

# Age-Based Embedded Epic Build

westhealth  
**Accelerator**  
at AHA's Health Research & Educational Trust

As part of the West Health Accelerator at Mass General Brigham, the Age-Based Embedded Epic Build hardwires evidence-based care standards into routine inpatient workflows for patients age 65 and older, built by Mass General Brigham within the EHR. Prior to automation go-live, geriatric best practices at Mass General Brigham relied on clinician memory, optional education, and unit-level customization, increasing variation, cognitive burden, and patient risk. By hardwiring age-based logic and default safeguards into Epic, the build makes safer, evidence-based care the easiest path for clinicians.

## Age-Based Embedded Build Components

### Automated Dosing Adjustments

#### Embed safer dose logic into Epic admission and stand-alone orders

Grounded in AGS Beers Criteria, IHI guidance, and analysis of historic prescribing patterns at Mass General Brigham, the build targets ~40 high-risk medications. When one of these medications is ordered, the workflow surfaces lower-dose defaults, deprioritizes higher-risk dose ranges, and displays relevant context such as a Medication Safety Alert and patient's CAM score, all while preserving clinician override.

### Standard Age-Based Orders

#### Insert geriatric best practices into standard adult admission and post-operative default orders

Age-specific orders automatically appear for eligible patients and are hidden for patients under 65. These orders include pre-selected defaults aligned to CMS priorities and leading practice such as oral care, aspiration precautions, sleep hygiene, and bowel regimen with hard-stops applied where appropriate to prompt documentation of contraindications while preserving clinician judgment.

### Nursing Geriatric Plan of Care

#### Automatically generate pre-populated Nursing Geriatric Plan of Care upon admission

Epic auto-selects nursing interventions aligned to common inpatient risks for older adults, including mobility and function, delirium prevention, sleep hygiene, nutrition and hydration, bowel regimen, pain management, medication review, sensory aids, aspiration precautions, and family engagement. Nurses may deselect or tailor interventions as clinically appropriate, reducing documentation burden while supporting nursing decision-making.

### Discharge Instructions

#### Populate age-specific After Visit Summary (AVS) content, removing the need for providers to manually add or customize discharge guidance

The AVS is provided to all older adults, ensuring consistent, age appropriate guidance across care teams. For eligible patients, the AVS includes older adult-focused guidance such as medication safety (e.g., avoiding common OTC sleep aids like Tylenol PM<sup>®</sup> or Benadryl<sup>®</sup> without clinician approval), fall and injury prevention at home, mobility and activity progression, cognitive health and sleep routines, and caregiver engagement.

## Built for Scale

The Age-Based Mass General Brigham Embedded Epic Build is designed for the frontline by the frontline, ensuring seamless adoption for health systems nationwide.

- **Scalable by Design**  
Age-based logic and reusable build patterns enable rapid, systemwide deployment.
- **Supports Existing Workflows**  
Enhancements embedded directly into existing Epic workflows accelerate adoption and reduce change management demands.

### What's Next?

Hospitals and health systems interested in learning more can join the West Health Accelerator at AHA's HRET at [nationalaccelerator.org](https://nationalaccelerator.org).