Standard 1.1: Letter of Suppor	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

Standard 2.2: Geriatric Surgery Coordinator	The institution must have a Geriatric Surgery Coordinator. The role is not intended to b 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.

Standard 2.3: Geriatric Surger Quality Committee	

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 lead 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 floor/unit
  [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)
PRO Upload

- Organizational structure of GSNCs identified on each surgical floor/unit
- Evidence of CNE certification totaling two credit hours per year for each GSNC
-

Standard 5.1: Treatment ab Overall Health Goals [ ] s to document patient's overall health and treatment goals if not the lead: _____] s to document the surgeon's attestation tient's goals if not the lead: _____] nsure verbatim patient quote and surgeon attestation are if not the lead: _____] • Yes • No	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 documented 0 1 Tf 11.4 11.25 33.8
Wh will lead cmpletion of the task: _____	
Whachf these tasks have already been completed & by • Assess the current method of discussing • Educate surgeons about need for attestation of anticipated impact of both surgical and non-surgical treatments discussions [Person Responsible if not the lead	om? patient's overall health and treatment goals

When do you anticad