Geriatric Surgery Verification
QUALITY IMPROVEMENT PROGRAM

GSV Gap Analysis: Implementation Guide & Course

Before you begin implementing the GSV Program at your hospital, we recommend that you perform a gap analysis to determine what state your hospital is in with regards to the GSV Standards.

It is okay if you don't have any of the standards met yet. The gap analysis is meant to function as a self-assessment and a way of determining your hospital's baseline before you begin the course. If you have already made progress towards some of the standards, the gap analysis will help you identify the areas that you need to focus on to make sure you are verification-ready when you apply.

Standard 1.1: Letter of Support	The institution must solicit a letter of support from the hospital leadership (for example, CEO or equivalent) confirming their support for the implementation of the Geriatric Surgery Verification (GSV) Program. The intent of this standard is to describe and demonstrate leadership support and commitment for the GSV Program at the hospital.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have already been completed?

☐ Introduce the GSV Program to key stakeholders at your institution

☐ Conduct an initial meeting to discuss the GSV Program

☐ Devise a plan on how the hospital intends to comply with the GSV Program Standards

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload

☐ A Letter of Support from hospital administration confirming their support for the GSV Program

Notes/Questions for GSV Team:

Standard 2.1: Geriatric Surgery Director	The institution must have a Geriatric Surgery Director. The role must be fulfilled by a physician (surgeon, preferably) and is not intended to require a dedicated, full-time equivalent (FTE). The official job description must reflect the responsibilities outlined below and support dedicated time and compensation commensurate with duties assigned. **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for the list of Geriatric Surgery Director Responsibilities.*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Identify a Geriatric Surgery Director

☐ Review and discuss Geriatric Surgery Director responsibilities

☐ Write a job description for the Geriatric Surgery Director
[*Person Responsible if not the lead*: _____]

☐ Ensure the director has completed at least 6 hours of CME per year

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

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☐ A job description of the Geriatric Surgery Director

☐ Geriatric Surgery Director has completed at least 6 hours of CME annually on topics pertinent to geriatric surgery

Notes/Questions for GSV Team:

Standard 2.2: Geriatric Surgery Coordinator	The institution must have a Geriatric Surgery Coordinator. The role is not intended to be fulfilled by a dedicated FTE. The official job description must reflect the responsibilities outlined below and support dedicated time and compensation commensurate with duties assigned. **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for the list of Geriatric Surgery Coordinator Responsibilities.*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have already been completed?

☐ Identify a Geriatric Surgery Coordinator

☐ Review and discuss Geriatric Surgery Coordinator responsibilities

☐ Write a job description for the Geriatric Surgery Coordinator

[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload

☐ A job description of the Geriatric Surgery Coordinator

Notes/Questions for GSV Team:

Standard 2.3: Geriatric Surgery Quality Committee	The institution must have a Geriatric Surgery Quality Committee (GSQC), which will be responsible not only for the maintenance and compliance of the GSV standards but also for monitoring quality of care by identifying and addressing areas in need of improvement. The GSQC must meet at least quarterly with attendance of greater than or equal to 50 percent of meetings for mandatory committee members. **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for the list of Mandatory members of the committee and the GSQC Responsibilities*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Identify and assemble members of the Geriatric Surgery Quality Committee (GSQC), discuss responsibilities and delegate Roles

NOTE: Specific training, certification, or equivalent will be required for the role of non-surgical health care provider with geriatric expertise.

☐ Identify GSV surgical service(s)

☐ Draft the institution's written charter detailing the function and scope of GSQC
[*Person Responsible if not the lead*: _____]

☐ Schedule reoccurring GSQC meetings
[*Person Responsible if not the lead*: _____]

☐ Discuss and determine how your institution will conduct case reviews and the data review
[*Person Responsible if not the lead*: _____]

☐ Determine at least one annual QI/PI project informed by data
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload

☐ Institution's Written Charter

☐ Official minutes of the GSQC meetings

☐ Institution's GSQC member list, credentials, and roles, including any delegated responsibilities

☐ Evidence of geriatric credentialing or certification for the GSQC member with geriatric expertise

Notes/Questions for GSV Team:

Standard 3.1: Geriatric-Friendly Patient Rooms	Patient rooms must accommodate the needs of the older adult. • There must be space for family and caregiver visitation. If rooms cannot accommodate visiting family and caregivers, communal visiting areas must be established. • Rooms must include directed elements for patient reorientation (for example, large clock or other display of date, day, and time; daily planned activity goals; any anticipated medical tests or procedures; names of care team; and so on).

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Identify GSV rooms/wards/floors where GSV patients will be admitted

☐ Addressed the potential issues of space for visitation

☐ Identify the percent of geriatric friendly rooms with reorientation items and rooms with family/caregiver visitation area

☐ Determine need for additional geriatric-friendly components
[*Person Responsible if not the lead*: _____]

☐ Establish hospital workflow where GSV patients preferentially get placed in geriatric-friendly rooms/wards/floors
[*Person Responsible if not the lead*: _____]

☐ Budget proposal for making more rooms geriatric friendly
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload

☐ N/A

Notes/Questions for GSV Team:

Standard 4.1: Geriatric Surgery Nurse Champion	At least one Geriatric Surgery Nurse Champion (GSNC) must be identified on each surgical floor or unit taking care of older adult surgical patients in the program.

Is the institution currently meeting this standard:

☐ Yes
☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Identify and designate at least one GSNC on each surgical floor/unit; review and discuss GSNC responsibilities
☐ Ensure that each GSNC has completed at least two hours of Continuing Nursing Education (CNE) per year
[*Person Responsible if not the lead*: _____]
☐ Develop the organizational structure of GSNCs identified on each surgical ward/floor
[*Person Responsible if not the lead*: _____]
☐ Identify potential QI/PI projects
[*Person Responsible if not the lead*: _____]
☐ Determine how to promote evidence-based best practices on each surgical floor or unit
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload

☐ Organizational structure of GSNCs identified on each surgical floor/unit
☐ Evidence of CNE certification totaling two credit hours per year for each GSNC
☐ A summary of the QI project(s) implemented by the GSNCs

Notes/Questions for GSV Team:

Standard 5.1: Treatment and Overall Health Goals	Deliberation over surgical decision making must allow older adults the opportunity to discuss the following with the surgeon: • Overall health goals (not limited to the current condition or treatment options) • Treatment goals (specific to the current condition) • Anticipated impact of both surgical and non-surgical treatments on symptoms, function, burden of care, living situation, and survival After discussion, the surgeon must document the treatment plan and how it has been informed by shared discussion of the patient's goals.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Assess the current method of discussing patient's overall health and treatment goals

☐ Educate surgeons about need for attestation of anticipated impact of both surgical and non- surgical treatments discussions

[*Person Responsible if not the lead*: _____]

☐ Write/adopt a process to document patient's overall health and treatment goals

[*Person Responsible if not the lead*: _____]

☐ Write/adopt a process to document the surgeon's attestation as well as acknowledgement of how treatment plan has been informed by patient's goals

[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to ensure verbatim patient quote and surgeon attestation are documented

[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record

☐ A verbatim quote by the patient about their overall health and treatment goals

☐ Attestation that the surgeon has discussed the anticipated impact of surgical/non-surgical treatments

☐ Recommended treatment plan and acknowledgement of how the recommended plan has been informed by shared discussion of the patients' goals

Notes/Questions for GSV Team:

Standard 5.2: Code Status and Advance Directives	Code status and any existing advance directive must be reviewed preoperatively by the surgeon. Patients without a defined code status or an advance care plan must be offered the opportunity to establish an advance directive in addition to being provided with educational resources on advance care planning.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Assess current method for assessing code status and advance directives

☐ Educate clinical providers who are obtaining this information on how to document this information in the medical record
[*Person Responsible if not the lead*: _____]

☐ Create or identify existing educational materials for patients on advance care planning
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy for establishing and documenting a patient's code status and advance directive discussions

☐ Buildout in EMR to ensure documentation of Code Status and Advanced Directives
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Code status OR documentation of an unsuccessful attempt to establish a code status

☐ Advance directive OR documentation of an unsuccessful attempt to establish an advance directive

PRQ Upload:

☐ Process, protocol, or policy in place for establishing code status and advance directives

☐ Educational materials on advance care planning that are provided to patients.

Notes/Questions for GSV Team:

Standard 5.3: Medical Proxy	All patients must have a health care representative, surrogate, or proxy identified with name and contact information clearly documented. For those without, there must be documentation of an effort to identify one. Educational materials must be provided to facilitate discussion between the patient and his or her surrogate about the patient's overall health and treatment goals.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Assess current method for identifying a medical proxy

☐ Have state health care proxy form readily available

☐ Educate clinical providers who are obtaining this information on how to document this information in the medical record
[*Person Responsible if not the lead*: _____]

☐ Create or identify educational materials for patients and family caregivers on identification of a medical proxy
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy for identifying and documenting a patient's medical proxy
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to capture documentation of medical proxy
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Patient's health care representative, surrogate, or proxy with name and contact information OR documentation of an unsuccessful attempt to establish medical proxy

PRQ Upload:

☐ Process, protocol, or policy in place for identifying a health care representative, surrogate, or proxy for patients without one

☐ Educational materials provided to patients to facilitate discussion between the patient and their surrogate

Notes/Questions for GSV Team:

Standard 5.4: Life-Sustaining Treatment Discussion for Patients with Planned ICU Admission	For patients with anticipated admission to the intensive care unit (ICU), there must be a discussion regarding the indications for, limitations of, and patient's desire for life sustaining treatments, including but not limited to: • Cardiopulmonary resuscitation • Mechanical ventilation • Feeding tubes • Hemodialysis • Blood transfusion **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for more details*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Assess current method for discussing life-sustaining treatments for patients with planned ICU admission

☐ Establish a mechanism for patients with planned ICU admissions to be flagged and easily identified in the medical record
[*Person Responsible if not the lead*: _____]

☐ Educate clinical providers who are obtaining this information on how to document this information in the medical record
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to ensure the discussion and documentation of a patient's desire for life-sustaining treatment for patients with planned ICU admission
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to capture documentation and discussion of patient desire for life-sustaining treatments
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Discussion of life-sustaining treatments and patient's desires for each

PRQ Upload:

☐ Process, protocol, or policy in place to ensure discussion regarding patient's desires for life-sustaining treatments

Notes/Questions for GSV Team:

Standard 5.5: Reaffirm Surgical Decision Making	In the elective setting, the patient and family/caregiver(s) must be offered the opportunity to reaffirm the initial surgical decision making (see Standard 5.1 for further details) to ensure that all questions and uncertainties regarding the proposed operation have been addressed. This may be accomplished by an in-person visit, a telephone call, or a telehealth visit with surgical staff or a designated representative.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Assess method on reaffirming the initial surgical decision with patient and family

☐ Educate surgeons about need for attestation that they have re-discussed both surgical and non- surgical treatments
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to document that the additional conversation occurred in the medical record
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to ensure the discussion of surgical plan is documented
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Process, protocol, or policy in place outlining process for the opportunity to revisit surgical decision making

Notes/Questions for GSV Team:

Standard 5.6: Geriatric Vulnerability Screens	Patients must be screened for the following high-risk characteristics to identify potential areas of vulnerability: Age ≥ 85 years; impaired cognition; delirium risk; impaired functional status; impaired mobility; malnutrition; difficulty swallowing; need for palliative care assessment A positive screen in any category will designate the patient as "high risk." **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for clarification regarding the elective setting and the non-elective setting.*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have already been completed & by whom?

☐ Assess method on how patients will be screened for high-risk characteristics in elective and non-elective setting

☐ Identify the screening tools to be utilized (in preop clinic and on discharge from hospital)
[*Person Responsible if not the lead*: _____]

☐ Educate the relevant clinical providers on how to perform all the geriatric vulnerability screens
[*Person Responsible if not the lead*: _____]

☐ Develop educational materials for patients on cognition and delirium, impaired functional status & mobility, nutrition, & palliative care
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to document results of geriatric vulnerability screens into the medical record
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to identify and flag patients as high risk when screened positive
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Results of screens and areas in which patient screened positive should be easily accessible in the patient's EMR

PRQ Upload:

☐ Screening tools implemented at institution to flag patients as high risk

Notes/Questions for GSV Team:

Standard 5.7: Management Plan for Patients with Positive Geriatric Vulnerability Screens	For all patients identified as high risk based on the geriatric vulnerability screens (see Standard 5.6 for further details), there must be a documented management plan directed at positive findings from the screens. The plan may be guided by established protocols or an evaluation by other health care providers commensurate with individual patient needs. **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for clarification regarding the elective setting and the non-elective setting.*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess and establish a mechanism for patients who are deemed high-risk based on geriatric screens to be flagged and easily identified in the medical record

☐ Develop a new or edit an existing process, protocol, or policy to document the management plan for positive findings from the geriatric vulnerability screens into the EMR
[*Person Responsible if not the lead*: _____]

☐ Develop a protocol and/or an evaluation for personalized management plans for patients
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to show management plans for high risk patients
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Focused management plans directed at positive geriatric vulnerability screens

Notes/Questions for GSV Team:

Standard 5.8: Interdisciplinary Input or Conference for Elective, High-Risk Patients	In the elective setting, all patients identified as high risk based on the geriatric vulnerability screens (see Standard 5.6 for further details) must be evaluated with interdisciplinary input after the implementation of focused management plans (see Standard 5.7 for further details) and before surgery to reassess the indications, risks, and benefits of the proposed operation. This may be conducted in the form of an interdisciplinary conference or by obtaining input from at least the following health professionals: Surgery, Anesthesia, Nursing, Case management, care transitions, or social work, Health care provider with geriatric expertise* **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for more details*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Identify and determine whether existing interdisciplinary conferences can be restructured to address high-risk patients

☐ Develop a new or edit an existing process, protocol, or policy for how high-risk patients will be evaluated with interdisciplinary input/conference
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to document all interdisciplinary feedback within the EMR
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to capture interdisciplinary recommendations for high-risk patients
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Interdisciplinary recommendations

☐ Any updates or changes made to patient's surgical plan of action

PRQ Upload:

☐ Process, protocol, or policy in place to ensure mandatory health professionals are contributing preoperative input to all high-risk patients

☐ Process, protocol, or policy in place to communicate recommendations to patients and caregivers

Notes/Questions for GSV Team:

Standard 5.9: Surgeon-PCP Communication for Elective, High-Risk Patients	For all elective patients identified as high risk based on the geriatric vulnerability screens (see Standard 5.6 for further details), the surgeon or surgeon's representative must communicate the goals of care and decision-making discussion to the patient's preferred primary care provider (PCP) or the provider designated by the patient as his or her "main doctor."

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess current medical record system for capabilities to communicate with PCPs within and outside of hospital network

☐ Develop a reliable way to consistently establish mutual communication with PCPs within and outside of hospital network
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy detailing the preoperative communication structure between the surgeon and PCP regarding goals of care and decision-making discussions for elective, high-risk patients.
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR a way to capture the communication between surgeon and PCP
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Documentation that the surgeon preoperatively communicated the goals of care and decision-making discussion with the patient's preferred PCP

PRQ Upload:

☐ Process, protocol, or policy in place detailing the communication structure between surgeon and PCP regarding goals of care and decision-making discussions

Notes/Questions for GSV Team:

Standard 5.10: Return of Personal Sensory Equipment	There must be a process, protocol, or policy in place to identify and collect personal sensory equipment (for example, glasses, hearing aids, dentures, or any other devices essential to routine function) from patients with a plan to return these items immediately postoperatively.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess the current method at the institution for collection, storage, and return of personal sensory equipment

☐ Develop a new or edit an existing process, protocol, or policy to identify and collect personal sensory equipment from patients

[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy for return of personal sensory equipment to patients

[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Process, protocol, or policy in place demonstrating that surgical inpatients are guaranteed safe storage and prompt return of personal equipment during and after surgery

Notes/Questions for GSV Team:

Standard 5.11: Inpatient Medication Management	There must be processes, protocols, or policies in place to assess for and alert providers to the use of potentially inappropriate medications in the older surgical patient. The American Geriatrics Society (AGS) Beers Criteria® outlines a comprehensive list of medications to avoid, a subset of which pertains to those commonly used in the perioperative setting (for example, antiemetics, antihistamines, and so on). **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for more details*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess current institutional methods in place for assessment of inpatient medication management

☐ Educate providers about BEERS medications
[*Person Responsible if not the lead*: _____]

☐ Establish a mechanism for flagging and reviewing inappropriate medications when they are ordered in the EMR
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to alert providers to the use of potentially inappropriate medications

☐ Work with pharmacy staff to develop a new or edit an existing process, protocol, or policy to avoid inappropriate medications
[*Person Responsible if not the lead*: _____]

☐ Engage your IT team to ensure EMR has templated geriatric surgery-specific order sets and alerts providers of inappropriate medications in the older surgical patient
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Process, protocol, or policy in place that ensures avoidance of potentially inappropriate medications as defined by the AGS Beers Criteria, particularly hose commonly used in the preoperative period

☐ Education materials given to providers regarding potentially inappropriate Beers medications

Notes/Questions for GSV Team:

Standard 5.12: Opioid-Sparing, Multimodality Pain Management	There must be opioid-sparing, multimodality pain management for all postoperative patients that includes consideration of the following components: **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for more details*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess current institutional methods in place for assessment of opioid-sparing, multimodality pain management

☐ Educate providers on the geriatric surgery-specific medication list with dosage and titration plans for anti-emetics and pain medications
[*Person Responsible if not the lead*: _____]

☐ Educate providers on non-medication-based strategies for pain control
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy outlining opioid-sparing, multimodality pain management strategies in postoperative setting

☐ Create an alert within medical record on potentially inappropriate analgesics as defined by the AGS Beers Criteria
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Process, protocol, or policy in place outlining opioid-sparing multimodality pain management strategies employed in the postoperative setting

Notes/Questions for GSV Team:

Standard 5.13: Standardized Postoperative Care	Postoperative care for all geriatric surgical patients must— in addition to what is routinely performed (for example, operative recovery relative to specific procedure, deep vein thrombosis prophylaxis, incentive spirometry)—address the following: • Delirium • Mobility and Function • Nutrition and Hydration **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for more details*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess current institutional method of standardized postoperative care for delirium, mobility and function, and nutrition and hydration

☐ Provide education on postoperative care for: delirium, mobility and function, and nutrition and hydration
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to address delirium, mobility and function, and nutrition and hydration
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Process, protocol, or policy in place to address delirium, mobility and function, and nutrition and hydration

Notes/Questions for GSV Team:

Standard 5.14: Interdisciplinary Care for High-Risk Patients	For all patients identified as high risk based on the geriatric vulnerability screens (see Standard 5.6 for further details), initial postoperative care must be provided by interdisciplinary health care professionals. **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for more details*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess if and how interdisciplinary care is provided to high-risk patients

☐ If a structure for interdisciplinary care exists, modify to include high-risk geriatrics patients
[*Person Responsible if not the lead*: _____]

☐ If interdisciplinary care is not currently provided at your hospital, devise a plan for how high-risk patients will be evaluated
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to document interdisciplinary feedback recommendations DAILY within the medical record
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR a way to capture recommendations from members of the geriatric interdisciplinary care team
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Recommendations from members of the geriatric interdisciplinary care team

PRQ Upload:

☐ Process, protocol, or policy in place stating high-risk older patients are cared for by an interdisciplinary team with geriatric expertise that communicates and documents recommendations daily

Notes/Questions for GSV Team:

Standard 5.15: Revisiting Goals of Care for ICU Patients	Goals of care must be revisited when an older adult experiences an unexpected escalation of care to the ICU and must be readdressed at least every three days for all ICU patients.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess how goals of care are revisited and reevaluated when patient experiences unexpected escalation of care to the ICU

☐ Educate surgeons about need for attestation that they have discussed health and treatment goals when an unexpected escalation of care to the ICU occurs

[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to document patient's overall health and treatment goals when an unexpected escalation of care to the ICU occurs

[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy to document the surgeon's attestation as well as acknowledgement of how treatment plan has been informed by patient's goals when an unexpected escalation of care to the ICU occurs

[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to show revisited goals of care every three days for ICU patients

[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Revisited goals of care for patients with unexpected ICU admission every three days

Notes/Questions for GSV Team:

Standard 5.16: Assessment of Geriatric Vulnerabilities at Discharge	All patients must undergo geriatric vulnerability screens at discharge to assess for changes in vulnerability during their hospital stay. An appropriate plan of action to address identified deficits must be documented in the medical record as part of the discharge documentation. • Geriatric Vulnerabilities Assessed at Discharge: o Impaired cognition o Delirium risk o Impaired functional status o Impaired mobility o Malnutrition

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have you already completed?

☐ Identify the screening tools to be utilized postoperatively (suggest using the same as preop)

☐ Educate relevant clinical providers on how to perform all the geriatric vulnerability screens postoperatively
[*Person Responsible if not the lead*: _____]

☐ Create a process to document the results of geriatric vulnerability screens into the EMR postoperatively
[*Person Responsible if not the lead*: _____]

☐ Buildout in EMR to capture assessment of geriatric vulnerabilities at discharge and a plan to address them
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Results of geriatric vulnerability screens at discharge

☐ All identified deficits must be accompanied by a plan to address them

Notes/Questions for GSV Team:

Standard 5.17: Discharge Documentation and Hand-Off Communication	In addition to what is routinely reported in discharge documentation, two components of health status pertinent to the geriatric surgical patient must be documented in the discharge paperwork: 1. Any deficits discovered on pre-discharge screens along with the plan of action to address each vulnerability (see Standard 5.16 for further details). 2. Information regarding common geriatric syndromes, including risk factors for functional decline, falls, delirium, and how to respond to each if it occurs after discharge. The contents of the discharge summary must be discussed with the patient and/or his or her caregiver, and a copy must be provided to: Patient or caregiver(s), PCP or the patient's main doctor, Health professional assuming care if the patient is discharged to a non-home facility

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess the current method in place for documentation and communication of discharge information

☐ Standardize the older adult discharge documentation in the EMR to include any deficits discovered on pre-discharge screens with a plan of action to address identified vulnerabilities and information regarding common geriatric syndromes and how to respond to each if it occurs after discharge

[Person Responsible if not the lead: _____]

☐ Provide patients/caregivers with information on how to conduct a follow-up appointment with PCP and Surgeon and within what timeframe

☐ Develop a new or edit an existing process, protocol, or policy to ensure that discharge documentation is distributed to all required individuals

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

Medical Record:

☐ Documentation of any deficits found on predischarge screens along with plan of action to address each vulnerability

☐ Information regarding common geriatric syndromes, risk factors, and how to respond if it occurs after discharge

☐ Follow-up appointment with PCP and surgeon or information on how to schedule and time frame

PRQ Upload:

☐ Process, protocol, or policy in place describing the review of the discharge summary with the patient

☐ Process, protocol, or policy in place for ensuring the information contained within the discharge documentation is distributed to the required individuals

Notes/Questions for GSV Team:

Standard 5.18: Communication with Post-Acute Care Facilities	There must be a process, protocol, or policy in place addressing the communication structure between the institution and post-acute care facilities, including: • A process, protocol, or policy for two-way communication between post-acute care facilities and the institution • A process, protocol, or policy to track the quality of care at the post-acute care facilities through publicly reported measures (for example, rates of mortality, pressure ulcer development or progression, use of restraints, falls, and antipsychotic drug use)

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess the current method in place for communication with all post-acute care facilities

☐ Create a list of discharge locations/post-acute care facilities associated with the institution and their publicly reported measures

[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy on two-way communication structure to assess the status of geriatric-surgical patients after discharge

[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Process, protocol, or policy in place for establishing formal communication between discharging institution and the receiving post-acute care facility

☐ Provide a list of discharge locations/post-acute care facilities associated with the institution and their publicly reported measures

Notes/Questions for GSV Team:

Standard 6.1: Data Collection and Review	The institution must collect and review data for all patients included within the scope of the GSV Program. Data must be reviewed at least quarterly by the GSQC to identify, trend, and address issues specific to geriatric surgical care. **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for the list metrics to review*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess the current metrics being collected by the institution for compliance with regulatory bodies (e.g., JCAHO, CMS, etc) and develop a process to review, trend, and interpret the data

☐ Establish a process on how data will be reviewed with the GSQC at least quarterly

☐ Develop a mechanism for collection of postoperative delirium (as defined by the GSV) in acute care wards and the ICU
[*Person Responsible if not the lead*: _____]

☐ Create an institutional definition for "postoperative deconditioning"
[*Person Responsible if not the lead*: _____]

☐ Develop a mechanism for collection of postoperative deconditioning in acute care wards and the ICU
[*Person Responsible if not the lead*: _____]

☐ Write/adopt a process of how case reviews and data review will inform the collection of clinically relevant data specific to the needs/areas of opportunity for the institution
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload

☐ Minutes of the GSQC documenting data reviewed along with any trends or issues to be addressed for care improvement

Notes/Questions for GSV Team:

Standard 6.2: Data Feedback to Frontline Providers and Quality Infrastructure	There must be a process, protocol, or policy in place for feedback of the data collected and reviewed in Standard 6.1 back to: • Frontline Providers: Surgical and critical care ICU physicians, resident physicians, advanced practice providers (APPs), and nurses • Hospital Quality Infrastructure: Institutional leadership and the hospital-level quality committee The scope of this program, from a practitioner standpoint, currently only encompasses surgeons, critical care physicians, and APPs. However, many disciplines (for example, anesthesia, emergency medicine, internal medicine, and so on) are often involved in the care of the older adult during a surgical episode of care. Though not mandatory, we strongly recommend all health care providers participating in the care of geriatric surgical patients receive feedback on the data collected and reviewed by the GSQC.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Assess how feedback of data is shared and reviewed with frontline providers and overall hospital quality infrastructure

☐ Educate providers on how to interpret and act on the data
[*Person Responsible if not the lead*: _____]

☐ Develop a new or edit an existing process, protocol, or policy for feedback of data collection and review to frontline providers and institutional leadership
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload

☐ Process, protocol, or policy in place for feedback of data collection and review to frontline providers/leadership

Notes/Questions for GSV Team:

Standard 7.1: Geriatric Surgery Quality Improvement/ Process Improvement Project	The institution must complete at least one quality improvement (QI)/performance improvement (PI) project annually* pertinent to geriatric surgical care informed by the data collected and reviewed by the GSQC (see Standard 6.1 for further details). **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for more details*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Evaluate current QI/PI projects being performed at the institution

☐ Develop and implement a QI/PI project pertinent to geriatric surgical care that is informed by data
[*Person Responsible if not the lead*: _____]

☐ Ensure data reports and updates on projects are discussed quarterly at the GSQC meeting(s)
[*Person Responsible if not the lead*: _____]

☐ Summarize the QI/PI project(s) including the context, aims, purpose, results, and implications of the project(s), including the data informing need for the project(s).
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Summary of the annual QI/PI project(s), including data informing need for this project

Notes/Questions for GSV Team:

Standard 7.2: [Optional] Geriatric Surgery ACS NSQIP Collaborative	The institution may choose to join the Geriatric Surgery ACS NSQIP Collaborative, which has the following aims: • Utilize a network of hospitals to improve the quality of geriatric surgical care • Collect geriatric-specific metrics for benchmarking of both geriatric-specific and traditional surgical outcomes

Is your hospital participating in this optional standard?

☐ Yes

☐ No

☐ Unsure

** *If no, please move onto the next page*

Is the institution currently meeting this standard: ☐ Yes ☐ No

Who will <u>lead</u> completion of the task:

_____

Has your institution started collecting data?

☐ Yes ☐ No ☐ Unsure

Which of these tasks have you already completed?

☐ Identify SCR

☐ Review Geriatric Surgery ACS NSQIP Collaborative Variables

[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ N/A

Notes/Questions for GSV Team:

Standard 8.1: Geriatric Surgery Community Outreach (GSCO) Project	The institution must have a community outreach project focused on issues pertinent to geriatric surgical care, and it must be conducted at least annually. This project may take the form of awareness, prevention, or education. Health care providers outside the GSQC can lead or create the community outreach project if the project addresses issues pertinent to geriatric surgical care. The health care provider or representative must report to the Geriatric Surgery Coordinator at least quarterly with data reports and updates on the project.

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will lead completion of the task:

_____

Which of these tasks have you already completed?

☐ Evaluate current community outreach projects being performed at the institution

☐ Develop and implement a community outreach project pertinent to geriatric surgical care that is informed by data
[*Person Responsible if not the lead*: _____]

☐ Ensure data reports and updates on projects are discussed quarterly at the GSQC meeting(s)
[*Person Responsible if not the lead*: _____]

☐ Summarize the community outreach projects including the context, aims, purpose, results, and implications of project
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Summary of the annual community outreach project(s), including the data informing the need for the project

Notes/Questions for GSV Team:

Standard 8.2: Geriatric Education of Surgeons and Advanced Practice Providers	Surgeons, ICU critical care physicians, and APPs caring for older adult surgical patients must be educated at hire and at every verification cycle on these basic geriatric concepts: • Eliciting patients' goals to ensure care is concordant with patients' wishes • Screening for high-risk geriatric vulnerabilities in cognition, mobility/function, and nutrition/hydration • Management strategies of high-risk geriatric vulnerabilities in cognition, mobility/function, and nutrition/hydration **Refer to the Optimal Resources for Geriatric Surgery Standards Manual for more details*

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have you already completed?

☐ Evaluate how your hospital currently educates surgeons and advanced practice providers (APPs) on caring for older adult surgical patients

☐ Assemble and/or create a geriatric educational curriculum for Surgeons and APPs on geriatric concepts such as eliciting patients' goals, and screening for and managing of high-risk geriatric vulnerabilities
[*Person Responsible if not the lead*: _____]

☐ Ensure geriatric education for surgeons and APPs occur at hire and every GSV Program verification cycle
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Curriculum used to educate surgeons, critical care physicians, and APPs on geriatric issues

Notes/Questions for GSV Team:

Standard 8.3: Geriatric Education of Nurses	The GSNC on each floor or unit is responsible for training the nurses they oversee in caring for older adult surgical patients. Nurses must be educated at hire and at every verification cycle on these basic geriatric concepts: • Eliciting patients' goals to ensure care is concordant with patients' wishes • Screening for high-risk geriatric vulnerabilities in cognition, mobility/function, and nutrition/hydration • Management strategies of high-risk geriatric vulnerabilities in cognition, mobility/function, and nutrition/hydration

Is the institution currently meeting this standard:

☐ Yes

☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have you already completed?

☐ Identify all Geriatric Surgery Nurse Champions

☐ Evaluate how your hospital currently educates nurses on caring for older adult surgical patients

☐ Assemble and/or create a geriatric educational curriculum for nurses on geriatric concepts such as eliciting patients' goals, and screening for and managing of high-risk geriatric vulnerabilities
[*Person Responsible if not the lead*: _____]

☐ Ensure geriatric education for nurses occurs at hire and every GSV Program Verification cycle
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Curriculum used to educate nurses on geriatric issues

Notes/Questions for GSV Team:

Standard 9.1: [Optional] Advancement of Knowledge in Geriatric Surgical Care	The institution must work toward advancement of geriatric surgical knowledge and care. This is an optional, though highly encouraged, standard. Forms of research and scholarly endeavors may have a presence locally, regionally, nationally, or internationally and can include, but are not limited to: • Abstracts submitted to conferences • Poster presentations • Podium presentations • Peer-reviewed manuscripts (Case reports, Commentaries, Cohort and case-controlled studies and Clinical trials • Ongoing scholarly research that has not yet been presented or published

Is your hospital participating in this optional standard?

☐ Yes

☐ No

☐ Unsure

** *If no, please move onto the next page*

Is the institution currently meeting this standard: ☐ Yes ☐ No

Who will <u>lead</u> completion of the task:

_____

Which of these tasks have you already completed?

☐ Identify research at the institution that helps advance geriatric surgical knowledge and care
[*Person Responsible if not the lead*: _____]

When do you anticipate achieving compliance with the standard?

☐ 1-6 Months ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

Documentation needed for compliance (FOR VERIFICATION PURPOSES):

PRQ Upload:

☐ Scholarly research in progress or documentation of published research related to the improvement of quality in geriatric surgery

Notes/Questions for GSV Team:

Geriatric Surgery Verification
QUALITY IMPROVEMENT PROGRAM

Instructions: Use the below checklist to ensure you have all the required components to move forward with a site visit. All hospitals must complete a chart review and process, protocol and policy review on the day of the site visit. To ensure HIPAA compliance, the items in red (and any materials that may contain patient-sensitive information) must only be shared and reviewed on-site. Such documents must not be uploaded electronically for review.

	Process, Protocol, and Policy's needed for compliance *(PRQ Uploads)*	**Medical Record (EMR) components needed for compliance**
Standard 1.1: Letter of Support	☐ Letter of support - *template available in module 1*	N/A
Standard 2.1: Geriatric Surgery Director	☐ Geriatric Surgery Director job description ☐ Geriatric Surgery Director CME certification (6 hours every 1yr OR 18 hours every 3yrs) - *template available in module 1*	N/A
Standard 2.2: Geriatric Surgery Coordinator	☐ Geriatric Surgery Coordinator job description - *template available in module 1*	N/A
Standard 2.3: Geriatric Surgery Quality Committee	☐ GSQC Written Charter – *template available in module 1* ☐ **GSQC meeting minutes (2.3)*** *(Reviewed on site visit day)* - *template available in module 1* ☐ GSQC members list/credentials/roles - *template available in module 1* ☐ Evidence of geriatric credentialing or certification for the GSQC member with geriatric expertise, if he or she is not a licensed geriatrician or equivalent	N/A
Standard 4.1: Geriatric Surgery Nurse Champion	☐ Organizational structure of GSNCs identified on each surgical floor or unit, with evidence of CNE certification totaling two credit hours per year or six credit hours over a three-year accreditation period for each GSNC ☐ QI project(s) implemented by GSNCs - *template available in module 1*	N/A
Standard 5.1: Treatment and Overall Health Goals	N/A	☐ A verbatim quote by the patient about their overall health and treatment goals ☐ Attestation that the surgeon has discussed the anticipated impact of surgical/non-surgical treatments - *template available in module 3* ☐ Recommended treatment plan and acknowledgement of how the recommended plan has been informed by shared discussion of the patients' goals
Standard 5.2: Code Status and Advance Directives	☐ Process, protocol, or policy in place for establishing code status and advance directives ☐ Advance care planning educational materials	☐ Code status OR documentation of an unsuccessful attempt to establish a code status ☐ Advance directive OR documentation of an unsuccessful attempt to establish an advance directive

Standard 5.3: Medical Proxy	☐ Process, protocol, or policy in place for identifying health care representative/surrogate/proxy for patients without one ☐ Discussion-facilitation educational materials	☐ Patient's health care representative, surrogate, or proxy with name and contact information OR documentation of an unsuccessful attempt to establish medical proxy
Standard 5.4: Life-Sustaining Treatment Discussion for Patients with Planned ICU Admission	☐ Process, protocol, or policy in place to ensure discussion regarding indications, limitations of, and the patient's desire for life-sustaining treatments	☐ Discussion of life-sustaining treatments and patient's desires for each
Standard 5.5: Reaffirm Surgical Decision Making	☐ Process, protocol, or policy in place outlining process for the opportunity to revisit surgical decision making	N/A
Standard 5.6: Geriatric Vulnerability Screens	☐ Geriatric vulnerability screening tools	☐ Results of screens and areas in which patient screened positive should be easily accessible in the patient's EMR - *template available in module 4*
Standard 5.7: Management Plan for Patients with Positive Geriatric Vulnerability Screens	N/A	☐ Focused management plans directed at positive geriatric vulnerability screens
Standard 5.8: Interdisciplinary Input or Conference for Elective, High-Risk Patients	☐ Process, protocol, or policy in place to ensure mandatory health professionals are contributing preoperative input to all high-risk patients ☐ Process, protocol, or policy in place to communicate recommendations to patients and their families/caregivers and other clinicians responsible for the care of patients described	☐ Interdisciplinary recommendations - *template available in module 5* ☐ Any updates or changes made to patient's surgical plan of action - *templates available in module 5*
Standard 5.9: Surgeon-PCP Communication for Elective, High-Risk Patients	☐ Process, protocol, or policy in place detailing the communication structure between surgeon and PCP regarding goals of care and decision-making discussion for elective, high-risk patients	☐ Documentation that the surgeon preoperatively communicated the goals of care and decision-making discussion with the patient's preferred PCP - *template available in module 5*
Standard 5.10: Return of Personal Sensory Equipment	☐ Process, protocol, or policy in place demonstrating that surgical inpatients are guaranteed the safe storage and prompt return of personal equipment during and after surgery, respectively	N/A
Standard 5.11: Inpatient Medication Management	☐ Process, protocol, or policy in place that ensures avoidance of potentially inappropriate medications as defined by the AGS Beers Criteria, particularly those commonly used in the perioperative period (for example, antiemetics, analgesics, antihistamines, and so on) ☐ Education materials given to providers regarding potentially inappropriate Beers medications	N/A

Standard 5.12: Opioid-Sparing, Multimodality Pain Management	☐ Process, protocol, or policy in place outlining opioid-sparing, multimodality pain management strategies employed in the postoperative setting	N/A
Standard 5.13: Standardized Postoperative Care	☐ Process, protocol, or policy in place to address delirium, mobility and function, and nutrition and hydration	N/A
Standard 5.14: Standardized Postoperative Care	☐ Process, protocol, or policy in place stating high-risk older adults are cared for by an interdisciplinary team with geriatric expertise that communicates and documents recommendations daily, commensurate with the acuity of the patient	☐ Recommendations from members of the geriatric interdisciplinary care team
Standard 5.15: Revisiting Goals of Care for ICU Patients	N/A	☐ Revisited goals of care for patients with unexpected ICU admission every three days
Standard 5.16: Assessment of Geriatric Vulnerabilities at Discharge	N/A	☐ Results of geriatric vulnerability screens at discharge - *template available in module 4* ☐ All identified deficits must be accompanied by a plan to address them
Standard 5.17: Assessment of Geriatric Vulnerabilities at Discharge	☐ Process, protocol, or policy in place describing the review of the contents of the discharge summary with the patient ☐ Process, protocol, or policy in place for ensuring the information contained within the discharge documentation is distributed to the required individuals	☐ Documentation of any deficits found on predischarge screens along with plan of action to address each vulnerability - *template available in module 7* ☐ Information regarding common geriatric syndromes, risk factors, and how to respond if it occurs after discharge ☐ Follow-up appointment with PCP and surgeon or information on how to schedule and time frame
Standard 5.18: Assessment of Geriatric Vulnerabilities at Discharge	☐ Process, protocol, or policy in place for establishing formal communication between the discharging institution and the receiving post-acute care facility and for measuring outcomes ☐ Provide list of discharge locations/post-acute care facilities associated with the institution and their publicly reported measures	N/A
Standard 6.1: Data Collection and Review	☐ **Minutes of the GSQC documenting the data reviewed along with any trends or issues to be addressed for care improvement*** *(Reviewed on site visit day)*	N/A
Standard 6.2: Data Feedback to Frontline Providers and Quality Infrastructure	☐ **Process, protocol, or policy in place for feedback of data collection and review to frontline providers and institutional leadership*** *(Reviewed on site visit day)*	N/A

Standard 7.1: Geriatric Surgery Quality Improvement/Process Improvement Project	☐ Summary of the annual QI/PI project(s) detailing the context, aims, purpose, results, and implications for the project(s), including the data informing need for this project.	N/A
Standard 8.1: Geriatric Surgery Community Outreach Project	☐ Summary of the annual community outreach project(s) detailing the context, aims, purpose, results, and implications of the project(s), including the data informing need for this project - *template available in module 8*	N/A
Standard 8.2: Geriatric Education of Surgeons and Advanced Practice Providers	☐ Curriculum used to educate surgeons, critical care physicians, and APPs on geriatric issues such as eliciting patients' goals, screening for, and management of high-risk geriatric vulnerabilities	N/A
Standard 8.3: Geriatric Education of Nurses	☐ Curriculum used to educate nurses on geriatric issues such as eliciting patients' goals, screening for, and management of high-risk geriatric vulnerabilities	N/A
Standard 9.1: [Optional] Advancement of Knowledge in Geriatric Surgical Care	☐ Scholarly research in progress or documentation of published research related to the improvement of quality in geriatric surgery	N/A