioid who are Given a Bowel Regimen

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Let's Hear From You

Which parts of the comprehensive admission assessment are most likely to be inconsistent or delayed in your organization?

- A. Preferences/*What Matters* Discussions
- B. Beliefs and values addressed (if desired by patient)
- C. Pain screening and treatment
- D. Dyspnea screening and treatment
- E. Opioid bowel regimen education
- F. Documentation consistency across disciplines
- G. We do this well across all domains



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CAHPS® Hospice Scoring

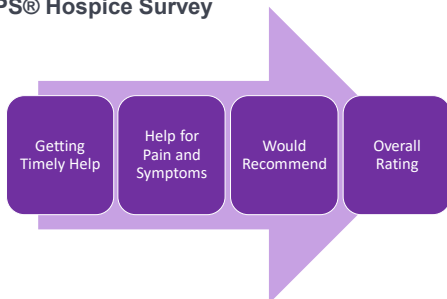
Response Scale	Top-Box	Middle-Box	Bottom-Box
<i>Never/Sometimes/Usually/Always</i>	<i>Always</i>	<i>Usually</i>	<i>Never/Sometimes</i>
<i>Never/Sometimes/Usually/Always (Question 10 Only)</i>	<i>Never</i>	<i>Sometimes</i>	<i>Always/Usually</i>
<i>No/Yes, Somewhat/Yes, Definitely</i>	<i>Yes, Definitely</i>	<i>Yes, Somewhat</i>	<i>No</i>
<i>Definitely, No/ Probably No/ Probably Yes/Probably Yes/Definitely, Yes</i>	<i>Definitely, Yes</i>	<i>Probably, Yes</i>	<i>Definitely, No Probably No</i>
<i>Rating 0-10, where 10 is the most positive</i>	<i>9 or 10</i>	<i>7 or 8</i>	<i>0-6</i>
<i>Too Little/Right Amount/Too Much</i>	<i>Right Amount</i>	<i>N/A</i>	<i>Too Little/Too Much</i>



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CAHPS® Hospice Survey



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Getting Timely Help:


Q.5: How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

Q.7 When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?

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AFC Framework– Getting Timely Help




What Matters Drives Faster Response

- Standardized Symptom Screenings = Fewer Delays
- Clear Communication Improves Perception of Timeliness
- Team-Based, Reliable Coverage

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HOPE Measures – Getting Timely Help



- Death is Imminent
- Symptom Screenings
- Symptom Impact Questions
- Symptom Follow-up Visit
- Skin Conditions

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Help for Pain and Symptoms

Q.17: Did your family member get as much help with pain as he or she needed?

Q.19: How often did your family member get the help he or she needed for trouble breathing?


Q. 21: How often did your family member get the help he or she needed for trouble with constipation?

Q. 23 How often did your family member receive the help he or she needed from the hospice team for feelings of anxiety or sadness?

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AFC Framework– Help for Symptoms



What Matters Guides Symptom Treatment

Standardized Assessments Prevent Gaps in Care

Safer, Effective Medication Management

IDT Coordination Improves Symptom Relief

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HOPE Measures – Help for Symptoms



Pain Screening

Comprehensive Pain Assessment

Neuropathic Pain

Dyspnea Screening

Symptom Impact Assessment

Symptom Follow-Up Visit

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Would Recommend

Q. 8: How often did the hospice team explain things in a way that was easy to understand?

Q. 9: How often did the hospice team keep you informed about your family member's condition?

Q. 12: Did the hospice team provide care that respected your family member's wishes?

Q. 13: Did the hospice team make an effort to listen to the things that matter most to you and your family member?

Q. 15: How often did the hospice team listen carefully to you when you talked with them about problems with your family member's care?

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AFC Framework: Would Recommend

What Matters Builds Trust and Respect

Clear Communication Improves Confidence

Listening Strengthens Relationships

Alignment Across Interdisciplinary Team



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HOPE Measures: Would Recommend

CPR Preference

Other Life-Sustaining Treatment Preferences

Hospitalization Preferences

Spiritual/Existential Concerns

Symptom Impact



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Overall Rating

Q. 11: How often did you feel the hospice team really cared about your family member?

Q. 25: While your family member was in hospice care, how often did the hospice team listen carefully to you?


Q. 28: While for family member was in hospice care, how much emotional support did you get from the hospice team?

Q. 29: In the weeks after your family member died, how much emotional support did you get from the hospice team?

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AFC Framework: Overall Rating



Feeling Known and Cared For

Consistent Listening Builds Emotional Trust

Whole-Person, Emotional Support

Reliable, Team-Based Care Experience

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HOPE Measures: Overall Rating

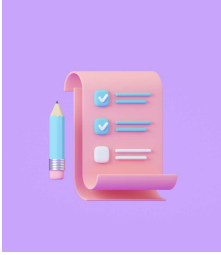
- Death is Imminent
- Symptom Screenings
- Symptom Impact Questions
- Symptom Follow-up Visit
- Skin Conditions

- Pain Screening
- Comprehensive Pain Assessment
- Neuropathic Pain
- Dyspnea Screening
- Symptom Impact Assessment
- Symptom Follow-Up Visit

- CPR Preference
- Other Life-Sustaining Treatment Preferences
- Hospitalization Preferences
- Spiritual/Existential Concerns
- Symptom Impact

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- Formalize how your team uses Age-Friendly Care
- Take the CAHPS® Hospice Survey
- Educate your team on:
 - Importance of patient engagement.
 - AFC-HOPE-HCAHPs Connection
- Audit CAHPS® Survey responses to identify bottom box values.
- Create PIP to raise response rates.

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Let's Hear From You

In one word, what should families feel when Age-Friendly Care is done well?

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Thank You!
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