



Geriatric Surgery Verification

QUALITY IMPROVEMENT PROGRAM

A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+years

Outline

- What is the GSV Program?
- Why is the GSV Program Important?
- Development of the GSV Standards
- The GSV Impact
- How to Enroll in the GSV

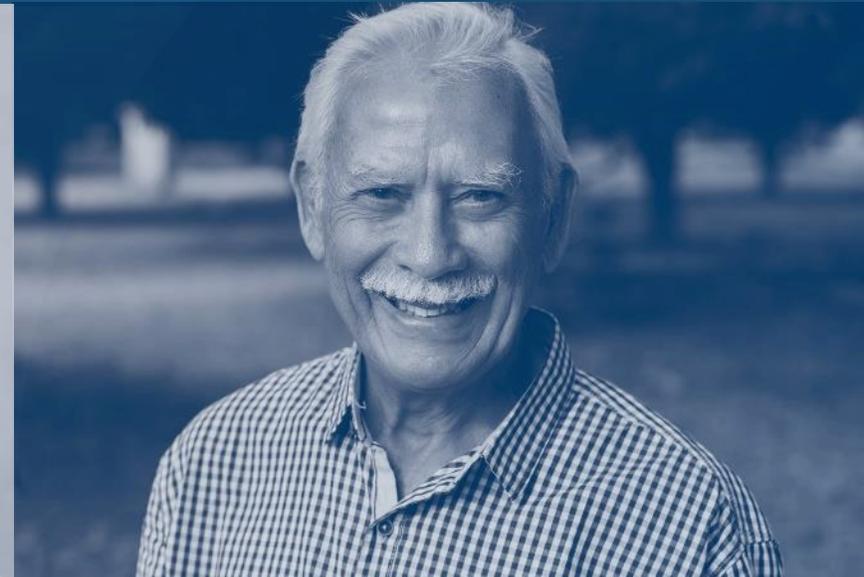


What is the GSV Program?

The Geriatric Surgery Verification (GSV) Quality Improvement Program aims to systematically improve surgical care and outcomes for older adults by promoting patient and family-centered care, encouraging interdisciplinary input and collaboration, and facilitating implementation of evidence-based practices.



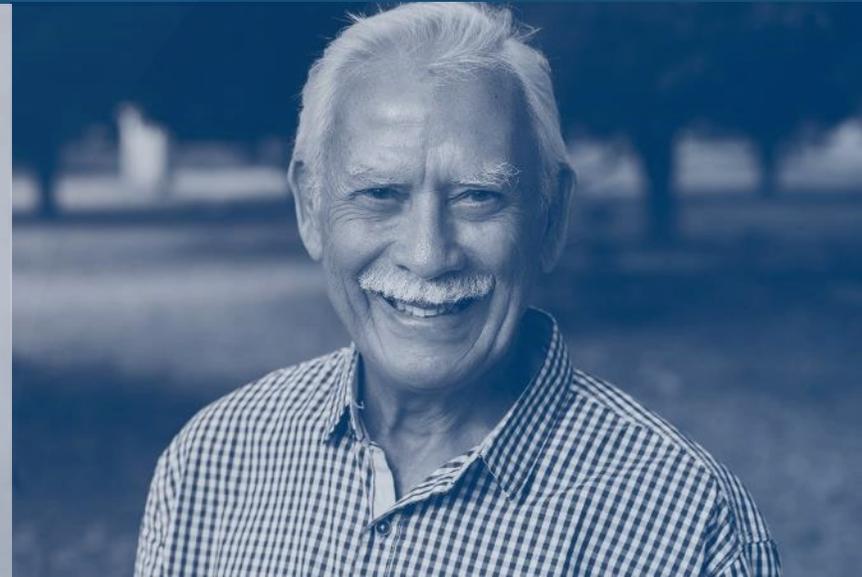
Why is the GSV Program Important?





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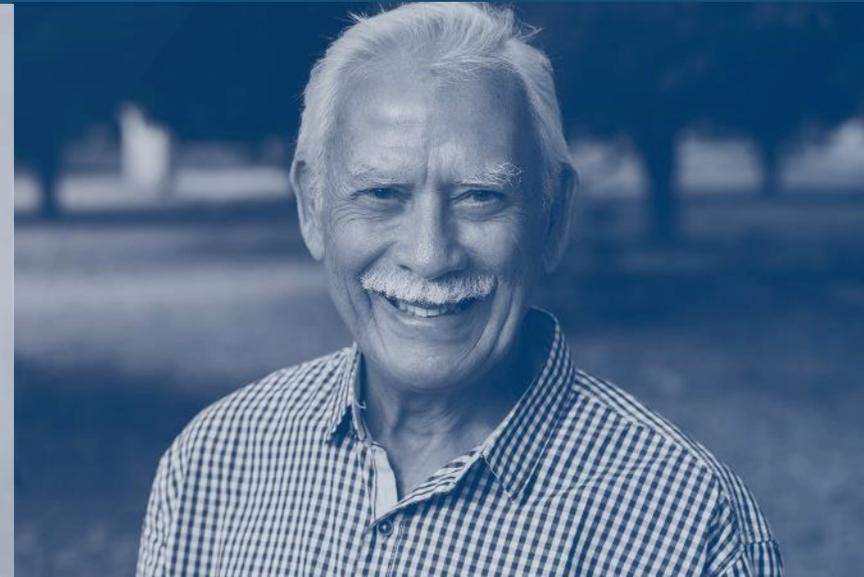
Older adults are the fastest growing age group and will double from 46 to 98 million in the next 40 years.¹





2

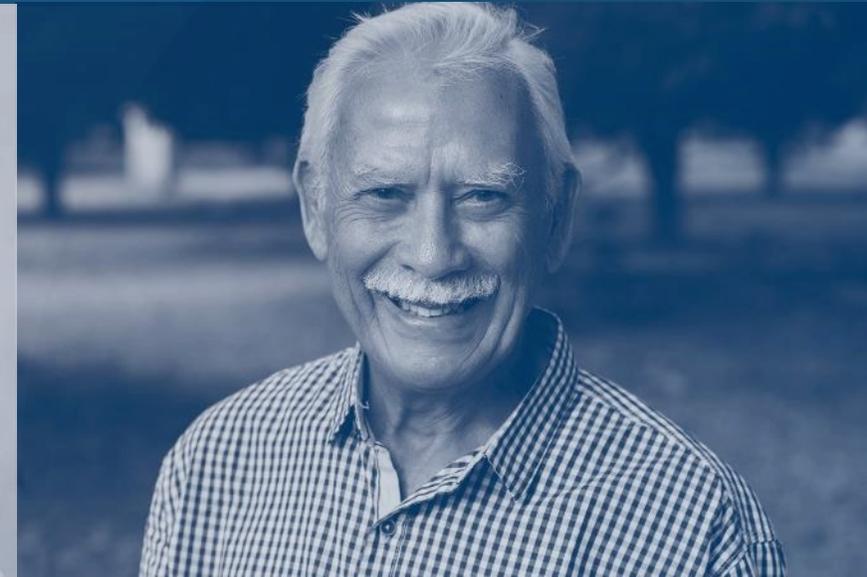
Evidence based on population trends suggests that surgeons will be caring for an increasing number of older adult patients. ²

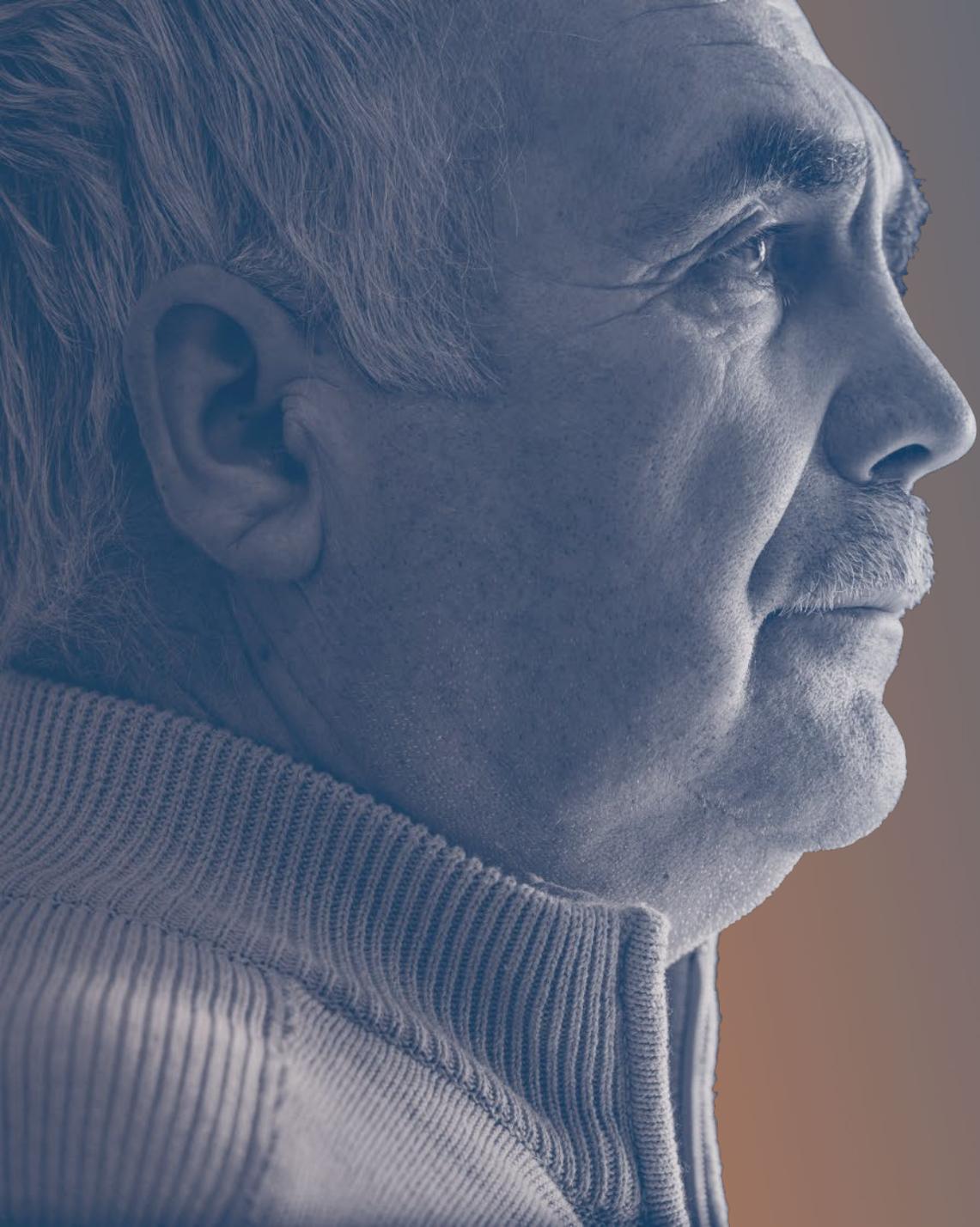




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With over 5,000 operative hospitals in the U.S., prioritizing geriatric surgical care will be an essential component to providing high quality healthcare.





Older Adults are Uniquely Vulnerable

- Older adults have an increased risk of morbidity and mortality after surgery.^{3,4}
- They are more likely to experience issues such as postoperative delirium and falls.^{5,6}
- Such outcomes contribute substantially to healthcare spending. Delirium, for example, is estimated to cost the U.S. over \$150 billion annually.⁷

Development of the GSV Standards

»»» Literature Review

- ACS Coalition for Quality in Geriatric Surgery (CQGS)
- Extensive literature review: 308 preliminary standards on aspects of care important for older adults undergoing surgery

»»» Expert Input

- 50+ stakeholder organizations (representing patients & families, advocacy/regulatory groups, health professionals, medical/surgical specialties)
- Review of preliminary standards for validity and feasibility: 92 alpha standards

»»» Iterative Testing

- Alpha Pilot: Review by 15 hospitals to assess perceived difficulty and standards already widely practiced: 33 beta standards
- Beta Pilot: Implementation pilot of beta standards (8 hospitals) to assess feasibility
- GSV Standards: Iterative refinement: 30 required GSV standards

How Are the GSV Standards Categorized?



**Institutional
Administrative
Commitment**



**Personnel and
Services Resources**



**Quality
Improvement**



**Program Scope
and Governance**



**Patient Care:
Expectations and
Protocols**



**Professional and
Community Outreach**



**Facilities and
Equipment Resources**



**Data Surveillance
and Systems**



Research

How Are the GSV Standards Categorized?

1



**Institutional
Administrative
Commitment**

Letter of support from institutional executive (ex. CEO)

How Are the GSV Standards Categorized?

2



**Program Scope
and Governance**

Geriatric Surgery Director, Coordinator, and Quality Committee

How Are the GSV Standards Categorized?

3



**Facilities and
Equipment Resources**

Geriatric-friendly patient rooms

How Are the GSV Standards Categorized?

4



**Personnel and
Services Resources**

Geriatric Surgery Nurse Champions

How Are the GSV Standards Categorized?

5



**Patient Care:
Expectations and
Protocols**

Standardized, evidence-based practices along the clinical continuum that prioritize health care goals & shared decision making

- **Pre-Operative Work-Up**
- **Post-Operative Management**
- **Peri-Operative Care**
- **Care Transitions After Discharge**

How Are the GSV Standards Categorized?

6



**Data Surveillance
and Systems**

Data collection, review, and feedback.

[Optional: participation in Geriatric Surgery ACS NSQIP Collaborative]

How Are the GSV Standards Categorized?

7



Quality
Improvement

Quality or Process Improvement Project pertinent to geriatric surgery.

How Are the GSV Standards Categorized?

8



**Professional and
Community Outreach**

Community outreach project; geriatric education of healthcare providers.

How Are the GSV Standards Categorized?

9



Research

[Optional: research to advance the field of geriatric surgery.]

The GSV Impact



»»» Patients

- Greater focus on goals of care discussions
- Increased attention to optimization prior to surgery

»»» Providers

- Standardization and guidance for optimal care of older adults
- Access to experts in geriatric surgery and educational resources

»»» Hospitals

- Augmented interdisciplinary collaborations
- Recognition and prevention of costly geriatric events

Not All Hospitals are Alike



Although the GSV Program aims to help all hospitals provide optimal resources for geriatric surgical care, not every hospital is the same.

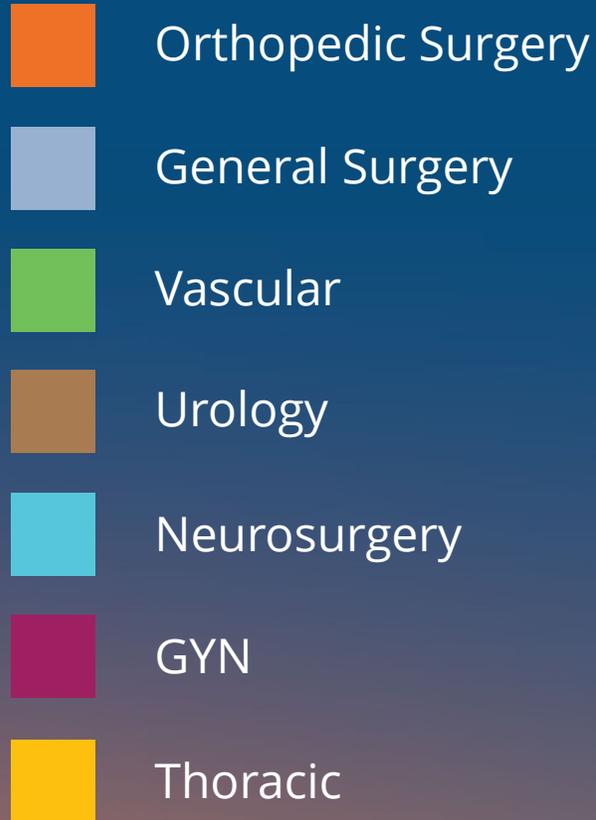


Hospitals range from small (<200 beds) to large (>1000 beds), rural to urban, academic to community, and quaternary referral institutions to safety net centers.



Consequently, some hospitals will not have the resources or feel prepared to implement the GSV Program standards.

Calculating GSV Patient Population



If "Hospital A" implements the GSV standards in Orthopedic and General Surgery, then "Hospital A" would qualify to be a Level 1 GSV Hospital as these services together comprise $\geq 50\%$ of the hospital's surgical population aged 75 years or older.

GSV Levels of Participation

»»» Level 1— Comprehensive Excellence

- For Level 1 GSV Verification, the standards must be successfully implemented in all or select surgical specialties such that the program includes **at least 50%** of operative patients at the institution who are 75 years of age or older.

»»» Level 2— Focused Excellence

- For Level 2 GSV Verification, the standards must be successfully implemented in surgical specialties such that the program includes **at least 25-49%** of operative patients at the institution who are 75 years of age or older.

»»» GSV Commitment Level

- The GSV Commitment Level was developed to address the wide variation in institutional resources and readiness by providing all hospitals with the opportunity to improve geriatric surgical care. This level is ideal for hospitals that are not yet prepared to apply for verification. This level is limited to 2 years.



Verification Level Hospitals

Level 1—Comprehensive Excellence

Level 2—Focused Excellence

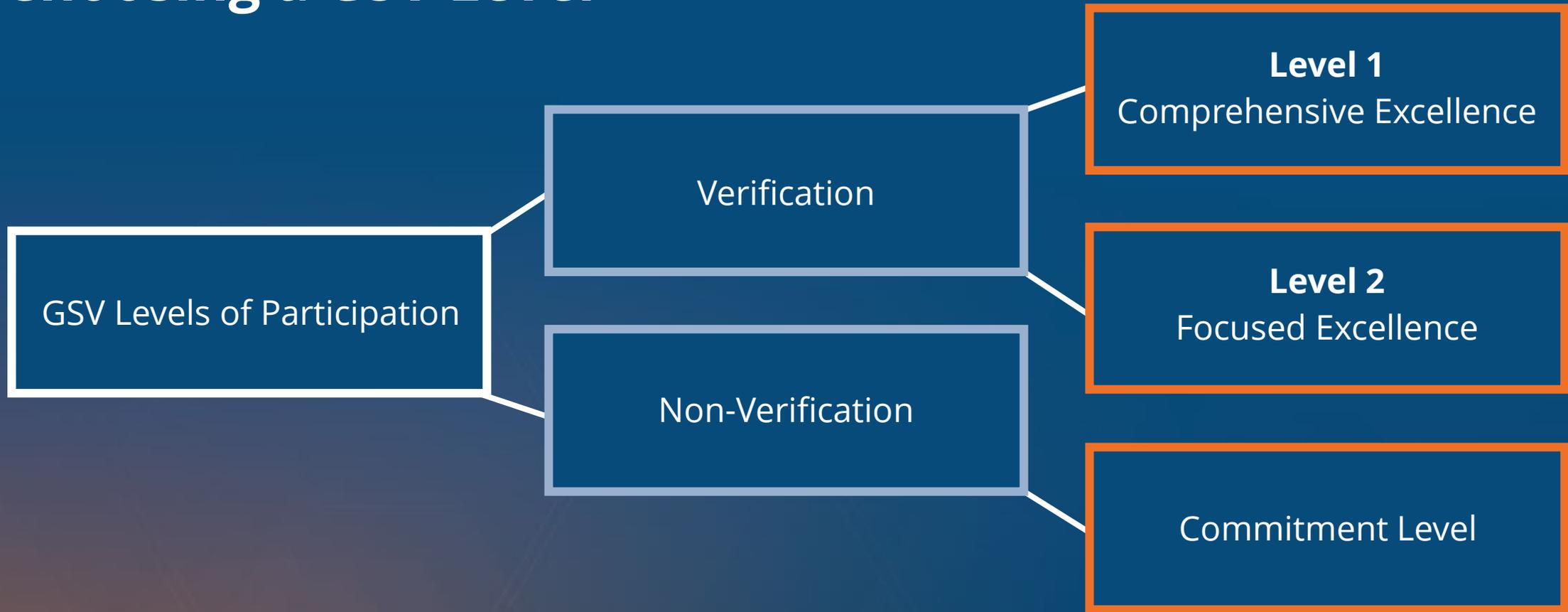
- Hospitals seeking a Level 1 or Level 2 verified status must demonstrate that all required GSV Program standards are in place.
- An onsite review will confirm the hospital complies with the required structure, processes and standards of care.
- Verified hospitals will receive formal, public recognition at the granted GSV Level.
- Hospitals may choose to implement the GSV program in one specialty or in multiple surgical specialties.



Commitment Level Hospitals

- The GSV Commitment Level was developed to address the wide variation in institutional resources and readiness by providing all hospitals with the opportunity to improve geriatric surgical care.
- This entry level option is ideal for hospitals that are not yet prepared to apply for verification.
- Commitment Level Hospitals are expected to apply for GSV Level 1 or Level 2 after two years.

Choosing a GSV Level



Programmatic Structure

»» Target Audience

- 5,000 U.S. Hospitals

»» Applicable to

- Community Hospitals
- Teaching and Non-teaching Hospitals
- Academic Hospitals
- Government Hospitals

»» Surgical Scope

- Rollout in Whole Hospital
- Begin in one or more surgical specialties

»» Patients

- 75 years and older
- Inpatient surgery



How to Enroll in the GSV

- Review GSV Standards
- Recruit GSV Team
- Review Implementation Timeline
- Determine GSV Level
- Submit Application
- Contracts and Invoicing
- GSV Implementation Curriculum



Overview of the Verification Process

- 1** Submit Application
- 2** Submit Hospital Information: Hospital demographics, quality improvement strategies, plan for rollout
- 3** Execute participation agreement and invoice
- 4** Release Pre-Review Questionnaire (PRQ) to site: Used evaluate the application of standards
- 5** Conduct Site Visit: Determine if site is compliant or non-compliant, conduct chart review, interviews, and tour the hospital
- 6** Reviewer Team reviews site visit findings and writes performance report. Center receives performance report and completes post-site visit survey

References

1. Mather et al. Aging in the United States. 2015.
2. Etzioni et al. Impact of the aging population on the demand for colorectal procedures. 2009.
3. Gajdos C, Kile D, Hawn MT, Finlayson E, Henderson WG, Robinson TN. Advancing age and 30-day adverse outcomes after nonemergent general surgeries. 2013.
4. Finlayson E, Fan Z, Birkmeyer JD. Outcomes in octogenarians undergoing high-risk cancer operation: a national study. 2007.
5. Inouye et al. Delirium in elderly people. 2014.
6. Bergen et al. Falls and Fall Injuries Among Adults Aged ≥ 65 years. 2014.
7. Leslie et al. One-year health care costs associated with delirium in the elderly. 2008.



Contact Us

For more information or questions on the Geriatric Surgery Verification Program, please visit us online:

www.facs.org/quality-programs/geriatric-surgery/contact



100+years

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