Age-Friendly Geriatric Care in Oncology Surgery (*AGE-ONC*)

2027-2028 Cancer Programs National QI Project
Informational Webinar

10/30/26

National Work Group Leadership



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- Robert and Kelly Day Professor of Surgery, Colorectal Surgery at David Geffen School of Medicine at UCLA.
- Senior Vice President, ACS Division of Research & Optimal Patient Care



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- Professor of Surgery, Division of Surgical Oncology at UCSF
- Immediate Past Chair, ACS Cancer Programs Quality Improvement Committee



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National Work Group



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Background

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Geriatric Postoperative Complications







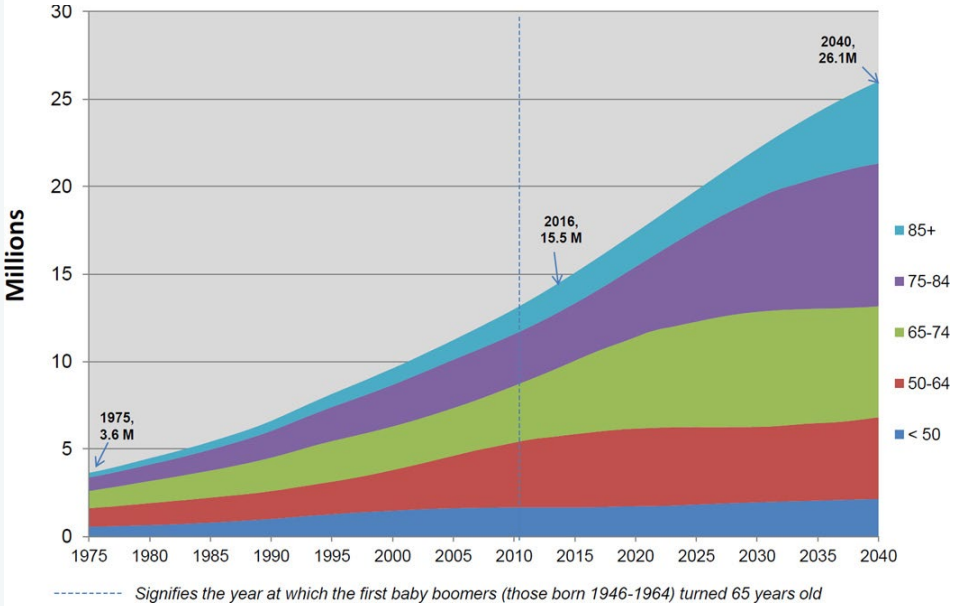
- Delirium
- Cognitive decline
- Malnutrition
- Dysphagia
- Inpatient falls
- Functional & mobility decline
- Perceived functional status change
- Discharge to non-home facility

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Cancer & Older Adult Patients

"In 2016 an estimated 15.5 million cancer survivors lived in the US, 62% of whom were 65 years or older.

By 2040 an estimated 73% of cancer survivors will be 65 years or older."



Estimated cancer prevalence by age from 1975-2040. Anticipating the 'Silver Tsunami': Prevalence Trajectories and Co-Morbidity Burden Among Older Cancer Survivors in the United States, Bluethmann et al. 2017, https://pmc.ncbi.nlm.nih.gov/articles/PMC4933329/

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Cancer Surgery & Geriatric Care



AGE-ONC

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Project Overview

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What is Age-Friendly Geriatric Care in Oncology Surgery (*AGE-ONC*)?

(*AGE-ONC*) is a national Quality Improvement project sponsored by the ACS Cancer Programs.

This project introduces core GSV (Age-Friendly) measures into CoC cancer surgery care using a standardized preoperative and postoperative care bundle to identify and address age-related risks, reduce complications, and preserve function in adults aged 65 and older.

Duration

12 months of implementation and data collection

Population

~30-40 Pilot Cancer Sites

Patients 65+ in 1-2 disease sites

Intervention

Geriatric Cancer Surgery Care Bundle

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Who should participate?

- CoC-accredited program
- Hospitals interested in older adult surgical care
- Programs must be willing to review and submit weekly chart audits
- Dedicated QI team

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Project Goals & Aims

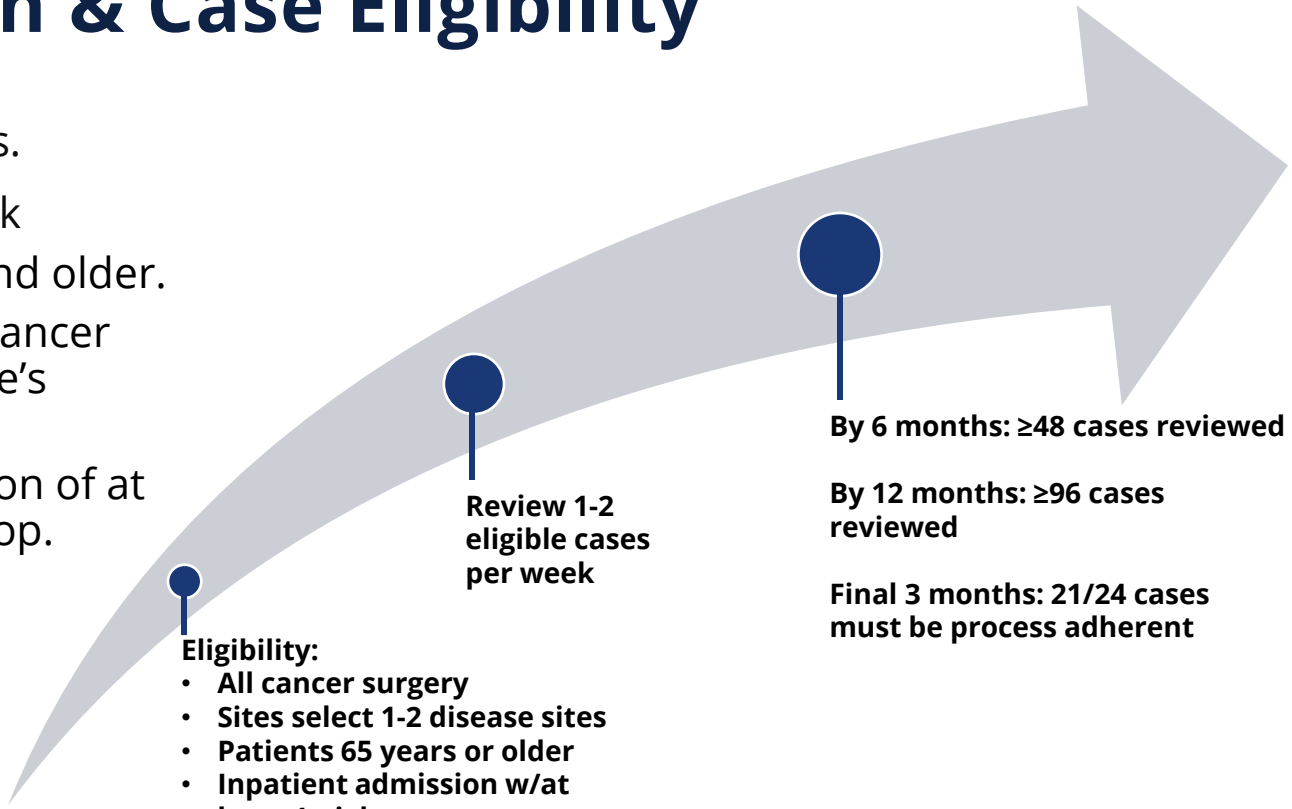
Select 1-2 cancer surgery disease sites with sufficient inpatient eligible cases on patients age 65+ and implement the Geriatric Cancer Surgery Care Bundle.

- **Aim 1 - Preoperative Screening**: By December 2027, ≥90% of eligible patients will have all required geriatric vulnerability domains assessed and documented before surgery.
- **Aim 2 - Positive-Screen Management:** By December 2027, ≥90% of patients with positive screens will have a predefined management plan documented for each positive finding before surgery or within 24 hours, as clinically appropriate.
- **Aim 3 - Postoperative Age-Friendly Care**: By December 2027, ≥90% of eligible postoperative patients will receive Age-Friendly postoperative care (early mobility, delirium screening & precautions, opioid-sparing measures, etc) during their hospitalization.

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Site Inclusion & Case Eligibility

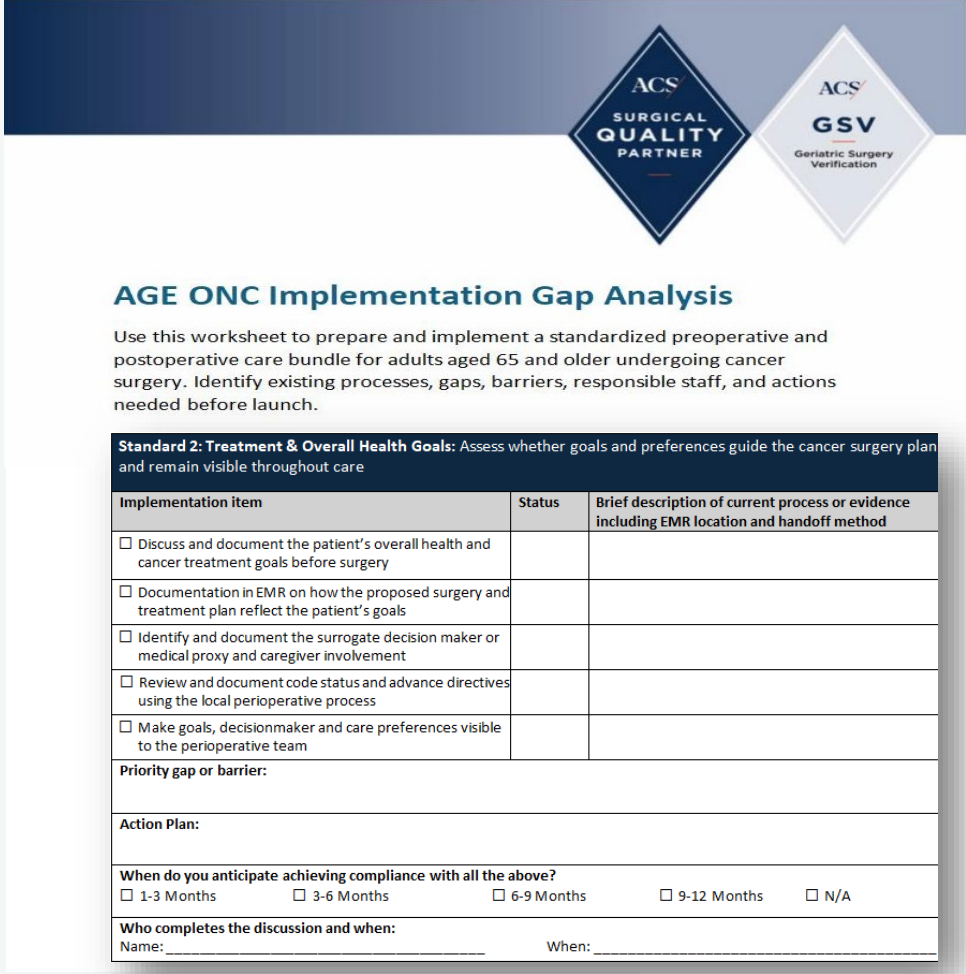
- CoC-accredited hospitals.
- 1-2 chart audits per week
  - Patients age 65 and older.
  - Undergoing any cancer surgery (1-2 of site's choosing).
  - Inpatient admission of at least 1 night postop.



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Gap Analysis



AGE ONC Implementation Gap Analysis

Use this worksheet to prepare and implement a standardized preoperative and postoperative care bundle for adults aged 65 and older undergoing cancer surgery. Identify existing processes, gaps, barriers, responsible staff, and actions needed before launch.

Standard 2: Treatment & Overall Health Goals: Assess whether goals and preferences guide the cancer surgery plan and remain visible throughout care

Implementation item	Status	Brief description of current process or evidence including EMR location and handoff method
☐ Discuss and document the patient's overall health and cancer treatment goals before surgery		
☐ Documentation in EMR on how the proposed surgery and treatment plan reflect the patient's goals		
☐ Identify and document the surrogate decision maker or medical proxy and caregiver involvement		
☐ Review and document code status and advance directives using the local perioperative process		
☐ Make goals, decisionmaker and care preferences visible to the perioperative team		
Priority gap or barrier:		
Action Plan:		
When do you anticipate achieving compliance with all the above? ☐ 1-3 Months ☐ 3-6 Months ☐ 6-9 Months ☐ 9-12 Months ☐ N/A		
Who completes the discussion and when: Name: _____ When: _____		

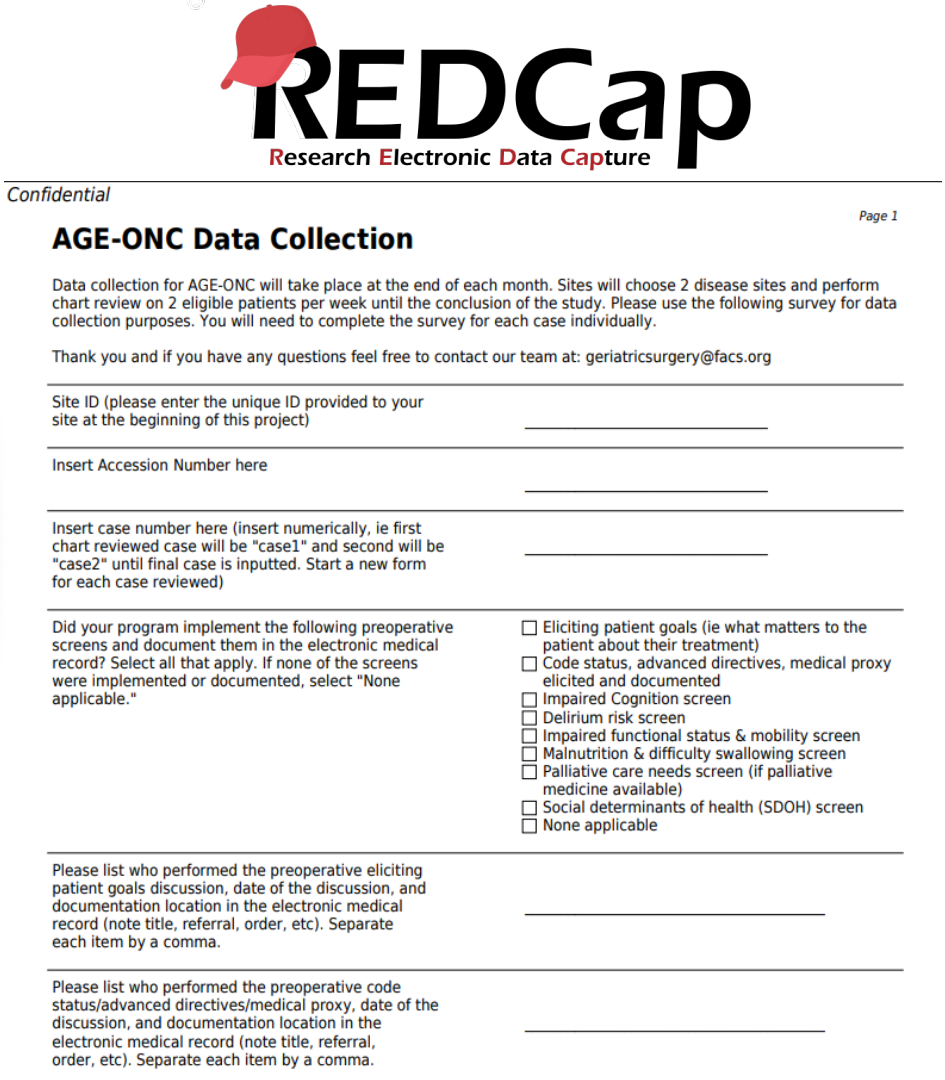
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Geriatric Cancer Surgery Bundle Checklist

Preoperative	Implementation Description and Tools	Responsible Role	Documentation Location
☐ Eliciting Patient Goals *(i.e., What Matters Most)*			
☐ Code Status, Advance Directives & Medical Proxy			
Screen for:	***Add your hospitals approved screening tools used:***		
☐ Impaired cognition & delirium risk		*Who:* *When:*	
☐ Impaired functional status & mobility		*Who:* *When:*	
☐ Malnutrition & difficulty swallowing		*Who:* *When:*	
☐ Palliative care needs *(if available)*		*Who:* *When:*	
☐ Social Determinants of Health (SDOH)		*Who:* *When:*	
Management Plan for Positive Screens:	***Minimum recommended action/referral:***	***Who screens and when?***	***Note title, referral etc.***
☐ Impaired cognition & delirium risk	Activate delirium-risk prevention approach; communicate risk to inpatient team; request further assessment when appropriate	*Who:* *Timing:*	
☐ Impaired functional status & mobility	Create safe mobility plan; referral to PT/OT; prehab assessment	*Who:* *Timing:*	
☐ Malnutrition & difficulty swallowing	Create nutrition/swallowing plan; consider dietitian or swallowing assessment as appropriate	*Who:* *Timing:*	
☐ Palliative care needs *(if available)*	Consult Palliative Care and/or Chaplain	*Who:* *Timing:*	
☐ Social Determinants of Health (SDOH)	Consult case management/social work	*Who:* *Timing:*	
Postoperative	**Processes in place for consistency in care**	**Responsible Role**	**Documentation Location**
☐ Impaired cognition and delirium risk	☐ Delirium prevention, screening, & management		
☐ Safe mobility	☐ Early, frequent, and safe mobility		
☐ Medication review and opioid-sparing pain plan	☐ Medication reconciliation and review for potentially inappropriate medications ☐ Consider opioid-sparing, multimodal pain management		
☐ Nutrition and Hydration	☐ Support postoperative nutrition and hydration, bowel care, and aspiration precautions		

Chart Audit

- 12 month time-period
- 2 inpatient chart audits per week via RedCap
- RedCap surveys are provided
- Chart audit evaluates process measure adherence to each element of cancer surgery bundle



REDCap
Research Electronic Data Capture

Confidential

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AGE-ONC Data Collection

Data collection for AGE-ONC will take place at the end of each month. Sites will choose 2 disease sites and perform chart review on 2 eligible patients per week until the conclusion of the study. Please use the following survey for data collection purposes. You will need to complete the survey for each case individually.

Thank you and if you have any questions feel free to contact our team at: geriatricsurgery@facs.org

Site ID (please enter the unique ID provided to your site at the beginning of this project) _____

Insert Accession Number here _____

Insert case number here (insert numerically, ie first chart reviewed case will be "case1" and second will be "case2" until final case is inputted. Start a new form for each case reviewed) _____

Did your program implement the following preoperative screens and document them in the electronic medical record? Select all that apply. If none of the screens were implemented or documented, select "None applicable."

- ☐ Eliciting patient goals (ie what matters to the patient about their treatment)
- ☐ Code status, advanced directives, medical proxy elicited and documented
- ☐ Impaired Cognition screen
- ☐ Delirium risk screen
- ☐ Impaired functional status & mobility screen
- ☐ Malnutrition & difficulty swallowing screen
- ☐ Palliative care needs screen (if palliative medicine available)
- ☐ Social determinants of health (SDOH) screen
- ☐ None applicable

Please list who performed the preoperative eliciting patient goals discussion, date of the discussion, and documentation location in the electronic medical record (note title, referral, order, etc). Separate each item by a comma. _____

Please list who performed the preoperative code status/advanced directives/medical proxy, date of the discussion, and documentation location in the electronic medical record (note title, referral, order, etc). Separate each item by a comma. _____

Project Timeline

Months 1-2 *Jan-Feb 2027*	☐ Choose 1-2 disease sites ☐ Name QI leader and team ☐ Complete Project Charter ☐ Complete Gap Analysis ☐ Build workflow ☐ Define positive-screen actions ☐ Collect baseline on at least 8 eligible cases	★ Project Charter ★ Gap Analysis ★ Workflow Builder - Action Guide ★ Chart Audit - Measurement ★ Checklist	- Completed Project Charter - Completed Gap Analysis - One-page Workflow - Baseline data
Months 3-9 *Mar-Sept 2027*	☐ Launch workflow ☐ Review about 2 cases/week ☐ Update dashboard monthly ☐ Fix one common missed step each month ☐ Repeat until reliable	★ Chart Audit - Measurement ★ Checklist ★ Monthly Dashboard ★ PDSA / Change Log	- Monthly case data - Monthly dashboard - Brief change log
Months 10-12 *Oct-Dec 2027*	☐ Continue weekly review ☐ Sustain >=90% complete-bundle reliability ☐ Assess staff burden ☐ Complete final report and readiness review	- Monthly Dashboard ★ Staff Burden Check - Final Report ★ Mock PRQ	- Final 3-month dashboard - Burden assessment - Final report - Readiness review

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Key Takeaways

- Older adult patients (>65 yrs) make up a large proportion of new cancer diagnoses & cancer surgery cases.
- Older adult cancer surgery patients face unique postoperative challenges that benefit from Age-Friendly Measures.
- **QI Project Initiative:** incorporate a Geriatric Cancer Surgery Care Bundle into cancer surgery to improve surgical care for older adults over 12-month timeframe.
- **Measurable:** Assess bundle process measure adherence through weekly chart audit (2x/week).
- **Goal**: >=90% Geriatric Cancer Surgery Care Bundle adherence with all elements last 3 months (21/24 chart audits).

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Frequently Asked Questions (FAQs)

- How do we know if we meet eligibility? Do we need to have Age-Friendly Measures already in place?
- How does our site indicate intent to participate?
- Does our site have to be Age-Friendly ready for accreditation at the end of the QI project?
- How do we record our process measure results and send to the CoC/GSV team?
- Are inpatient stays of one night eligible?

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Questions?

If you and your team have any questions regarding *AGE-ONC*, please contact geriatricsurgery@facs.org

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